Caring for/in collectives

A handbook

Tangent Mental Health Initiative

why the handbook

Conversations surrounding mental health have increased in recent years. However, the current scenario, in terms of accessibility, availability and quality of mental health care services, calls for more initiatives at individual and community levels.

The model of collective care in the Indian landscape, which forms the essence of this handbook, is the cornerstone of the values we uphold as a team. We would like to bring to you an evidence-based understanding of the model with examples from our social context to assimilate it — its elements, communities and benefits.

The handbook begins with understanding mental health from collective and psychosocial lenses and proceeds to explain frameworks that this model has borrowed from. We hope to keep this as a working document, so that it can be edited and updated collectively, as we continue to come across knowledge, experiences and stories.

We hope that this reading experience will resonate with you and allow you to delve deeper and understand how you can contribute to both your and the community's well-being.

P.S. Best results when read with a cup of chai/coffee.

Let's begin with some ideas* that we gathered through a recent online interaction.

1

Do bodily chemicals (hormones, minerals and neurotransmitters) impact wellbeing?

YES!

2

What other variables affect wellbeing?

socio-economic, political, cultural factors | institutions everyday instances |people identities | sexuality language | privilege marginalisation

3

Spaces that offer comfort

friend | music books | therapists support groups

4

We saw that while people did acknowledge the impact of these factors, they also identified these as dynamic, depending on situations.

5

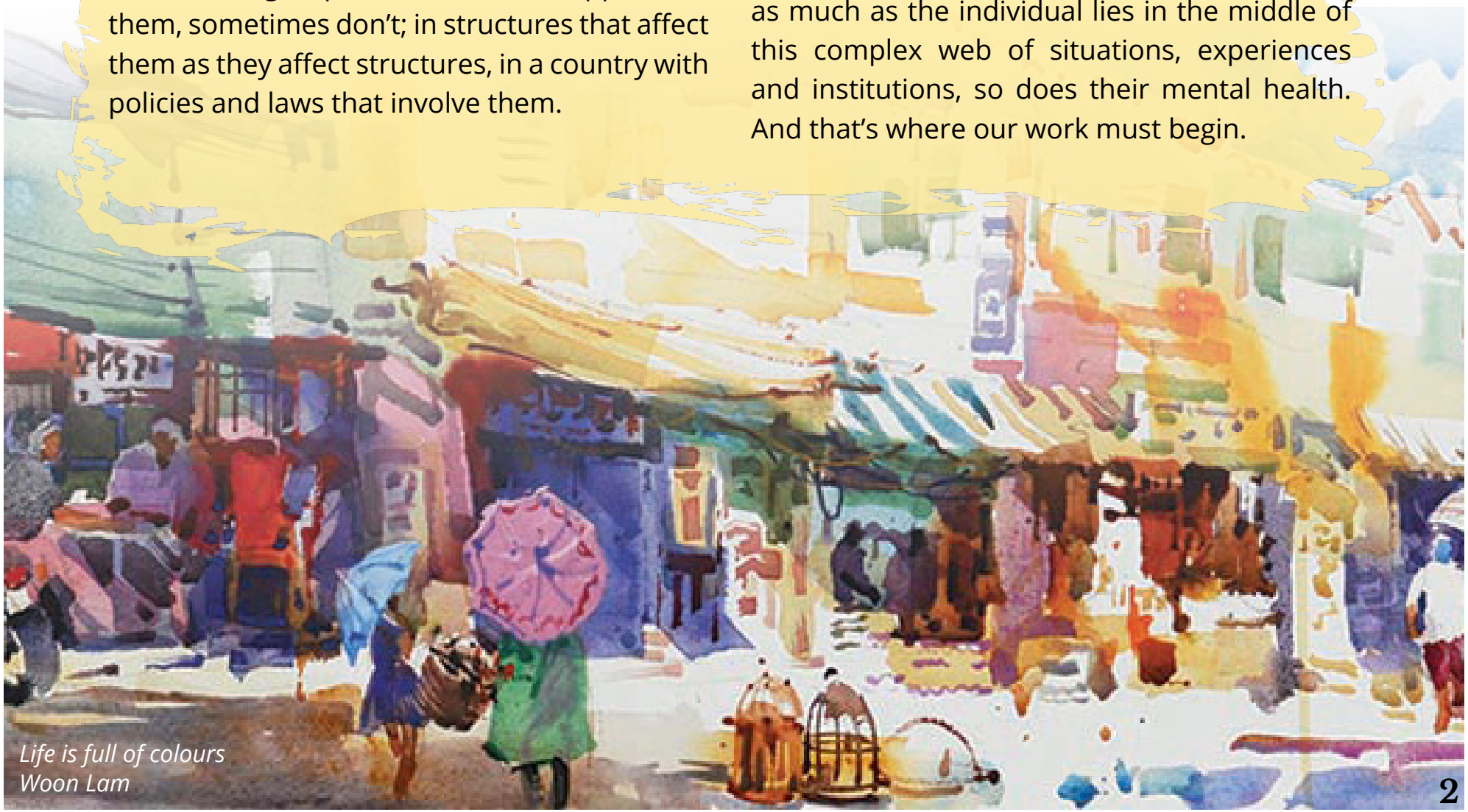
People also extend these spaces to others; when they thought a friend or a colleague needed support, they would offer to listen. Some even extended this to wider circles, through the reach that social media offers, to create these safe, accepting spaces.

Taking these ideas forward, we would like to present to you the model of community care that we, at Tangent, follow.

**These are popular opinions that we gathered and do not portray all the responses in their entirety.*

A person does not exist individually, in a bubble. They live in houses, with people, in streets, in cities or villages or towns, in communities, in societies, in groups that sometimes approve of them, sometimes don't; in structures that affect them as they affect structures, in a country with policies and laws that involve them.

Quite complex? We thought so too.
The handbook is an effort to begin to understand this complexity. As mental health professionals, it is of critical significance to acknowledge that as much as the individual lies in the middle of this complex web of situations, experiences and institutions, so does their mental health. And that's where our work must begin.

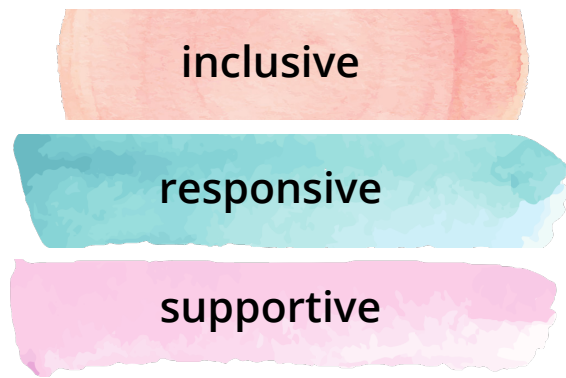


Life is full of colours
Woon Lam

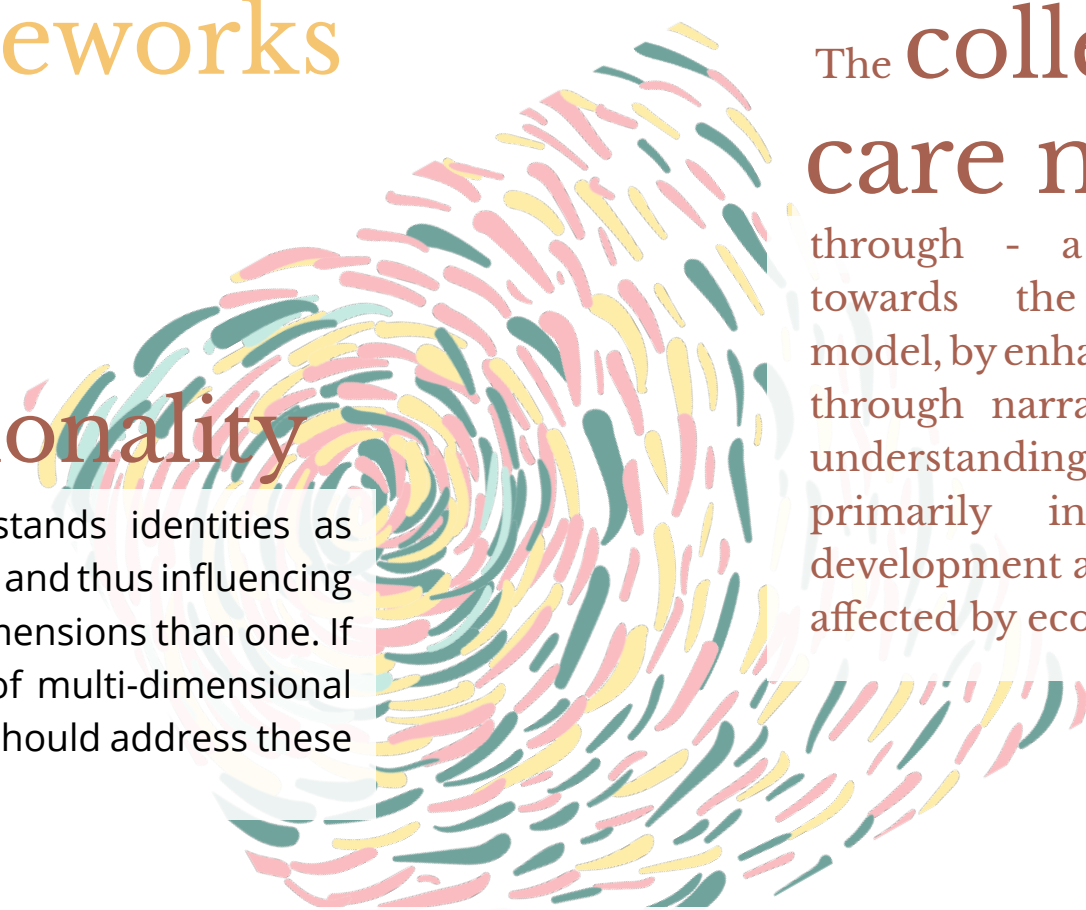
so what does the handbook hope to do?

The handbook uses a **collective care model to understand the complexities in our existence**. Through this, we attempt to highlight

you can do within your surroundings to make them more



our frameworks



The collective care model

through - a deliberate shift towards the biopsychosocial model, by enhancing experiences through narrative therapy and understanding identities as primarily intersectional and development as constructive and affected by ecological systems.

intersectionality

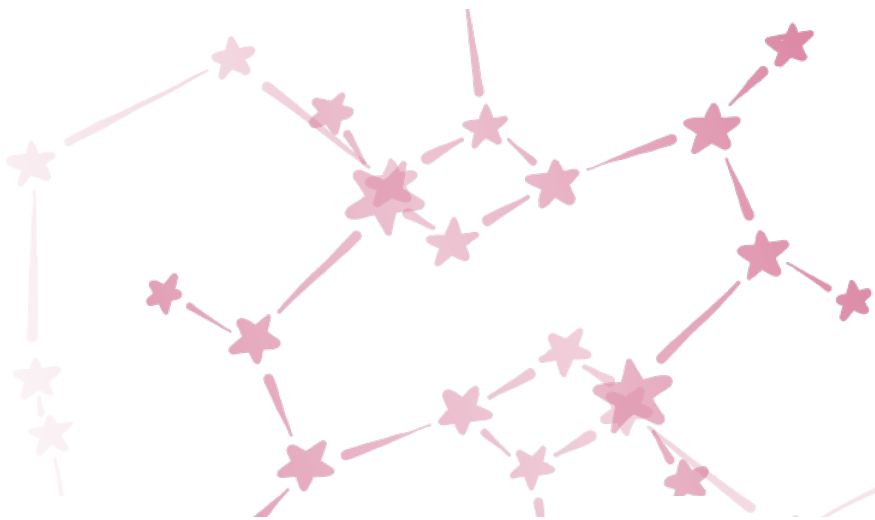
Intersectionality understands identities as meeting at intersections and thus influencing experiences in more dimensions than one. If distress is caused out of multi-dimensional experiences, then care should address these too.

biopsycho social model

Steering away from the biomedical model, we move from a pathologised and strictly medical understanding of mental health to an approach that equally focuses on the environment and the impact it has on the individual and honours the right of every person to live with dignity. Doing so, we contribute to the person's recovery as well as interpersonal and intrapersonal gains, wellbeing and enhanced worldview.

ecological theory

The ecological theory, proposed by Urie Bronfenbrenner, acknowledges contextual influences of an individual as well as their interactions with the environment as affecting all domains of development. Just as Nina, a 4 year old, will learn to speak Marathi as fluently as her parents do at home, she will also learn how to interact with a classmate, who frequently stammers, based on how her parents interact with or talk about people who are different from them.

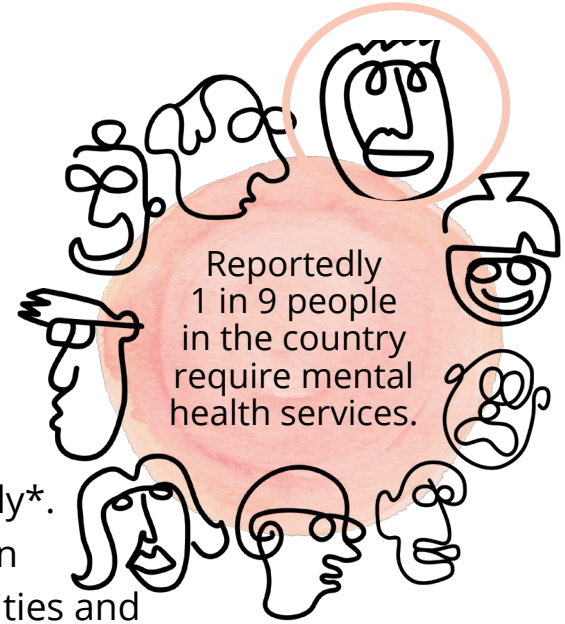


narrative therapy

What we draw from narrative therapy is the importance of adding depth to descriptions by a stronger focus on the lived experiences of individuals. This offers not just layered understanding of the person's context and their lives but also gives them the agency and freedom to narrate their experiences. We believe that the experiences of an individual, from the individual's point of view and sense of knowing is at the core of understanding their mental health.

All of this also tells us that we are sharing in experiences. And that while your experience is your own, the factors that affect you may also be affecting someone else.

The Indian context



Statistics that exist in the public domain, though not holistic, tell us that different identities and experiences affect people's mental health differently*. Additionally, WHO identified that there are less than 1% people accessing outpatient mental health facilities and less than 1% hospitals catering to mental health (per 1 lakh people). There are multiple reasons underlying these phenomena but the following are at the core.

Females are more prone to stress, neurotic and mood related disorders while **males** are affected mostly by substance use and psychotic disorders.

People living in **urban areas** seem to be more affected by mental health distress than those in **rural areas**.

Lack of trained professionals

Socio-cultural beliefs

Problems of accessibility - physical distance to mental health services

Limited awareness and stigma

However, these problems are not unsolvable and it is in this perspective that we propose the collective care model. In accepting the effect that surroundings have on an individual's mental health, we look to the community, to the people who surround the individual to create a safe, caring space. Let's try to understand this a different way.

Source - National Mental Health Survey Report, NIMHANS (2015-16)
World Health Organization. Mental Health Evidence, & Research Team. (2011)

**The data that is publicly available operates on the assumption that gender is binary and lifestlye is clearly divided between urban and rural. There is no comprehensive data on marginalised communities like the bahujan communities and queer community.*

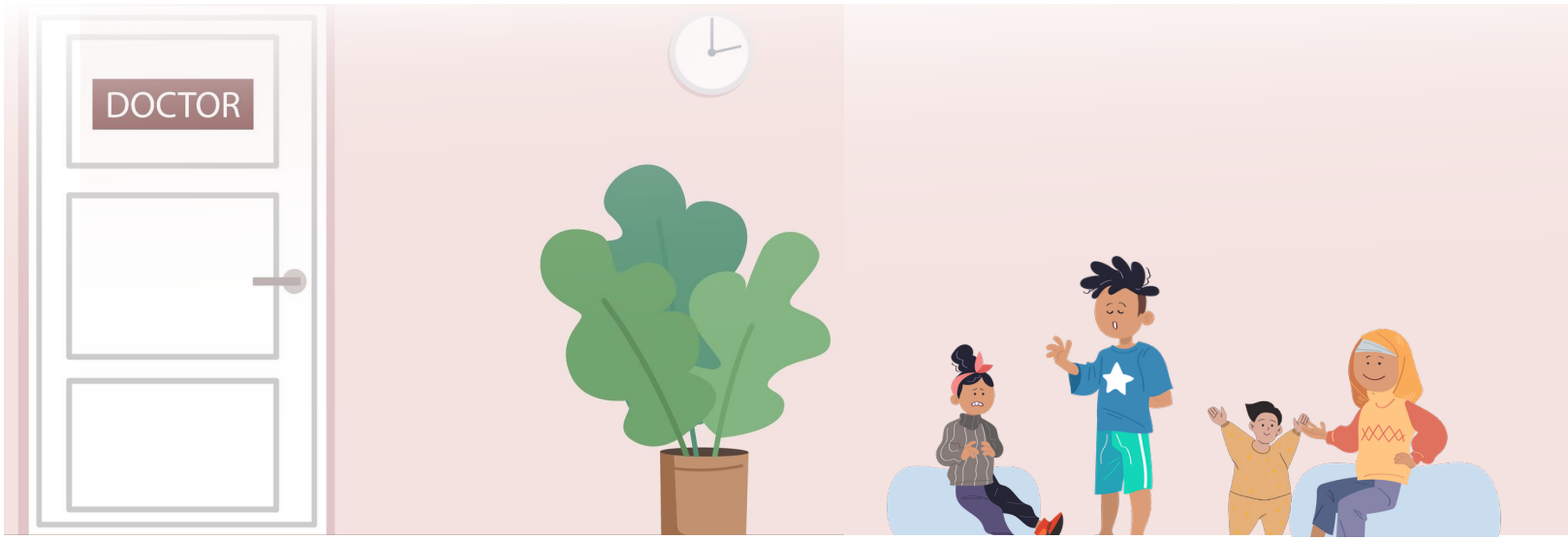

This is what life sometimes looks like. Multiple stories, multiple people. Lives intersecting, people interacting and influencing each other's mental health.
Let's try to see how.

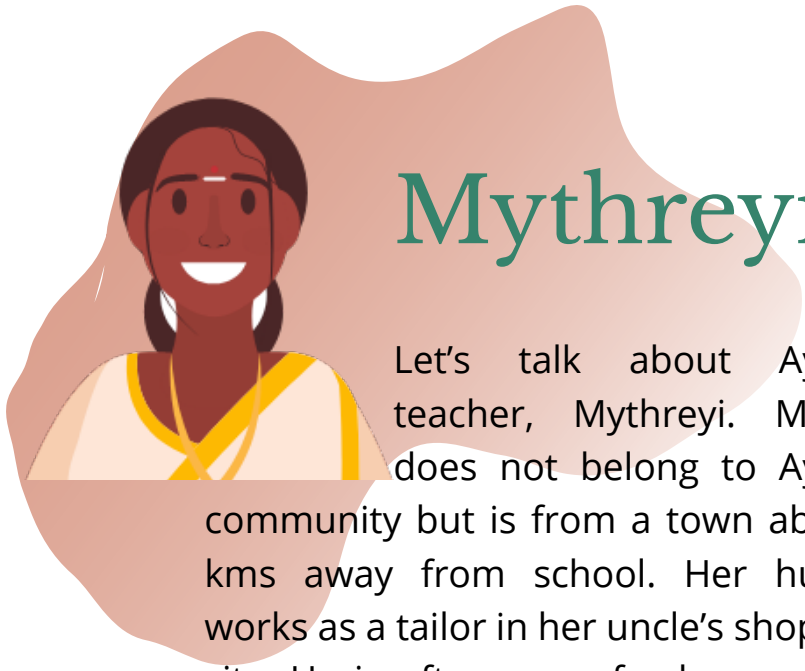
Ayesha is 13 year old who lives in Mumbai and goes to a community run, low fee private school in her locality. She loves school, it's where she gets to meet her friends! When she's not at school, Ayesha is helping her mother take care of her 3 year old brother, Adnan. Ayesha hopes to become a fashion designer one day. Her notebooks are filled with hand drawn designs; patterns she spots on buildings in the streets, those she sees through the windows of shops with clothes hung on mannequins. She can point a pattern out of anything and replicate it.

Ayesha, like many other 13 year olds in the country, spends long hours at school through the week. A lot that happens at school affects her. For instance, on one hand, a teacher unfairly scolding her for not doing her homework on the day her mother couldn't find money to pay for Adnan's medical treatment can deeply impact Ayesha. However, watching her artwork being pinned on the wall next to the teacher's desk for everyone to see can have a similarly deep impact, in a different direction.

Adnan, Ayesha's brother was born premature. While growing, he experienced difficulties in movements and body-balance. It is with frequent meetings at the aanganwadi on child nutrition and health that Ayesha's mother realised that Adnan experienced delays in motor skill development. When waiting for their turn at the doctor's clinic, Ayesha observes other children in the waiting room. While the disabilities and difficulties in some children are evident, those in many others are not.

Infact, even at school, some of Ayesha's classmates experience difficulties in understanding simple sentences, paying attention to what is taught in class and are not motivated to read, write, draw or engage in group activities. Some of her classmates spend extra time with their teacher, Mythreyi and the school counsellor, Adhitya and frequently opt for writing assistance during examinations.





Mythreyi

Let's talk about Ayesha's teacher, Mythreyi. Mythreyi does not belong to Ayesha's community but is from a town about 40 kms away from school. Her husband works as a tailor in her uncle's shop in the city. He is often away for long, sourcing fabrics or working overtime during festival seasons to meet the demand. They have a 4 year old son that Mythreyi often finds herself raising alone. Her job as a teacher supplements the family income that they need very much. However, having the job is not easy on her child. Mythreyi's neighbours offer to look after her child during the day, while she is teaching at Ayesha's school.

However on days when her neighbours are busy, she finds herself looking for other options. Even if she finds someone and is able to go to work, her mind always wanders away to him. Work is not easy either since the school rolls out frequent staff crunches due to funding issues. In times like these, Mythreyi gets no breaks.

A recent addition to the school staff, a mental health worker, however, has been of some solace to her. Being able to talk to someone who seems to understand offers her some consolation, even if for a short while.

Adithya

has for long, been exploring his identity, knowing he wasn't fitting into the boxes people had made for him - his family, friends and other relatives. His family also did not approve of his career choice and thought it was below their standards, and his potential, for their son to be a mental health professional. When he started relating to experiences that they could not understand, Adithya moved out.

Starting a journey of his own was both challenging and rewarding. Constant reminders of his commitment to family keep ringing in his mind. But he also knew he needs to space to find himself.

At work, engaging with children experiencing diverse levels of emotional distress and academic difficulties have enriched his professional identity and outlook to life. Being able to offer an ear to people who are often ignored has reinforced his beliefs and value systems, knowing that he did the right thing in choosing to become a counsellor. The school faculty and students are fond of Adithya - he has created a space for people to be.

However, it is not always easy to detach. At times, he finds himself overwhelmed with the conversations he has. When listening to someone else, his own problems, questions and doubts appear before him. There are so many questions that he looks to answer, sometimes not knowing where to look.

AM I

Aligning practice with frameworks?
Understanding intersectionalities?
The children come from lives that are marked by different identities, problems, distresses. How do I understand the intersection between all of this + school pressures?

Study intersectional feminism, marginalisation and mental health, social constructivism - understand backgrounds

Several children I counsel have experienced early-life distress and have low grades. How do I know that these instances relate to each other?- research idea?!

Develop feedback system - create safe environment together. Follow up to understand perceived supportiveness, concerns and improvements

DETACH! Deal with self as separate from profession- resources to improve work-life balance-discuss with supervisor

Ayesha, Adnan, Mythreyi and Adithya live in multiple spheres, dealing with multiple problems but also find help from multiple sources around them.

While Ayesha may not realise it, anxiety that she has on a period day about staining her skirt because the toilet at school isn't functional and being made fun of because of this can go a long way for her mental health. How her community comes together to help her family when they are in dire need of money reduces stress that she would have otherwise experienced, though secondarily.

For Mythreyi, while knowing that her child is safe with her neighbour and having someone at school to talk to offer solace have positive impacts on her mental health, having to bring up a child alone while her husband is working does the opposite.

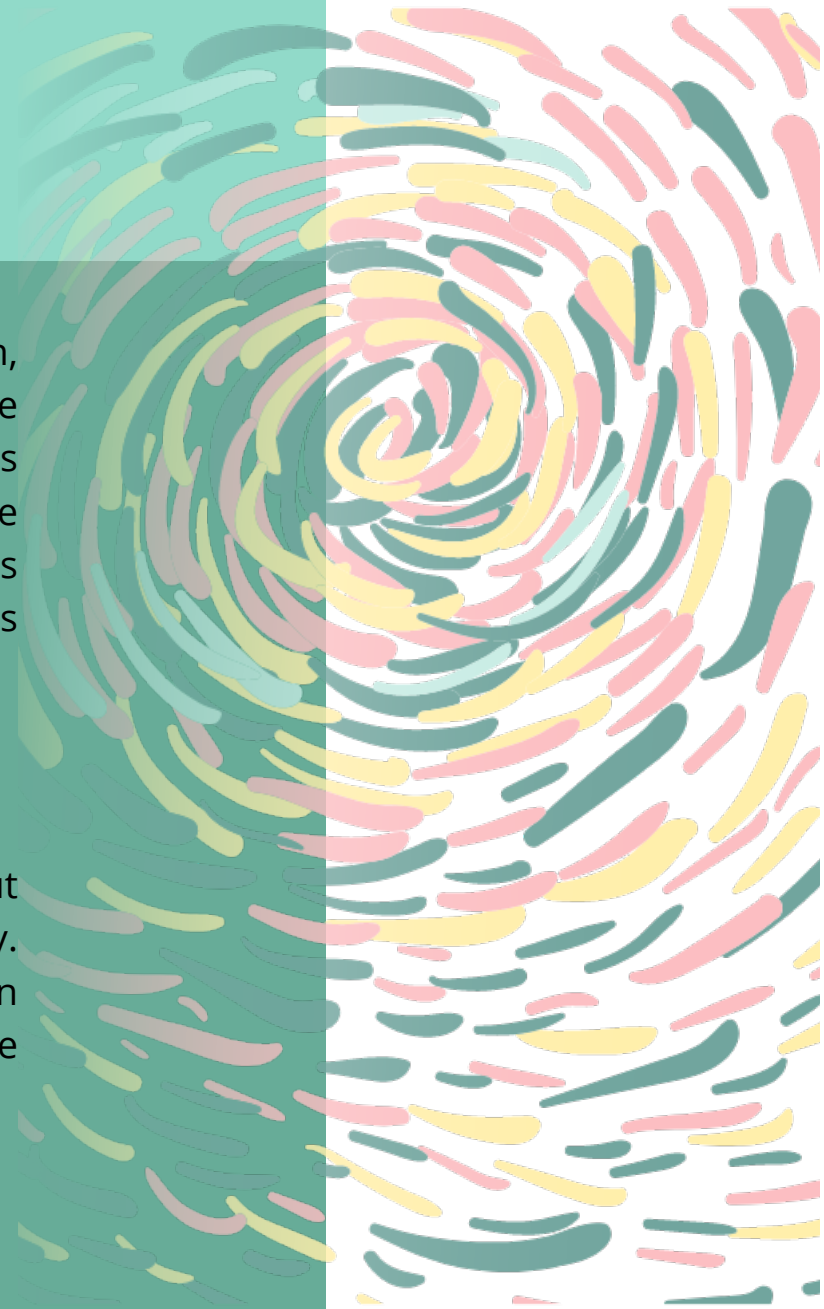
Adnan has experienced significant development distresses. However, the aanganwadi support has helped tackle these effectively. Since Adnan would be starting kindergarten soon, Ayesha's mother is having conversations with Mythreyi and Adithya about how the school and them as a family can better accommodate and support Adnan during these formative years.

Adithya is dealing with understanding distress at both the personal and professional levels. His work acts as, both a way to deal with, but also as a contributing factor to conflicts. However, support from a supervisor gives him the opportunity to unload and make sense of the thoughts in his head. What Adithya offers to Mythreyi and all the students, he receives from his mentor.

The collective care model in picture

These stories reiterate that while mental health, as the frameworks show, is dependent on the instances, experiences, structures and institutions that we engage with, these elements *also* have the potential to offer care and support. It is this potential that the community care model attempts to explore.

Everyone of us forms the community.
This means that mental health is not just the responsibility of mental health professionals but of each one of us who constitute the community. Let's look at some instances about how we can positively contribute to the mental health of the people we live with.



Learning together

The school is an institution where people share a lot of time together. Schools are particularly important because of the formative function they play in children's lives. The value systems that a school holds can have a very strong impact on the value systems of a child.

If a child grows up in a space where they are allowed to express themselves, more than they are required to follow rules and regulations, it will lead to comfort in expressing as well as learning to be accommodating of others.

The community care model would need the school to take active cognizance of this fact and create spaces, both tangible and intangible, that deal with the emotional and mental health of children. Adithya's appointment is an example of this. His presence in school gives both the students and teacher's like Mythreyi the opportunity to access mental health care that can help them make sense of some of the difficulties they may be facing.

Trigger warning: mention of death by sucide

Reporting sensitively

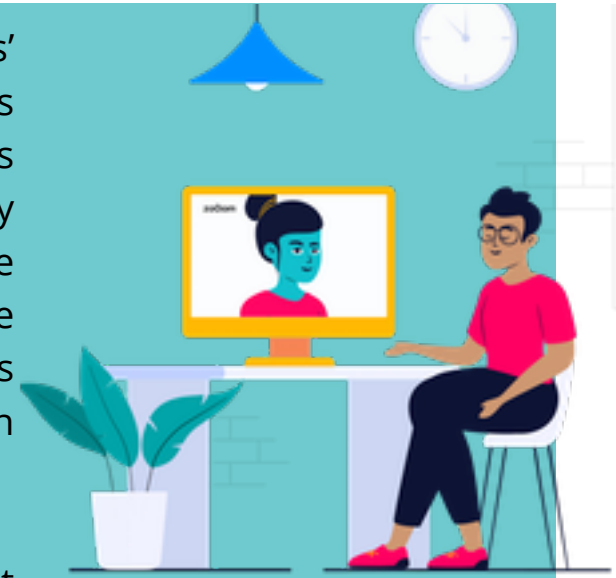
Here's a more contemporary example;

It is only quite recently that media reporting of suicides have come into question. For the longest time, we were taught that 'committed suicide' is the grammatically right way to talk about the same. However, understanding agency and mental health extensively, we now know that the onus is not always on the person. We know that mental health can go to aggravating depths where individuals experience helplessness . We also know that certain communities, owing to the structures they live in, the identities they associate with and daily interactions, are at a greater risk than others. The decriminalisation of homesexuality alone led to a decrease in global suicide rates.

At the same time, not identifying farmer suicides in association with the occupation and economic conditions leaves out a major part of the picture that is painted with this narrative.

The media, considered the fourth pillar in a democracy, plays a formidable role in informing the opinions that people have. The lives of queer people and farmers, as long as they are removed from conscious mainstream narratives and reports that are sympathetic and empathetic, will remain distant and alien to others. The community care model hopes to alter this, and shifting media narratives is a key step in this direction.

In pursuit of community well-being and enhancing individuals' quality of life, mental health workers often find themselves more susceptible to fatigue and burnout. Similar to Adithya's experiences, conflicting thoughts and notions could potentially cloud their judgement and impact outcomes within the therapeutic space. This highlights the need for supportive spaces and communities of care for mental health workers and translates to the concept of 'supervision' in mental health care.



Here, supervisors focus on knowledge and skill development via ethical and reflective practices. Sound understanding between supervisors and supervisees about the scope of supervision, supervisor's awareness about supervisee's risk of distress and fatigue and active engagement in supervisee's professional development benefits this relationship.

Peer-supervision, a niche concept, advances professional development of mental health workers across the professional spectrum by reflecting on therapeutic challenges and protecting against overwhelming emotions, distress and other difficulties. Brainstorming, collective and constructive feedback and sharing resources are at the center of this collaborative space.

Supporting
the supporters

Ayesha's caregiving and experiences of engaging with people with disabilities sheds light on the nature of disabilities and difficulties encountered by people experiencing them. More often than not, disabilities manifest in specific spaces such as schools or workplaces. A school curriculum that does not take into account the diverse learning skills and styles of its students fails to provide inclusive academic support. A workplace that assumes ableism can potentially create challenges for its employees that can influence their well being.

Often, scarcity of facilities and resources exacerbate the difficulties experienced by persons with disabilities and make them vulnerable to mental health conditions. From the collective care lens, we would like to discuss ways to improve accessibility to mental health resources for people with disabilities.

The list is an open list. Suggestions and ideas are welcome. Please turn to the final pageof the handbook to find out how.

Supporting people with disabilities

VISUAL
- Voice recognition technology
- audio alternatives
- easy to read text
- avoidance of contrast and faded colours

MOTOR
- ramps and elevators
- Voice command technology
- supportive furniture

HEARING/SPEECH
- information via visuals
- sign language
- short and simple sentences
- keep writing materials
- handy to communicate

COGNITIVE
- Easy to understand information
- Patient explanation of procedures
- Reduce disturbances in background

Caring in collectives

A collective care approach to Mental Health requires collaborative efforts from policy makers, mental health professionals, caregivers and individuals to bridge the mental health care gap.

Let's return to an image we created for you at the beginning of this book - one of people existing, not individually, but within different spaces, places, families, communities, interactions and structures. All of them in some way of the other having the ability to affect the individual.

In the last part of this book, we'd like to look at some of these tangible elements of our community that can contribute to

Increasing **availability, distribution and financing** of mental health care through training professionals and support workers.

Ensuring **adherence to and critical review** of legal framework surrounding mental health (e.g Mental Health Care Act 2017) and resource assistance for mental health care sector through a central body.

Drafting new mental health-related policies and amending the existing ones, based on critical reviews and appraisals by **more inclusive and representative task-forces.**

Providing **protected housing and social security benefits**, as well as **protection from discrimination and neglect** for individuals and families experiencing mental health conditions.

Establishing **inclusive facilities** for re-skilling, employment and micro-finance schemes.

Strengthening **human rights protection** of individuals experiencing mental health difficulties and their families.

Government policy

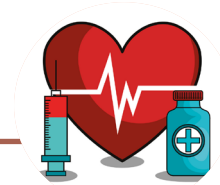
Primary Healthcare

Revising **curriculum** by including topics about mental health.

Training professionals to **develop empathy** in medical practice, explaining procedures in simple terms to persons seeking services and caregivers, including patient's perspective in care-design (to the extent possible) and gaining informed consent of patient and/or caregiver.

Including and recruiting **mental health professionals appropriately** in the healthcare context. For example, establishing integrated practice units, discussing the benefits of mental health support to patients undergoing treatments and consultations.

Adopting **a rights-based approach** in treatment delivery with a focus on the person, their environment and experiences.



Providing **more channels** for patient-doctor communication.

Mental Healthcare

Introducing **psycho-educational programs and collaborations** with primary healthcare providers to identify different approaches in diagnosis and treatment of mental health and physical health difficulties.

Introducing **research collaboration** with primary healthcare professionals and government entities. Ensuring access to information for all mental health care professionals.

Making therapeutic practices more **queer-affirmative** and **supportive of neurodiversity** and **suitable for those deeply impacted by systematic influences** like patriarchy, casteism, racism and ableism.

Reducing **stigma** surrounding seeking professional mental health support.

Engaging in **continued skill development** to improve accessibility to services.

Creating **structures for standardized ethical practice** and **adherence to legal framework** about providing Mental Health Care services

Caregivers and family

Being more **tolerant and accommodating** of diverse views and multiple perspectives which are unique to an individual's lived experiences.

Being **mindful of the language, gestures and body language** being used in caregiving spaces.

Being more **responsive** to individual's social and emotional needs.

Normalising caregivers reaching out for support.

Setting aside some **time for yourself** to be with yourself, your thoughts or the lack of them.

Seeking **professional support** - a psychologist, counsellor, therapist, life-coach or support group.

Checking whether the mental health professionals' stances and working style align with your mental health needs.

Understanding whether the space created in therapy or other caregiving environments are **supportive and motivating**. It is important to create **a safe space that allows you to express freely**.

YOU!

epilogue

We hope that this reading experience has been rewarding and enjoyable for you and that the thoughts we shared will be a part of your future conversations and pursuits.

At Tangent, we provide individual counselling services via audio/video services, on a sliding-scale whenever possible. You can reach out to us via any of our social media handles to know more about the services and assess whether they fit your requirements. We are a queer-affirmative team that incorporates the values of intersectionality, neurodiversity, accessibility, social justice and advocacy in our engagements and practices. We would be honoured to support you through your journey to our best abilities.

In our attempt to delve deeper into some pivotal issues about mental health through this handbook, we acknowledge that there are numerous issues and topics which are yet to be explored and discussed in the community and beyond. There are stories to be heard, experiences to be understood and individuals to be empowered; meaning that there is ample room for growth and learning curves that await us.

We urge all of you to step forward and contribute to this learning process to make this world a better place for each individual that resides in it. Our work with this handbook hopes to begin to imagine what this contribution can look like. We would also like to call upon professionals to realise novel roles they can undertake, based on collaboration, research and advocacy, to enhance individual and community well-being.

We are aware that similar endeavours are being undertaken by other entities within the mental health sphere. We applaud their efforts and look forward to future collaborations with them.

Please feel free to write back to us about your experience with this handbook. We would love to hear from you! :)

our thank you-s

This handbook is an amalgamation of the efforts put in by our team, our collaborators and our audiences.

We would like to express our gratitude to Dr. Chetna Duggal, Dr. Subramanian and Tanvi and Devika (Project Mumbai) for sharing insights about mental health in India. Their contributions have been vital in shaping our understanding of the collective care model in the Indian academic, professional and healthcare spheres. We would like to thank Tejaswi and Dr. Saswata for their contributions about media narratives and reports about suicides.

We are grateful to our audience on our social media platforms for their contribution, engagement and continued support. We hope to continue including your voices in all our future endeavours. We would also like to thank the content creators at Canva, Blush Design and Noun Project for enabling us to utilize minimalistic and inclusive visuals for our handbook.

We would like to thank our Content Development interns Riya and Shreya for their work in the ideation, conceptualization and compilation of this handbook. Your creativity, enthusiasm and commitment towards this project is truly inspirational and we hope that this was a learning opportunity for you as much as it was for us. We would like to thank our core team members, Ahana, Ankita and Deepika for their contribution, feedback and guidance throughout the course of curating this handbook.

art attributions

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references

Ashiabi, G. S., & O'Neal, K. K. (2015) Child social development in context: An examination of some propositions in Bronfenbrenner's bioecological theory. Sage Open, 5(2), 2158244015590840.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments in nature and design. Cambridge, MA: Harvard University Press.

Menon, N. (2015). Is feminism about 'women'? A critical view on intersectionality from India. International Viewpoint – online socialist magazine.

Murthy, R. S. (2017). National mental health survey of India 2015–2016. Indian journal of psychiatry, 59(1), 21.

Reynolds, V. (2013). " Leaning In" as Imperfect Allies in Community Work. Narrative and Conflict: Explorations in theory and practice, 1(1), 53-75.

The Mariwala Health Initiative (2018). Reframe: Funding Mental Health, (1).

The Mariwala Health Initiative (2019). Reframe: Bridging The Care Gap, (2).

White, M. (2007). Maps of Narrative Practice (1st ed.). Auckland, N.Z.: W. W. Norton & Company
Ltd.

World Health Organization. Mental Health Evidence, & Research Team. (2011). Mental health atlas 2011. World Health Organization.

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