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health
initiative

MENTAL HEALTH AND WELLBEING FOR ADIVASIS & TRIBALS

Harvesting and Harnessing Our Deliberations

TWO-DAY CONSULTATION
16-17 MARCH 2024
MUMBAI

This report captures the purpose, processes, contributions to the deliberations, and suggestions for future engagements to build the mental health discourse and practice of and for Adivasis and Tribals at and through Mariwala Health Initiative's Indigenous Mental Health efforts.

The participating community members acknowledge our continuing connections to land, culture and community, and honour and uphold our Elders and struggles, past and present.

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How does one encapsulate the two-day congregation of a few Adivasis and Tribals in Mumbai, over the weekend of 16-17 March 2024, to deliberate on what mental health and wellbeing for the community means?

What if I said footwear?

Mattresses with bolster pillows, and chairs, lined the meeting hall. The deliberators settled into the room, and those who picked the floor seating, removed their footwear. Boots, sneakers, sandals, and slippers dotted the space. As the session progressed, many of the barefooted needing to step out, helped themselves to the 'convenient' slip-ons around. Quick whispers, subtle gestures, eye contacts and a one-time permission was sought, and a system was set up. When we noticed our footwear wasn't around, there was no panicking, we just knew the wearer would bring them back. If we needed to step out, and our 'own' shoes were missing, we just borrowed another's—whatever size or style it was. Once outside, we discreetly glanced at other feet to see who was wearing ours—not to claim or reclaim them, but out of curiosity—for the joy of knowing.

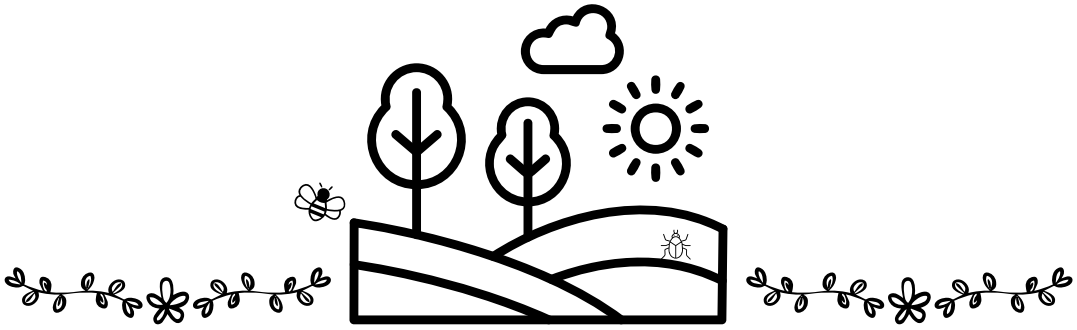
The establishment of a shared understanding by practice, for the circulation and usage of footwear, eliciting trust, slipping into realms of comfort and familiarity, enabled the personal becoming public—the communitarian. This is emblematic of the dynamics of planned encounters within and across communities. This convening of distinct and diverse individuals as communities, with shared, and contested histories, surrendered to the process, creating a circle and a circulation of exchange—of reciprocity.

This consultation group came together, both as individuals and community members, suspending doubts, and fears, leaned into the process of inquiry, and discovery.

We walked in each other's shoes, but not before we gave ourselves permission to let our guards down, and we located ourselves through our 'co-ordinates of belonging'[1], in the introductory session, serendipitously called 'Finding our feet'. And that set the stage for the two days, the circulation of our stories, of who we are, of whom, and where we come from, what our hopes, and convictions were, and how our ancestries, and histories informed mental health and wellbeing for our communities.

Biswaranjan Tripura used 'conversational pedagogy', and Grace Alma Barla 'healing space' to capture the two-day proceedings, which was infused with song, dance, laughter, honesty, and vulnerability, and from it emerged both an anchoring and the pathway for building the practice and discourse of mental health and wellbeing for our communities.

1 Manaema, Leah & Tiriki Onus. 2024. https://www.instagram.com/reel/C5-mL_nR63v/?utm_source=ig_web_copy_link



"Gaon chodab nahi, jungle chodab nahin, mai-maati chodab nahi, ladhai chodab nahi"[2]

(We won't leave our village, neither the forest, nor mother earth, we won't give up the fight)

Introduction and Intention

When one considers the socio-cultural, material and psychosocial consequences of India's enduring coloniality: longstanding deprivation, extractivism, expropriation, and aggressive assimilation of Adivasi and Tribal lands, peoples and lifeways, a simple fact emerges: for generations the agency and prospects to live well, as an Indigenous person, have been actively obstructed.

The marginalisation and discrimination of Adivasi and Tribal populations, in both rural and urban areas, sets us up for distinctive challenges of access and dignity, and contributes to our individual and communitarian wellbeing, and coping mechanisms. When we say, "yet, we've survived," it includes, our mental makeup and psychosocial fortitude, or have we survived because of it? What has enabled this, if our experience tells us that it's mostly without the support of any mainstream, Western-trained mental health professionals' intervention. These are some of the inquiries this consultation began challenging us to think about. Given that we're coming from a place of not having captured in tangible ways the articulation of mental health, wellbeing, psychosocial endurance, to be able to know how to build indigenised support systems or seek intervention from specialised service providers, this platform enabled us the chance to begin the deliberation.

The two-day consultation on Adivasi/Tribal Mental Health and wellbeing became a space of brainstorming, exploration, discovery, questioning, learning, and unlearning. While most of us have no grounding in Psych studies, our lived experiences hold both profound questions and answers to what this process was trying to capture. While we may not 'know' mental health in the established ways (education/expertise in practice etc.) and the frames and frameworks, we do know what wellbeing for Adivasis and Tribals is, and that was to be the starting point of this discussion.

This was an invitation for all of us to trust the process, own the process, and help assemble the pieces that build the pathway of a mental health, psychosocial, wellbeing discourse and practice for Adivasis/Tribes through Mariwala Health Initiative.

It aimed to anchor us in enhanced awareness and grounding to find the tools to articulate what mental health, psychosocial support, and wellbeing within Adivasi/Tribal communities is, and the approaches towards that pathway of understanding and care.

2 Gaon Chodab Nahi, Akhra Ranchi. https://www.youtube.com/watch?v=A9UKQRMqWS4

> ***Haal-chaal kaisa hai? wellbeing is how you are coping with life.***
> - Binita Ekka

> ***Khatian khale (have you eaten? in Sadri) opens up conversations around wellbeing. Women talk about the availability of food, and if there is not enough, they share it.***
> - Grace Alma Barla

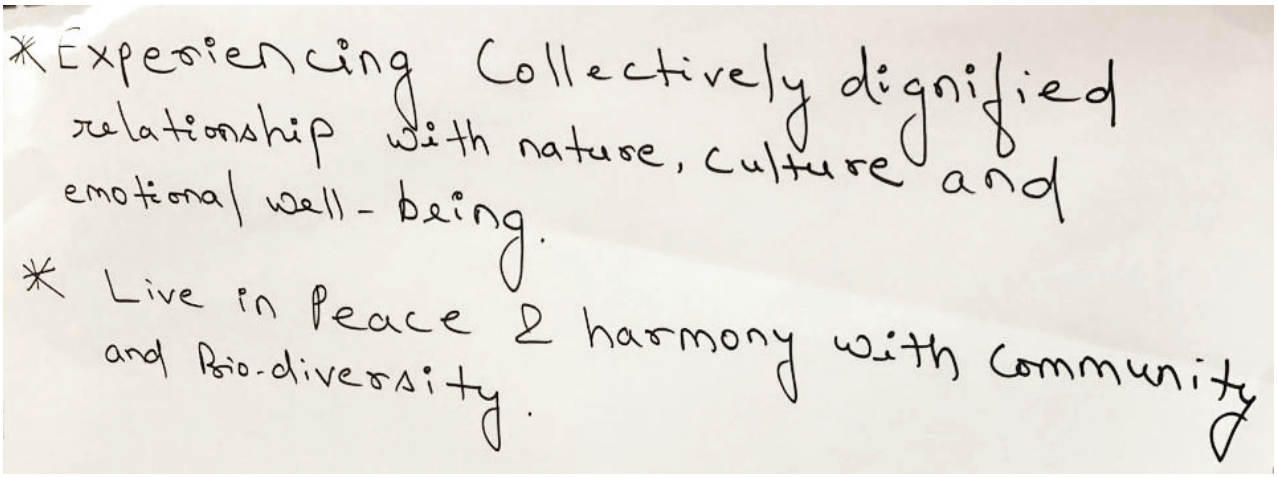
> ***Akhra, the community centre, is an expression of wellbeing***
> - Bipin Jojo

We laid the groundwork for the following undertakings:

1. Co-curate a working understanding and definition of mental health and wellbeing for Adivasis/Tribals
2. The emanating themes guided us to think of possible direct engagements, and research output to help build the discourse and practice of mental health and wellbeing for Adivasis/Tribals

Working understanding and definition of mental health and wellbeing for Adivasis/Tribals.

Recognising that no singular, unified definition can possibly capture the diversity, distinctiveness and nuance of a mental health understanding, the experiences and needs within communities, some features help ground the articulation as the deliberations demonstrated to us.



> ***Ek behtareen Avastha (An excellent condition)***
> - Sanjay Munda

> ***Different ideas of wellbeing for different communities. Concept of buen-vivir from South America; Ubuntu from Africa.***
> - Bipin Jojo

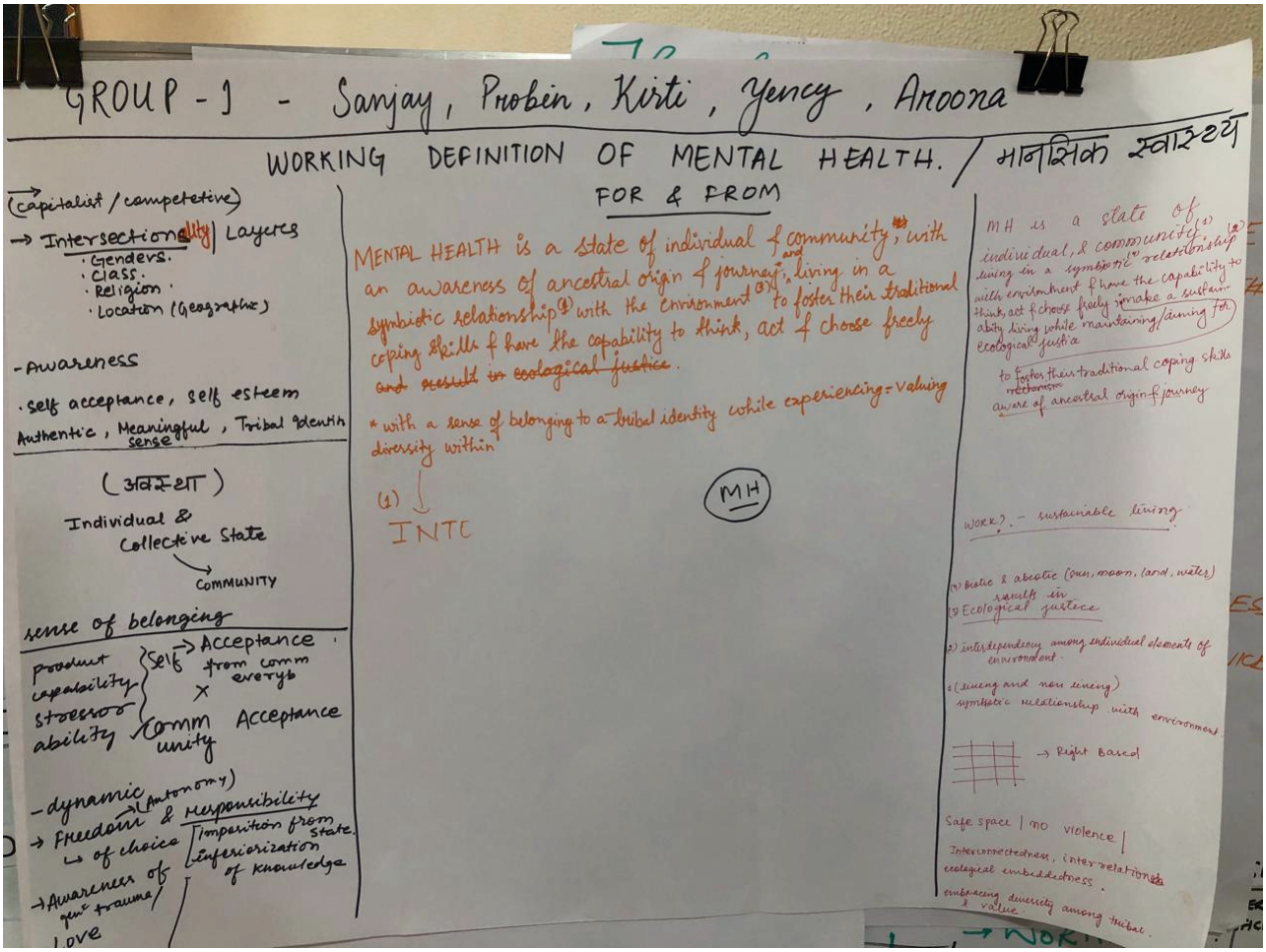
> ***Gaham is the word for wellbeing in Bodo— being in a mode of progress.***
> - Raju Narzary

Nature or jal, jangal and jameen is at the centre of wellbeing. Ceremonies central to Adivasi culture which give space for feeling good and bad.

- Yency Lugun

Kosuranga is the Kharia word for suffering and pain. "Paddy being eaten by insects, so much death happening, why did you come to this planet?" Absence of kosuranga is wellbeing.

- Eugene Soreng

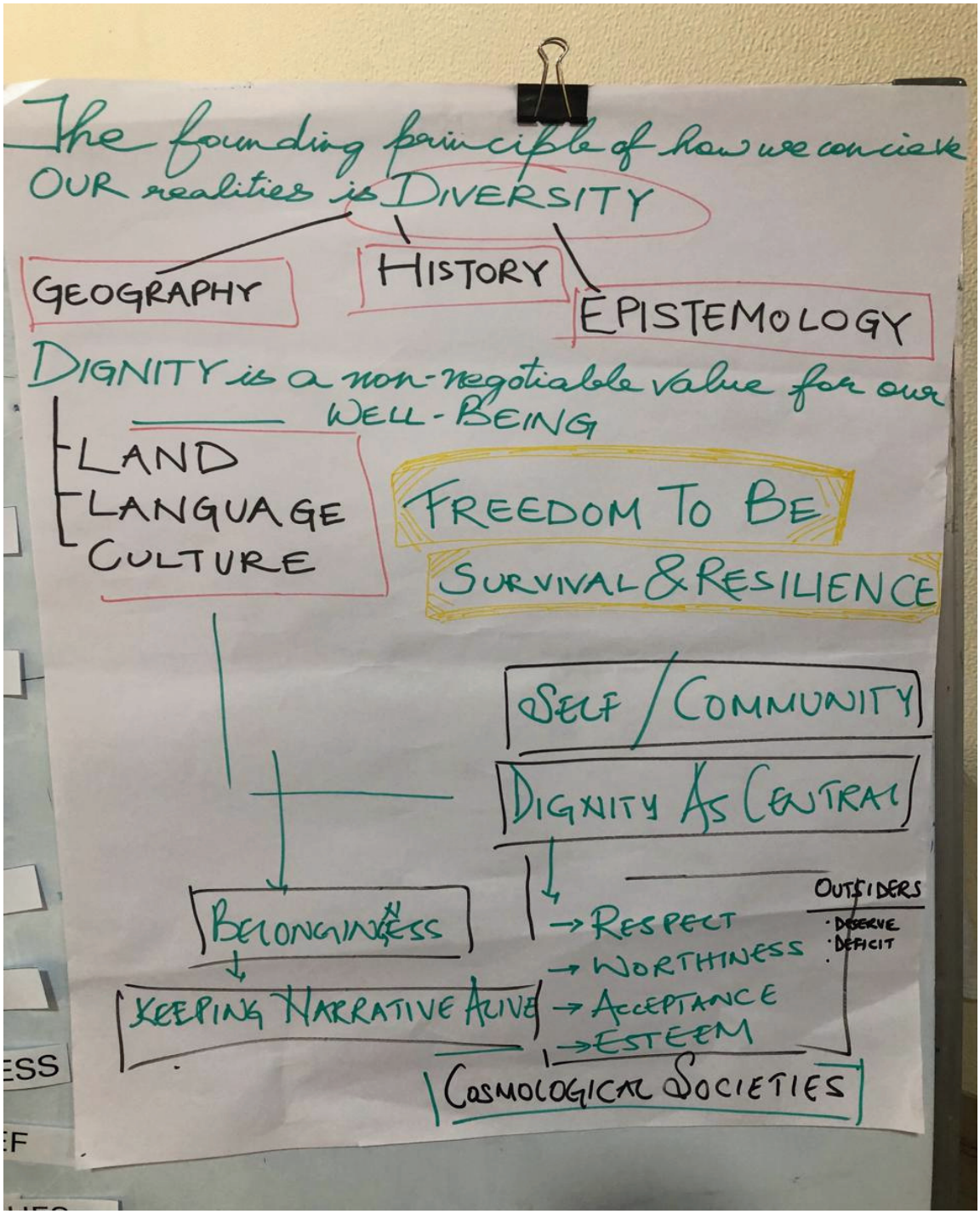


Bes geam? (Are you well, in Santali) the first exchange of words, when we meet, encapsulates the hope of a state of wellness, and initiates inquiry if the response is otherwise.

- Judith Hembrom

Johar for Warlis means 'everything is well'.

- Sanjay Parhad



Connection to jal, jangal, jameen.

•

Never hunt a mother deer, even if you're hungry.

•

Respect and reverence for ancestors

- Probin Topno

Don't fear others (Poumai Naga)

•

The moment one steps out, we are no longer just individuals, but representing our community

- Raile Rocky Ziipao

wellbeing needs to be holistic.

•

Not being alone

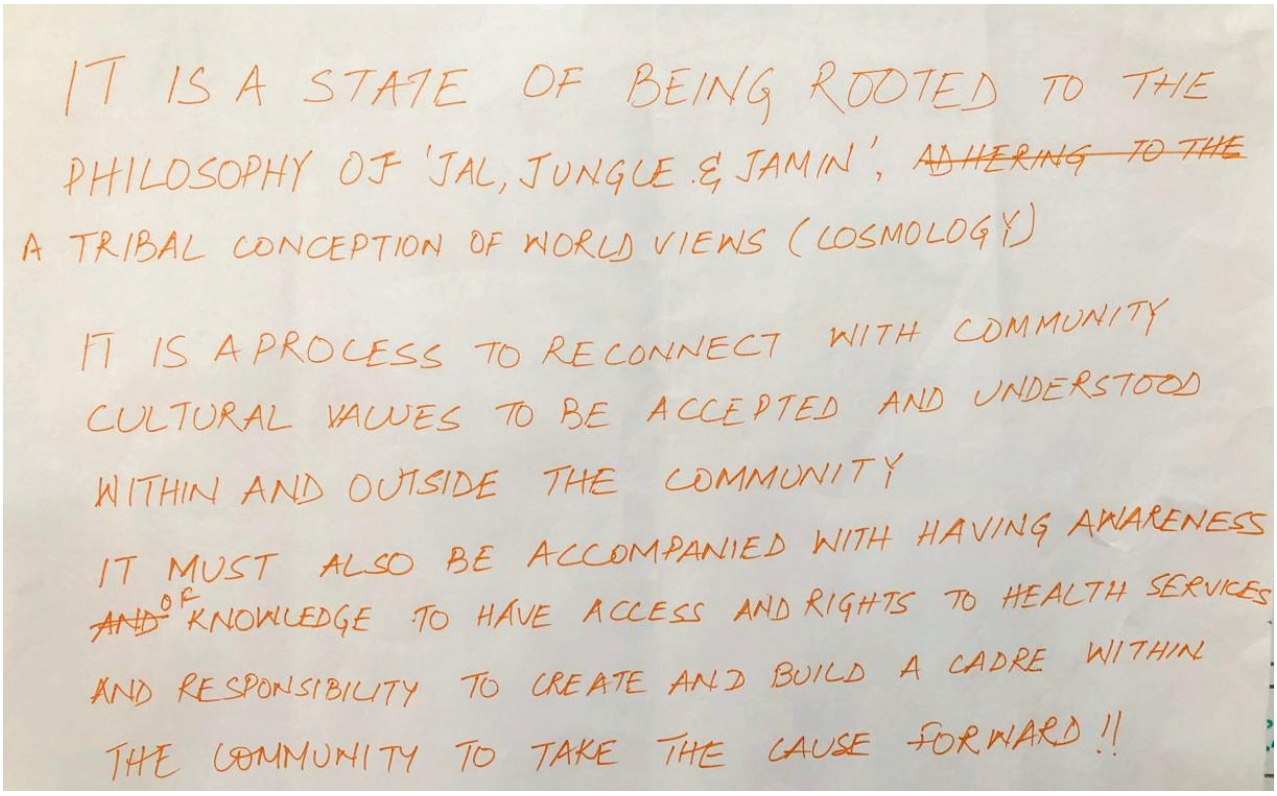
•

Land enables a sense of belonging

- Biswaranjan Tripura

In Mizoram you have shops without shopkeepers, so trust is central to wellbeing. In Assam there was a time when working for money was considered undignified. People would never accept money from each other. Dignity too was integral to wellbeing

Raju Narzary



In Hinduism there are templates for queerness. But none so in Adivasi culture.

•

Idea of limiting wellbeing to land can be restrictive.

•

Maybe it's not always possible to reach the desired standard of wellbeing.

- Aleen Barwa

Historical, Cultural Contexts & Colonialism:

Our mental health and wellbeing emerge from and cannot be separated from the communities' historical and cultural contexts, anchored in our diverse, distinctive, and contested realities.
This also means acknowledging how customary beliefs and healing practices influence how we comprehend and address mental health concerns.

The enduring impact of colonialism, internal colonialism, cannot be undermined in framing what mental health, wellbeing is, and how we deal with it.

> ***Where do addictions arise from? – From trauma***
>
> •
>
> ***What does living in survival mode do to you?***
>
> - Nolina Minj

Impact of Socio-economic Factors:

Adivasis/tribes are at the lowest point of almost every socio-economic indicator, with poverty, displacement, and lack of access to basic services for a dignified life, exacerbate our marginalisation, which has grave mental health and wellbeing implications.

The need for holistic approaches that address both socio-economic and psychological dimensions of wellbeing, imbedded in the philosophies of connections to the land were identified as integral components of and for dignified lives and living. There is a need to examine and curate scientific findings and methodologies that interact with traditional healing practices and communitarian approaches of wellbeing.

Indigenous Knowledge Systems:

Participants acknowledged the invaluable role of traditional ways of healing, and indigenous knowledge systems in providing culturally relevant mental health support. The loss of traditional ways directly impacts identity loss which also contributes to concerns of wellbeing.

Community Involvement:

There was consensus on the consequences of endowing Adivasi communities with the know-how and support mechanisms to give primacy to mental health and wellbeing needs, enabling the community to define and take ownership of their welfare. This feeds into the dictum of Indigenous solutions for Indigenous issues.

> ***The Tsunami for the Nicobarese translated to the fear of water, and choosing to retreat to the forests became healing instead.***
>
> •
>
> ***We have not adapted to a lot of things that modernity has brought us.***
>
> •
>
> ***We should never deny individual pain and suffering when talking about collective and community issues. We need collective efforts to create systems of care and support.***
>
> - Bodhi. SR

Focus on the collective can lead us to neglect the individual.

•

How does socio-political violence transfer to interpersonal violence?

•

How does the trauma of colonisation, displacement, cultural loss, internalised racism connect with gender-based and domestic violence, alcoholism, and a whole host of issues?

- Eddy Kujur

History taking is important!

- Raju Narzary

Extensive, representative data is needed to support interventions.

- Bipin Jojo

Community-led workshops & co-learning spaces.

- Reep Pandi Lepcha

Epigenetics (an emerging area of scientific research that shows how environmental influences—children's experiences—actually affect the expression of their genes)

"The aspect of the body hasn't come up"

- Aleen Barwa

We carry the physical and mental suffering of, and through our ancestors.

•

Negative stereotypes have been created: "Adivasis are alcoholics, and labourers".

- Dr. Sanjay Munda

Run Away space! we all need a space to "just be"

- Eddy Kujur

Ideas for Engagement

- Awareness & different methods to adapt to modernity.
- The current generation is experiencing massive changes in terms of society, relations & technology. We need to keep up.
- There exist differing starting points and levels, from the individual to the community to the national. How to bridge the gaps?
- Sports is a unifying strategy, as is writing both in academics and journalistic ventures.

- Eugene Soreng

- Facilities do exist but how many of our people access them? Case in point is the One-Stop Centre Scheme (addressing Gender-Based Violence). We have to think practically to create specialists. The journey is long and arduous, but it needs to begin.

- Grace Alma Barla

> ***The salutogenic (health-promoting) paradigm suggests that humans possess an innate capacity to move toward health and wellbeing (Aaron Antonvsky)[3].***
>
> - Aleen Barwa

- We're not conversing enough; we need more spaces to talk and share.
- Connecting youth with leaders and connecting youth with the elderly.
- Create spaces for vulnerability.

- Christy Nag

> ***…suicidism to refer to an oppressive system in which suicidal people experience multiple forms of injustice and violence… I argue that suicide prevention services do more harm than good… (Alexandre Baril)[4]***
>
> Aleen Barwa

> ***Suicide prevention for Adivasis in Assam's tea garden.***
>
> •
>
> ***Ancestors had practices of self/communitarian preservation, that needs to be researched.***
>
> Sangeeta Tete

- Work on internal displacement.
- Folklore + sports are good ways to address mental health.
- People have awareness but might not have the agency to express it.

- Raju Narzary

- Have to be careful not to go back to the past and bring back
- interventions that will be incongruous with the present.
- Good interventions arise out of good processes.
- How do we build a framework which is process-focused and not output-focused?
- We have to create strategies to work through the community not with it or for it.
- We have to be very careful of the biomedical model.
- No good intervention can begin without good data. Sample different geographical regions and different tribes, different vulnerabilities. Think of a research process which will provide a very sharp sampling.
- Need to develop a mental health wellbeing index.
- Can we add to policy? Can we also publish and add to the dominant narrative?
- Exposure visits
- There is a need for pinpointed interventions. We can't hope to solve problems without clear objectives.
- Stress on structure and process.

- Bodhi SR

3 Vinje HF, Langeland E, Bull T. Aaron Antonovsky's Development of Salutogenesis, 1979 to 1994. 2016 Sep 3. In: Mittelmark MB, Sagy S, Eriksson M, et al., editors. The Handbook of Salutogenesis [Internet]. Cham (CH): Springer; 2017. Chapter 4. https://www.ncbi.nlm.nih.gov/books/NBK435860/ doi: 10.1007/978-3-319-04600-6_4

4 Baril, Alexandre, 2023. Suicide prevention: uOttawa researcher proposes assisted dying model to transform prevention. https://www.uottawa.ca/en/news-all/suicide-prevention-uottawa-researcher-proposes-assisted-dying-model-transform-prevention
2023. Undoing Suicidism: A Trans, Queer, Crip Approach to Rethinking (Assisted) Suicide. Temple University Press. https://doi.org/10.2307/jj.5104041

Response to MHI's Support for Adivasi/Tribal Interventions

> ***Raj is speaking our language. The present, dominant frameworks have failed to understand our issues and address them. We must explore, and understand, rather than go in with preconceived notions. This is an unusual perspective for philanthropists to have. One has to move beyond the typical pathologising and clinical terms when it comes to Adivasis and Tribals. We need to do – thoda sa hatke – baat.***
> - Bipin Jojo

Based on the discussions and findings of the consultation, the proposals that would seek support from MHI would incorporate elements from these general approaches, which are initial ideas, and thus not solely limited to them.

Community-led, infused or anchored Mental Health Interventions: The integration of traditional practices of care with evidence-based mediations, that focus on instilling solutions, coping mechanisms, and healing emerging from the community and reliant outsider systems.

Building an ecosystem of psychosocial support: Engagements to bridge support gaps by interacting with and involving community health workers, educators, traditional healers, and community members, to identify mental health issues, guide, and facilitate referrals to appropriate services.

Policy Advocacy: Advocate for policies that prioritise Adivasi/Tribal rights, including access to land, reclamation, resources, and healthcare. Campaign for the inclusion of mental health considerations into development agendas, initiatives, and government programs.

Research and Documentation: Research initiatives to document Indigenous healing practices, traditional knowledge systems, community survival, sustenance, resilience practices and strategies. This will help inform culturally sensitive approaches to mental health promotion.

Some Steps Taken

- Formation of rotational Community/Knowledge councils to help process the proposals and funding applications. It entails reviewing, providing comments, reflections, and suggestions, and extending support through the life of the project implementation term, and after, including advice on funding extensions, and/or new phases for the projects, or new collaborations. This is also to set up a system of communitarian checks and balances through the life of the project, a kind of peer review, which also enables and encourages community cross-learning.

- The community council will look at direct intervention/service delivery projects, and the knowledge council is tasked with research, academic, cultural and art projects being proposed. Invitations for the councils have been sent out, but we are yet to determine if we could have or need two separate bodies or if one could assess both kinds of projects.

- Field visits to locations where projects are being initiated are underway. This is a crossing the bridge, a meeting halfway one, with the opportunity to conceptualize project ideas, refine implementation designs, and co-create pathways for grounded, sustainable projects. A trip to Assam has already been made in April 2024, and proposals from the field are coming through, as well as informal expressions of interest from other regions.

- To build the Indigenous Mental Health Portfolio at MHI to oversee these projects, we are creating a team and will be floating an opening for the position of an Associate (Indigenous Mental Health).

Response to the Consultation

Congratulations on bringing us all together successfully to share a space where we could engage without hesitation and with a collective purpose. You made it look effortless and seamless, more strength to you.
It has been thought-provoking. I am grateful to you, Raj, Preety (Priti), Saisha, and the entire team at MHI for working with intentions to address a critical issue like mental health and wellbeing. This will be a long fight and I am glad that the exercise of building a support system around us, a family, is now in place. I hope to exchange ideas, collaborate, and work collectively toward finding solutions as we all move ahead with hope and our hearts full.
- Reep Pandi Lepcha

Thank you for bringing all of us together as a community.
- Biswaranjan Tripura

Thanks for creating an amazing team to think and work with on tribal mental health. Looking forward to collaborate & bring positive change among the Indigenous people.
- Probin Topno

Thank you for organising the two-day consultation. It was very significant for us as Adivasis, and lots of things to draw on from here to go ahead. Thank you to all the participants for being there. It was lovely meeting you all. I am hopeful that we can continue this journey as a collective.
I also thank MHI for giving us this opportunity to come together.
- Bipin Jojo

Johar, thank you & congratulations for the fruitful event.
As already said, this was a healing space for me and I returned home with more energy and hope that through this platform we can make interventions at different levels from community to the policy.
- Grace Alma Barla

As I returned back carrying a treasured experience of insightful discussion during the two-day consultation, which reinforced the idea that there is a lot more to do, for me as a mental health professional and I am keen to expand my potential and explore beyond my usual academic and clinical life at CIP.
My sincere thanks to you, all the fellow participants and the able team of MHI for giving me this opportunity.
- Sanjay Munda

It was truly an honour to be a part of such an important initiative.
I am truly grateful for the opportunity to contribute and learn alongside such passionate individuals.
I look forward to staying connected and continuing our collective efforts to promote mental wellness for all our people.
- Eddy Kujur

Thank you for the wonderful opportunity to catch up with everyone near and dear ones.
- Raju Narzary

I extend my heartfelt gratitude for overreaching this incredible opportunity for us to come together and providing us with a platform to express our emotions and reconnect with our community back there and fellow participants.
Sending my best regards to you and the entire MHI team and eagerly anticipating future collaborations with you.
- Binita Sagar

Thank you for giving us this platform to come together and share our experiences and feelings with you. Thank you MHI Team for being very friendly and approachable in helping and making our stay and travel very convenient. It was an enriching brainstorming experience to make me think about Indigenous mental health. Acknowledging Alma Di for the recommendation. It was great meeting everyone and listening to their thoughts, and experiences. Anticipating working together for the betterment of our community.
- Binita Ekka

It was an amazing two days of engaged workshop. All my appreciation to you and MHI team. I especially liked the pedagogy of the workshop and philosophy of MHI engagement.
- Raile R. Ziipao

I am grateful to Ruby and MHI, and all the participants who contributed to the enriching two-day journey on Adivasi/Tribal mental health. The discussions were enlightening, and the shared stories showed us a glimpse into the varied epistemic communities we represent.
As a student of psychology and psychologist in training, the knowledge exchanged and the collective wisdom will immensely contribute to my academic and personal journey. And the possibility of continued collaboration and learning has filled me with great hope.
Yency Lugun

It was an absolutely amazing experience meeting you all, in terms of co-learning and sharing a space to talk and share and discuss a very important issue (Mental Health & Tribes/ Adivasi).
- Eugene Soreng

Thank you so much for welcoming us all into this space, Ruby! I learned a lot from every single one of you and I hope with the knowledge and insights I have gained in these two days, I will be able to give back to our community in my own small ways while working in the field of Psychology and Mental Healthcare. Thank you also for sharing your vulnerabilities, stemming from both painful experiences and joyful ones, in the larger space despite some of us probably meeting each other for the first time.

In the same spirit, I want to share this link that expands on the idea I wanted to bring up but was unable to articulate too well. Trauma connects to love – love for each other and ourselves, something that I had noted down but was unable to share in the second-day session, and Kai Cheng in this Twitter thread poses the right question when it comes to mental healthcare (for all, but especially relevant in our context), "how can (we) heal our traumatized bodies so that we may love each other & fight together?" It highlights why working with the person's self becomes vital to not just ensuring our survival in this brutal system, but to give way to living a fuller and more enriched life itself!

I hope that it will be okay to reach out to any one of you, in case I have more questions that can be answered by the work you have done in your respective fields and interest areas. Please reach out to me as well, in case you have any questions regarding what I articulated in the sessions as I fear I was not able to do it as well as I wanted to. Thank you once again!

- Aleen Barwa

Notes

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