DIYouth Advocacy

A complete guide to mental health advocacy for young people

DIYouth Advocacy is a free resource to empower young people to advocate for your mental health rights. It has been created by a group of young people, mental health experts, advocates, and technologists, including those who have lived experiences of mental health needs.

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Introduction

Vision

To empower the youth to step-up and speak for universal mental healthcare.

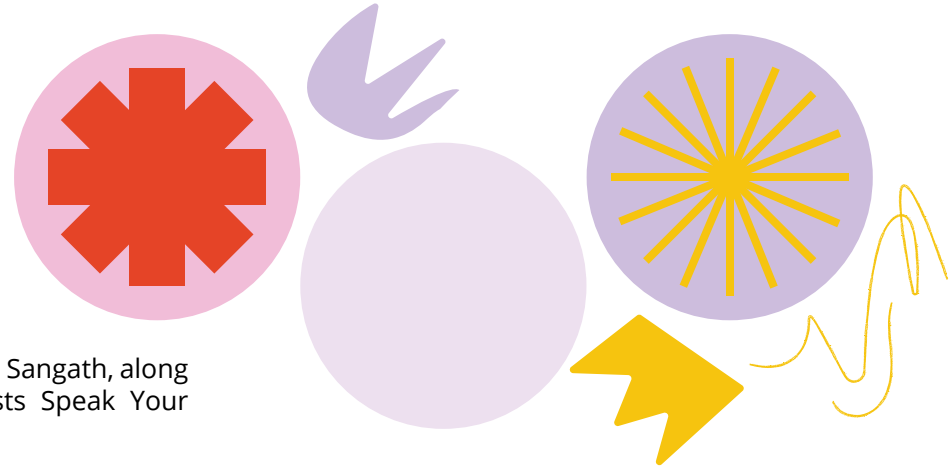
Access to mental health care is a right of every citizen of India. Yet, more than 70% of Indians experiencing mental illness or distress do not receive care, and even more remain unrecognised[1]. India has the world's largest population of young people falling between the ages of 10 to 24 years, and their mental health is a critically important social, economic, and public health priority. If left untreated, mental disorders can have devastating consequences for young people, including stigma, discrimination, poverty, and suicide. For every 10,000 people in the country, less than one mental health professional is available. The Government's spending on mental healthcare continues to be less than 2% of its budget. Alarmingly, fewer than 10% of young people in India have access to formal services, highlighting the urgency of the need to identify innovative strategies for promoting mental health for this age group.

Although recent times have seen some significant changes in India's mental health system, universal mental healthcare is still not a reality for all Indians. Lack of mental health literacy, coupled with the enormous stigma attached to mental illness, means that the needs and rights of mentally ill persons are largely ignored. There is a pressing need to build awareness about the rights of those who are living with mental health challenges to reduce stigma and discrimination. This will also help in providing training and mentorship for advocacy initiatives by young people. Dissemination of relevant facts and research, putting together information about available mental health services, and petitioning policy makers for the implementation of the MHCA 2017 are vital instruments for improving mental healthcare. It is the youth who must be the leaders and advocates for this change. We believe that youth participation and engagement in advocacy is essential in facing complex challenges. A key step in this direction would be to equip young people with the tools to advocate for improved mental healthcare.

What is Advocacy?

In this resource, advocacy means a process of creating and/or gaining support for the mental health rights of people by engaging with different stakeholders.

About DIYouth Advocacy



This resource has been developed by young people, for young people, to be used by anyone, especially those with lived experience of mental health concerns, to advocate for mental health rights.

It has been created in consultation with mental health advocates, experts, and community leaders, and takes inspiration from existing global advocacy toolkits, including 'Youth Mental Health Advocacy Toolkit' by Orygen, 'The Education We Want: An Advocacy Toolkit' by UNICEF, 'Advocacy Toolkit: A Guide to Influencing Decisions that Improve Children's Lives' by UNICEF, and others. It provides information about fundamental concepts of mental healthcare and related legal provisions in India, and takes you through a step-by-step guide to conceptualise, implement and evaluate a mental health advocacy initiative. Whether you are a young person, a person with lived experience, or a community leader, we hope that this resource will aid your journey and enable you to gain new skills.

With the help of this resource, you can access a range of tools, download free templates to aid planning, and learn from youth-led advocacy initiatives.

The DIYouth Advocacy resource has been created by Sangath and the Mariwala Health Initiative (MHI), and is funded by MHI and Comic Relief, UK, through the Speak Your Mind Campaign Fund. Sangath, along with Mariwala Health Initiative, hosts Speak Your Mind in India.

Speak Your Mind (SYM) is a global citizen-led partnership with a collective purpose to unite national and international campaigning groups, individuals and influencers and demand progress for mental health around the world. It was developed by its partners, incubated and supported by UnitedGMH, who work with a range of national and global organisations.

Sangath is a non-governmental, not-for-profit organisation committed to improving health across all age groups by empowering existing community resources to provide appropriate physical, psychological and social therapies. Sangath leads the It's Ok To Talk youth mental health campaign that works through social media and community-based events to highlight young people's lived experiences of mental health needs. The campaign aims to build young people's capacities to address mental health challenges. The platform is a space for young people to share their mental health experiences and have open and honest conversations to break the stigma around mental health. This web platform shares resources and guides young people to be able to take care of their mental health. It signposts youth towards services and helplines they can access, to seek support if they are experiencing a mental health challenge.

The Mariwala Health Initiative (MHI) supports innovative mental health initiatives, with a particular focus on making mental health accessible to marginalised persons and communities. MHI views mental health as a spectrum, and believes that people with lived experiences must be situated at the core of any capacity-building work and intervention. It advocates for an intersectional perspective on mental health, and undertakes capacity building initiatives It is also funding projects that are user-centred and where the interventions are linked to the grassroots and are community-based.

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Special Acknowledgements to:

Sangath developed this resource in collaboration with Mariwala Health Initiative, with the support of Anam Mittra and Priti Sridhar. We are grateful to Comic Relief (UK) for giving us this opportunity and for funding this project.

Special thanks to Pattie Gonsalves for her incredible support and guidance.

We would like to thank Eleanor Hodgson, Jhilmil Breckenridge, Manak Matiyani, Miriam Sequeira, Neeraj Kumar Sialkot, Ratnaboli Ray, Rhea Mathews, Sadam Hanjabam, Shubhangi Kashyap, Soumitra Pathare, Suvrita, Thara Rangaswamy, Victor Ugo and Vikram Patel, who generously gave us their time and shared their views and experiences with us.

Finally, and most importantly, we would like to express our gratitude to youth advisors Abhilash Durugkar, Ayushi Khemka, Komal Bhattacharjee, Lulu Mangang, Manideepa Chaudhury, Nandini Bhatia, and Vasavi Kalluru. This resource would not be possible without their contributions. The content was greatly enriched with the valuable lessons they shared from their personal experiences of conducting advocacy.

Sangath

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Abbreviations

CIP - Central Institute of Psychiatry

CMHA - Central Mental Health Authority

DMHP - District Mental Health Programme

IPS - Indian Psychiatric Society

IRDAI - Insurance Regulatory and Development Authority of India

LBT - Lesbian, Bisexual, Transgender

LGBRIMH - Lokopriya Gopinath Bordoloi Regional Institute of Mental Health

M&E - Monitoring & Evaluation

MHCA - Mental Health Care Act 2017

MHE - Mental Health Establishment

MHRB - Mental Health Review Board

MoHFW - Ministry of Health and Family Welfare

NGO - Non-Governmental Organisation

NHRC - National Human Rights Commission

NIMHANS - National Institute of Mental Health and Neurosciences

NMHP - National Mental Health Programme

NMHS - National Mental Health Survey

PIL - Public Interest Litigation

PwD - Person(s) with Disabilities

PwMI - Person(s) with Mental Illness

RPDA - Rights of Persons with Disabilities Act 2016

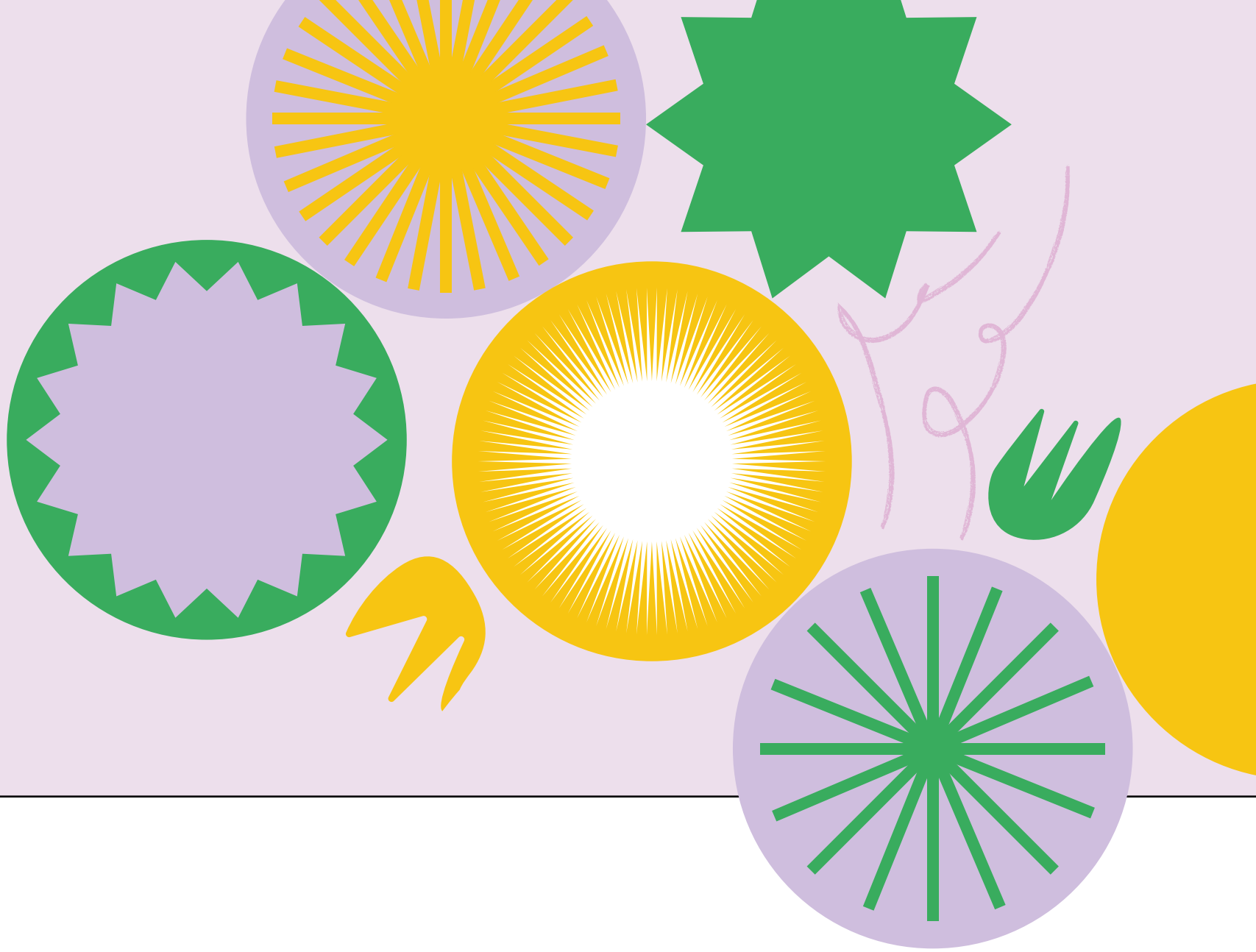
SDG - Sustainable Development Goal

SMHA - State Mental Health Authority

TLLLF - The Live Love Laugh Foundation

UNCRPD - United Nations Convention on the Rights of Persons with Disabilities

WHO - World Health Organisation



Section 1

Mental Health

Understanding Mental Health

By the end of this chapter, you will have:

- Greater understanding of the nature of mental health and mental illness.
- Better insight into the role played by socio-cultural systems and intersecting identities on mental health.

What is Mental Health?

"Mental health is the quality of my thoughts and emotions, and how they impact my daily wellbeing and functioning."

– Youth advisor

"Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (WHO constitution). An important implication of this definition is that mental health is an integral part of health, and more than just the absence of mental disorders [2].

"Mental health is a state of well-being in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community."

– WHO

Mental health is how we feel, think and behave. It has the power to help us grow, manage life's ups and downs, and live rich and fulfilling lives. The state of our mental health affects how we cope with stress, overcome challenges, build relationships, and recover from life's hardships.

Most often, the terms mental health and mental illness are used interchangeably. However, these are two dimensions that are related but distinct. A person can experience poor mental health (due to poor functioning in terms of physical health, work productivity, etc.) and not be diagnosed with a mental illness. For example, a person who recently lost someone very close can experience disturbed emotions or thoughts without being diagnosed with a mental illness. Similarly, a person diagnosed with a mental illness can experience periods of mental wellbeing. For instance, someone diagnosed with anxiety could be productive at work and have satisfying relationships [3].

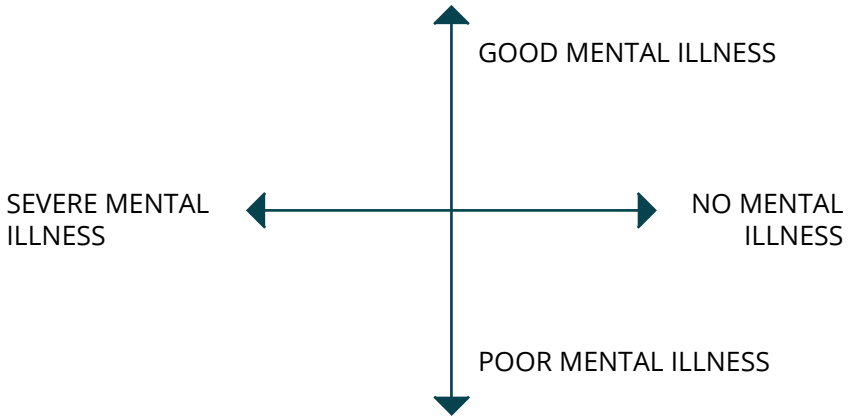


Fig: Mental Health and Illness Continuum (Source: Orygen Toolkit [4])

It is very important to note that the state of a person's mental health is not defined by the ends of the spectrum; rather a person can be placed at any point on the spectrum. A person's mental health can change over time, depending on many factors. For example, someone who recently lost a job and is the sole earner of the family might face mental health hardships.

Mental illness does not discriminate; it can affect anyone regardless of their background or identity.

Similarly, it is important to remember that mental illnesses are manageable. People with mental illnesses can get better, and many of them can even recover completely. Mental health treatments are personalised to suit the needs of the persons with mental illness/psychosocial disabilities, and one can choose from different options that work for oneself.

Mental health action should focus on helping people move to the positive side of the continuum so that they are able to lead a successful life.

Food for thought

National mental health policies should not be restricted to managing and preventing mental disorders only, but must also focus on larger issues of promoting mental health as well [5].

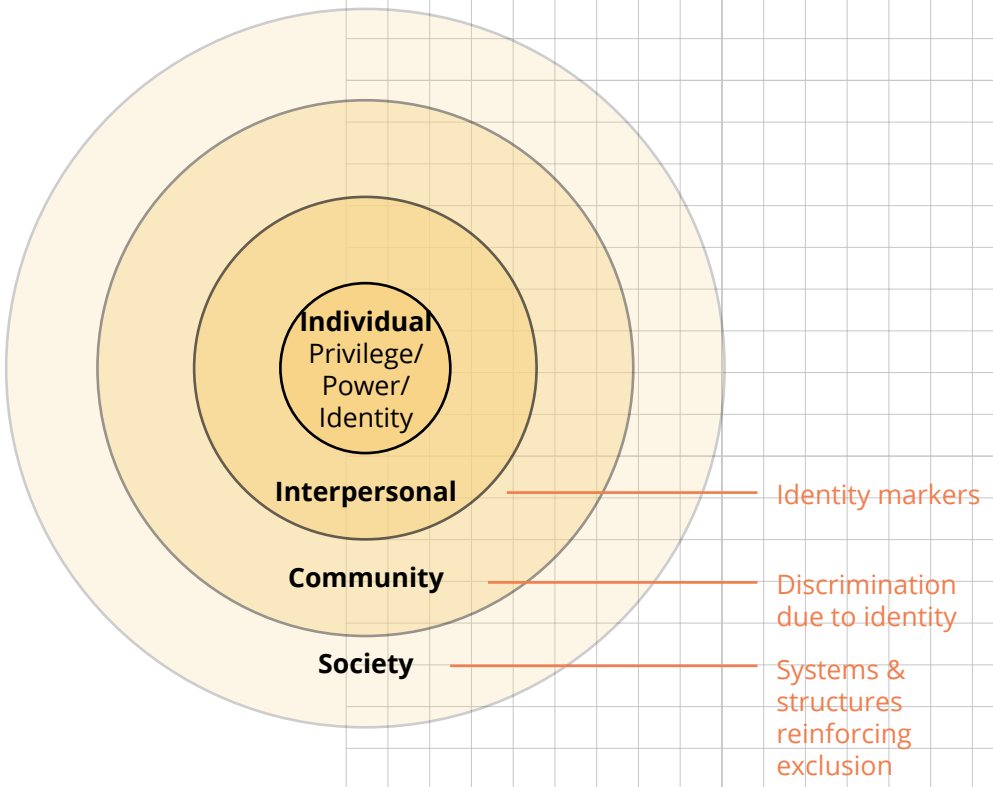
Beyond the Individual

"Mental health issues are not merely personal issues but have a social impact too. Systems and structures influence the mental health of a person. It is a political issue and requires community effort."

– Youth advisor

Mental health is impacted by biological, psychological and social factors. There are certain genes that can put an individual at a higher risk of developing a mental illness [6]. However, having a gene with links to mental illness does not necessarily mean that a condition will develop. A person's mental health is shaped to a great extent by the social, economic, and physical environment in which they live. These factors create unfavourable conditions which put certain groups at higher risk for mental illness [7].

Your identity is a combination of indicators, such as gender, sexuality, caste, class, etc. There is a socio-economic-political context behind those identities which impacts our mental health. For example, queer individuals face certain social disadvantages that cis-heterosexual people would not experience.



Among the range of factors that can affect an individual, some act as protective and others as risk. Risk factors increase the probability of developing mental illness, whereas protective factors improve a person's ability to deal effectively with risk conditions and stressful events [8].

Reflection activity

Think of all the communities you are a part of - the identities you introduce yourself to people with (gender, sexuality, caste, class, education, etc.). Reflect on how each of your identity markers shapes your life experiences.

Table: Examples of Risk and Protective Factors

Factors	Risk factors	Protective factors
Individual	Neurochemical imbalance, Stressful life events	Adaptability, social and conflict management skills
Family related	Child neglect and abuse, family discord	Good parenting, positive attachment
Social	Caste discrimination, isolation and segregation, peer rejection, gender inequality	Ethnic minorities' integration, positive interpersonal interactions, social support
Economic	Unemployment, poverty	Economic stability
Environmental	Displacement, war, violence	Social services, community networks

Source: WHO [9]

It is the interplay of the presence of risk factors and the lack of protective factors that makes an individual vulnerable to mental illness/mental health concerns.

Food for thought

Mental health policies and action should be present for everyone in the society, yet, they should be proportionate to the level of disadvantage faced by certain groups to reduce health inequalities [10].

Impact of Mental Ill-Health

Mental illnesses not only impact the well-being of individuals, but affect their caregivers and the community too. Thus, it is necessary to understand the effects of mental illness on individuals and the social systems to improve the existing mental healthcare systems and to develop effective programmes.

How to get help

If you or someone you know is struggling emotionally or has concerns about their mental health, there are ways to get help.
Visit this website to find suitable tele-counselling services or consult a mental health professional near you.

Impact on the Individual

The impact on an individual depends on the type and severity of the mental illness. However, it does pose a greater risk of outcomes such as:

Shorter life expectancy: people with severe mental health conditions die prematurely due to preventable physical conditions [11]. WHO (2003) reported that nearly one million people die by suicide every year [12]. Another study (2017) reported that Indian women have double the global suicide death rate [13].

- Disability: mental illness accounts for 13% of years lost to disability, with depression being the leading cause [14].
- Mental illness is closely associated with a range of acute and chronic conditions: such as non-communicable diseases, violence, and maternal and child health conditions. For example, anxiety disorders are linked to cardiovascular disorders [15, 16].
- Suffer severe human rights violation, discrimination, and stigma: persons with mental illness are denied economic, social, and cultural rights. They also face restrictions to the right to work, education, start a family, and other civil rights. They may also be subjected to abuse and neglect [17].
- Impacts education and work productivity: mental illness often results in lowered productivity due to unemployment, absenteeism, and reduced effective work, which has an adverse effect on the person's income. Hence, it frequently leads individuals into poverty and homelessness [18, 19, 20].
- Inappropriate confinement: people with mental illnesses are confined far more often than the general population, which aggravates marginalisation and vulnerability [21].
- Social isolation: mental health conditions can impact relationships with family and friends, and the ability to participate in the community [22].

Impact on Family/Caregivers

Family members are often the primary caregivers of people with mental illnesses, which has an impact on the quality of their lives [23] in the following ways [24]:

- Decreased household income: caregivers are often unable to work at full capacity due to the demands of caring for the individual. This increases their risk of poverty and hunger.
- Chronic stress: family members may experience emotional disturbance and stress due to the emotional and physical challenges of caring for the family member with mental illness.
- Social isolation: caregiving duties may prevent family members from attending social events. At the same time, often society too isolates the family members and subjects them to stigma because of their association with the PwMI.

Impact on Society

Mental illnesses can intensify other public health issues, increasing the overall disease burden of the country and impeding public health efforts [25]. For example, depression has been shown to adversely affect adherence to medication among those living with HIV/AIDS [26].

It also incurs huge economic costs, both in terms of expenditures incurred and loss of productivity [27]. Although the direct costs in low-income countries, such as India, may not reach high levels because of low coverage of mental healthcare services, the lack of treatment may actually increase indirect costs by increasing the duration of years lost to disability [28].

"We need to propagate the idea that an ideal therapist is touted to be not just empathetic and detached, but also trained to be politically conscious. Just like queer-affirmative therapists are trained to not look at gender in the form of a binary, Dalit-affirmative modules need to be designed to aim at annihilation of caste"

– Neeraj Kumar (mental health activist) in an interview with Firstpost on the need for caste- and gender-based trauma training

Reflection activity

Taking into account the huge direct and indirect costs of mental illness and its impact, why do you think mental health is an issue which takes a backseat in many countries around the world, and specifically in India?

Mental Health Landscape of India

By the end of this chapter, you will have:

- More awareness of India's legislation around mental health, and your rights as a citizen.
- Deeper understanding of the barriers that prevent people from accessing their rights of mental healthcare.
- Better appreciation of the need for mental health advocacy in India.

Policies and Programmes

As an advocate, you must understand how the laws and policies of your country impact the pursuit of mental health rights, and the existing gaps in them. In this section, you will learn about the larger frameworks that determine India's approach and commitment to the mental health rights of its citizens.

Mental healthcare in India has come a long way since the colonial times and the post-Independence era. From being custodial and segregationist, it has now adopted a more participatory and rights-based approach towards service provisions. The passage of MHCA 2017 marks the latest milestone in this process.

1912 **Indian Lunacy Act**

(Declaration of Alma Ata [1978] and project by WHO on "Strategies for extending Mental Health Services into the Community" [1976-1981] were milestones to push for adoption of community healthcare models for mental health)

1982 **NMHP introduced**

(Government appointed Health Survey and Development committees, such as the Bhore Committee 1946, reported the deplorable conditions of the mental healthcare systems)

(PILs brought forward the dismal conditions of mental institutions and the ill treatment meted out to PwMI)

(IPS criticised the Indian Lunacy Act for neglecting people's human rights and suggested a draft in 1950 to reform the mental health legislation)

1987 **Mental Health Act passed**

1996 **DMHP launched**

(In 2007, India ratified UNCRPD. India realised that the Mental Health Act 1987 was not in congruence with the UNCRPD.)

(NHRC/NIMHANS review conducted from 1997 to 1999 and a follow up in 2008 were landmarks in highlighting the state of mental health services in India)

(Erwadi Fire tragedy 2001- inmates of a faith-based mental asylum, who were chained to their beds, died in the fire.)

2013 **Mental Healthcare Bill introduced**

2014 **National Mental Health Policy launched**

2016 **RPDA enacted**

2017 **Mental Healthcare Act passed**

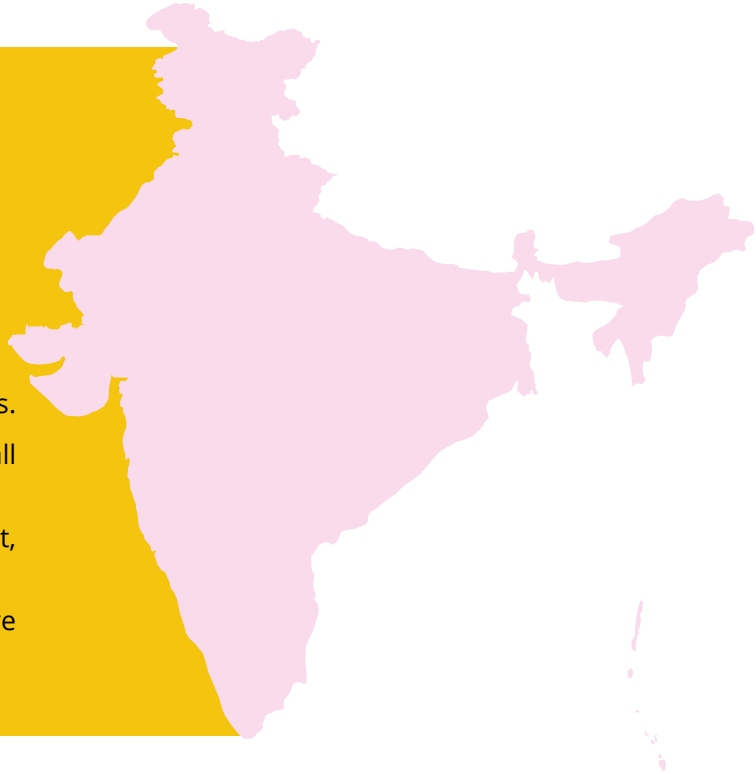
MHCA, 2017 [29]

MHCA came into force on 29 May, 2018 repealing the earlier MHCA, 1987. For the first time, access to mental healthcare was stated as a constitutional right of every individual.

It was formulated in line with the principles of UNCRPD. The Act provides for mental health care and treatment of PwMI through a rights-based approach. The government is responsible for providing necessary mental health services in every district of India, without any discrimination.

Central and State Governments should provide these minimum services:

1. Outpatient and inpatient mental health services at hospitals.
2. Provision of halfway homes, sheltered accommodation and supported accommodation.
3. Counselling and other mental health support for family members and caregivers.
4. Hospital and community-based rehabilitation establishments and services.
5. Facilities for mental health services especially for children and the elderly.
6. Free-of-cost treatment and services to persons living below poverty line, and the destitute or homeless.
7. All essential drugs and medicines as per the Essential Drugs List should be provided free of cost to all persons with mental illness at MHEs run or funded by the Government.
8. Presence of public mental health care services integrated with the public health system in each district, emergency services, and community-based treatment.
9. Reimbursements for accessing private mental health services when public mental health services are not available in the district.



Basic guiding principles of MHCA:

1. All individuals have basic human rights, including the right to equality, liberty and dignity.
2. Every person must be given the autonomy to make the choices they consider the best for themselves and this extends to decisions about their mental health care and treatment.
3. Everyone has the right to full participation and inclusion in society.
4. No person can be discriminated against based on any grounds such as caste, class, ethnicity, sex, gender, sexual orientation, religion, disability, and social, political or cultural beliefs.
5. Every person has the right to receive any form of support to help them make their own decisions.

Mental Healthcare Rights

1 ***Right to Equality and Non-Discrimination:***

All persons with mental illness must be treated equally and at par with persons with physical illnesses in the provision of healthcare; and further, they cannot be discriminated against on any ground.

2 ***Right to Personal Contacts and Communication:***

Right to receive or refuse visitors and communicate with others.

3 ***Right to Protection from Cruel, Inhuman and Degrading Treatment:***

All mental health establishments have to comply with basic minimum standards to ensure persons with mental illness are treated with dignity.

4 ***Right to Confidentiality:***

A person's right to confidentiality in respect of their mental health, treatment and physical healthcare is protected subject to certain exceptions.

5 ***Right to Information:***

Persons with mental illness and their nominated representatives have a right to information regarding details of their admission, mental illness, treatment plan, etc.

6 ***Right to Access Medical Records:***

A person with mental illness has the right to access their medical records unless disclosure would cause harm to the person or anyone else.

7 ***Right to Community Living:***

Persons with mental illness have the right to live in and be a part of society and cannot be segregated or excluded from their community.

8 ***Right to Legal Aid:***

All persons with mental illness have the right to receive free legal aid to exercise their rights under the MHCA.

9 ***Right to Make Complaints about Deficiencies in Provision of Services:***

A person with mental illness has the right to complain about the deficiencies in the provision of care, treatment, and services. Such a person can also seek a judicial remedy for violation of rights under any other law in force.

Some notable provisions of the Act to understand the rights provided under MHCA:

1. Capacity to Consent

Under the Mental Healthcare Act 2017, capacity refers to the mental capacity of a person to make decisions regarding their mental health care and treatment. A PwMI is considered to have capacity if they can: a) understand information which is relevant for making decisions regarding their mental health treatment, admission and other requirements, b) recognise and reflect upon any future consequence of the decision or lack of deciding on their treatment, admission and support, and c) communicate the decision using speech, gestures, sign language, visual aids or any other methods.

A person with the capacity to consent can be provided treatment only with their informed consent. A person can refuse treatment if they don't want it or wish for an alternative.

2. Supported Decision-making

Supported decision-making is an arrangement that helps an individual with mental illness to make and communicate their decisions when they have limited ability/capacity to do so. The support is provided through the following options:

(a) Advanced directive: it is a written document made by a person stating how they would like or not like to be treated in the situation that they have a mental illness and are unable to make decisions for their treatment. It gives autonomy and control back to the PwMI so that nobody can treat them in a manner not desired by them.

(b) Nominated representative: an individual appointed by a PwMI. This person would support the PwMI in taking mental healthcare decisions based on their will and preference. The person can be from the family of the PwMI, their domestic/romantic partners, or friends or colleagues.

3. Stakeholders Responsible for Implementation

There are various stakeholders who play an important role in upholding the rights of PwMI and carrying out the responsibilities under the Act. They have to face legal consequences if they fail to perform their duties. Law enforcement officials, mental health professionals, mental health authorities, policy makers and civil society organisations are some of the stakeholders. Duties and responsibilities of some of these stakeholders are:

Police officials: Police authorities have a duty to place under protection any person who is homeless, wandering or is a risk to themselves or others due to a mental illness. The police have a duty to take such individuals within 24 hours to the nearest public hospital for assessment and treatment.

De-criminalisation of suicide

Any person who attempts suicide will be presumed to be under severe stress and will not be tried and punished under Section 309, Indian Penal Code, 1860 unless it is proven by investigating authorities that the person was not under severe stress.

Magistrates: Magistrates are only authorised to order assessments of persons with mental illness being neglected or ill-treated in their private homes. Magistrates are no longer authorised to issue reception orders for admissions and treatment in MHEs. Admissions can be authorised only by mental health professionals.

Mental Health Review Boards (MHRBs): these are official bodies that have the power to make decisions when a PwMI submits a complaint seeking redressal or relief when their mental health rights have been violated. They are also responsible for monitoring the implementation of legal provisions at MHEs.

For the first time, users (PwMI), caregivers and civil society organisations have been given representation on these bodies for participating in decision-making processes. This has the potential to change public perception of PwMI, to reduce stigma and to ensure that decisions are representative of the shared realities of those affected the most by mental illness.

Central/State mental health authority (CMHA/SMHA): these are regulatory bodies set up under Central and State Governments respectively for implementing the MHCA, making regulations for mental healthcare services and registration of MHEs. They also receive complaints about deficiencies in services or rights violations.

Central and State governments: they are responsible for designing and implementing programmes to promote mental health and prevent mental illness in the country. They need to take measures to ensure that the relevant officers are given periodic sensitisation and awareness training on the issues under the MHCA. They have to bring about effective coordination between ministries and departments and work for human resource development and training of primary health professionals.

Food for thought

The Mental Healthcare Act addresses 96/175 (55.4%) items of the WHO Checklist of Mental Health Legislation; when other relevant laws are considered, 118/175 (68%) of the standards are met [30].

RPDA, 2016 [31]

The Rights of Persons with Disabilities Act, 2016 was enacted on 27 December, 2016 replacing the earlier act of 1995. The RPDA signals a paradigm shift by adopting a rights-based and UNCRPD compliant approach that recognises the social model of disability.

The RPDA also accepts mental illness as a form of disability and extends all its provisions to PwMI. The RPDA prohibits discrimination against persons with disabilities (PWD), and recognises a range of rights to promote their full and effective participation in society:

1. No PWD shall be discriminated against on the ground of disability, unless it is shown that the act is a proportionate means of achieving a legitimate aim.
2. All PWD enjoy legal capacity on an equal basis with others in all aspects of life which extends to inheriting movable and immovable property as well as to the control of their financial affairs.
3. PWD can be provided further support of a limited guardian to take legally binding decisions on their behalf in consultation with such person.
4. PWD have a right to live in the community, and it ensures that measures are taken to protect PWD from cruel, inhumane, and degrading treatments and from all forms of abuse, violence, and exploitation.
5. PWD should be provided access to inclusive education, vocational training, self-employment, buildings, campuses, and various facilities without any discrimination.
6. PWD should be provided free healthcare, insurance schemes, and rehabilitation programmes.
7. Standards of accessibility in the physical environment, different modes of transportation, public buildings and areas are to be laid down by the Government.
8. All Government institutions of higher education and those funded by the Government are required to reserve at least 5% of seats for persons with benchmark disabilities. 4% reservation for persons with benchmark disabilities is to be provided in posts of all Government establishments with differential quotas for different forms of disabilities.
9. The RPDA reserves 5% seats for children with disabilities in high schools and mandates setting up of special schools as well as integrating children with disabilities in mainstream schools.
10. PWDs are entitled to apply for certifications of disability from the medical authority or competent authority notified by the Central Government.

NMHP and DMHP [32]

The National Mental Health Programme was launched in 1982 by the MoHFW, with the objective of integrating basic mental healthcare in general healthcare.

Between 1985-1990, NIMHANS conducted a pilot project in Bellary district of Karnataka. The “Bellary model” included identifying and training suitable personnel to join the team for providing mental healthcare support to PwMI and their families in the

district. The model later paved the way for the launch of the "District Mental Health Programme" in 1996, under NMHP.

The objectives of the programme are to (i) provide mental health services, including prevention, promotion, long-term and continuing care at different levels of the district healthcare delivery system; (ii) increase institutional capacity in terms of infrastructure, equipment and human resources for mental healthcare; (iii) promote community awareness and participation in the delivery of mental health services; and (iv) integrate mental health services with other related programmes.

The DMHP is governed by the MoHFW at the Centre and by the State Department of Health and Family Welfare. Under the DMHP's administrative structure, Mental Health Cells are constituted at the state and district level, and their functioning is overseen by the Central Mental Health Cell.

Under the National Health Policy, 2017, the Government launched Ayushman Bharat in 2018, to strengthen the delivery of primary healthcare in India. It aims to create 1,50,000 Health & Wellness Centres (HWCs). The HWCs are envisioned to provide an expanded range of services, which will also include diagnosis, counselling, provision of medicines and referral services for mental healthcare.

National Mental Health Policy, 2014 [33]

National Mental Health Policy provides a vision for the mental healthcare system of India. It addresses the need for a comprehensive, co-ordinated response from health and social sectors to take an equitable and holistic approach to mental health. It aims to address the social determinants of mental health like poverty, environmental issues, education, etc.

Goals of the policy include:

1. To reduce distress, disability, exclusion morbidity, and premature mortality associated with mental health problems across the life-span of a person.
2. To enhance the understanding of mental health in the country.
3. To strengthen leadership in the mental health sector at the national, state, and district levels.

It aims to fulfil the following objectives:

1. To provide universal access to mental health care.
2. To increase access to and utilisation of comprehensive mental health services (including prevention services, treatment, and care and support services) by persons with mental health problems.
3. To increase access to mental health services for vulnerable groups including homeless person(s), person(s) in remote areas and difficult terrains, and educationally/socially/economically deprived sections.
4. To reduce the prevalence and impact of risk factors associated with mental health problems.
5. To reduce risk and incidence of suicide and attempted suicide.
6. To ensure respect for the rights and protection from harm of a person(s) with mental health problems.
7. To reduce stigma associated with mental health problems.
8. To enhance the availability and equitable distribution of skilled human resources for mental health.
9. To progressively enhance financial allocation and improve their utilisation for mental health promotion and care.
10. To identify and address the social, biological and psychological determinants of mental health problems and to provide appropriate interventions.

National Commission for Allied & Healthcare Professions Act, 2021 [34]

The legislation for allied and healthcare professions was recently passed by the Parliament of India, on March 28, 2021. Its objectives are: a. regulation and maintenance of standards of education and services by allied and healthcare professionals, b. assessment of institutions, c. maintenance of a Central Register and State Register, and d. creation of a system to improve access, research and development, and adoption of latest scientific advancement.

The Act has implications for mental healthcare professionals as well. Although, it uses the term 'behavioural health' and not 'mental health' it includes professions such as psychologist (except clinical psychologist covered under RCI), behaviour analyst, integrated behaviour health counsellor, health education and counsellors, social workers, HIV counsellors or Family Planning Counsellors, and Mental Health Support Workers. It also includes movement therapists under the Other Care Professionals category.

This can prove to be a significant movement towards ensuring professional code of conduct by healthcare professionals.

Organisational Structure of Mental Health Legislation[35]

According to the Indian constitution, mental health is a concurrent subject, i.e., both the Central and State governments can formulate and implement mental health policies. However, over the years, the Central government has exercised greater power in decision-making for mental health. It disburses the funds for implementation of central schemes such as NMHP and DMHP to the State governments. It is also responsible for the management of 3 central mental health institutions (NIMHANS in Bengaluru, CIP in Ranchi and LGBRIMH in Tezpur).

The Central government also has the power to issue directions and formulate Central rules for the implementation of MHCA 2017 by the State governments. State governments have the autonomy to legislate State rules in accordance with such provisions. The State governments further exercise power over the district and local authorities for distributing the funds and implementation of the legislation.

Food for thought

The division of responsibilities between Central/ State governments, within sectors, and within departments, leads to significant challenges to coordination for mental health policy formulation, decision-making, and service delivery.

India's governance system is organised around ministries devoted to specific governance areas:

1. Ministry Of Health and Family Welfare

It is the apex body for formulating mental health policy and executing decisions for the same. The Department of Health and Family Welfare (Central and State Governments) is usually divided into sub-departments:

1. Department of Public Health, which is usually responsible for implementing national public health programmes and schemes.
2. Directorate of Health Services, which is responsible for providing mental health services, equipment, and infrastructure in the State.
3. Department of Medical Education, which is responsible for the administration of medical colleges and other educational initiatives.
4. Directorate, National Health Mission, which is responsible for allocating and disbursing funds to State Governments for implementation of national public health programmes.

This structure varies with State Governments, with some States having additional departments/ directorates addressing specific aspects of health services and implementation of programmes.

2. Ministry of Social Justice and Empowerment

It specifically addresses social empowerment schemes for vulnerable groups. Since policies with respect to persons with disabilities are addressed by the Department of Social Justice at the Central and State levels, the same department also covers PwMI (or psychosocial disabilities).

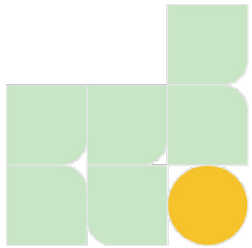
3. Ministry of Women and Child Development

The Department of Women and Child Development oversees the formulation and implementation of specific programmes and policies for child and adolescent health.

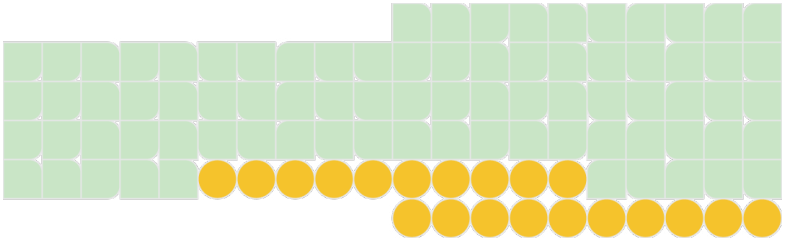
Gaps and Challenges

The policy and legislature of a country must ensure that mental healthcare services are affordable and accessible to people. They should be able to exercise their right to healthy lives without being judged or discriminated against. Even though there have been significant shifts in the mental health landscape of India, it is still marked with multiple challenges and barriers that need immediate attention.

Mental Health Burden

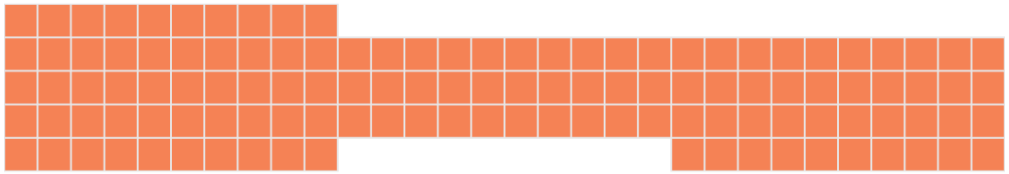


One in seven people have a mental disorder, ranging from mild to severe (2017) [36].



The proportional contribution of mental disorders to the total disease burden in India almost doubled from 1990 to 2017 [37].

Nearly 150 million Indians were in need of active interventions,



but less than 30 million sought care (NIHMANS 2015-16 survey) [38].

21.1%

Age-adjusted suicide rate per 1,00,000 population is 21.1 [39].

2443

2443 disability-adjusted life years (DALYs) per 1,00,00 population [40].

70 to 92%

Treatment gap for mental disorders ranged between 70 to 92% for different disorders [41]

There are two broad kinds of barriers that restrict access: 1. mental healthcare systems governed by laws and policies that limit choices, 2. challenges stemming from socio-cultural norms that prevent access. Given below are some key gaps that explain the mental health crisis in India.

Key Gaps

Mental Healthcare Resources

Shortage of Mental Health Professionals

- The number of mental health workers per 1,00,000 population: 1.93 (2017) [42]

For every 1,00,000 of the population, India has 0.3 psychiatrists, 0.07 psychologists and 0.06 social workers [43]

Scarce Resources [44]

- Mental hospital beds: 1.43/1,00,000
- General hospital psychiatric unit beds: 0.56/1,00,000
- Residential care beds: 5.18/1,00,000

Service Delivery

Lack of Community-based Mental Health Care

There is an inadequate focus on community-based care. Institutions and NGOs that are testing cost-effective programmes that utilise community manpower to improve the quality of services also lack support from the government. Such models have demonstrated the success of engaging grassroot workers to screen individuals and decrease treatment delays [45, 46].

There is also an inadequate focus on the psycho-social rehabilitation of PwMI. Social welfare activities for psychosocially disabled persons are limited to the provision of disability certificates, pensions and job reservations, and even these are limited [47].

In agreement with Dr. Vikram Patel (The Pershing Square Professor of Global Health, Harvard Medical School), NGOs are incorporating the best of global science as well as contextually appropriate methods to the Indian community. They are using resources which are more acceptable to the community instead of diagnostic labels. The government can seek to adopt these approaches and reimagine the way mental health care is delivered in India.

Lack of Support for Caregivers

Family caregivers of PwMI are a key support system in our country. The family caregivers suffer substantial burden as a result of the caregiving role and require mental healthcare too [49].

Case example

Atmiyata, a community led model to reduce the mental health gap in rural communities, is functional across an entire rural district in Mehsana, Gujarat. It utilises the services of volunteers, who are an integral part of the community (such as community leaders, teachers, etc.), to identify and support people in distress and with symptoms of mental conditions. As of March 2021, the community volunteers have reached out to 24,225 people with common mental health conditions by providing 4-6 mental health support sessions [48].

Awareness

Lack of Mental Health Literacy

"When I was in school and was diagnosed with mental illness, the principal harassed me to not attend school for the rest of the year. I was in 12th standard, around 17 years of age. (She did not allow me to) attend school because mental illness made me "dangerous" to the rest of the school. So, in 12th standard, I couldn't attend the entire year. I was not allowed to go to school without someone accompanying me from my family. The biggest challenge I faced was how people with mental illness are "othered", and of course the stigma."

– Youth advisor

There are low levels of mental health awareness in the population. Studies have shown that people don't know what constitutes mental illness, where mental healthcare is available, and even that mental healthcare exists [50]. Consequently, an individual who is facing a mental health issue might not recognise it in time, creating a low perceived need for care [51]. There is also a lack of knowledge about the causes of mental health issues.

Myths Around Mental Illness

There exist many socio-cultural myths about mental disorders. One being that black magic, evil spirits, karma/punishment by God are possible causes of mental illness [52]. There is also a belief that disorders are personally controllable, and people with mental health issues lack personal effort [53, 54].

Case example

Faith healing is a very common cause of treatment delay [55]. It is a common practice in India to seek alternative practitioners such as folk healers and religious leaders for mental health issues. However, interesting models have risen where health systems have collaborated with faith healers for early identification and treatment of PwMI [56].

One such model was initiated in Gujarat in 2007 at the Holy Shrine of Mira Datar Dargah in the district of Mahesana [57]. It included activities such as educating the local healers about mental illness and its signs and symptoms; providing free mental health services to PwMI visiting the Dargah; and creating awareness of mental health issues in nearby communities. It not only improved awareness in the communities, but also helped address the gap that exists between service delivery and demand.

Widespread Stigma Around Mental Illness

Society tends to label PwMI with a set of undesirable characteristics [58]. For example, "PwMI are violent/unpredictable/have low IQ/lack personal effort, etc. (Survey conducted by TLLLF in 2018 [59])" Such negative beliefs are held by a large fraction of society who view PwMI as inferior. These are used to justify the social injustice and discrimination directed towards them [60]. For example, isolating people with mental illnesses to "avoid contaminating healthy people".

Individuals with mental illness also tend to internalise this stigma which has an impact on their self-esteem. It makes them feel guilty and inadequate about their conditions [61].

Stigma and discrimination are negative consequences of ignorance and misinformation [62]. It results in poor utilisation of whatever services are available and acts as a barrier to professional mental health help-seeking. NMHS survey revealed that due to the stigma associated with mental disorders, nearly 80% of those with mental health issues had not received any treatment [63].

Reflection activity

People are influenced by the norms and beliefs of their society and culture. Reflect on the role played by institutions such as the media, government, etc. in spreading or diffusing stigma around mental health.

Dearth of Evidence-Based Research

The current mental health programmes in India are hampered by the lack of valid and reliable information available on indicators for mental health [64]. Programmes such as DMHP lack consistent and quality data on implementation that hinders its improvement and functioning [65]. There is also a lack of data from local, lived experiences that could be used to adapt and develop sustainable interventions [66].

Gaps in Policies and Programmes

MHCA 2017: An Aspirational Act

Even though the importance of MHCA cannot be undermined, it is not free from criticism. It has faced resistance from many scholars and mental health professionals as being too aspirational as it is impractical to implement the law in the absence of proper infrastructure and resources. Some other points of criticism include [67]:

- **Role of family:** In lieu of making the Act patient-centric, it has failed to recognize that family is the key resource in India for the care of PwMI. Without suitable inclusion of family, this Act might stand as a western model of mental healthcare which does not conform to the Indian cultural ethos [68].
- **Mental health establishments:** The act mandates that all establishments need to register to treat PwMI. However, there are many treatment providing centres and informal sources of care such as child protection centres, religious places, etc., that might refuse to treat PwMI as they do not have registration for the same. Thus, this mandate might come in the way of integrating mental healthcare into general healthcare. Instead, given the shortage of resources, the Act could have mandated the implementation of NMHP across states and made SMHA accountable for the same.
- **Capacity to consent:** the Act defines 'capacity' as the ability of a PwMI to (a) comprehend the information or (b) assess risk or (c) communicate their decision. If a PwMI has any of these components, they can refuse treatment. By default, this section of the Act considers everyone to have capacity which might be dangerous in the case when a PwMI with serious symptoms and no insight refuses treatment.
- **MHRBs:** Requirement of Mental Health Review Boards could introduce new hurdles for treatment delivery and unnecessary delays because of the non-availability of the judicial workforce and other resources to operate at the level of every district. If the issues are not addressed in time by the MHRBs, it may cause a delay in initiating the treatment for PwMI which will defeat the purpose of the Act itself.

Failure of DMHP

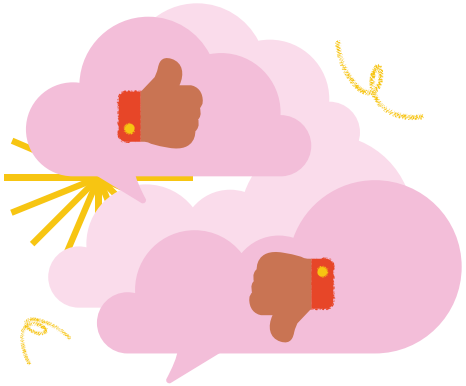
DMHP still continues to face challenges in implementation because of the top-down approach, with heavy administration challenges, and a lack of involvement of users and caregivers in the design, implementation and monitoring of the DMHP [69]. Other barriers include [70, 71]:

- **Administration:** there is poor coordination between the departments at the national, state and district level. The multiplicity of administrative bodies results in lack of accountability in implementation too.
- **One-size-fits-all:** there is high variance and unevenness in the form of demography, infrastructure, and technical and human resources between states. Thus, not adapting the model to diverse contexts results in failure of implementation of the programme.
- **Human resources:** there is a lack of adequate human resources to implement the DMHP. There are other barriers such as poor salary structure, large volumes of work, lack of training and supervision, etc., that act as barriers to retaining the staff which further contributes to the treatment gap.
- **Financing:** inconsistent or delayed fund transfers lead to poor utilisation. States that don't have sufficient infrastructure or financial resources to effectively sustain implementation are also reluctant to continue with it.
- **Data and monitoring:** except for a few extensive evaluations, there are no systematic evaluations of the DMHP. The lack of consistent and quality data on the implementation has greatly impeded the improvement and functioning of the DMHP.
- **Biomedical model:** It follows a system which prioritises the use of medication, giving less importance to the subjective life experiences of the community and the role of social factors on mental health. There is a need to look beyond the western and biomedical model of mental health, and focus on understanding mental health in the cultural context.

According to Dr. Soumitra Pathare (psychiatrist; Director, Centre for Mental Health Law & Policy), policymakers' understanding and awareness of mental health is narrowly biomedical and is seen in a health/illness paradigm. One needs to advocate for a more comprehensive understanding of mental health.

Example

In an ethnographic study conducted in north India, researchers found that patients used local idioms (such as "uljhan") to present their problems at clinics. These terms represented a range of problems from severe mental illness to day-to-day concerns faced by them. Instead of addressing the social concerns associated with these terms, practitioners translated it into universal constructs such as anxiety and depression to prescribe medication. The healing power of the "pill" had limited effect, and didn't address the real problems of the patients [72].



Lack of Regulations to Licence Mental Health Professionals

In India, there is no accreditation or proof of adequate supervision needed to offer psychological services [73]. Many self-proclaimed and unqualified practitioners continue to practice, which results in breach of ethics and causes harm to the patient [74].

"We have questionable quality of mental health support as professionals often place themselves as experts, side-lining various lived experiences of people. Often ethics may not be practised fully. Accessibility is compromised for persons who may have language/ financial barriers and who are from various marginalised locations. Barely any disability, gender- sexuality and caste affirmative services are available."

– Youth advisor

Owing to this, PwMI who seek treatment are unable to report poor quality of services. MHCA 2017 mandates every state to establish a State Mental Health Authority and Mental Health Review Board to regulate the implementation of MHCA 2017. However, even after 4 years of enactment of legislation, several states are yet to constitute the boards or establish their SMHAs [75].

"There is a severe lack of regulation in the sense that we have RCI for regulation of clinical psychologists. But writing to the RCI and getting something out of it would take a lot of time. It might also not be effective. So, a really close friend had an experience with a clinical psychologist where they had prescribed medication, and my friend was really distressed. We didn't know how to navigate the situation. We thought of writing to the RCI, but it fizzled out in the process."

– Youth advisor

Financing

Limited Government Funding on Mental Health Budget

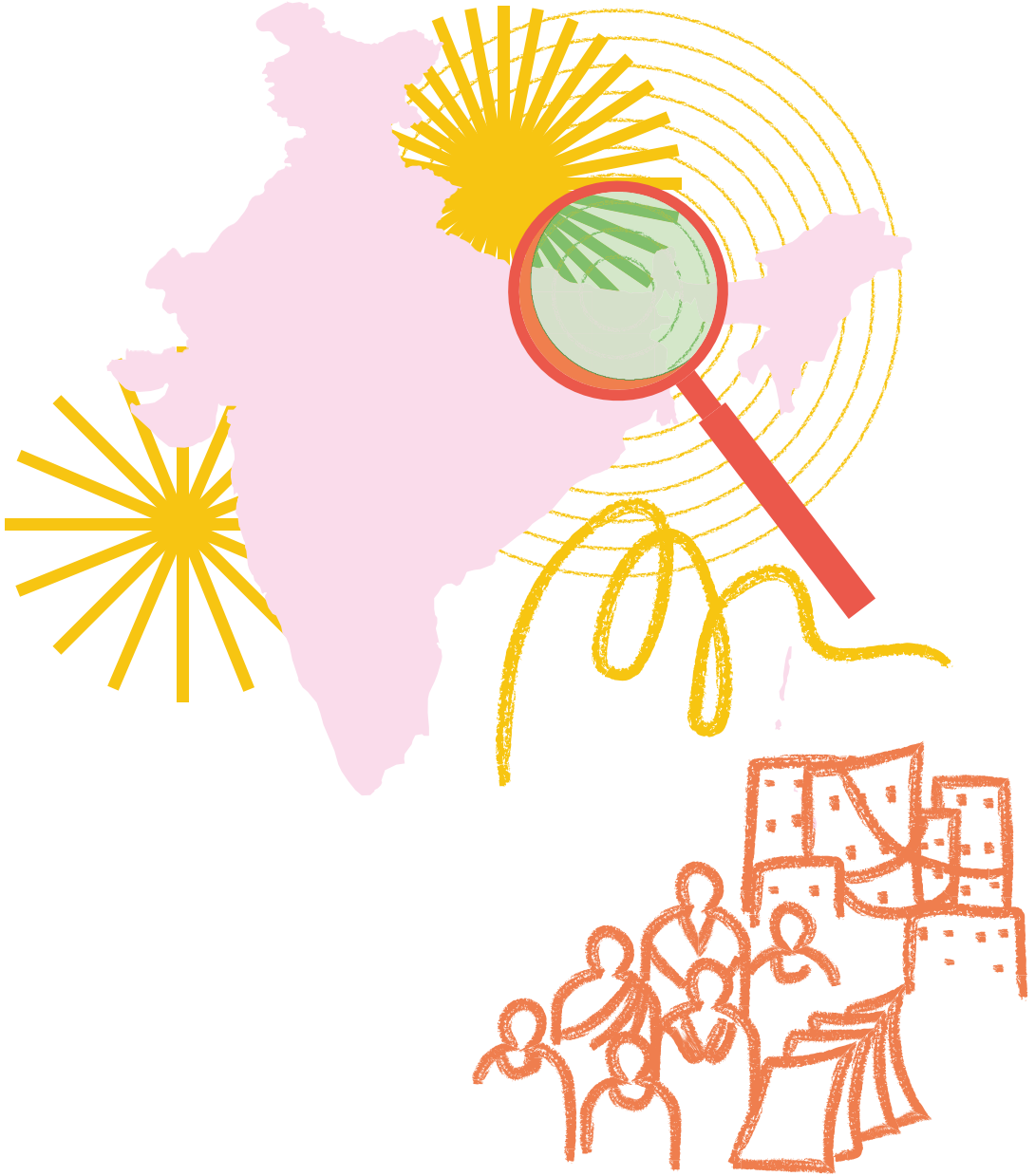
India spends 1.3% of its total health budget on mental health [76], which is an indicator of the low priority of mental health on the health agenda. However, the problem of financing the mental health system in India doesn't end with the paucity of funds. There is severe under-utilisation of funds [77] owing to untimely distribution, lack of clarity on utilisation mechanisms, etc. [78] Most of the funds are spent on upgrading hospitals, salaries of staff, or procurement of medicines. There is a need to tilt the funds toward community-based services [79]. Adding to this, there is a lack of data available to determine the proportion of funds allocated under different

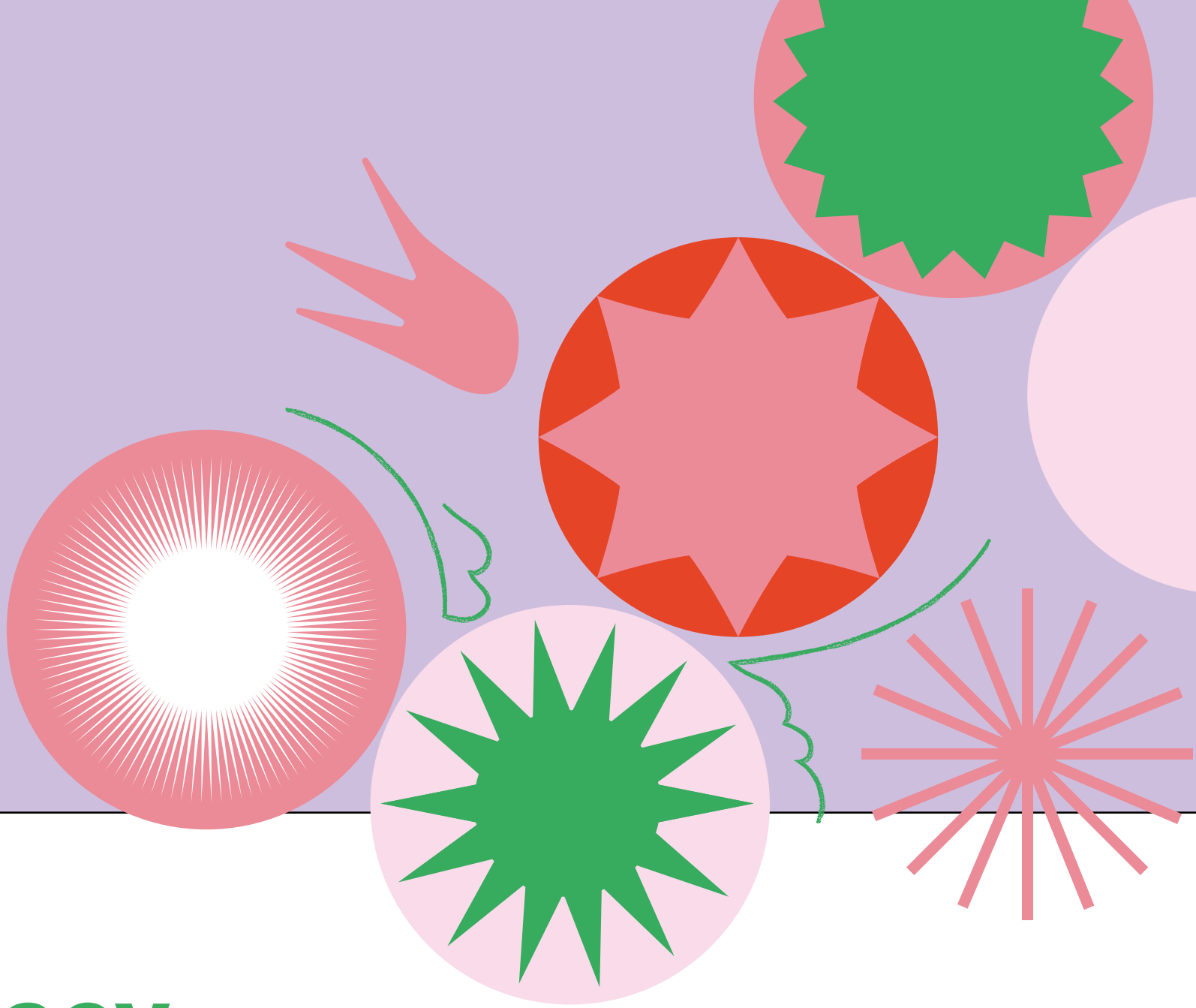
schemes and programmes. The Union Government's exact expenditure budget for mental health remains unclear owing to these factors [80].

Financial Burden on the PwMI

MHCA 2017 recognises the statutory right to medical insurance for the treatment of mental illness. Despite the official circular by IRDAI directing all insurance companies to comply with this section, discriminatory practices by insurance companies are going on unabated, compounded by the lack of adequate regulation by the IRDAI [81]. In the absence of state or private insurance coverage, a large proportion of payment for treatment is out-of-pocket, which pushes the families into poverty [82].

The web of critical issues identified above is made even more complex when interlinked with other issues of marginalisation such as caste, patriarchy and heteronormativity. Marginalised communities stand last in receiving mental healthcare services. Thus, there is a need to create an environment that works toward community mobilisation, awareness and committed action.





Section 2

Advocacy

The What & Why Of Advocacy

By the end of this chapter, you will have:

- Better insight into your readiness to engage in mental health advocacy.

Advocacy is...

a process of creating a **change** in the existing systems, which **empowers** people to voice the issues that affect them, aimed at bringing greater social **justice** and **equality.**

By building your advocacy plan, you can address the structural and attitudinal barriers that members of your community face, which prevents them from accessing their right to mental health and wellbeing.

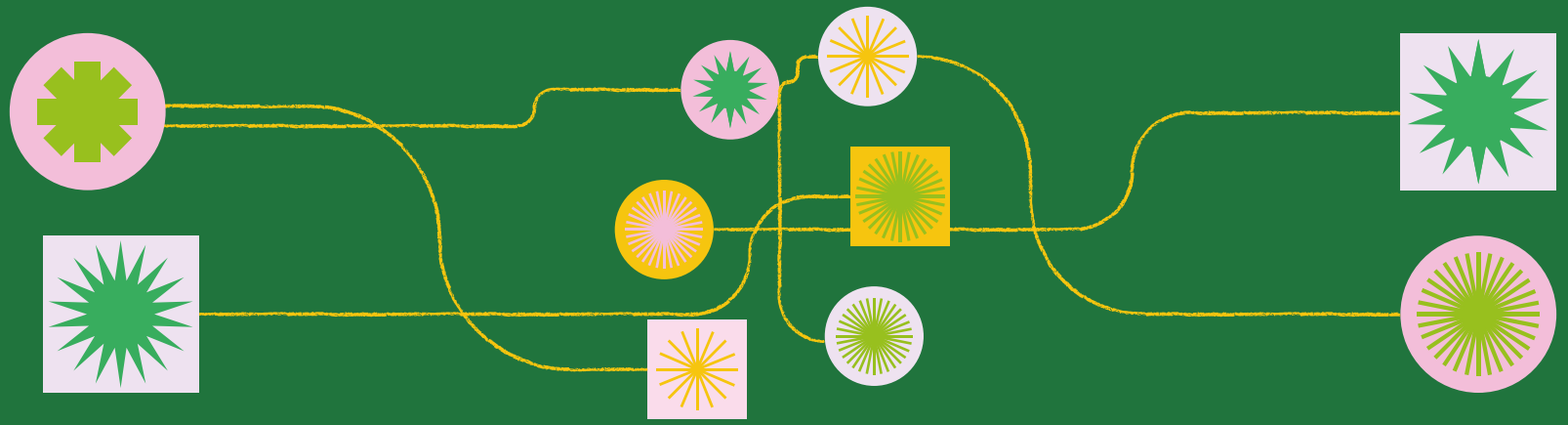
Individual and civil advocacy has achieved many positive changes in the past by [83]:

- Fighting against stigma and raising awareness
- Placing mental health on government agendas
- Improving policies and practices of governments and institutions
- Promoting and protecting the rights and interests of persons with mental disorders and their families
- Improving mental health services, treatment and care.

To be a mental health advocate, it is beneficial to possess a diverse set of skills and experience apart from having a working knowledge of mental health needs and the current status of mental health systems. There are three sets of skills that are key to successful advocacy:

1. **Communication and interpersonal skills:** to engage and build relations with varied sets of people who will play different roles during the advocacy journey.
2. **Negotiation and problem-solving skills:** to be able to come up with solutions to situations which conflict with your advocacy goals. You must prioritise the best interests of people you're advocating for.
3. **Organisational and time management skills:** to be able to manage work by prioritising needs, meeting deadlines, and reviewing work.

You will identify the importance of these skills throughout the tour of this resource as you plan your advocacy initiative.



“It is necessary to link individual mental health to family and community. Our social and political systems must centre the mental health of marginalised communities in ways informed by concepts of social justice and dignity. There is an acute need in the mental health movements for grassroots platforms, resources and leadership that facilitate community voices and articulations about collective mental health justice needs.”

– Deepa Pawar, activist and founder of Anubhuti Charitable Trust

Case example

Hailey Hardcastle campaigned for a bill that allowed students in Oregon, US, to take a mental health day off from school, the same way one would get a sick day. It was signed into law in June 2019. Having experienced anxiety and depression, she understood the importance of mental health rest days for her wellbeing [84].

Reflection activity

Before you move on to designing your advocacy plan, it is important to identify what change you are hoping to bring about, and assess your current capacity and resources you may have access to. The questions given below will help you identify your current needs to make decisions as you proceed further.

TOOL

Questions to consider	
1.	How passionate are you about advocating for mental health rights? Does the issue affect you personally or do you identify with the people it affects the most?
2.	How much time are you willing to devote to your initiative per week?
3.	How much experience do you have in participating or organising community events related to social issues?
4.	How much knowledge do you or your team have about the mental health systems of India?
5.	How well do you understand the policy environment related to mental health?
6.	How many financial resources are available at your disposal or you think you can mobilise?
7.	Do you have a team to support your work? Do they have the time and expertise to do their work?
8.	Are there any organisations that are working towards these goals? Can you call on them for help or collaboration?
9.	Do you have access to stakeholders such as decision/policy makers?
10.	What are the risks involved in advocating for your issue (e.g., safety and security risks, unstable political environment, abuse, etc.)? Do you know how to reduce/mitigate these risks?

ASSESSING YOUR ADVOCACY CAPACITY

Questions to consider		
1.	How passionate are you about advocating for mental health rights? Does the issue affect you personally or do you identify people it does affect the most?	
2.	How much time are you willing to devote to your initiative per week?	
3.	How much experience do you have in participating or organising community events related to social issues?	
4.	How much knowledge do you or your team have about the mental health systems of India?	
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10.	What are the risks involved in advocating for your issue (e.g., safety and security risks, unstable political environment, abuse, etc.)? Do you know how to reduce/ mitigate these risks?	

Planning for Advocacy

By the end of this chapter, you will have:

- Better access to tools of advocacy to build your action plan.
- Improved recognition of factors to keep in mind.
- Clearly defined action plan for mental health advocacy.

Effective planning is an indispensable part of the advocacy process. It serves as a guide for decisions, and shapes the future course of action. Advocacy occurs in a complex and dynamic environment. Thus, planning ensures that the safety of the people involved is not compromised, resources are put to best use, and actions are aligned with the long- and short-term goals [85].

Identifying the Issue

The first step in the advocacy process is to identify the issue and develop a deeper understanding of the same. To identify an issue, there are two most important questions you must ask yourself:

1. Which issue am I most passionate about?
2. What is currently happening in the community regarding this issue?

The answer to the latter question will help you streamline your issue, prioritise needs and set realistic goals. It is important to understand what is already happening in your community to get an idea of what remains to be done.

There is a lack of adequate data and information about the mental health systems in India. Thus, it is important to address these gaps by collecting information from different sources to make an informed decision.

Gathering Information

Evidence for advocacy is created by gathering information from primary and secondary sources. Two ways to collect information [86]:

1. Desktop Research

This includes gathering information from published sources such as research articles, reports, books, journals, etc. However, it is important to ensure that the information is reliable. To ensure credibility of information, ask questions such as:

(a) WHO published the information?

(b) WHAT is the main idea of the piece? Are the claims backed up with evidence? Are there any differing opinions?

(c) WHERE did you find the information?

(d) WHEN was the information written?

(e) WHY: the reason behind publishing this piece of information.

2. Engaging with People

This involves talking to different stakeholders to gather their opinions and perspectives. You can use different methods such as focus group discussion, interview, workshop, survey, etc., to understand how they feel about the issue. (For detailed information on stakeholders, check the next section).

Keep in mind

It is important to make your research both [87]:

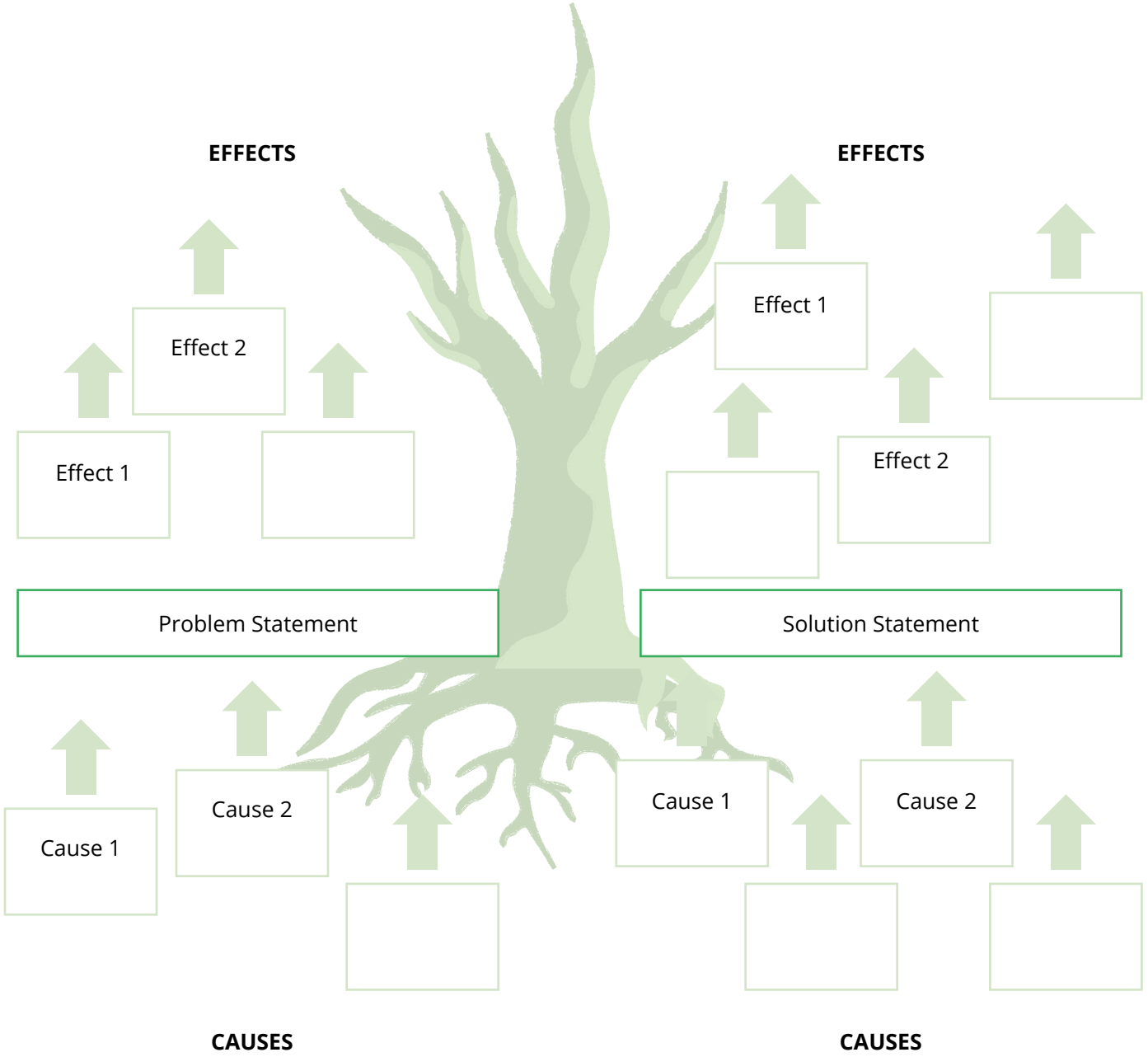
1. **Participatory:** involve and empower people who would benefit from your advocacy initiative the most.
2. **Evidence-based:** collect facts and information that supports your advocacy initiative. Different types of evidence appeal to different people. Thus, the type of evidence you collect should suit the needs of your target audience.

Once you've gathered information, you need to consolidate and analyse it to illustrate the problem and possible solutions. You can use a 'problem-solution tree' to visually structure the analysis.

TOOL

Problem - Solution tree

1. Place the main issue in the centre.
2. Analyse the information you've gathered to identify possible causes and effects of that issue. List as many as possible in the diagram.
3. Now, look at the causes to identify the ones that you can change through your advocacy. You need to make sure that a path to the solution does exist and there are opportunities to make the changes.
4. Now turn the problem tree into a solution tree. You could also reverse the causes and consequences of the issue. For example, if the cause is 'lack of mental health literacy among people', then the solution would be 'increased awareness and information about mental health'.



Example

Problem tree
Issue: growing mental health burden in India;

Causes: lack of resources within the health system, lack of mental health literacy, stigma, apathy of leaders, structural inequalities such as poverty;

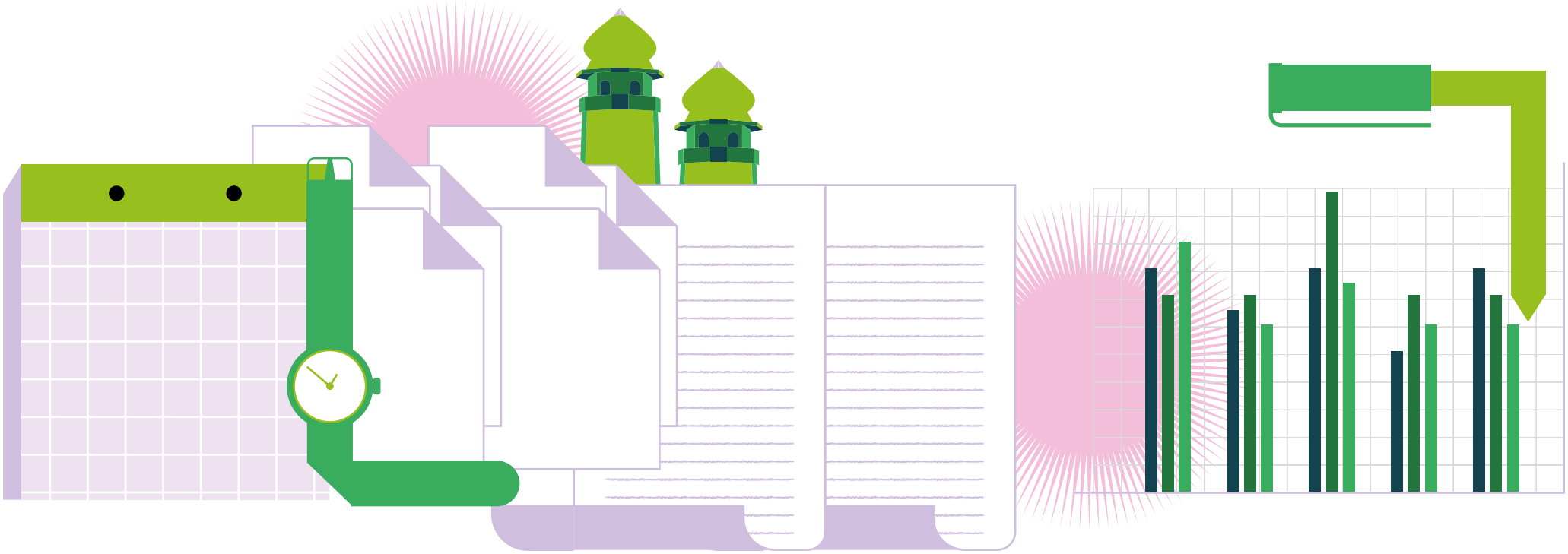
Effects: premature death, discrimination and abuse, social isolation, lack of access to services, poverty, non-disclosure and low perceived need for care.

Solution tree
Aim: reducing the mental health burden in India;

Corrective action: increasing mental health professional workforce, increased awareness and information, active implementation of policies, reduced poverty; effects: longer lifespan, access to essential services, PwMI treated with respect, speaking freely about one's mental health challenges.

Keep in mind

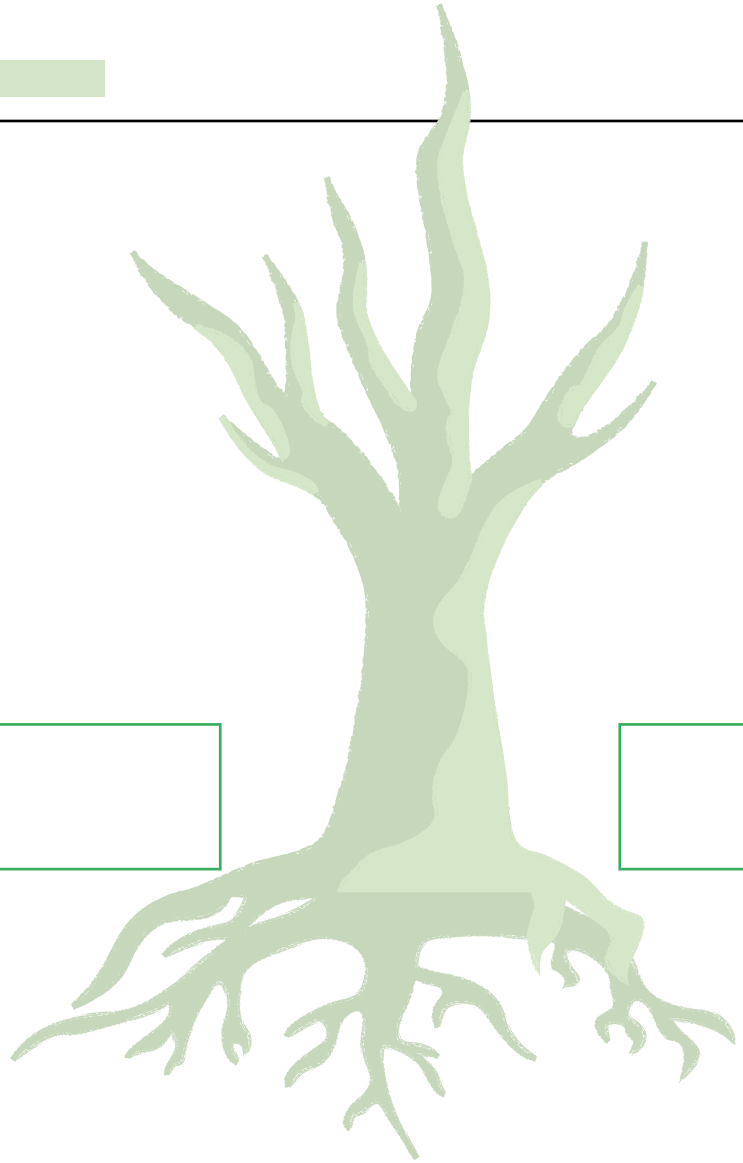
Gathering data doesn't end here. It is a continuous activity that extends till the end of the advocacy process.



PROBLEM-SOLUTION TREE

EFFECTS

EFFECTS



CAUSES

CAUSES

Defining SMART Goals and Objectives

You may identify multiple issues that need to be addressed. However, it is important to prioritise, and focus on the issue that meets the realities of the present situation and available resources. Some questions you could ask to prioritise your issue:

1. Do I have the resources to achieve the desired change?
2. Does my issue address the underlying problem?
3. Do I have evidence of the problem and how the situation could be improved?
4. Is the priority expressed by the people I am representing?

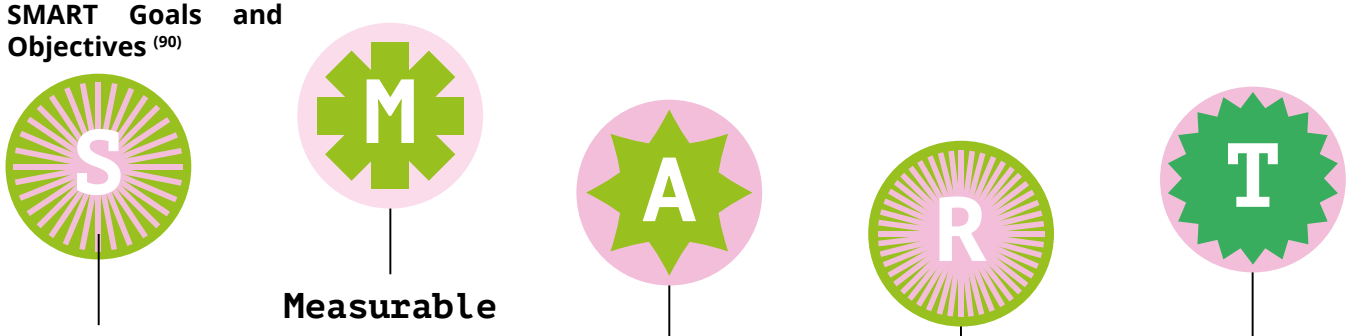
Remember that the motive of advocacy is not to start from scratch, rather, it is to build on existing work and move forward.

The next step is to set your goals and interim objectives. Goals are the overall change desired as a result of advocacy effort, i.e., what you hope to achieve in the long term. Whereas, interim objectives are short term results that must be achieved in order to reach the advocacy goal. Goals and interim objectives can be modified as advocacy planning and implementation evolves [88]. You also need to define the indicators associated with your advocacy goals and objectives which will help you monitor and evaluate your work as you proceed.

You can distinguish between objectives and goals by answering the following questions [89]:

- What can you achieve now to contribute to your long-term goal?
- What are the important incremental steps towards reaching your goal?
- What possible first steps in advocacy do you need to take?
- What will be your first, second and third objective?

SMART Goals and Objectives [90]



Specific
talk clearly about what your work will achieve

Measurable
so that you are able to tell if you achieved them or not

Achievable
to not be unrealistically ambitious

Relevant
ensuring that the work you are doing relates to your mission

Time bound
so that you have a deadline to work towards and can assess your progress

Goals and interim objectives should be worded in terms of the desired result, not in terms of the activity or what will be done [91].

Example

"To increase the government budget for mental health by (percentage) for the next financial year", "To spread awareness of mental health rights under MHCA among (number) mental health services users in (district) within 6 months"

CREATING SMART GOALS

Goal

- [ ] Specific
- [ ] Measurable
- [ ] Achievable
- [ ] Relevant
- [ ] Time bound

Goal

- [ ] Specific
- [ ] Measurable
- [ ] Achievable
- [ ] Relevant
- [ ] Time bound

Goal

- [ ] Specific
- [ ] Measurable
- [ ] Achievable
- [ ] Relevant
- [ ] Time bound

Identifying Target Audience

Stakeholder Analysis

Stakeholder analysis is an important part of the process as it enables you to explore and include different voices in your advocacy strategy. It will help you identify the key stakeholders, assess their interests/expectations, and develop a strategy to govern your relationship with them [92]. Mapping your stakeholders' positions will shield your advocacy initiative from surprises and false assumptions [93] and also prepare you for any conflicts that might arise later due to opposing interests [94].

It involves the following steps:

1. Identifying Key Stakeholders

The first step is to brainstorm a group of people who can influence or are influenced by the initiative. At this step, it is important to go beyond the obvious (such as policy makers and beneficiaries) and identify people who are harder to see but will impact your initiative [95].

(For example, MHCA 2017 recognises the role of insurance companies in ensuring equal rights to mental health care as physical health care. However, even after four years, it is difficult to get insurance coverage for mental health in India, which necessitates looking deeper into the position of insurance companies vis-à-vis this new provision).

ACTIVITY

Brainstorm and identify stakeholders for your advocacy initiative on the following lines [96]:

- Who is likely to gain from the proposed change?
- Who might be adversely affected by your advocacy initiative?
- Who has the power to make the change happen?
- Who flags this as an issue in the public domain?
- Who are the vulnerable groups that may be affected by the project?
- Who are the rights holders and who are the duty bearers?
- Who supports your cause?
- Who has the most influence on the decision makers?

IDENTIFYING TARGET AUDIENCE

Brainstorm and identify stakeholders for your advocacy initiative on the following lines		
1.	Who is likely to gain from the proposed change?	
2.	Who might be adversely affected by your advocacy initiative?	
3.	Who has the power to make the change happen?	
4.	Who flags this as an issue in the public domain?	
5.	Who are the vulnerable groups that may be affected by the project?	
6.	Who are the rights holders and who are the duty bearers?	
7.	Who supports your cause?	
8.	Who has the most influence on the decision makers?	

2. Understanding Your Stakeholders

It is important to understand how a stakeholder feels and reacts about your initiative to build an understanding of how to engage and communicate with them [97]. To gather information about a stakeholder's position, you can use various methods such as surveys, interviews, informal consultations and workshops. You can also consult organisations which are working on a similar effort to get a better understanding.

3. Selecting Target Audiences

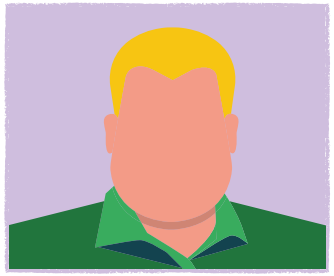
It is not possible to reach out to all the stakeholders. So, you will have to identify two or three stakeholders who can best help you achieve your objective, and put your resources to best use. When identifying target audiences, it is important to [98]:

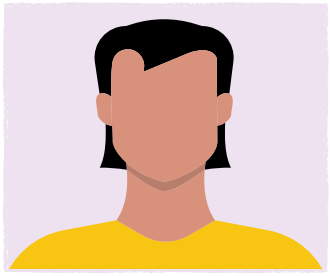
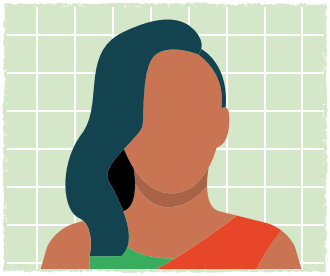
- Pick both allies and opponents that have the power to make change happen.
- Pick the ones that might be able to influence each other.
- Pick the ones that you have the ability to influence.

4. Mapping Target Audiences

The next step would be to outline your target audience's position vis-à-vis your advocacy initiative. You will also start to understand how you can engage with them. This tool provides basic questions for you to introspect on. The preliminary analysis of target audiences will also help you in identifying individuals or organisations that you can partner with.

Particular efforts need to involve groups who lack influence but are nonetheless important to achieve sustainable change. For example, people with lived experience of mental health needs and their caregivers.

MAPPING TARGET AUDIENCES

Outline Target Audiences		Target 1	Target 2	Target 3/n
1.	Target audience's name			
2.	Target's interest in the issue			
3.	Target's level of opposition to or support for the issue			
4.	Target's influence over the issue			
5.	Level of knowledge on the issue			
6.	Action desired from the target			
7.	Existing level of access to the target			
8.	What will the target respond to? (refer to message framing)			
9.	Who is the target accountable to?			

Message Framing

You might be working on an important issue and have a great idea, but it won't be possible until you're able to engage successfully with your target audience. Communication with the target audience involves taking the information you gathered during fact-finding and turning it into something people can easily understand.

You will be required to craft two kinds of messages as a part of your communication strategy [99]:

Primary message: This can also be called the 'Proposal for Change'. It will draw from the information you collect from primary and secondary sources. It will communicate what needs to be addressed and how it can be addressed. You will have to create arguments based on evidence to highlight the importance of the issue. The arguments could focus on the social, economic, political or legal aspects of your advocacy goal.

Secondary message: persuasive messages are not only rooted in basic truth, but also are tailored to address different audiences, depending on what they are ready to hear. Therefore, it is important to understand what will motivate and move each target audience.

In an interview with Feminism In India (FII), Ratnaboli Ray (mental health activist and founder of Anjali) shared strategies for working in partnership with the government. She said that the partnership requires both appreciation and providing critical feedback. If one shames the government openly, it adversely affects the partnership. She also talked about the importance of adapting one's language during advocacy. As she shared from her experience, one needs to break the message and make it simple for the audience instead of using an ' activist-oriented dialogue'."

Read and learn more about advocacy strategies from this interview.

[Example: Primary message - with the growing burden of mental illness and prevailing stigma, people are unable to receive adequate treatment. Our project aims to address the stigma attached to mental illness and increase the accessibility of mental health care.

Secondary message (target audience: government representatives) - It is the duty of the government to ensure equal mental health care to all the citizens of the country. The public health systems need to be empowered to deliver essential mental health care, reaching out even to rural and remote areas. There is a need to develop a comprehensive strategy to involve grassroots workers in spreading awareness about mental illness and its treatment at the district level.]

PRIMARY AND SECONDARY MESSAGES

To tailor your message, you need to know [100]:

- What is important to the people I am speaking to?
- What do they need to hear to realise the importance of this issue?
- How do I want them to get involved?
- Who do they need to hear it from?
- What kind of language would be more appropriate?
- What is the target likely to gain from the proposed change?

Keep in mind[101]

In message development, it is often effective to link target audiences with those to whom they are accountable. Tying your message to the group's concerns can remind your target about their responsibilities as duty bearers.

You can also choose people from these groups to act as your messengers. It will not only put pressure on the key targets, but also help in gaining credibility. It will add the power of authentic voices speaking up for themselves.

Messages	
Primary	Secondary

Reflection activity

Think about the last time you took notice because someone told you something. What grabbed your attention? What made you want to find out more?

Elements of an effective message

Some key features of a good message that might have emerged through reflection could include:

- Easy to understand, simple, and clear language
- Not using ambiguous or too many words
- Appealing to the audience's self-interest
- Audience appropriate language: using culturally appropriate language and knowing their concerns, values, and priorities
- Balancing the rational and emotional sides of your message by including both facts and real-life examples.

ACTIVITY

Prepare a one-minute response to the question, "what do you do?". It should include Statement + Evidence + Example + Goal + Action desired [102].

- The statement is the central idea in the message, or the analysis/cause of the problem. It outlines why the change is important.
- The evidence, on which the analysis is based, supports the statement with (easily understood) facts and figures, using language tailored for clear communication.
- An example will add a human face when communicating that message.
- The goal highlights what you want to achieve. It is the result (or partial result) of the action desired.
- The action desired is what you want to do in support of reaching your defined objective(s) or goal(s). It is the solution (or partial solution) to the problem. This forms the core of an advocacy message and distinguishes it from many other types of communication.

FRAMING YOUR MESSAGE

“What do you do?”	
Statement	Evidence
Example	Goal
Action desired	

Influencing Activities

You have already chosen a strategy for making the change by deciding to advocate for it, now you have to outline the steps to bring about that change. There are many ways to influence the target audiences. Influencing activities are conducted to persuade your targets towards your advocacy objectives.

You must keep in mind the following factors for deciding your advocacy strategy [103,104]:

- **Resources:** the amount and type of resources you have access to will shape your advocacy.
- **Target audience:** by this time, you will know what influences your target. Your audience's characteristics such as age, gender, class, employment, etc., will also help you choose the best format to communicate with them. For example, access to television and internet will determine the use of media and communication during advocacy.
- **Obstacles and opportunities:** you have to evaluate your advocacy environment by looking within and externally to identify obstacles/ threats and opportunities to protect and advance your agenda.

Every advocacy includes a mix of one or more of the following [105]:

- **Petitioning:** to directly influence the decision makers
- **Campaigning:** to gain public support
- **Media and communication:** to promote your issue

Case example

Having past experiences of mental ill-health stemming from casteism, Divya Kandukuri founded The Blue Dawn, a support group and facilitator of accessible mental healthcare services for Bahujan communities. It connects the marginalised persons to affordable and accessible mental health services. She has also written and spoken extensively on the intersection of caste, gender and mental health.

ADVOCACY METHODS

Do I want to conduct rallies and marches?	Do I want to host public stalls and exhibitions?	Do I want to organise performances (music, theatre, poetry, comedy)?	Do I want to hold community meetings?	Do I want to conduct non-violent direct actions (occupations, disruptions, strikes)?
Yes No	Yes No	Yes No	Yes No	Yes No
How?	How?	How?	How?	How?
Do I want to hold talks and presentations?	**Do I want to write petitions?**	**Do I want to build an online campaign?**	**Do I want to influence decision makers?**	**Do I want to influence policy?**
Yes No	Yes No	Yes No	Yes No	Yes No
How?	How?	How?	How?	How?

Identifying and Managing Risks During Advocacy

The research underpinning advocacy will help you identify potential risks because it highlights the overall environment in which advocacy will take place [106].

If risks are not assessed timely, it can result in negative outcomes such as security threats, strained relationships, ineffective partnerships, limited resources, etc. Many times, risk management is also a question of weighing the opportunity costs, i.e., whether taking action or not would create more harm [107].

TOOL

Activity	Possible risk	Potential benefit	Who will be harmed	Level of risk	Measures to mitigate the risk	Level of risk remaining after mitigating measures have been taken	Do the benefits outweigh the risk?

To identify the risks, follow these steps [108]:

1. Brainstorm possible risks with your team. A few sample questions to reflect upon [109]:

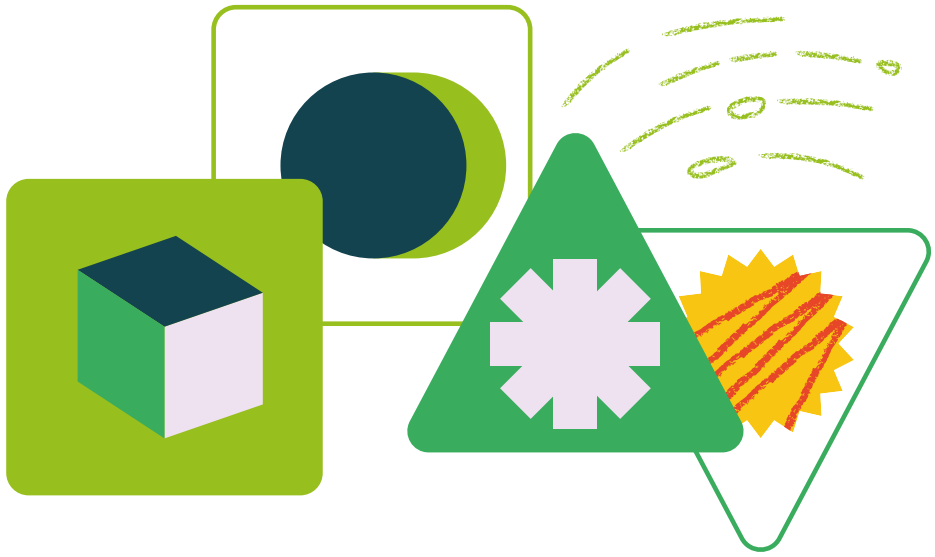
- Do I run the risk of taking on too much, of making this project bigger than what I think I can manage?
- Am I putting myself at personal risk? Are there any security or safety measures I need to take into account?
- How do I expect people to respond to my advocacy? Will some people be against me and if so, how would they react?
- Am I proposing any changes that would negatively impact a particular group of people? How might they react to this change?
- Is there anything that would prevent my advocacy from happening?

2. Colour code the risks: yellow for low risks, orange for medium risks, and red for high risks.
3. Group risks of the same nature into categories and deal with them together. For example, a lot of possible risks may be around lack of resources.
4. Start with the high-risk issues and discuss how each could be avoided or dealt with.

ASSESSING RISKS

Activity	Possible risk	Potential benefit	Who will be harmed
Level of risk	**Measures to mitigate the risk**	**Level of risk remaining after mitigating measures have been taken**	**Do the benefits outweigh the risk?**

Resources



Access to effective resources for advocacy can have a profound impact on your chosen strategy. Consider resources (human or in-kind) available to you before you begin.

Building a Team

Building a team of people who can support and advance your shared goal is important because you can't do everything on your own. You may also miss out on other people's energy and talents if you choose to advocate alone.

Reflection activity

While building your advocacy team, reflect on the different roles of an effective team and brainstorm suitable members for the same.

According to Dr. Vikram Patel, the need of the hour is for people with ordinary lives to join the movement and share their stories. Mental health advocacy in India has largely been dominated by professionals which is why we don't see the real impact.

Mobilising others to join your advocacy initiative will add value to your cause in the following ways:

- **Building a stronger voice:** a large group of people advocating for a cause demonstrates to people in power that there exists a larger need to address the issue.
- **Diversity:** each member will bring a set of unique skills and varied perspectives to empower the campaign.
- **Networking:** different team members may have access to a wider set of networks to amplify the advocacy.
- **Peer support:** it is easier when people come together to work towards common goals than working alone.
- **Expertise:** bringing in experts who are specialists in the subject matter of your campaign.
- **Inclusive:** Allows people with lived mental health challenges to voice their concerns when they cannot act alone.

Keep in mind

To build and maintain successful relationships within the team, you must [110]:

- Share values: all the team members should agree on shared values to work towards the vision.
- Establish roles:
  - There should be clarity about every member's role, including responsibilities and time commitment.
  - Make sure that the members want to take up the assigned role and are committed to it.
  - The members should be confident that they can do a good job.
  - The members should have the capacity to execute the tasks. Also, identify any support/ training/resources they might need to meet the expectations of the role.
- Mentor: allow some time to offload from the daily hustle and support each other. Moreover, meet and discuss how you can support each other to grow during the journey.

Building Partnerships

Through your preliminary research , you can identify groups and organisations that are working towards similar goals as yours. It is important to use that information and understand how you can work together to achieve the desired results.

You could partner with organisations from the same or different sectors. The members can include a wide range of different stakeholders such as community members, governments, private sector organisations, etc.

Some advantages of partnerships [111]:

- Helps in addressing urgent issues by building a power base.
- Pool knowledge, human and financial resources.
- Provide mentorship and capacity building to new advocacy initiatives.
- Access to knowledge, expertise and experience of old existing organisations.
- Avoids duplication of action by synergising the efforts.
- Work directly with marginalised communities and those who are more affected by the challenges you are trying to address.

To identify organisations to partner with, you can follow these steps [112]:

STEP 1: Brainstorm your existing networks: Who in your existing networks is interested in, passionate about, or already engaged in the issue you are advocating for?

STEP 2: Identify potential partners: do your research to learn more about prospective partners. It is important that the partnership brings added value to the advocacy.

STEP 3: Build your partner tracker: List intended partner organisations and the reasons for engaging them in your advocacy.

To identify partners that add value, you can reflect on the following [113]:

- Can they influence my target audience?
- Do they increase the legitimacy, credibility and effectiveness of my advocacy campaign?
- Do they bring evidence, knowledge or technical expertise?
- Do they bring other resources to the advocacy initiative?
- Do they have a global, national or local presence?
- Are their strengths and abilities complementary to ours?

Tips/strategies while working in partnerships [114]:

- Communicate: the lines of communication should remain open for everyone to participate equally. Also, establish a clear and regular system for communication.
- Define clear roles and responsibilities for everyone involved in the partnership.
- Document processes and actions: it helps in building a common ground for future reference and review.
- Be realistic: clearly communicate your capacity to accomplish the assigned tasks.
- Establish a steering group to guide and monitor the implementation of the advocacy plan you have developed using this resource.
- Establish a clear decision-making process that enables each member of the partnership to provide input.
- Identify and use opportunities for training, learning, sharing, and celebrating to increase motivation.
- Identify and outline mechanisms to deal with future conflicts directly and openly.

Fundraising

As a part of advocacy planning, you need to prepare a budget which will include the core costs of maintaining and strengthening your advocacy capacity (e.g., salary of staff) as well as resources needed for specific actions (e.g., launching a campaign). Once you have the budget, you will have to raise the funds required to achieve the set goals.

Getting funding from any organisation or a funding body is a difficult task that requires preparation and thoughtfulness. While there have been successful advocacy efforts that have been carried out without funding and with volunteer work, working on an advocacy initiative that aims to interact with a larger audience and to bring about policy changes may require some amount of funding.

Major sources of funding

- Government/Institutions/Organisations like different universities or other mental health foundations which offer grants for advocacy initiatives.
- Fundraising events can be organised which allow individual donors or organisations to donate money/resources.
- Personal funding using money from one's own earnings.
- Some corporate donors working towards social issues may provide funds with or without additional marketing and sponsorship tie-ups.
- Crowdfunding through social media or internet-based websites.

ASSESSING YOUR RESOURCES

Physical	Social	Financial

Review, Monitor, Revise

By the end of this chapter, you will have:

- Better insight into the importance of ongoing monitoring and evaluation for effective implementation of your action plan.
- Clearer understanding of how you can review and adjust your advocacy plan for future courses of action.

Monitoring & Evaluation

An M&E plan should be made at the beginning of the programme which will enable you to track your progress towards achieving your objectives. This section will help you answer some common questions related to M&E.

What is M&E?

Monitoring refers to the measurement of progress towards the achievement of set objectives, noting which activities are going well and which are not [115]. It might cover information on [116]:

- Internal issues: how well the staff (and partners) are working, and how well activities are being implemented.
- External issues: key changes in the external environment, and what others are doing that might affect the results of the advocacy project.
- Collaborative issues: how well you are able to cooperate with relevant partnerships, or how well are any capacity building activities being carried out
- Progress towards objectives: what progress is being made towards the ultimate goals and objectives of the advocacy project.

Evaluation, on the other hand, refers to judging the quality and impact of activities. It will include two types of evaluation:

a. Impact evaluation, which measures the impact of outcomes on people and communities.

b. Formative evaluation, which measures the quality and efficiency of the activities carried out [117].

As compared to monitoring, which is a continuous process, evaluation occurs at a specific moment in time - either part way through a piece of advocacy work (e.g., mid-term review) or at its completion [118].

Why is it Important?

M&E plays an important role in advocacy because it enables the team to [119]:

- Assess the success of the strategies being used, and to be able to adapt them accordingly.
- Be able to respond to unpredictable situations.
- Build and maintain relationships with stakeholders by providing regular communication about the work.
- Document the process in order to be able to learn from past experiences to improve future work.
- Generate financial and political support for your work.

What Needs to be Monitored/Evaluated?

Four aspects of advocacy can be measured* [120]:

- Activities: The results of activities are commonly known as outputs – they are 'measures of effort' and measure what and how much advocacy activities accomplish.
- Interim objectives: strategic results achieved between activities and advocacy goals. Interim objectives signal important progress along the way
- Goals: indicate what the advocacy strategy is aiming to accomplish.
- Impact: big changes and benefits being sought for the groups you represent as a result of advocacy.

Reflection: Impact Assessment [121]

As you evaluate your work, you learn whether the objectives have been achieved or not. However, it is difficult to assess whether your work has translated into improvements in people's lives. For example, a policy change around mental healthcare provisions has huge implications, but it won't result in improvement in people's lives if it is not backed up by resource provisions.

Thus, it is important to spend some time assessing what has changed and for whom. Even if the overall goal has not been realised, the project might have resulted in other positive (or negative) changes for the target groups.

Reflection activity

According to you, which evaluation - formative or impact - is a more important indicator of the success or failure of the advocacy initiative?

*You will be assessing all these aspects of advocacy against indicators which act as benchmarks set with your advocacy goals and objectives. Indicators are measurements which express "how much" or "how many" or "to what extent" you have changed or influenced something.

How Can It Be Monitored/Evaluated?

Before implementing an advocacy activity, make sure you have everything necessary to collect the evidence for M&E. It can include the following factors [122]:

- Advocacy objectives and related indicators: is there a need to adjust the indicators in any way?
- Evidence collection process: what kind of evidence will you collect - qualitative/quantitative/both? How will you collect it? Who will do it, how, where and when?
- Means of verification: make sure you keep clear records of the tools and sources of evidence for future reference.
- Donor requirements: have your donors/partners specified any reporting requirements?

There are multiple ways of monitoring and evaluating your advocacy work. Methods can be [123]:

A. Quantitative: e.g., statistics or trends that indicate change over time.

B. Qualitative: e.g., case studies, surveys, stories, etc.

List of methods for M&E*

Focus group discussion

Focus groups are facilitated discussions with a small group that can allow an issue to be seen from community members' perspectives. Focus groups show how people see an experience, idea or event. They are intended to provide more detailed information than a single interview because of the interaction among members of the group.

Surveys

Surveys can be used in a variety of different circumstances. They are often useful for examining and recording what community members think and feel, and so can be used to assess changes in knowledge, attitudes, practice and behaviour.

Meeting observation checklists

Meeting observation checklists can help to see how different advocacy issues are prioritised by communities, or other civil society organisations, or can be used to check how often, and how, issues are discussed. They are basically forms that are used to record how often particular issues are covered during meetings, what agreements were made and what action might be taken in the future.

Meetings documentation forms

These forms are based on a simple Word format and are used to record what happened at a meeting, what the objectives of the meeting were, and the extent to which those objectives were met. They help to ensure the results of any meetings are immediately recorded and analysed.

Activity recording

Activity recording sheets are routinely used to plan activities and record whether those activities actually took place. They help ensure that all activities relating to an advocacy project are recorded, however important those activities were felt to be at the time.

Logs

Logs can be used in a number of ways. One common way is to use them to record information on the involvement of organisations within an alliance or network. The log is basically a template to help record who does what, why, how and when.

Media tracking forms

Media tracking forms are used to record how particular advocacy issues or messages are covered in the media. Information recorded can range from the simple (such as how often a message was covered, or what type of media was used) to more in-depth information such as the tone of newspaper articles or radio interviews.

** Taken from 'Tracking Progress in Advocacy: Why and How to Monitor and Evaluate Advocacy Projects and Programmes' [124] developed by INTRAC*

Policy tracking analysis

A policy tracking system can document the type of policies developed, and track them through a path until they are accepted or rejected. Information can include key processes leading to the development of a policy alongside information such as who is supporting the policy, who is against, and how successful separate advocacy initiatives are in helping develop a policy.

Monitoring policy implementation

There are many methods available to help organisations monitor how well (or badly) policies are implemented.

Timelines

Timelines are often very useful for charting the progress of an advocacy project. They can be designed to show what you have done, what others have done, and what has resulted (both positive and negative). It may be a useful exercise both in setting objectives and identifying the rationale for your work if you backdate a timeline to show what has happened in the recent past. This will include important historical events and the events that led to your decision to carry out the advocacy project. The timeline can then be added to as your work progresses, and can be used at the end of the project to assess how far you have achieved your original objectives.

Quotes log

A quotes log is a simple log of quotes that can be collected at regular intervals from a range of different stakeholders within an advocacy project. The log would record the quotes, along with who said them, when, and on what occasion.

Keep in mind

- Active involvement of stakeholders: especially those whom you're campaigning for. These groups should be actively involved in the setting of indicators to track the real progress of the project. [example: involving users of mental health services to develop markers of improvement in health service provisions for them]
- Use user-friendly systems rather than complex sophisticated ones to monitor your programme.
- Build time to reflect: you might spend time collecting vast amounts of information but not spend time reflecting on what you found out. Avoid doing that as reflecting on that information is invaluable for your work!

LOOKING BACK

A few questions to consider while evaluating the impact of your work [126, 127]:

To what extent were the original objectives achieved?	
How did the objectives change throughout the project and why?	
What impact did it have on the lives of communities?	
What factors contributed to success or failure?	
Which strategies worked or did not work?	
What should have been done differently?	
What would I do differently next time?	
Are the people involved with the advocacy effort happy with the results and the way the work was implemented? Are they still involved?	

Re-Strategise or Scale-Up

By evaluating your advocacy initiative, you will be able to reflect and identify what worked well or did not work. Looking back will guide your future course of action.

A few questions to consider while evaluating the impact of your work [126, 127]:

- To what extent were the original objectives achieved?
- How did the objectives change throughout the project and why?
- What impact did it have on the lives of communities?
- What factors contributed to success or failure?
- Which strategies worked or did not work?
- What should have been done differently?
- What would I do differently the next time?
- Are the people involved with the advocacy effort happy with the results and the way the work was implemented? Are they still involved?

Scaling Up

Scaling up comes once you have established the success of your advocacy initiative. It refers to "enlargement", i.e., the growth or expansion of an initiative [128]. It could include replicating the same project across different contexts, collaborating with different organisations towards a shared vision, or even expanding upon the problem your work addresses [129].

You can scale up your initiative when [130]:

1. It continues to successfully achieve its objectives,
2. It can be adapted to other contexts and groups, and
3. It is sustainable, i.e., can be maintained over time.

Sustainability

Planning and executing a scale up would require consideration of many external (e.g., supportive policy environment, importance given to the issue by the target audience) and internal factors (e.g., resources, skills, etc.) that create supportive/non-supportive environments. You need several resources to scale up a project without compromising the necessary impact it must have. It is equally important to build a shared vision for scaling up with your key internal and external stakeholders [131].

Once the above factors have been acknowledged and accounted for, the advocacy process can be repeated following the steps that have been outlined above.

Sometimes your advocacy efforts do not go as planned. It can make you feel disappointed and less motivated. But what makes an advocacy successful is learning why things didn't work out and coming up with a plan to do better the next time.

Remember why you started in the first place!

FINAL

The Advocacy Plan

What needs to change? *Define your issue...*	**What are your goals and interim objectives?** *Long-and-short term outcomes desired...*	**Who can make the change happen?** *Target audience 1,2,3....*	**How do you plan to engage with them?** *Influencing activities...* *Target Audience 1...* *Target Audience 2...*	**What do they need to hear?** *Primary and secondary messages....* *Target Audience 1...* *Target Audience 2...*
Who can influence your targets/build support? *Allies/partners...*	**What do you have and/ or need to develop?** *Resources... (financial/ knowledge/human)*	**Who is responsible for what?** *Team roles & responsibilities....*	**What are the potential challenges?** *Risks you might face...* *Strategies to overcome them...*	**How do you tell if it's working?** *Indicators for your goals, objectives, activities....* *Timeline...*

Appendix

Section 1: Mental Health

Understanding Mental Health: Beyond the Individual

Mental Health in an Unequal World

The social-cultural environment impacts everyone's mental health, but not everyone is impacted equally. Some suffer more than others. Research has shown that poor mental health is more likely to affect people who are at a social or economic disadvantage [132]. It impedes an individual's capacity to work productively, realise their potential, and make a contribution to their community [133]. For example, (infographic).

As stated by Dr. Vikram Patel, the burden of ill health does not fall equally across the population and it disproportionately affects certain groups. Thus, all initiatives should be viewed through the lens of equity.

Women:

- India makes up 17 percent of the world's female population and counts for nearly 40 percent of the world's female suicides [134].
- Depression was found to be more prevalent in females (2:1) [135].

Economically Vulnerable:

- One out of three homeless individuals suffers from a mental illness [136].
- According to Youth in India survey data, youth from the poorest quintile report 20% more mental illness symptoms than those from the richest [137].
- Youth in India survey: unemployment was the fifth most common cause of suicide for males fallin the 18-30-year age group [138].

Caste:

- Scheduled Tribes had the highest suicide rate at 10.4 followed by Dalits at 9.4 (rate refers to the number of suicides per population of one lakh) [139].
- In less than a decade, over 25 Dalit students in India died by suicide due to caste discrimination and institutional casteism in educational institutions [140].

Gender & Sexuality:

- In one study, it was found that 20 out of 50 LBT participants had attempted suicide once or more in their lives. At least 7 others in the study reported suicidal ideations. (LBT consultation and No Outlaws in the Gender Galaxy) [141].

Religious Minorities:

- Christians have the highest suicide rate at 17.4 - the national average was 10.6 [142].
- Analysis of Youth in India survey data found that Muslim youth reported 8% more mental health symptoms than Hindu youth [143].

The marginalised communities face inequality, injustice and discrimination that impacts their well-being. For instance, until recently, non-normative sexualities (and genders) were considered a crime in India. Those who identify as LGBTQ+ experience under-representation, community violence, and lack of acceptance by society that impacts their mental health [144].

The case worsens for individuals who face multiple levels of oppression when different identities (gender, caste, class, sexual identity, etc.) intersect and interact with each other, affecting their health and overall well-being [145]. The effect of such an intersection is not an aggregate of different experiences, but a unique experience altogether. For example, Dalit women face marginalisation and discrimination owing to both Brahmanical and patriarchal dominance [146]; a lesbian woman with disability will experience oppression stemming from not just her gender, but also her disability and sexual orientation [147].

Discrimination and oppression faced by marginalised communities interfere with their access, choice, and right to mental health systems [148]. Unmet healthcare needs arise either due to health system barriers (e.g., lack of accessibility or affordability of services) or socio-economic characteristics of the individual. For example, unequal power relation and gender bias can limit healthcare use among women, girls, trans and non-binary people [149].

"While looking at mental health advocacy, it's important to factor in cultural factors and access. In advocacy narratives in the larger discourse there is a vehement erasure of DBA (Dalit, Bahujan, Adivasi) narratives and a lack of access to marginalised communities whether it be language, aesthetics, or even funding. Many organisations/ advocacy programs/awareness campaigns continue to focus on UC narratives and pander to the UC (Upper Caste) gaze."

– Youth advisor

Currently, the mental healthcare system of our country does not address these challenges and thus fails to percolate down to the marginalised sections of the community. The following changes need to be incorporated to change the discourse around mental health to be more inclusive and intersectional:

1. Mental health discussions (both inside and outside healthcare settings) should address the lived experiences of individuals. Recognising the effect of identities on mental health struggles is an important step towards addressing these challenges.
2. Future research should focus on understanding the complexity of social determinants of health inequity to derive more efficient and effective policy measures.

Planned collaboration between the health, social, and economic sectors to deliver psychosocial interventions. It would include food security, housing, legal support, employment support, skill building, etc [150]. Such interventions are important to eliminate social inequalities. Research has also demonstrated success of such interventions in increasing the wellbeing and functioning of individuals with mental illness [151].

An intersectional approach is important to move towards the SDG goal of ensuring healthy lives.

Case example

"I am a living example of how you use your personal story as a professional way to connect with people."

Having experienced extreme adversities in his personal life, Sadam Hanjabam, founded Ya_All - India's first registered queer and youth-led and -focused organisation based in the North East. Since its inception, the organisation has been working towards creating a safe environment for the queer community. They organise Queer Games as a platform to fight stigma and discrimination, and as a tool for LGBTQ awareness. Ya_All put together India's first all-trans football team in 2018 which has received recognition around the world [152].

Section 2: Advocacy

Planning for Advocacy

Influencing Activities

Petitioning - Influencing Policy and Decision-Makers:

Activities to Influence Decision-Makers [153]:

1. Meetings: arranging meetings with decision makers to get your point across and learn what your decision maker thinks of your issue.
2. Letters: writing to decision makers to provide them information about your issue and ask them to take action.
3. Social media: directing social media posts at politicians to draw their attention to your issue.

4. Hearings and submissions: sometimes the government asks people to provide information at public hearings or through written submissions. You can make a submission or offer to provide evidence at a hearing.

Example

The National Human Rights Convention has held public hearings on access to health care delivery systems in the past. The objective of the hearings was to allow individuals to present the case of rights violations before the panel, and address any structural deficiencies that exist.

Policy Change

In the opinion of Manak Matiyani (Feminist, queer activist; Executive Director, YP Foundation), experts have involved young people in policy advocacy in a tokenistic manner, only using their stories and experiences. Instead, their voices need to become an integral part of the advocacy process as key decision-makers.

To bring any change at the policy level, it is important to first understand the institutional and decision-making process to have a foundation of knowledge (Under the Right to Information Act 2005, you can file an RTI to seek any information from a government body. Visit this website to learn more). It will pinpoint the opportunities and entry points for advocacy [154]. Answers to the following questions will guide the process [155]:

1. Which policy aligns with my issue?
2. At the local or national level, which department or ministry is responsible for the issue I am advocating for?
3. How was the policy created and what rules talk about making changes to it?
4. Is there a way for young people to make comments on the policy?

The Government of India launched MyGov, a citizen engagement platform, in 2014. The aim is to promote active participation of citizens in their country's governance. It also allows citizens to engage in policy formulation, and seeks the opinion of people on issues/topics of public interest and welfare.

Budgets are also very powerful decisions made by the government because they reveal their true priorities. Therefore, advocacy surrounding public budgets is important both as an objective and as a tool for advocates. Advocates should push for more efficient use of resources for the marginalised groups of society [156].

Keep in mind [157]:

- Make your messages relevant to the decision makers: explain how your advocacy meets their needs. Identify the social benefits of your project or how it will help them politically.
- Have a base of support: gain support from people, especially from groups to whom they are most accountable to.
- Be seen: use direct communication through letters or attending meetings to make yourself visible to them.
- Engage in dialogue [158]: meeting with decision makers is an opportunity for dialogue. To engage in successful discourse, it is important to apply sensitive listening and communication skills, as well as provide an opportunity for everyone to participate in the conversation.

International Frameworks

There are several global agreements and instruments through which multiple countries make commitments towards specific goals. Once countries sign such agreements, it is expected that their national laws and policies will be in line with their obligations.

As a mental health advocate, you could use these frameworks to position your agenda within a wider global movement and hold your government accountable for the commitments they have made.

United Nations Convention on the Rights of Persons with Disabilities [159]

UNCRPD is a human rights treaty which acts as an international agreement between States to protect and promote the rights of persons with disabilities. The convention was adopted by the United Nations General Assembly on 13 December 2006; and was ratified by India in 2007.

The overall purpose is to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity".

A significant change introduced by the act was the shift from the medical model to the social model of disability, according to which disability is no longer seen as an individual's problem or impairment; rather, it interprets disability as a result of environmental barriers that do not allow persons with disabilities to participate fully in society.

Sustainable Development Goals [160]

SDGs were adopted by all United Nations Member States in 2015 as a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030. Goal 3 of the SDGs, is to ensure healthy lives and promote well-being for all, at all ages. Target 3.4 of the SDGs states: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Mental Health Action Plan 2013-20 (WHO) [161]

The Mental Health Action Plan was developed by WHO in 2013. It has four primary objectives:

- To strengthen effective leadership and governance for mental health.
- To provide comprehensive, integrated and responsive mental health and social care services in community-based settings.
- To implement strategies for promotion and prevention in mental health.
- To strengthen information systems, evidence and research for mental health.

Campaigning: Gaining Public Support

The action is targeted at a wider audience you want to influence to get their support, which helps in drawing the attention of decision makers.

Why campaign? [162]

- To raise awareness and educate people about your issues.
- To raise the profile of your organisation and work.
- To increase public pressure on decision-makers.
- To increase the number of supporters and recruit more people to help you.
- To start a public debate about the issue.

Popular public campaign methods include [163]:

- Petitions: it is a collection of signatures from people who support your issue. It can be digital or physical. Physical petitions involve reaching out to people in the community and asking them to support your cause. Digital petitions are hosted by platforms such as change.org which require people to login and provide digital signatures. Once you have enough signatures to show public support, you can send it to the decision makers.

Case example

Raashi Thakran, who lost her 18-year-old brother to suicide, started a Change.org petition addressed to Health Minister Dr Harsh Vardhan to create a national helpline for suicide. And just over a year later, the Central government has created a helpline number (1800-599-0019) called 'Kiran' [164].

- **Protests:** These involve large groups of people gathering at a location and using their voices as well as signs and symbols to show support for their cause. Protests are used to show urgency of the issue at hand to raise awareness and influence decision makers. However, one should be careful and ensure everyone's safety while choosing this action.
- **Canvassing:** It is also called door knocking because of the process involved - you knock on people's doors to tell them about your issue. It is helpful in developing strong relationships with people. The aim can be varied, e.g., asking people to sign a petition, or raising awareness of the issue in the community.
- **Community events:** These are similar to protests in terms of bringing a large number of people together; however, they have more space to involve different stakeholder groups at the same time. Events might include awareness sessions, expert meetings, training workshops, stalls at a community festival, or forums.

Case example

It's Ok To Talk, a public engagement campaign by Sangath, engages with young people in an open dialogue on mental health. It carries out community as well as digital media events co-produced/designed by young people to create safe spaces for discussions about mental health.

Keep in mind: For effective community outreach [165]

- Communicate: regular and consistent communication with the group will help you build and maintain community support.
- Listen: spend time with people and understand their issues and points of view.
- Speak their language: adapt your message and communication approach in a way that they can easily understand.

Media and Communication: Promote Your Issue

Media advocacy can be used to communicate and promote your issue to a large number of people. It is also an important medium to change people's attitude about an issue. There are two major types of media advocacy:

1. Social and digital media

An increasing number of people have started using social media to communicate, and thus, it has become an important tool to quickly reach a lot of people. There are other added advantages of using social media, such as [166]:

Cheap - as compared to other influencing activities,

Simple - easy entry points to engage with people,

Builds connections - connect with supporters and make them feel that they are a part of the community

You can engage with people by creating and sharing content [167]:

- Share/post information (news, photos, videos, etc.) that is relevant to your campaign
- Invite people to make suggestions or comment on an issue
- Share personal stories of supporters
- Share online petitions
- Create online events to provide information about your community events

Case example

Instagram launched its #HereForYou campaign in 2017 to encourage users to open up about their own mental health problems and join a larger conversation. Through this campaign, Instagram successfully started a global conversation on mental health, raised awareness, and directed people to the communities of support that exist on Instagram for people to access.

Keep in mind [168, 169]:

- Messaging: Follow the principles of effective messaging while using social media too
- Get into conversations: don't use the platform to impose your viewpoint. Be open to other opinions and arguments.
- Connect: build a network with other online advocates with similar issues.
- Consistency: make sure your online campaign is consistent with your offline advocacy and activities.
- Self-care: don't exhaust yourself. Be clear about your goals and choose 2-3 online activities that will help you reach the goals.
- Open to feedback: listen to your audience and be open to ideas of improving the messaging.
- Limited reach: media advocacy will only reach people with digital accessibility. It is important to support it with offline activities as well.

2. Traditional media

Traditional media - e.g., newspapers, television news shows - increases attention to your issue and makes it more likely that decision makers will take action to address it [170]. This section will give you some tips for working with traditional media. Before you begin, it would be helpful to identify and make a list of media houses for your major announcements. Special attention should be given to local media houses and newspapers to increase your reach to the local population. Do your research to find out about their background and upcoming deadlines.

Writing a good news story:

There are hundreds of people who write to journalists to get their stories published. So, you have to make sure that your story is "newsworthy". The most basic feature of any news story is that it tells you something new that the readers don't already know. Other elements of a newsworthy story are [171]:

- 'A big story': the media is always looking for a sensational story that is captivating.
- A trend: stories that say something about society as a whole and how it is changing.
- A surprise: contradicting evidence to the general belief of the public.
- Easy to understand.
- Accessible to all: interesting to a wide audience.
- A hook: related to something that is already in the news.

Writing a press release

"A press release is a summary of your story and messages that is used to get journalists' attention and hopefully prompt them to follow it up" [172]. You can issue a press release to launch and promote a campaign, or release research findings [173].

Some important features of a press release [174]:

- Short, crisp and engaging: written in such a manner that the journalist wants to know more about the issue.
- Catchy headlines to grab attention, but don't be tempted to change the core message to get attention.
- Provide the reason that highlights the importance of the issue, e.g., impact of mental health challenges on young people.
- Contact details: include the contact number of someone who would be available to speak to the media, if needed.
- Comments from relevant spokespersons also add value to the press release.

Talking to the media: interview requests

It is important to build and maintain relationships with journalists and media producers to get coverage for your story. An interview is a good opportunity to get coverage and spread your advocacy messages [175].

Some important points to remember when preparing for an interview [176]:

- **Know the person:** research and get to know the interviewer as well as their programme/publication.
- **Key messages:** prepare 2-3 key messages and practice them. You could also ask the journalist to tell you what the first question will be. Keep your audience, facts, and personal stories in mind while framing the message.
- **Practice:** practice saying your key messages. Also, prepare for possible scenarios, such as when asked a difficult question or connecting an answer to one of your key messages.
- **Learn from every interview:** don't be hard on yourself if the interview does not go well. Always look for feedback and scope for improvement.
- **Be professional:** be confident, answer calmly, and don't get flustered. Always be prepared to handle difficult or unexpected situations. Prepare your stance beforehand to have a clear understanding of your agenda.
- **Be human:** always remember that being authentic and passionate about your issue is more important than giving a perfect interview.

Case example

Reshma Valliappan is an activist for a number of issues related to mental health, disability, sexuality and human rights. She is the protagonist in the documentary, 'A Drop of Sunshine', which is based on her real-life story of being diagnosed and living with schizophrenia. She also wrote her autobiographical account, 'Fallen, Standing: My Life as a Schizophrenist' to create awareness around the illness. She is the co-founder of The Red Door, a non-profit that advocates and spreads awareness around mental health and illness [177].

Managing Common Risks

1. Safety and security during advocacy (178)

During advocacy, it is important to think about your safety and the safety of those you are working with. You might face discrimination or criticism for your work. This is especially important when you share personal stories of people with lived experiences. Even though such stories have a big impact and play an important

role in inspiring others to speak out, people from different communities might react differently and can even use sensitive information against you or the advocacy campaign. Thus, you have to make sure that the personal safety and privacy of a person does not get compromised. It can be ensured in the following ways:Keeping the digital world protected: keep your accounts, documents and information password-protected. Make sure you sign out of social media accounts while using other people's devices.

- Keeping the digital world protected: keep your accounts, documents and information password-protected. Make sure you sign out of social media accounts while using other people's devices.
- Do not reveal personal information: be careful not to reveal private information such as contact number, home address, etc., while using social media; that could put you at risk.
- Be aware of discrimination and how to respond: you might face discrimination based on your gender, sexuality, religion, or other personal factors. Thus, it is important to know how to respond to these challenges.
- Think twice about how much information you are comfortable sharing with others.

2. Avoiding burnout

Advocacy can be a long and exhaustive process, both physically and emotionally. It is important to look after yourself by taking a break and having a strong support team around you [179].

"(If I had to change something in the advocacy process) it would be to take the pressure off myself or ourselves to do it perfectly; that was the most taxing part – a small mistake, fear of failure, especially in something as delicate as mental health and also as personal as mental health. So, allowing ourselves the space to make mistakes or to not set a threshold to say this is failure or not. It would allow me to have a lot more fun in the process and be more committed."

– Youth advisor

You can take the following measures to avoid burnout [180].

- Talk to other advocates or join support groups - discuss what you are going through and get some advice from the personal experiences of others.
- Do other things that make you happy: allow time for enjoyable activities or anything you find relaxing. Spend time with people who you care about, and who care about you.
- Set boundaries: Separate your advocacy work from your personal life. Also, try not to think about your advocacy work when you are away from it.
- Keep a healthy lifestyle: make sure you keep yourself active by exercising. Eat healthy and sleep for at least 7-9 hours every day. A healthy lifestyle will keep you energised and mentally sharp.

It is important to be able to recognise any signs or symptoms of burnout to be able to seek timely support for the same. Refer to this resource by HelpGuide to learn more about it.

3. Dealing with opposition

As discussed earlier, advocacy can invite opposition from stakeholders as it may alter the status quo that they are invested in maintaining. Opposition can be based on ideology, morals and values, religious, cultural or traditional beliefs, or even economic concerns [181].

However, it is possible to successfully counter and overcome this opposition in the following ways [182]:

- Be prepared: while doing your research you will learn about the interests and work of other groups which will help you anticipate any opposition from them. Thus, you can think about potential opposing arguments and prepare your responses.
- Be proactive: provide information about your case to the public and let everyone have a chance to respond. This way you can set the tone for the debate by taking the lead.
- Create a broad-based coalition of supporters: create a coalition with different groups with similar interests to signal support for your cause.
- Defend your cause: use anecdotes, personal narratives, and statistics to reinforce the importance of your cause. Provide information and clarify any erroneous assumptions.
- Protect yourself and your colleagues: if the opponents get hostile, ask for protection. Be careful about what you publish publicly. Finally, reach out to allies for support.

Glossary

- **Advocacy:** it is a process of gaining support for a cause or an issue.
- **Allies:** an individual or a group that aligns with and supports your cause.
- **Biomedical model:** it is a disease prevention model that prioritises the use of medication for treatment and situates mental health issues in the 'brain' while ignoring other life experiences.
- **Clinical psychologist:** Clinical psychologists assess, diagnose, and treat individuals who have mental health issues. However, clinical psychologists are not allowed to prescribe medication.
- **Counselling psychologist:** Counselling psychologists help people with physical, emotional and mental health issues to improve their sense of well-being, alleviate feelings of distress and resolve crises.
- **Disability adjusted life years:** It is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability, or early death.
- **Disease burden:** it is the impact of a health problem as measured by financial cost, mortality, morbidity, or other indicators.
- **Informed consent:** it is a process of getting permission before conducting a health intervention on a person.
- **Intersectionality:** it is an approach that recognises that multiple levels of oppression may intersect and interact with each other, affecting the health and overall well-being of an individual.
- **Lived experience:** First-hand accounts of living as a member of a marginalised community. It is a focused acknowledgment of how experience is influenced by wider social structures, and constructed socially.
- **Lobbying:** it is a form of advocacy which influences the decisions of the government with the purpose of influencing legislation.
- **Marginalisation:** Pushing particular groups of people to the edge of society by not allowing them an active voice or identity.
- **Medical model of disability:** This model views disability as a medical condition, and believes that disability lies in the individual, which can be cured or fixed using medication or rehabilitation to help them get back to normal life.
- **Mental health establishment:** it refers to any health establishment meant for the treatment and care of persons with mental illness, where such persons are admitted and reside at, or kept in, for care, treatment and rehabilitation.
- **Mental health literacy:** it is the knowledge and beliefs about mental disorders which aid their recognition, management or prevention.
- **Mental health social worker:** social workers put particular emphasis on connecting people with the community and support services available there. They also conduct initial assessments of clients to determine their needs, refer them to appropriate treatment centres and maintain ongoing contact for continual care.
- **Mental illness:** Mental illnesses are health conditions involving changes in emotion, thinking or behaviour (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.
- **Norms:** these are the unwritten but understood rules of a group of people that mark out what is appropriate, allowed, required, or forbidden for various members in different situations.
- **Opportunity cost:** the potential benefits an individual misses out on when choosing one alternative over another.
- **Participatory and rights-based approach:** a rights-based approach to mental health ensures that every person has the capacity to make decisions regarding their mental health care and treatment plans, and give or withhold consent to any medical procedures. It will also require advocating for laws that can help secure the rights of persons with mental illness, and recognising that their rights will be legally enforceable.
- **Partnership:** it is a form of cooperation between organisations that allow them to work together towards a common goal.

- **Psychiatrist:** A psychiatrist is a mental health professional who works in helping with diagnosing and treating mental health problems. A psychiatrist can prescribe medication if a person is facing a mental health problem.
- **Psycho-social Rehabilitation:** it is a process that provides opportunities for persons with mental illness to restore their community functioning and improve their quality of life.
- **Psycho-social intervention:** our social context influences and interacts with our psychology (thoughts, emotions). Psychosocial intervention recognizes the role of socio-cultural factors on mental health and provides social support that can be preventative and/or curative in nature when it comes to mental health, e.g., education, housing, legal support, etc.
- **Social model of disability:** The social model perceives disability as a social construct, which arises due to an environment that does not accommodate that individual's needs. For example, an individual using a wheelchair and inaccessible building will together affect the participation of that individual in society.
- **Stakeholder:** A stakeholder is a person/organisation that has an interest in your project.
- **Stigma:** it is negative views attributed to a group of people when their characteristics or behaviour is viewed as different from or inferior to society norms.
- **Sustainability:** Sustainability of an initiative means maintaining the initiative for a long period of time.
- **Treatment gap:** The difference between the number of people who need mental health care and those who get treatment. Often stated as no. of healthcare professionals available/1,00,000 persons.
- **Years lived with disability:** It is a measure reflecting the impact an illness has on quality of life before it leads to death.

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