



MHI CONFERENCE REPORT

Counter-Narratives

July 2025



MHI Conference Report | July 2025

Authors

Shruti Chakravarty
Candice G. Menezes

Contributions

Amalina Sengupta
Smriti Mishra
Uzma Kazi

Photography

Hridhaan

Conference Branding & Design

Fizza Hasan

Layout Design

Manali Jhinka Roy

Typeface

Montserrat Font Family
Adlery Pro

Icons

Flaticons
Canva

Visual elements

Canva (Open-source)

CONTENTS

FOREWORD..... 4

IMPACT IN NUMBERS 6

PRE-CONFERENCE PROCEEDINGS..... 7

- | | | |
|------------------------------|---------------------------------|---|
| 1. CONCEPTUALISATION 8 | 4. ORGANISING COMMITTEE 9 | 7. ABSTRACT SELECTION COMMITTEE 11 |
| 2. ACADEMIC PARTNER..... 8 | 5. BUDGET 10 | 8. ACCESSIBILITY, DISABILITY
ACCOMMODATION & SUSTAINABILITY
MEASURES 14 |
| 3. AUDIENCE 9 | 6. ABSTRACT SELECTION 10 | |

CONFERENCE PROCEEDINGS.....17

- | | |
|------------------------------------|---------------------------------|
| 1. OPENING CEREMONY 19 | 5. CONFERENCE DINNER 38 |
| 2. OPENING PLENARY 20 | 6. WORKSHOP 39 |
| 3. PANEL DISCUSSIONS 24 - 35 | 7. POSTER PRESENTATION 41 |
| 4. FILM SCREENING 36 | 8. CLOSING PLENARY 44 |

FOREWORD

Counter Narratives: The MHI Conference by **Mariwala Health Initiative** in collaboration with School of Performing Arts and Liberal Studies, **HSNC University** (State Public University), Mumbai and the Departments of Sociology and Psychology, **K.C. College, Mumbai** (a constituent college of HSNC University) was held at KC College Auditorium on **7th and 8th of February, 2025**. This was MHI's first academic conference.

Through the platform of a National Conference, we shed light on social and developmental inequalities and their impact on the mental health of marginalised communities in India. The **theme** for the inaugural conference was **Mental Health of Marginalised Communities: Perspectives from India**. The theme outlined both the intention and direction for the space we hoped to create. The conference centred and foregrounded voices from the margins, i.e., counter-narratives that challenge the power of dominant narratives in mental health, and that emerge from the lived realities of those who experience inequality and oppression. **'Facing What Needs to Change'** was the framework used to thread together the Opening /Closing Plenaries and six Panel Discussions. Our plenary speakers, moderators, and panellists - academics, activists, mental health practitioners, researchers, students, user-survivors - were specially invited to push the boundaries of mainstream discourse. The conference framework was inspired by a quote from James Baldwin: ***"Not everything that is faced can be changed, but nothing can be changed until it is faced."*** The main objectives of the conference were to highlight how research on various marginalisations can inform advocacy and curriculum development, which in turn informs therapeutic practice and clinical work. We wanted to acknowledge how rights-based activism plays an important role in challenging dominant discourse. We had an outstanding attendance of nearly 250; mainly MHPs, researchers, activists, and students.

The panellists discussed concepts from their study and how they have **looked at a problem/concern differently from mainstream understandings**. Each panellist listed concrete suggestions and examples on how to respond to the problems they were studying/ experiencing. The panels were designed to increase audience understanding of concepts related to marginalised lives, inequality, and justice, and to go back with learnings for their applicability to mental health work. Our Opening and Closing Plenary speakers helped set the stage by describing the social context of mental health work and concrete ideas about how to bring about change.

Equally important to the academic content, the logistics of the conference were intentionally thought through **to attempt an accessible and inclusive space**. Sustainability is an important focus at MHI, and environmentally friendly measures were taken to meet those goals. To make a space genuinely inclusive requires organisers to set aside a separate budget to achieve it. The Director and Founder of MHI gave their full backing in terms of sanctioning budgets to meet these goals. We encourage funders and organisers to commit to accessibility and sustainability goals and measures for their events.

Shruti Chakravarty (PhD)

Chief Advisor, MHI

IMPACT IN NUMBERS



250

Total
Audience



95

Marginalized
Identities



16

Indian
States



200

Abstracts
Received



4

Press
Articles



124,364

Instagram Reach
(7th Feb 2025 – 7th March 2025)



21

Panellists
Presenting
Research



13

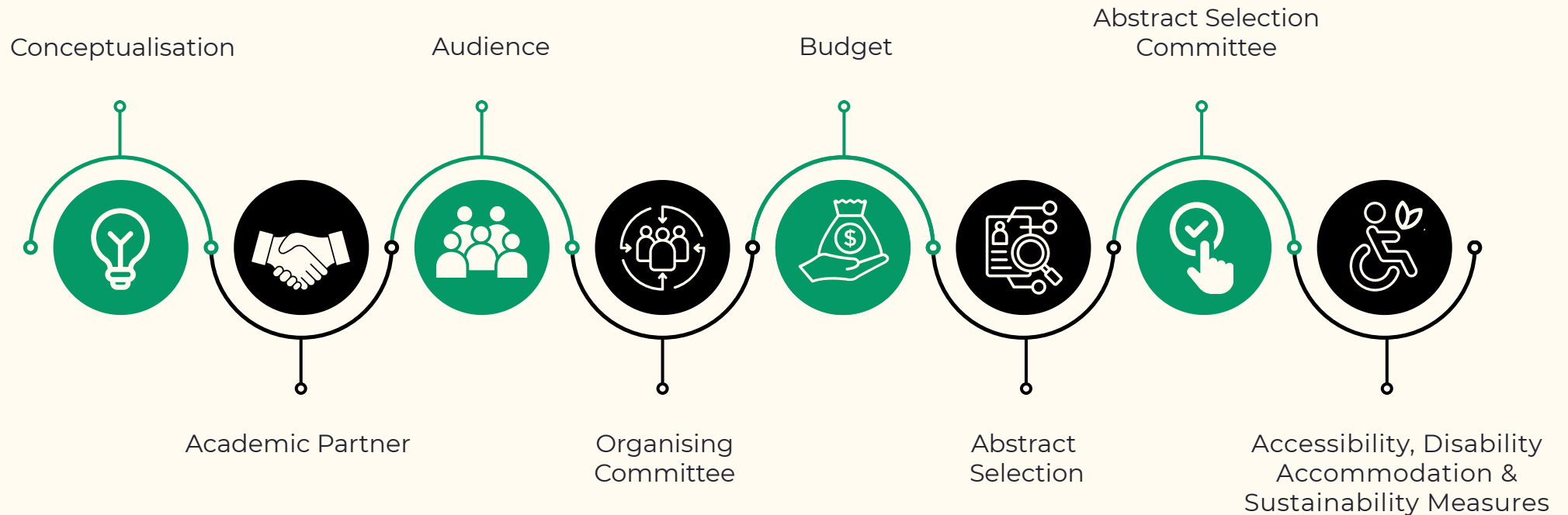
Research
Posters
Presented



13

Accessibility &
Sustainability Measures

PRE-CONFERENCE PROCEEDINGS





1. CONCEPTUALISATION

The first step was to identify the conference's overarching theme and sub-themes. This was done based on the global relevance of contemporary topics in mental health, consultation with MHI's board members, and consideration of MHI's strategic intentions and values.

2. ACADEMIC PARTNER

Counter-Narratives was MHI's first foray into an academic conference space. MHI, a grant-making organisation, was formally stepping into a conference space, and we were keen to partner with an academic institution to lend academic credibility. We hoped this partnership would contribute to the number of quality abstract submissions received and the diversity of the audience. We reached out to four higher educational institutions in Mumbai that aligned with the values of MHI. Our official academic partner was the School of Performing Arts and Liberal Studies, HSNL University (a State Public University), and the Departments of Sociology and Psychology, K.C. College (a constituent college of HSNL University). A long-standing association between the Director, QACP Faculty, and the Dean also contributed to this decision.

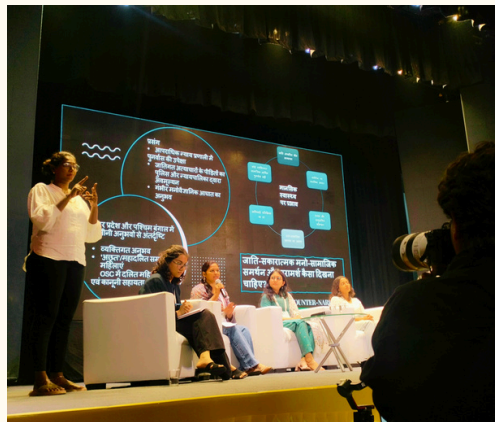
3. AUDIENCE

The conference was open to students, researchers, activists, lawyers, journalists, advocates, government officials, mental health practitioners, and stakeholders within the field of mental health. Students, early-career professionals, and participants from marginalised communities were offered a discounted fee.



4. ORGANISING COMMITTEE

The organising committee comprised the MHI Chief Advisor, all members of the MHI Training Team, MHI Administrative and Finance team, MHI Social Media and Communications Team, three MHI interns, and Faculty Members of our Academic Partner Institution. The Training Team was responsible for overall organisation, logistics, communication, relationship management with the academic partner, and selection/ communication with panellists, moderators, and speakers. The Administrative and Finance team ensured the logistics and financial aspects of the conference were in order. The Social Media and Communication teams were involved in the design of all publicity materials, including signage, conference guide, conference kit, standees, full media coverage during the event, communication with media houses, and posting on MHI's social media. The interns contributed significantly at every step of the conference. (MHI's Internship Program is only open to persons from marginalised backgrounds.) Overall roles and responsibilities of each team member were carried out under the leadership of the Chief Advisor of MHI. The Faculty Members were involved in all academic aspects, as well as gave their inputs in organising and executing the event.



5. BUDGET

The budget was drawn up to include costs that covered logistical and value-driven needs and priorities. The budget was unique in its intentional emphasis on sustainability, disability accommodations, and accessibility. The idea was to create meaningful opportunities for learning and networking, especially for persons from marginalised communities who may not typically have access to such spaces and opportunities. Alongside these specific goals, regular event expenses such as venue, rental, food, travel, fees, and technical setup were factored in.

6.ABSTRACT SELECTION

An abstract selection committee was constituted, including members from MHI and our academic partner. There were two rounds of selections. The panellists, moderators, and plenary speakers were selected, giving preference to speakers' marginalised backgrounds, lived experience, positionality, reflexivity, counter-narratives to the mainstream, and ethics.

7. ABSTRACT SELECTION COMMITTEE

TEAM MHI:	
Name	Designation & Organisation
Shruti Chakravarty	Chief Advisor & Lead - Training Team, MHI
Pooja Nair	Consultant Therapist and Faculty, MHI
Candice G. Menezes	Manager, Training Team, MHI
Amalina Sengupta	Associate, Training MHI
Smriti Mishra	Associate, Training MHI
A. Fazariya	Consultant - Associate, Training MHI
S. Faisal	Consultant - Administrative Assistant
Uzma Kazi	Interns, MHI
Priyanka Jagtap	
Smaran	

We received:

200
Abstracts

Under the following main themes:

- Mental Health of Transgender and Queer Communities
- Mental Health of Marginalised Caste and Indigenous Communities
- Mental Health of Minority Religious Communities
- Mental Health and Disability

From HSNC University & K. C. College (a constituent college of HSNC University)

Name	Designation and affiliated academic institution
Prof.(Dr.) Leena Pujari	Professor and Head, Department of Sociology & Dean, Faculty of Interdisciplinary Studies, HSNC University, Mumbai
Dr. Tina Chakravarty	Assistant Professor, Liberal Studies Department, School of Interdisciplinary Studies, HSNC University, Mumbai
Dr. Krittika Mondal	Assistant Professor at the School of Performing Arts, HSNC University, Mumbai
Dr. Rakhi Mehta	Associate Professor and HOD, Department of Psychology, K.C. College (a constituent college of HSNC University).
Dr. Pratiksha Kadam	Assistant Professor, Department of Statistics, K.C. College (a constituent college of HSNC University).
Ayeshna Dutta	Assistant Professor, Department of Sociology, K.C. College (a constituent college of HSNC University).
Sujay Bhandary	Assistant Professor and Coordinator, Department of Psychology, K.C. College (a constituent college of HSNC University).

The Abstract Selection Committee recommended **6 panels** with **21 panellists**, and the final panels were titled:

- Counter-Narratives to Heteronormativity
- Counter-Narratives to Casteism & Assimilation
- Counter-Narratives to Ableism
- Counter-Narratives to Body-Gender Binaries
- Counter-Narratives to Majoritarianism
- Counter-Narratives to Dominant Mental Health Discourse

8. ACCESSIBILITY, DISABILITY ACCOMMODATION & SUSTAINABILITY MEASURES

Measures adopted supported the goal of creating inclusive spaces for communities who are typically excluded due to a lack of accessibility. The use of recyclable, reusable, and eco-friendly materials reflected MHI's long-standing sustainability values. These efforts also encouraged participants to adopt more mindful and ethical consumption practices.



ACCESSIBILITY:

1. Gender-neutral toilets: Though the toilets at the venue were gendered, the team put up signage for each access point. One toilet on each floor provided for the conference was designated as gender-neutral.
2. Appropriate signage for navigation was set up at specific spaces across the venue to enable easy direction and access.
3. The conference venue was located close to major local train stations in Mumbai for an easier commute.
4. Hotel bookings for guests were made at a property 500 metres from the conference venue.
5. Language accessibility through English to Hindi translations was available at the venue throughout the two days. A translation company hired for simultaneous translations set up an on-site and fully installed translation booth, and their technicians were present across the two days. For attendees who had requested simultaneous translation, headsets were handed out at the registration desk upon check-in.

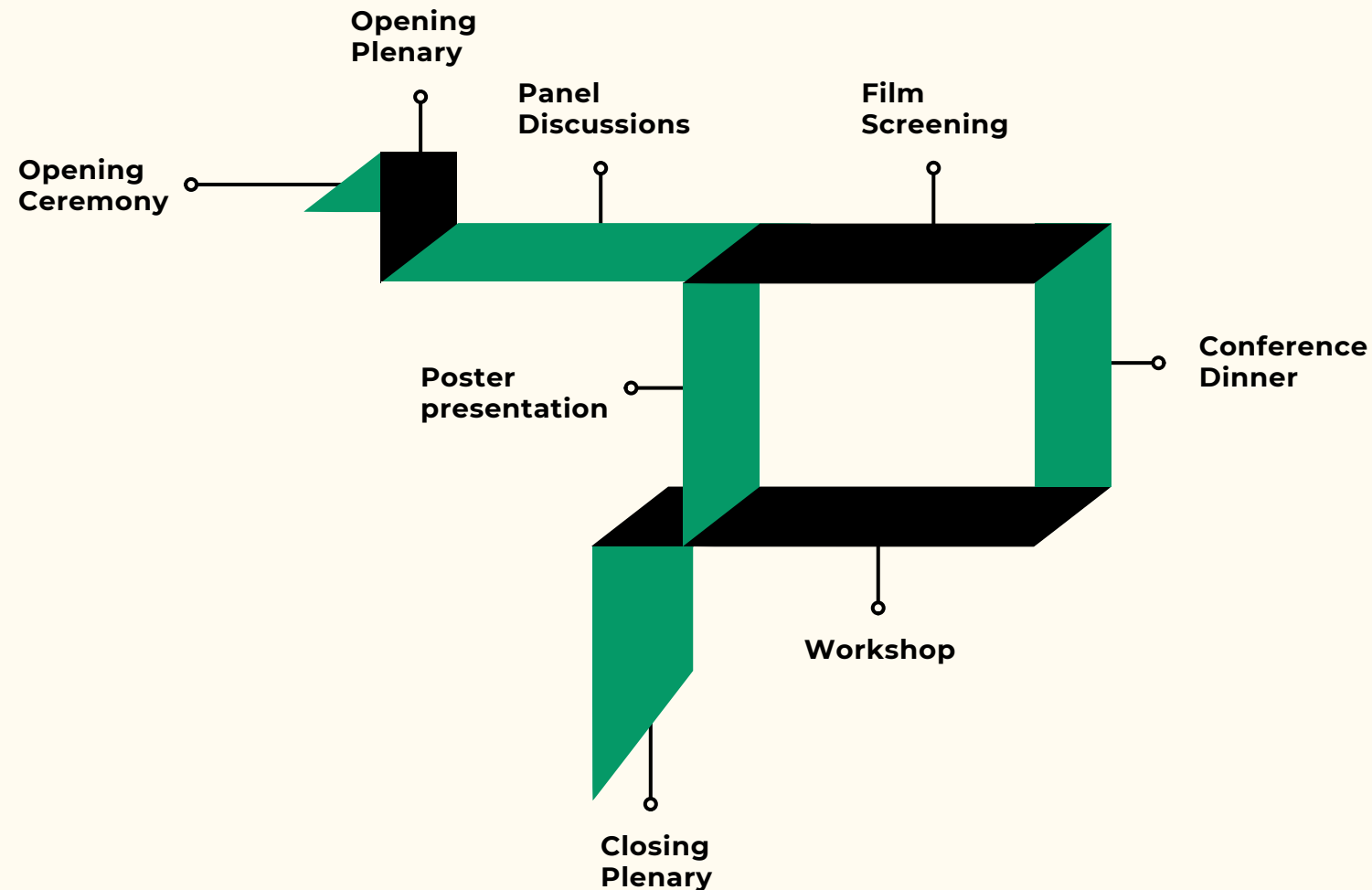
DISABILITY ACCOMMODATION:

1. The wheelchair accessibility of the venue was checked.
2. A temporary ramp was created at the auditorium entrance.
3. The toilet closest to the main auditorium was designated as wheelchair-accessible due to its design and accessibility.
4. Separate lunch arrangements were made for wheelchair users to reach the food area.
5. Indian Sign Language (ISL) Interpretation was made available with an ISL interpreter present on stage, providing simultaneous interpretation throughout all sessions, including speeches on both days.
6. Frequent breaks and long lunch hours were put into place to help participants mingle, reflect, read, and relax.

SUSTAINABILITY:

1. The conference kit included handmade cotton recyclable notebooks and plantable paper ID cards.
2. Tea/coffee was served in kulhads as a single-use plastic alternative.
3. Water filling stations were set up and attendees were encouraged to utilise the conference-branded metal water bottles instead of disposables.
4. Cardboard-based dustbins instead of plastic bins were placed in the vicinity of the auditorium.
5. Reusable cutlery was used as part of the catering.
6. Standees and banners were made using biodegradable fabric canvas.
7. Event posters and standees were designed such that they could be reused at the next event by printing new stickers with new information.
8. Posters were made using a fabric canvas.

CONFERENCE PROCEEDINGS



COUNTER-NARRATIVES

the MHI conference

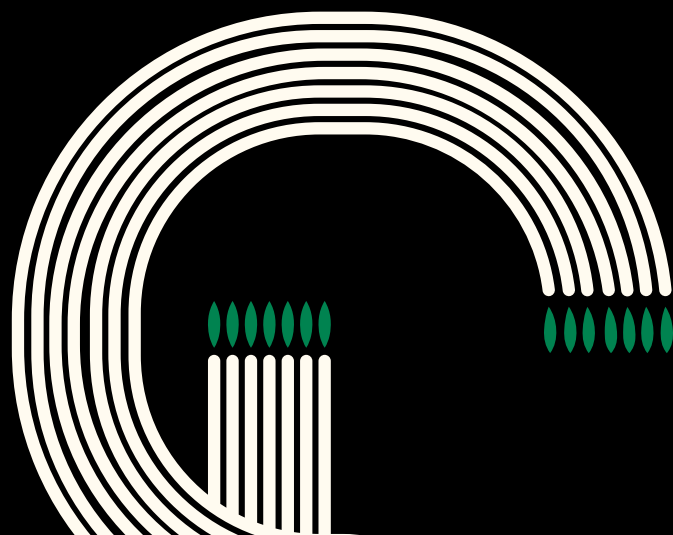




DAY 1

1. OPENING CEREMONY

The conference proceedings commenced with an opening ceremony, with short speeches highlighting the importance of creating narratives about the mental health of marginalized communities in academic spaces.



OPENING CEREMONY

Speaker	Designation & Organisation
Mr. Harsh Mariwala	Founder of MHI and Chairman, Marico
Col. Dr. (PhD.) Hemlata Bagla	Vice Chancellor, HSNC University, Mumbai and Head, Dept. of Chemistry, Head, Dept. of Nuclear & Radiochemistry, Radiological Safety Officer Level – I. KC College. (a constituent college of HSNC University)
Prof. Tejashree Shanbhag	I/C College Principal, K. C. College (a constituent college of HSNC University)
Prof. Dr. Leena Pujari	Dean, Faculty of Interdisciplinary Studies, HSNC University, Mumbai & HOD, Department of Sociology, KC College. (a constituent college of HSNC University)

SETTING THE TONE

Speaker	Designation & Organisation
Pooja Nair	Conference Host, Consultant Therapist, and Faculty, MHI



DAY 1

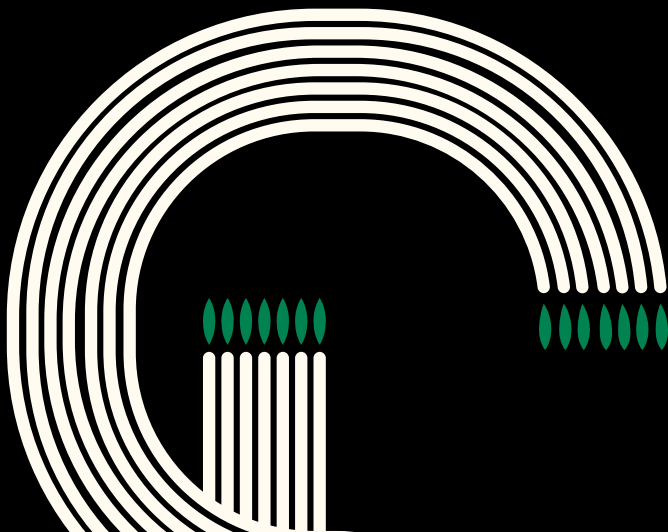
2. OPENING PLENARY

FACING WHAT NEEDS TO CHANGE: SETTING THE CONTEXT

Speaker: Deepa Pawar

Translation by: Amrita De from Hindi to English.

Important points from Deepa's speech (See at left):



1. Politics of memory: Inherent injustice is present and prevalent in our upbringing, education, and political climate. Only certain names (of men and brahmins) are attributed to histories and narratives, attributing success and merit to some communities while others are erased. It is not only about forgetting who contributed to history, but also those whose participation, leadership contributions from history have been removed - predominantly women, gender minorities, various other social minorities are part of the excluded.

- 2.** Systemic and structural inequality and injustice that are embedded in the cultural, political, and financial fabric of society have an impact on the mental health of persons. This inequality comes from regressive masculinity and casteist attitudes. These unequal systems inflict atrocities on the behavioural, emotional, cultural beings of nomadic tribes, adivasi, dalits, women, and migrants. These systems begin to take their strengths away.
- 3.** Mental health is the social reflection of the individual. The social evils in society are being reflected in the individual when they are undergoing mental health issues.
- 4.** Deepa gave the example of the work Savitribai Phule engaged in for the well-being of women (domestic violence) and children, and linked it to Justice Informed Counselling. Savitribai posited the origin/root cause of worries and concerns of the woman in/being in society and not the individual self.
- 5.** Like Baba Saheb Ambedkar, when all social revolutionaries speak, apart from looking at only social dignity, one must also look for hidden aspects of mental dignity. Deepa mentioned that whenever she works on mental health, social revolution becomes her source of strength. Social justice begins with self-respect, mental dignity.
- 6.** The monopoly of research by those who are not experts by experience must be questioned. The ownership rights of knowledge generated in the grassroots must be with the grassroots communities - how the data is being used and represented, and who is representing it.
- 7.** It is important to make changes and move ahead with research that is based on truth and community representation. What are the support systems that can be created, and what spaces can be created for representation?
- 8.** Politics of knowledge is another aspect that should be considered - who decides to whom knowledge belongs? What is right? Who decides whether knowledge from the ground/grassroots is knowledge or not? Who is seen to be giving knowledge? Why can't knowledge be community-oriented?

- 9.** Deepa, in her 24 years of working, has seen that knowledge sharing is more of a top-down model with the attitude that those at the bottom do not have any knowledge. Can one shift from this kind of regressive ownership, and can knowledge be designed from the ground/grassroots? It is important to pay attention to how the knowledge of the grassroots is being devalued and what we are doing to stop this.
- 10.** It becomes the responsibility of academicians to hold spaces (research centres, study circles) where there is maximum representation, with the reservation of persons from the grassroots.
- 11.** This leads to the politics of language - as per the Constitution, language is diverse in India, but does mental health get translated into those many languages that is recognised by the Constitution of India.
- 12.** Can we learn strategic communication, so that people from the grassroots who approach us for mental health care can be given the space to share without there being awkwardness?
- 13.** Keeping credit anonymous, especially intellectual property rights of the grassroots experts in academic research, is another point brought up by Deepa. People who share data are not credited in any of the research.
- 14.** Sensitivity, solidarity, and representation are key in mental health. To date, we have been able to reach sensitivity but not a true and honest representation of persons from the margins.
- 15.** Deepa mentioned two important statements of the many from the Indian Constitution- Article 15, which states that there can be no discrimination based on caste, class, religion, gender, or any other identity. This gives us a blueprint for mental dignity. It gives a blueprint for constitutional accountability for mental health.
- 16.** Deepa mentions that we need to follow feminism, the intersection of anti-caste feminism. Making the core value of one's life will solve many problems.

17. Mental health is a movement, from Savitribai Phule's work to Mahatma Phule's book 'Slavery' that spoke of mental slavery. The work of Baba Saheb and various other leaders of Indian grassroots mass movements. One can learn how to promote mental health dignity from a movement perspective.

18. Mental Health is not limited to any illness or disorder, but a matter of politics - what one eats, what clothes we wear, what languages we speak is denied and negated and not part of history, and wiped out from public memory, it is a matter of generational trauma. What are we doing about that? Focus attention on whether there is any kind of 'pest control' taking place on hatred, regressive masculinity, the politics of hatred, divisiveness, and what we are doing to not lose our consciousness and awareness.



Watch the full video [here](#)



mariwala
health
initiative

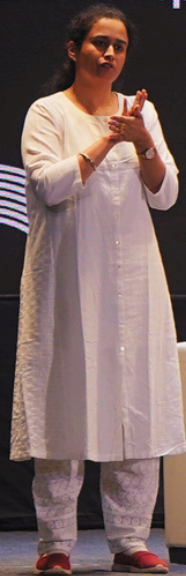


COUNTER-NARRATIVES

the MHI conference

School of Performing Arts & Department of Liberal Studies, HSNC University,
and the Departments of Sociology & Psychology, K.C. College,
Mariwala Health Initiative

Mental Health of Marginalised
Communities: Perspectives from India
7th-8th February, 2025 | K.C. College, Mumbai





DAY 1

3. PANEL DISCUSSIONS

PANEL 1:

Counter-Narratives to Heteronormativity

This panel focused on the meaning-making of marginalized identities in a heteronormative world, against the backdrop of isolation and erasure. This panel shed light on how conversations on queer mental health have to reckon with the history of pathologisation of queer identities and how the scrutiny has to be trained back at the psychology disciplines.

Moderator: Pooja Nair

Panellists: Mrittika Chatterjee, Grishma Ashar, and Siddharth Trigunayat



Papers Presented:

1. *Seeing Rainbow in a Monochromatic World: Making Meaning of the Lesbian Identity in a Hermeneutically Unjust World* by Mrittika Chatterjee
2. *Belonging Nowhere: Lived Experiences of Isolation, Familial Attitudes, and Intersectional Erasure Within Indian Community* by Grishma Ashar
3. *Beyond the Stages: Exploring Sexual Identity Development of Homosexual Men in India* by Siddharth Trigunayat

Watch the full panel 1 video recordings [here](#)



COUNTER-NARRATIVES

the MHI conference

Twin-Colonialism and Systemic Oppression: Health and Wellbeing Struggles of Adivasi Tea Garden Workers in North Bengal

Christy Nag

Community worker, educator, founding member of Umul, an Adivasi-led organization working alongside the community on social justice





DAY 1

PANEL 2:

Counter-Narratives to Casteism & Assimilation

This panel delved into the deep connections between marginalisation along the lines of caste and indigenous identities and mental health, shedding light on the lived experiences of oppressed communities. This panel called for more inclusive mental health frameworks and policies.

Moderator: Suryakant Waghmore

Panellists: Shweta Pawar, Debarati Choudhury, Deepmala Rawat, Gurman Kaur Chawla, and Christy Nag



Papers Presented:

1. *Living and dying on the "margins" - helpless and hopeless stories and voices from those communities who are awaiting Innovation and positive change* by Shweta Pawar
2. *Spectre and Trauma of Caste: Dissecting Psycho-social Care for Dalit Rape Victim-Survivors* by Debarati Choudhury and Deepmala Rawat
3. *Understanding the Need for Caste-Informed Psychotherapy Through the Lived Experiences of Students from Oppressed Caste Communities in India* by Gurman Kaur Chawla
4. *Twin-colonialism and Systemic Oppression: Health and Well-being Struggles of Adivasi Tea Garden Workers in North Bengal* by Christy Nag

Watch the full panel 2 video recordings [here](#)



mariwala
health
initiative



COUNTER-NARRATIVES

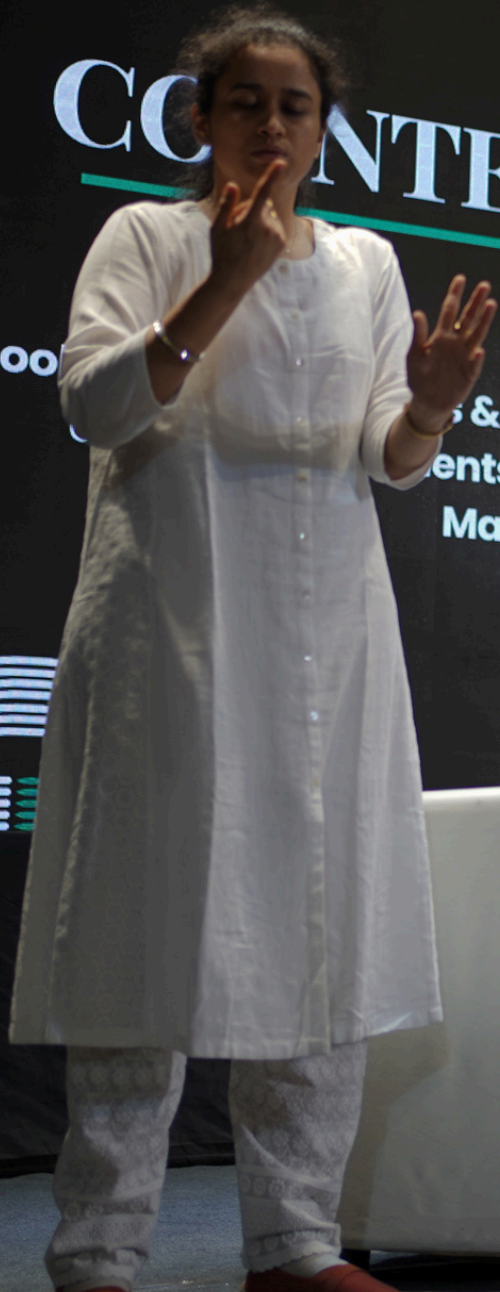
the MHI conference

School

& Department of Liberal Studies, HSNC University,
Department of Sociology & Psychology, K.C. College,
Mariwala Health Initiative

Mental Health of Marginalised
Communities from India

16 February 2020, K.C. College, Mumbai





DAY 1

PANEL 3:

Counter-Narratives to Ableism

This panel aimed at deciphering and critically evaluating the varied/complex nature of disability, both visible and invisible, through diverse lenses/areas and mediums such as Indian movies, the prevalent ableism in academia, and the construction of neurodiversity.

Moderator: Amalina Kohli Dave

Panellists: Upasana, Kanika Vasishta, and Vasavi Kalluru



Papers Presented:

1. *The Construction of Neurodiversity Within and Outside Disability* by Upasana and Saniya Rizwan
2. *A Psychosocial Feminist Study of (Un)observable (Dis)ability through Select Indian Movies* by Kanika Vasishta
3. *Madness and Its Margins: Navigating Severe Mental Illnesses in Higher Education* by Vasavi Kalluru

Watch the full panel 3 video recordings [here](#)

ट्रांस आनंद के रंगः भारतीय संदर्भ में ट्रांस आनंद का एक खोजपरक अध्ययन

प्रस्तावना

अक्सर ट्रांस व्यक्तियों को असमानता, हानि और अलगाव के नजरिए से देखा जाता है। यह अध्ययन एक गैर-चिकित्सकीय दृष्टिकोण अपनाते हुए सकारात्मक मनोविज्ञान के सिद्धांतों से प्रेरणा लेता है—जो ट्रांस अनुभवों को केवल कमी और तकलीफ के नजरिए से देखने से आगे बढ़ता है। हमारा उद्देश्य भारतीय ट्रांस/नॉन-बाइनरी व्यक्तियों के जीवन में आनंद के अनुभवों की बारीकियों को समझना और उजागर करना है।

शोध

उद्देश्यः

ट्रांस/नॉन-बाइनरी पहचानों को उनके सकारात्मक भावनात्मक अनुभवों—आनंद और स्वीकार्यता—के माध्यम से नए सिरे से परिभाषित करना।

शोध

पद्धति

- गुणात्मक, खोजपरक शोध
- उद्देश्यपूर्ण प्रतिदर्श (सैंम्पल) चयन (12 प्रतिभागी)
- अर्ध-संरचित व्यक्तिगत साक्षात्कार
- थीमैटिक विश्लेषण – निगमनात्मक और आगमनात्मक
- व्याख्यात्मक परिघटनाविज्ञान (फेनोमेनोलॉजिकल) विश्लेषण विश्लेषण

निष्कर्ष

र्ष



शोध के प्रभाव

- पीढ़ी की मुख्यधारा वाली कथाओं से आगे बढ़कर आनंद, उत्साह और संकल्पशक्ति को केंद्र में लाना।
- कवीयर समुदाय के भीतर भी जेंडर की दृष्टिआधारी सोच को तोड़ना—जेंडर को व्यापक और प्रवाही रूप में समझना।
- मानसिक स्वास्थ्य पेशेवरों को ट्रांस/नॉन-बाइनरी व्यक्तियों के आनंद और खुशियों के स्रोतों को समझने और उनको बढ़ावा देने में सहायता करना।
- ट्रांस समुदाय के समर्थन के लिए व्यापक जाल और संस्थानों की आवश्यकता को स्पष्ट करना। ट्रांजिशन के लिए आवश्यक प्रावधानों की पहचान करना।





DAY 2

PANEL 4:

Counter-Narratives to Body-Gender Binaries

This panel was an invitation to an enriching journey through the vibrant tapestry of trans mental health in India. Through these powerful presentations, we aimed at shattering the confines of traditional narratives, igniting a dialogue on the urgent need for culturally sensitive and inclusive mental healthcare that truly honours the diverse experiences of transgender and gender-diverse individuals across India.

Moderator: Tashi Choedup

Panellists: Manju Madhavan, Shyam Majumdar, and Soochit Bhat



Papers Presented:

1. *Narratives on Mental Health and Healthcare Barriers among the Intersex Community in Kerala: A Formative Exploration* by Manju Madhavan and Jithesh V
2. *Marginalisation, Migration and Mental Health: Transmasculine Narratives in Kolkata* by Shyam Majumdar
3. *The Colours of Trans Joy: An Exploratory Study of Trans Joy in the Indian Subcontext* by Soochit Bhat

Watch the full panel 4 video recordings [here](#)

Counter- Narratives, the MHI Conference!

Author: Nasima Aman

Project Coordinator, Development and Justice Initiative (DAJI), Assam. Advocating for and empowering communities affected by citizenship issues and other vulnerable groups, specifically women and children, to live dignified lives.

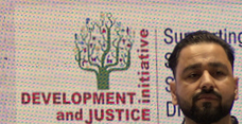


Co-Author: Nilanjana Das

Mental Health Counsellor, Development and Justice Initiative (DAJI), Assam. Masters in Social Work with my specialization in Medical and Psychiatric Social Work. Supporting vulnerable individuals and communities dealing with citizenship issues through individual counseling, group counseling and family counseling.



Organization: Development and Justice Initiative (DAJI)





DAY 2

PANEL 5:

Counter-Narratives to Majoritarianism

This panel aimed to dissect and understand the marginalized religious identities along the sociopolitical Indian structure, and the structural determinants and inequities.

Moderator: Sabah Khan

Panellists: Dr. Aasim Ur Rehman Ganie,
Nilanjana Das, Nasima Aman,
Lima James, and Aiman Haque



Papers Presented:

1. *The de-ritualisation of death and its impact on mourning practices among Muslims in Kashmir during the COVID-19 pandemic* by Dr. Aasim Ur Rehman Ganie and Dr. Ahrar Ahmad Lone
2. *Mental health impact on people whose citizenship is challenged and those with lived experience of detention in Assam* by Nilanjana Das and Nasima Parveen Aman
3. *Are We Next? changing cultural landscapes and its mental health impact on Indian Christians* by Lima James Kannampuzha
4. *The Negative consequences for mental health of the visibly Muslim India Woman* by Aiman Haque

Watch the full panel 5 video recordings [here](#)

Dealing with Queer Muslim Perspectives

INTRODUCTION

The aim of the present study was to explore the intersecting factors of mental health distress experienced by queer Muslims in India, specifically in the Indian context. The findings of this research can inform the development of a culturally-sensitive therapeutic approach involving these individuals.

OBJECTIVE

- To explore the context of mental health distress as experienced by queer Muslims in India.
- How the intersection of these identities affects their experiences in therapy.

METHODOLOGY

The experiences of eleven participants across the country were collected through semi-structured interviews and subjected to a thematic analysis. The participants were chosen through the snowball sampling method.

RESULTS/FINDINGS

Participants had varied experiences with their community in relation to their queerness. Mental health challenges occurring at the intersection of these identities were the most prominent cause of seeking professional help, which was not always a smooth process, especially as a marginalised person. Participants also had personal suggestions and recommendations for how the therapeutic space could be made more conducive for their healing.

THEMES (Themes)



CONCLUSION

The study can be a base for future directions to be taken with regards to specific aspects of the psychosocial context informing mental health distress, as well as the role of and psychological impact of identity conflict, the psychological effects of conservative approaches to religion on queer expressions, and the precise and particular kind of Islamophobia directed towards and experienced by queer Muslims.

Theoretical concepts such as the minority stress theory can also be studied within the specific context of queer Indian Muslims, providing an insight into the intricacies that are interwoven at the heart of the mental health distress as experienced by this population.





DAY 2

PANEL 6:

Counter-Narratives to Dominant Mental Health Discourse

This panel delved into the critique of dominant mental health spaces and narratives, focusing on the systemic marginalization of queer, trans, Dalit, and Muslim identities. Overall, the panel aimed at raising urgent questions about accessibility, language, and inclusivity in mental health care, advocating for transformative practices rooted in cultural sensitivity and social justice.

Moderator: Dr. Amrita Joshi

Panellists: Sudarshan Kottai, Shruti Garg, and Neha Fathima Waheeb



Papers Presented:

1. *Body, queer affirmative, embodied healing, heteronormative structures, systemic marginalisation, creative arts therapies*

2. by Sudarshan R. Kottai

Reimagining Embodied Healing: Centring Body-Based

3. *Practice in Queer-Affirmative Therapy* by Shruti Garg

Unravelling the tapestry of social reality and psychological distress within a therapeutic setting: Queer Muslim

Perspectives by Neha Fathima Wahab

Watch the full panel 6 video recordings [here](#)



COUNTER-NARRATIVES

the MHI conference



The Wounds of Pyres - Inside the Minds of Cremation Workers

Directed by Babita Gautam and Sahil Valmiki

Discussion Moderator: Gauri Shrivastava





DAY 1

4. FILM SCREENING

A documentary film titled **“The Wounds of Pyres”** was screened on Day 1. The film is a lens into the unseen, unspoken lives of the Dom community, who, for centuries, have borne the burden of being society’s cremation workers. Through personal narratives and lived experiences, it sheds light on the societal structures that perpetuate this exploitation while bringing to light an often-ignored but critical issue: the mental health challenges faced by Dalit communities. The systemic discrimination, trauma, and stigmatisation faced by those in caste-based occupations lead to unique mental health challenges that demand attention and action. The screening aimed at igniting sparks, meaningful conversations, challenging prejudices, and inspiring collective action toward social justice.

The film **evoked a strong emotional response** from the audience, who appreciated the filmmakers' sensitive and powerful portrayal of caste-based violence and its impact on mental health. During the **Q&A session**, attendees engaged with thoughtful questions about the filmmakers’ motivations, their emotional experiences during the making of the documentary, and the broader implications of the film’s narrative on caste, dignity, and healing.

A little about the filmmakers: **Babita Gautam** is a journalist, documentary filmmaker, and Co-Founder of Dalit Desk, as well as the Founder of The Voice Media. She is committed to amplifying marginalised voices and addressing social justice issues, with a focus on caste and inequality. **Sahil Valmiki** is a journalist, documentary filmmaker, writer, and Co-Founder of Dalit Desk. His work highlights the struggles of marginalised communities, aiming to challenge societal norms and drive change through storytelling and media.





DAY 1

5. CONFERENCE DINNER

MHI hosted a dinner for invited guests as part of the Conference. This was an opportunity for diverse sets of professionals to mingle. One of the aims of the conference was to create an inclusive space where academics, activists, MHPs, researchers, and social sector stakeholders could meet.

WE ARE DELIGHTED TO INVITE YOU TO

DINNER!

TO CELEBRATE THE LAUNCH OF
MHI'S INAUGURAL CONFERENCE,
COUNTER-NARRATIVES

7:30 PM,
7TH FEB, 2025

GLOBAL FUSION,
WORLI

RSVP YOUR
CONFIRMATION BY
1ST FEB BY *REPLYING*
TO THIS EMAIL

NOTE:

A bus will depart from the
conference venue at **7:00**
PM to take attendees to
Global Fusion.

For guests staying at
Hotel Astoria, a **return bus**
will leave Global Fusion at
10:00 PM. The bus will
make a stop at Mahalaxmi
(Western Line) for those
who need to access public
transport.



{The dinner menu is non-vegetarian with vegetarian
options. **2 alcoholic drinks** are complimentary per guest}

s & Department of Liberal Studies, HSNC Univer
ents of Sociology & Psychology, K.C. College,
Mariwala Health Initiative





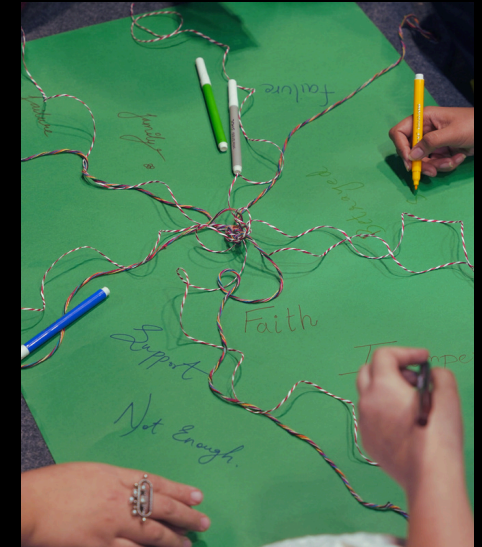
DAY 1

6. WORKSHOP

Knot Alone: Weaving Connections Through Creative Expression by **Ipsita Chatterjee.**

The workshop was designed to facilitate participants' engagement in an exploration of themes such as identity, visibility, and belonging using intermodal expressive arts and arts-based therapy. It encouraged personal reflection and collective empathy using movement, storytelling, and art-making.

The workshop was attended by 31 participants and created a calm, welcoming space. Many shared that it helped them feel grounded and connected during an intense conference. The use of art, movement, and storytelling supported self-reflection and emotional release. Participants appreciated the thoughtful flow of the session and the freedom to express themselves. Ipsita's facilitation was described as warm, clear, and supportive. Several people said they felt seen and heard through the activities. Many also expressed interest in attending similar workshops in the future. Overall, the session was well-received and added depth to the conference experience for the participants.





7. POSTER PRESENTATION

Selected posters were thematically grouped and displayed at the Conference venue. Some poster presenters attended in person to interact with audience members and share their work. Frequent breaks and long lunch hours were intentionally set aside for attendees to engage with the posters.

Queer and Trans Realities

Outside the Desi Queer Closet: An interpretative phenomenological mapping of how positive relationships between Indian queer youth and their families of origin

Presented by: Pratyusha Varanasi

Mental Health of Transgender and Queer Communities of North East India

Presented by: Palash Borah

Caste and Indigenous Realities

What's your cutoff: Dalit Christian Experiences in Academia

Presented by: Bavani Pasala

Exploring mental health and resilience among dalit-queer activists

Presented by: Neeyati Tayade

Disability

"Unfortunately, Yes. I have a Uterus," Understanding Reproductive and Mental Health Experiences of Indian Women with Disabilities through a Qualitative Study

Presented by: Abhisha Gulati and Amrita Singh

Mental Health for Disabled Children: Advocacy beyond Therapy Rooms

Presented by: Sanket Gala and Yashna Vishwanathan

Religious Minorities

You Can't Play With Us': Marginalisation of Muslim Children in Urban Playgrounds

Presented by: Lashin Ali KV

Barriers to Mental Health Care for Minority Religious Communities in India

Presented by: Sarika Wankhade

Community-based Mental Health Practice

Narratives From The Margins: Impact of Covid-19 Pandemic on the Mental Health of LGBTQ+ Community

Presented by: Anushree Samant

The Community Wellbeing Project for Safe Access - A peer support service by and for the queer- trans community

Presented by: Shubham Choudhary and Aayushi Patnaik

The Ambedkarite Social Cafe: A Scalable Model for Community-Led Mental Health Care

Presented by: Anjali Rai

The Shor Poetry Collective: Creative Expression for Mental Health and Social Justice

Presented by: Akash, Shahbaan, Preeti and Rahim

Art as a Counternarrative: Exploring the Role of a Grassroots Arts Collective in Mental Health Justice

Presented by: Zeba R. Kokan and Nandini Kochar



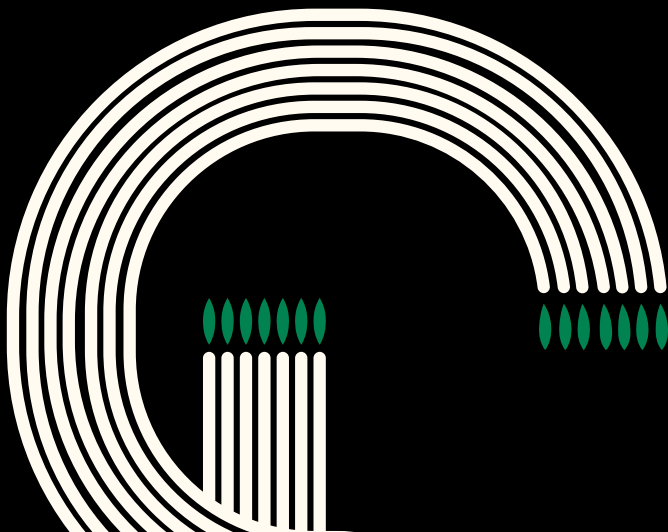


DAY 2

8. CLOSING PLENARY

FACING WHAT NEEDS TO CHANGE: FUTURE DIRECTIONS

Speaker: Aparna Joshi



1. Brahminical hierarchical system exists in the mental health service delivery where the psychiatrist sits on the top, then it's the clinical psychologist, and at the lowest level are the community workers. She asked if one can think of another system where the community worker would be at the top, as they are the ones who truly understand the community and work with them the most.
2. Need for expanding alternative methods to seeking mental health care apart from psychotherapeutic services provided at clinics/ offices.

3. It's important to listen and build up where centring voices from the margin lived experiences and working alongside the community is given priority, rather than engaging in a top-down heavy approach.
4. In research, we need to recognise that communities have the wisdom and the knowledge. We could be co-travellers with them instead of having a top-down attitude.
5. Psychological solutions will not work alone when working with marginalised communities. There is a fragmentation between health and mental health services and social protection, or social justice/social welfare services. Mental health is a developmental issue and not just an individual issue.
6. Whilst talking about one's mental health, speaking to the person about their ration card, employment, rights, safety, and protection against violence, and when speaking about violence or other development programs, becomes necessary. This becomes the only sustainable strategy for a country like ours, where one expands mental health, and it reaches people where they are, without them rushing to clinics.
7. Therapy is only one way of healing. Healing happens in multiple ways, including traditional healing.
8. If one were engaged in advocacy under the influence of social justice and the perspective of marginalisation, what would one be doing differently?
 - Explore therapy as a space for identity politics
 - Advocating for the rights of individuals, for e.g., using existing policies to influence employment.
 - Working with families and advocating for clients' rights.
 - A therapist participating in social justice movements and advocacy.
 - Engaging in community-led advocacy.
 - Influencing policies, teaching, education, practice, and ethics.
 - Documenting ethical practices and processes.
 - It's not only about hearing about people from the margins but also from people who are working with people from the margins, about how they are carrying out the work, which is a counter-narrative as well.

9. The need to unlearn and re-educate practitioners/ researchers to the alternate counternarrative discourse at the beginning itself.

- Integration of social justice perspectives, diverse cultural and social contexts about systemic oppression, and its impact on mental health
- People are striving to bring a change in language. How does the practitioner integrate it into their work?
- Not just theorising in the head but putting it onto paper. How do you integrate the agenda of social justice into every psychology paper is equally important including research, which is supposed to be objective.
- This re-education should also generate opportunities for self-reflection and critical analysis.

10. While one is creating counter-narratives, there is a danger of essentialising those marginalisations and counter-narratives. The new normal of queer, the new normal of migration then gets essentialised. Everyone then has to fit into that identity; only then does one get legitimacy, and then one gets services.

11. This is where feminism and critical psychology lie- one builds, dismantles, challenges, and creates new voices. The voices need to keep coming, keep challenging, and keep expanding and not shrinking or essentializing.

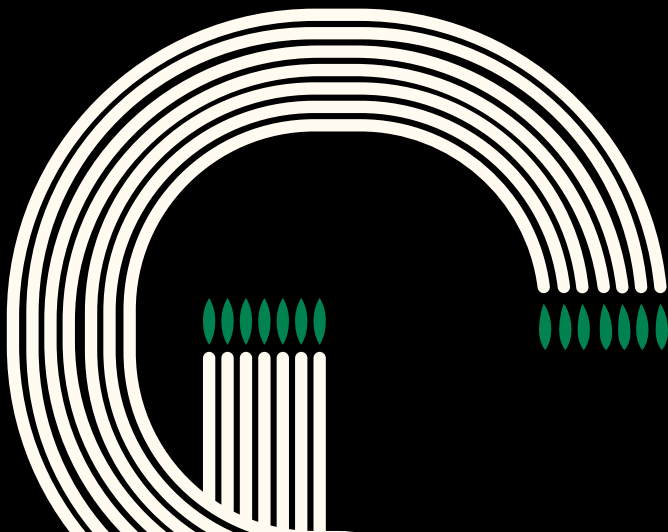


Watch the full video [here](#)



DAY 2

9. CLOSING CEREMONY



Closing Statements:

Pooja Nair, the host of the conference, shared:

1. Our closing plenary speaker gave a word of caution not to essentialize counter narratives and create other structures of power only to replace what exists.
2. The task of creating counter-narratives is one of great responsibility.
3. When we care enough to critique, we may have to stay long enough to talk about action. As only critiquing can be a space of ease if there is no call for action.

4. Conversations across the two days have raised possibilities for cross-movement solidarity.
5. The two days have shown that if one wants to do advocacy and activism within mental health, there is no way we can isolate or cocoon ourselves in only mental health conversations. We need to open our worlds to create solidarity with other movements.
6. Multiple factors, structures impact our mental health.
7. Our opening plenary speaker spoke of the 'kadvi dawaa' [bitter medicine] that creates discomfort within us, and one needs to question structures and question ourselves. This is important as the problem is dangerous, with the structures and violence being so pervasive. Dr. Ambedkar called inequality a sickness.
8. To stay with the discomfort opens up a space that generates newer possibilities.
9. Counter narratives cannot come out of thin air or shallow critiques but are generated from discomfort and rage.
10. One is trained to hate certain kinds of identities; no one has been taught to love. Love is dangerous, as it could mean freedom, which is antithetical to the status quo. Possibilities of counter narratives and care will emerge from a place of love for freedom for the self and others.



Vote of Thanks

Sujay Bhandary reiterated the importance of the collaborative effort engaged in by teams from MHI and HSNC University to bring the two-day conference together and achieve its goal of countering the dominant narrative of mental health and wellbeing should be. Sujay thanked the organising committee, faculty at HSNC University and KC College, team members of MHI. He extended a collective thank you to student volunteers and teams on the ground providing services and logistical support to make the event a success- the catering team, translation services, sanitation team, decorators team, and technical support team. The vote of thanks ended with thanking the audience for their active engagement with the conference proceedings over two days.





mariwala
health
initiative

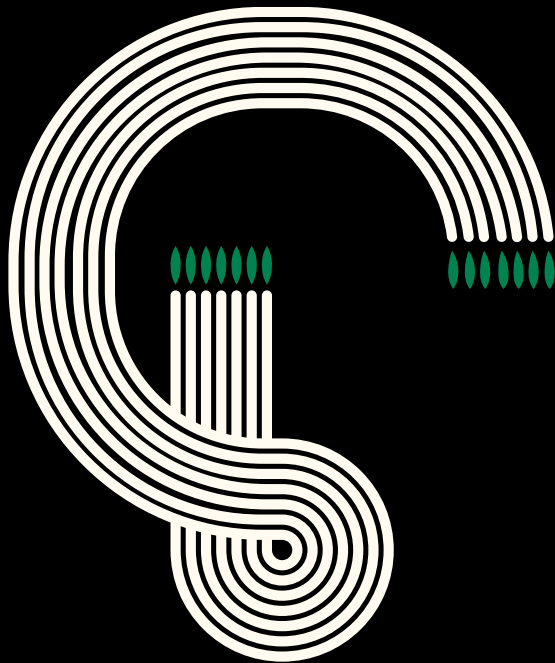


COUNTER-NARRATIVES

the MHI conference



It's a wrap!!!



 mhi.org.in

 Grand Palladium, 8th Floor,
175, CST Road, Kalina, Santa Cruz (E)
Mumbai, Maharashtra 400098

 contact@mariwalahealthinitiative.org

 Mariwala Health Initiative

 @Mariwala Health Initiative

 @mariwalahealth

 @mariwalahealth