Integrated Community Care for the Needs of Vulnerable People with Severe Mental Disorders

The INCENSE Programme

INCENSE Grant Completion Report

July 2015 - September 2017

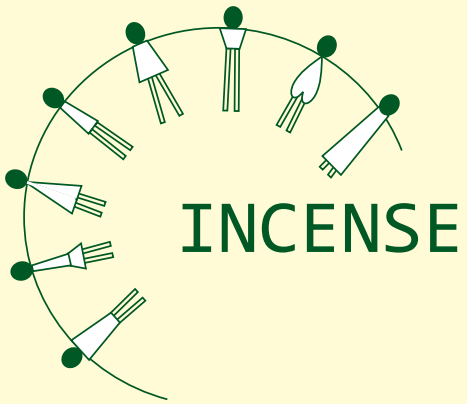
Supported by

TATA TRUSTS

SIR DORABJI TATA TRUST • SIR RATAN TATA TRUST • JAMSETJI TATA TRUST • N.R. TATA TRUST • J.R.D. TATA TRUST

Integrated Community Care for the Needs of Vulnerable People with Severe Mental Disorders

The INCENSE Programme



INCENSE
Grant Completion Report
July 2015 - September 2017

Supported by

TATA TRUSTS

SIR DORABJI TATA TRUST • SIR RATAN TATA TRUST • JAMSETJI TATA TRUST • N.R. TATA TRUST • J.R.D. TATA TRUST

Index

Introduction

The initial phase of the INCENSE programme was from March 2011 until June 2015. The programme received an extension from the Tata Trusts from July 2015 and it ended in September 2017. This report focuses on the work carried out over this period and should be read in conjunction with the initial grant completion report for the INCENSE programme.

Over this period we have continued to build on and extend the work done through the initial period of the INCENSE programme. At Pune, work was expanded at the Devrai ward and in the community, whereas at Tezpur work was continued in the community settings while extensive collaborations and linkages were established to expand the work on the livelihood programme. This report describes the work undertaken and its main findings. We start by describing the work in the community at both sites, then describe the work done at Devrai long stay facility at Pune, then the outcomes of the work done with homeless mentally ill persons and lastly we discuss the livelihood and employment related interventions.

Introduction

One of the important objectives of INCENSE programme was the development of integrated services across the hospital and community settings for vulnerable persons with SMDs. Community based services were developed to support persons with SMDs in their own homes. It focused on enhancing the quality of life for people with SMDs and their families; meeting basic needs; ensuring financial inclusion and social participation. These community based services were provided at both Pune and Tezpur. While in Tezpur catchment area based services were feasible, in Pune community services were provided to patients with SMD referred by psychiatrists, through medical colleges, community based organisations or through self-referrals.

Community Based Rehabilitation (CBR) Services at Tezpur

Screening and recruitment

A door to door survey was undertaken by the INCENSE team members at five gram panchayats to identify persons with SMD. The screening instrument (Indian Psychiatric Survey Schedule- IPSS) was used to screen identified persons. The identified patients were then referred to LGB Regional Institute of Mental Health for confirmation of the diagnosis. After confirmation of diagnosis of SMD, patients were asked for their consent. Such consenting patients were recruited for CBR services. Some patients were also recruited through direct referrals to the INCENSE programme. A total of 69 persons with SMD were recruited for CBR services at Tezpur.

Community Based Interventions

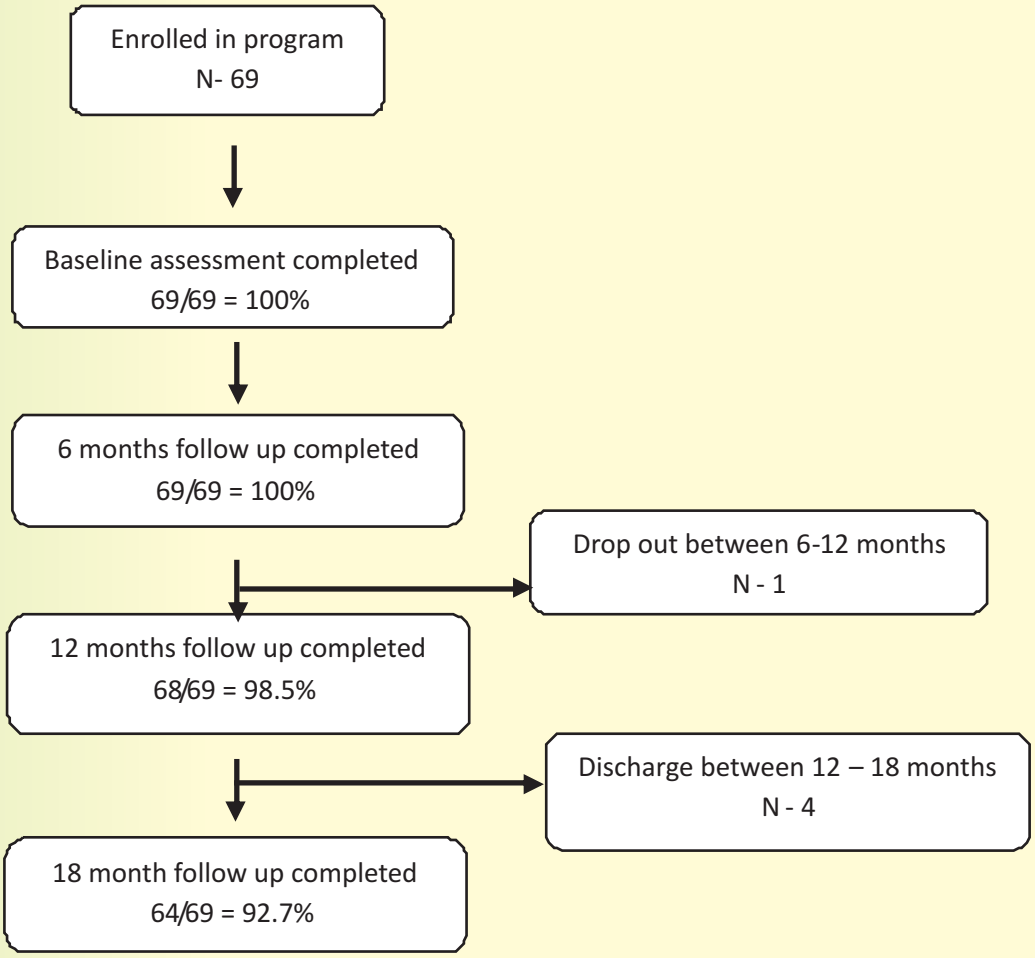
Through the INCENSE programme needs based psychosocial services were provided through mainly home based care. This involved an initial assessment of the person's needs and a development of a collaborative care plan. Interventions included structured psychosocial interventions such as psychoeducation, symptom management, adherence management, relapse prevention, daily living and self-care skills, employment and livelihood related skills, social skills, working with family stress, etc. These interventions were tailored according to the unmet needs of the patient. Sessions were delivered by the Recovery Support Workers (RSWs) and Peer and Family Supported Workers. Their work was supervised by the Intervention Facilitators and the Team Leader. Structured assessments such as needs assessment, Euro-QOL, Social and Occupational functioning and IDEAS were undertaken at baseline and every 6 months until discharge from the programme. Livelihood related interventions

Structured livelihood based interventions were offered to patients enrolled for CBR services. Livelihood services were one of the major components of CBR intervention. Although at baseline there were very few patients who were engaged in livelihood activities by the end of the programme, patients engaged in livelihood activities and employment had gone up significantly. Community Engagement / Mobilization A systematic process of community mobilization was followed to engage the community in the INCENSE programme. In order to do this a number of awareness programmes were conducted in target areas in the community. Through such awareness programmes several patients with SMD were identified. They were then referred to LGBRIMH for diagnosis and medical treatment and CBR services were provided to them.

Various methods of community engagement were used such as training ASHA workers to identify and screen patients with SMD, street plays to increase awareness, group sessions to enable information sharing, poster presentation to create awareness, etc. Awareness programmes were conducted in almost all villages in the catchment area. Participation by patients of the INCENSE

programme was actively encouraged after imparting appropriate training to them in doing street plays. This was very effective and helped the participants to gain confidence and to deal with the fear of stigma and discrimination.

Intervention Flow Chart at Tezpur



Outcomes at Tezpur

The main outcomes of the CBR services are seen through improved engagement with treatment and concordance with medications, improved outcomes in terms of symptom control, quality of life, social and occupational functioning, reduction in relapse rate, has helped many to gain employment and citizenship rights.

Community Based Rehabilitation Services (CBR) at Pune

Screening and recruitment

At Pune, persons with SMDs were referred by private psychiatrists, through government as well as private psychiatric hospitals and outpatient clinics. An initial assessment was conducted to screen for diagnosis of SMD and all eligible consenting patients were enrolled in the programme after written informed consent. A total of 91 patients were enrolled into the programme after screening for eligibility and suitability.

Community Based Interventions

Once patient was enrolled into the programme, a systematic attempt was made to understand their current overall circumstances across various domains such as socio-economic status, social and occupational functioning (Social and Occupational Functioning Scale), quality of life (Euro-QOL scale), needs assessment and disability (Indian Disability Evaluation and Assessment Scale). This information laid the foundation for developing a collaborative individual care plan. These assessments were done at baseline and then at 6 monthly intervals until discharge from the programme.

Through the INCENSE programme needs based psychosocial services were

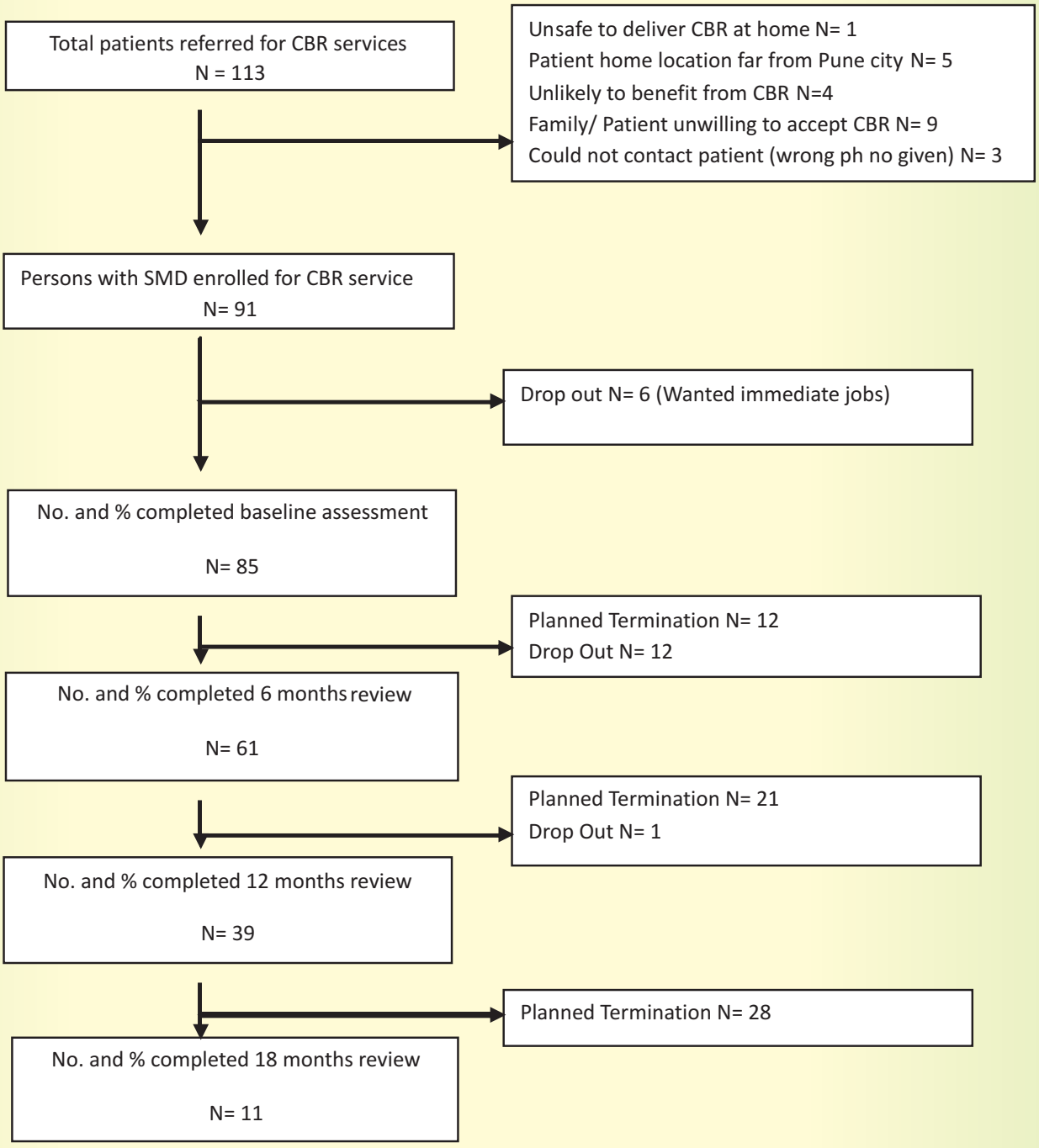
provided through mainly home based care. Interventions included structured psychosocial interventions such as psychoeducation, symptom management, adherence management, relapse prevention, daily living and self-care skills, employment and livelihood related skills, social skills, working with family stress, etc. These interventions were tailored according to the unmet needs of the patient. Sessions were delivered by the Recovery Support Workers (RSWs) and Peer and Family Supported Workers. Their work was supervised by the Intervention Facilitators and the Team Leader.

Livelihood and employment related interventions

Along with psychosocial treatments, specific interventions related to livelihood and employment were provided to patients enrolled for CBR at Pune. These interventions were broadly of three types, firstly collective/ group employment, secondly restoring previous work options and lastly individual job placements. These interventions are detailed in the livelihood section of this report. Through these interventions a significant proportion of patients receiving CBR services managed to engage in some form of employment or livelihood activity at least for a period of time during the intervention.

INCENSE

Intervention Flow Chart at Pune



Outcomes at Pune

The need for community based services is huge. The programme was very well received and appreciated by persons with severe mental disorders as well as by their care givers. Care givers expressed the need to have support group, weekly / monthly meetings, individual sessions, etc. even after the programme. This need shaped the Manasrang intervention and an informal group of persons with SMDs and carers was formed. All patients and their families were given adequate notice of the programme coming to an end and all patients were discharged in a planned manner. If referred by a psychiatrist or a hospital, then a full summary of the intervention provided and their current situation was given to the treating psychiatrist. Many patients and their families continue to attend the weekly Manasrang group and receive support from peers and their families.

INCENSE

Devrai – Long Stay Facility at Regional Mental Hospital, Pune

Introduction

INCENSE programme was a collaborative partnership between the Regional Mental Hospital,Yerawada (RMHY) at Pune and Parivartan Trust to systematically address the needs ofvulnerable persons with Severe Mental Disorders (SMD) in order to promote their recovery,social inclusion and human rights through a multi sectoral approach.

Aim of this collaboration

This collaboration was intended to facilitate the recovery of persons with SMDthrough the delivery of various psychosocial interventions to bring about change in their level of functioning in domains like personal care, daily chores,

acquisition of specific skills enabling them to gain employment and participation in collective work options that are compensated fairly with a view to improving their overall quality of life and enabling them to eventually move into community settings.

'Devrai facility' was developed inside Regional Mental Hospital, Yerawada (RMHY) at Pune to enable the creation of model facility for supporting long stay persons with SMD in their pathway towards improved quality of life and supported community living.

Intervention

INCENSE team identified abandoned structures inside the mental hospital and renovated it to develop a well-structured, clean and fit for purpose ward for long stay patients. Patients who had stayed in the mental hospital for more than a year were identified and selected on the basis of their diagnosis, symptom control, motivation to engage in skills building and work. Suitable patients received individual and group based psycho-social interventions focused on improving personal care, social skills, work related skills building as well as a range of recreational and work options. These interventions were provided by trained Recovery Support Workers (RSWs) who received supervision from Intervention Facilitators (IFs) from the INCENSE team. Baseline and six monthly assessments were done to assess their needs and corresponding collaborative care plans were developed to meet these. Along with needs assessment, structured assessments were undertaken to assess their social and occupational functioning and quality of life. Along with psychosocial interventions, INCENSE programme aimed at enabling a holistic recovery, one that enabled patients to access basic citizenship rights and facilitated financial inclusion. To this end, we worked with the hospital authorities and relevant stakeholders in the community to enable patients to obtain Aadhaar cards (as basic proof of identity) and to open basic bank accounts (to enable access to financial instruments and benefits such as insurance, disability allowance, etc.). As mentioned before a range of collective work options were offered to the patients at Devrai such as paper bag making, paper plate/ cup making, tea vending machine, making decorative items, etc. Money earned

through these activities was paid into patients bank accounts where possible according to the amount of work they had put in.

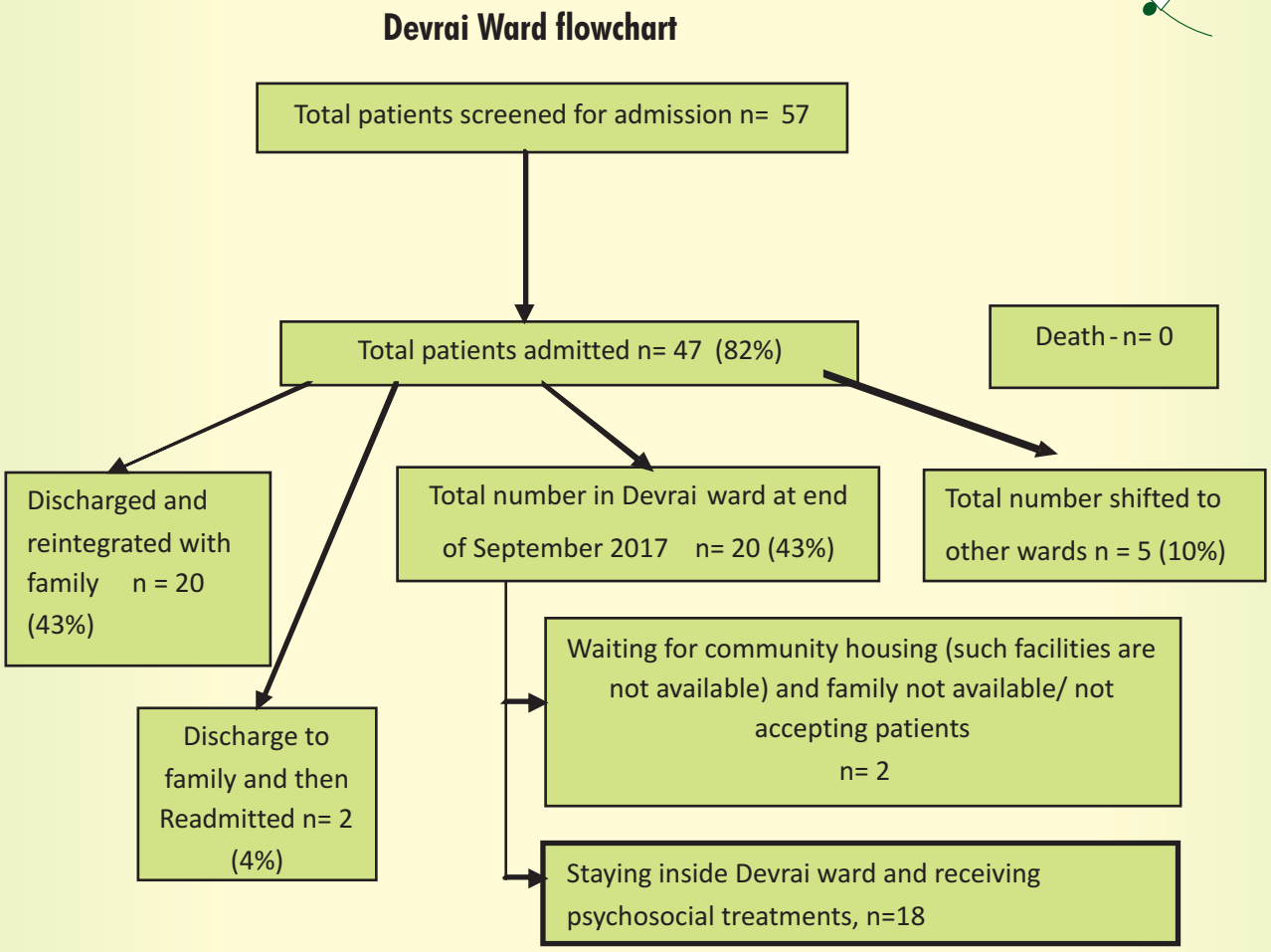
Outcomes

Improvements were seen in unmet needs of patients as well as social and occupational functioning and quality of life. Improvements were noted mainly in the domains of symptom awareness and management, self-care, social skills and relationships, emotional regulation, engagement in meaningful activities, money management skills, participation in religious activities and recreation. Some specific examples of improvements seen are given here. Significant improvement was seen in the overall physical health condition e.g.underweight patients gained weight; there was reduction in tobacco use of some patients. Patients started taking their own medicines under supervision when pill boxes were introduced. Self-care improved significantly with introduction of personal kits that included hair combs, hair oil, table mirror, hand towels, tailor made uniforms, etc. It wasobserved that there was substantial improvement in group activities, exercise, livelihood activities and leisure activities.

Out of 47patients admitted to Devrai over three years, 20 (43%) persons were successfully reintegrated back with their family. Following discharge from hospital, the INCENSE team kept active follow up through home visits or through phone calls (when patients were not residing in Pune city), thus ensuring that ongoing care and support was provided not only to patients but also their families. This community support helped prevent large number of readmissions. Only two patients had to be readmitted to hospital following discharge from Devrai ward. There were no deaths reported. At the end of September 2017, Devrai ward housed 20 patients, two of whom were in hospital for lack of community housing options and the rest were receiving psychosocial treatments. INCENSE team kept follow up of these patients either through regular home visits or phonecalls (when patients were residing out of Pune).

The interventions related to enabling access to citizenship rights and financial inclusion yielded significant outcomes. Out of a total of 47patients, 13 (28%)

received Aadhaar cards and 21 (47%) now have bank accounts. Collective work option related interventions enabled a majority (n=24, 51%) of 47 patients to work at some point during the three years of INCENSE programme's intervention.



Over the last three months of INCENCE Programme, a handover of ward related activities was done to the Occupational Therapy Team at RMHY. We worked with the ward staff to give them a handover of each patient which included their current needs and current individual psychosocial treatment plan. We encouraged the hospital staff to take over the running of various ward based patient activity groups including collective work options.

We informed patients in advance about INCENSE programme at Devrai coming to an end and allowed time for debriefing for each patient.

Work with Homeless Persons with Severe Mental Illness (HLPWMI)

Introduction

One of the key objectives of INCENSE programme was the development of integrated services across the hospital (Regional Mental Hospital, Yerawada- RMHY) and the community for vulnerable persons with SMDs. This was aimed to ensure that those who needed hospital based services (HLPWMI) got access to such services (addressing the entry barrier into hospital) and those inside hospital who were clinically stable had access to appropriate exit options from hospital (addressing the exit barrier) into the community such as facilitated reintegration into their families or supported community homes. This part of the report will focus on the work done with HLPWMI at Pune and Tezpur.

Interventions for HLPWMI at Pune

The situation analysis clearly revealed that there was no established system of working with homeless persons with SMDs. Although HLPWMI were the most marginalised section of our society, in the absence of an established and functional pathway they had very limited access to appropriate care and treatment. They faced multiple systemic barriers such as lack of rescue from the streets and inability to seek admission for treatment by themselves. Similarly, people currently in hospital but who were previously HLPWMI and whose illness had now become stable, faced difficulties in exiting the hospital even though theirfamily address was traced.

Through the INCENSE programme we worked with two different cohorts of HLPWMI.

1. Those who were currently homeless and were on streets
2. Those who were homeless in the past but currently in hospital and whose illness was now stable.

For those who were on the streets we delivered an intervention which ranged

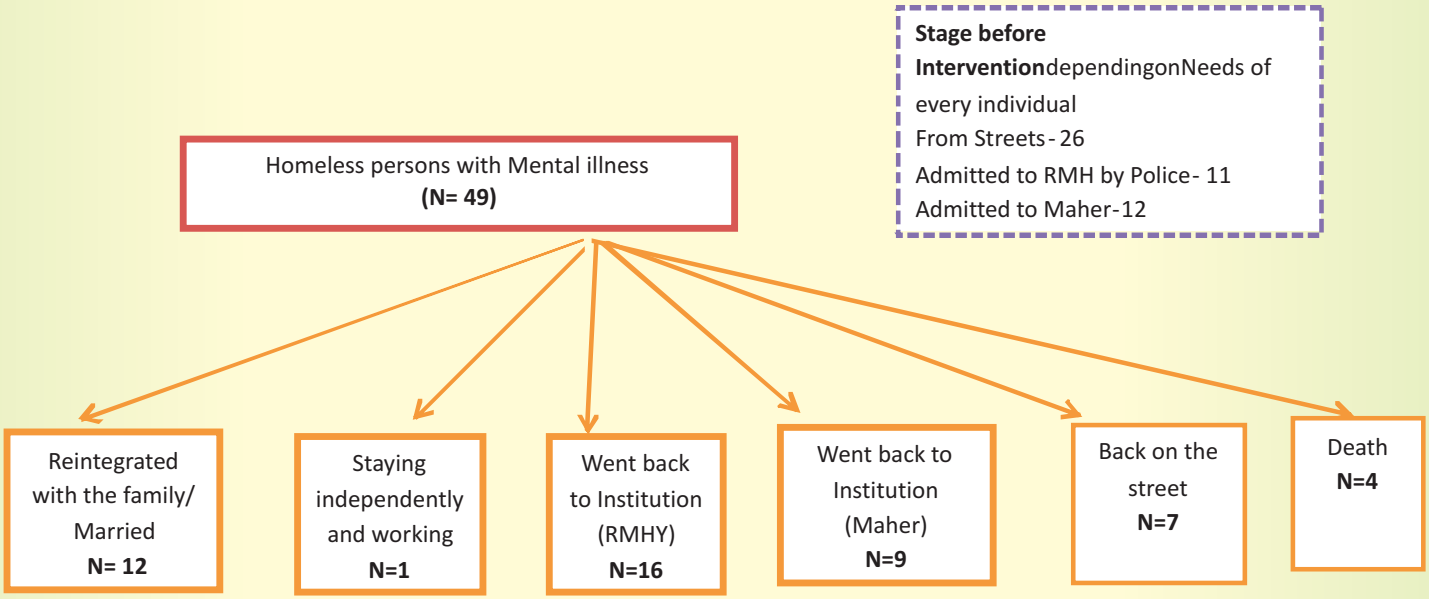
from engagement, providing for their basic needs like food and clothing, working with their families when they were traced, working with the mental hospital, police and the judicial systems (when families could not be traced) to enable hospital admission and treatment through the legal framework.

For those inside hospital and whose illness was now stable, we developed an exit pathway in the form of a transit facility in collaboration with 'Maher' ashram and a supported community home for women called Unnati Niwas to promote independent living. Outcomes at Pune

Out of 49 HLPWMI, 15 (31%) were reintegrated with families or staying independently in the community, out which 11 are still staying with families or in the community. More HLPWMI who were from the streets at the time of entry into the programme got reintegrated with family, compared to the other "institutionalised" cohort. This suggests that, a significant proportion of HLPWMI can be relocated back home with their families. At the same time there is a proportion of HLPWMI who will require long term residential support. Supported Community Homes such as 'Unnati Niwas' can address the need for community housing options for such persons.

INCENSE

Flowchart showing outcomes for HLPWMI at Pune



Interventions for HLPWMI at Tezpur

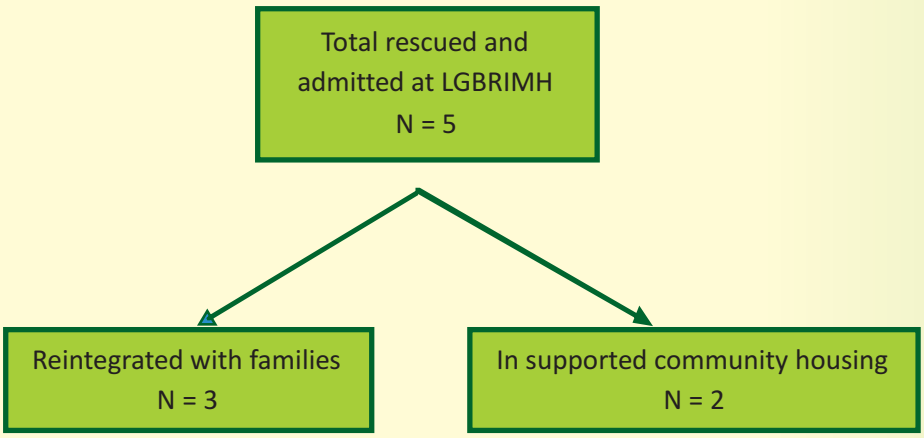
Summary of work done before July 2015

INCENSE programme at Tezpur was in collaboration with LGBRIMH Tezpur. In phase I of the programme, 11 HLPWMI were rescued from the streets and admitted to LGBRIMH for their psychiatric treatment. Following successful treatment, we attempted to locate their addresses and reintegrate them back with their families. Those persons, whose families could not be traced, were shifted to organizations which look after persons with mental illness. We have continued providing care to nine HLPWMI living with their families either through home visits or by telephone when home visits were not feasible. Those patients placed in other organizations are visited once every two months to monitor their mental health.

Interventions at Tezpur

In the second phase of the program (July 2015- September 2017), we rescued five HLPWMI from the streets. We limited our intervention to only five patients because there was lack of options for rehabilitation in the community. Existing organizations in the community that look after HLPWMI had no capacity for more patients due to the lack of exit options from these organisations. These five HLPWMI were provided interventions along with other HLPWMI from the first phase of the INCENSE programme. Along with the first phase participants, we provided interventionsto these five persons from July 2015 until September 2017. Psychosocial interventions were provided either in their homes or at organisations where they were placed. One HLPWMI who lives nearby was provided psychosocial interventions through regular home visits. One person who lives in another other block is offered monthly home visits. Another person living in a different district is offered visits once every four months. Whenever they visit LGBRIMH for a follow up at the outpatient clinic, we invited them to visit the INCENSE office where we deliver psychosocial interventions to the patient as well as their accompanying family member. Two persons residing at a supported community home are offered bi-monthly visits.

Flowchart showing outcomes for HLPWMI at Tezpur



Outcomes

Of the fiveHLPWMI, three have been reintegrated with their families and two are residing at a supported community home. Improvements were seen in all of them and many of their needs have been met over time. Three participants are very active and independent. One participant is employed at the tea estate and now she has recently become a permanent employee. In the future, Atmikha team members will continue to provide support as necessary over the phone or through home visits when necessary.

Livelihood related Interventions

Introduction

Having a job or being involved in livelihood activities is highly correlated with social status, quality of life and self-esteem. It provides a vital link between the individual and society and enables people to contribute to society and achieve personal fulfilment. Therefore, one of the important aims of the INCENSE programme was to provide various livelihood related interventions to optimise chances of successful employment or restoration of previous work.

Livelihood Interventions at Pune

As a part of the INCENSE programme at Pune, we worked in collaboration with Regional Mental Hospital, Yerawada and through the CBR services, with community based persons with SMDs, to provide livelihood interventions. The INCENSE livelihood intervention aimed to support patients to develop or regain skills that would help in obtaining a job such as ability to maintain personal hygiene, social skills, illness management, time keeping, assertiveness, ability to use public transport, ability to manage basic financial transactions, etc. Once adequate levels of recovery was achieved, the programme supported patients to either, get and sustain individual jobs that were best suited to their expectations and skills, or enabled access to various collective work options (when individual job placement was not possible) that took into account their previous experience, skills and strengths. Specific interventions were delivered to promote social and financial inclusion. For example we supported patients to obtain Aadhaar cards and to open bank accounts.

Depending on the readiness for work, three work options were possible. These are described below.

Collective or group employment

This was mainly explored for the institutionalised long stay patients at RMHY, Pune and for patients at the supported community home for women, 'Unnati Niwas'. This type of intervention saw the patients forming a production line to complete a given product. It was the responsibility of the livelihood coordinator to market, sell the product and distribute the earnings according to the amount of work each participant had done. It was very important to maintain quality of products at par with the market requirements.While such an intervention saw problems like inconsistencies in product quality, we attempted to overcome these by providing training, working closely with patients to improve quality of products and by improving the work environment such as comfortable work areas which were well lit and airy, work desks, comfortable seating, etc. Collective employment proved to be a good initial step for preparing patients for individual job placements as it helped inculcate a work habit in patients and also helped in skills development.

Restoring previous work

This was explored for patients who had previously held jobs but lost these due to the onset of their illness. For this, the main intervention provided was social skills

training. The willingness of the patient to work was assessed and they were given training in good communication, listening, anger and stress management at work by the INCENSE team. The employers, too, were made aware of the individual's circumstances, the nature of the illness and how it affects people suffering from it. Individual job placement This was available for individuals in Pune from the community cohort. This included individuals who were previously homeless and also those previously institutionalised in hospital. The individual with SMD was assessed to understand their work background, current skills, preferences and readiness/ willingness to undertake the necessary tasks for holding a job such as appropriate grooming, ability to travel independently, handling money, interpersonal skills and so on. When the job and requirements of the individual were reasonably matched, there was an attempt made to further breakdown the skills involved in doing the job into manageable chunks and to modify them when possible as per the needs of the person. After this preparatory work, the placement occurred in a graded manner with the continued support and supervision of the INCENSE team. Regular support was also provided for the employers. Any emerging problems at work were dealt with quickly and with the support of the employers.

Problems faced

Three main problems faced were

1. *The patient asked for a specific salary or a job in a specific location or wanted a specific number of leaves.* In such cases, the coordinator spoke to them, in the presence of their counsellors, about how the job opportunity would benefit them in the long run. They were asked to start with the job that is currently available and then look for another suitable job when one became available later.

2. *Some patients wanted to quit their jobs for various reasons just after they started working.* For this, the coordinator, with the help of the counsellor, spoke to the individual and tried to understand the reason they want to quit

their job. They were helped with solutions for the same. The counsellor also needed to understand if the patient lacked motivation to work. In such cases, the intervention was planned in a different manner. If any problems faced by the individual could be addressed by modifying their work environment or work role, this was done by collaborating with the employers whenever possible.

3. *In some cases, some of the employers were skeptical about hiring patients with mental disorders.* We work closely with them to help them understand the illness, its impact on the individual and that with effective treatment their illness can be brought under control. Once the illness is manageable, with specific psychosocial interventions their skills can be developed thus allowing them to work as any other individual while in some cases some modifications may be necessary. We emphasised to the employers the role of work in the patient's recovery. If the employer still refused, we did not pursue with them further.

Livelihood Interventions at Tezpur

Background In Tezpur from our earlier work we have seen that most of the patients were engaged in unskilled daily wage labour. The reasons for this are low education profile and limited employment opportunities considering Tezpur is a small town. Despite this a significant number of persons could engage in some form of work. In the second phase of the intervention we recruited a total of 69 patients for the CBR intervention. Out of these 69 we considered 66 individuals for the livelihood interventions. There were 13 persons who were working before the intervention, but had to stop or lost their jobs due to their illness. Seven of these were engaged in unskilled work especially as daily wage labour, four were involved in skilled work and two were self-employed.

Livelihood Intervention

At the baseline, the unmet need for employment or livelihood was almost universal. We delivered interventions related to livelihood to everyone who had an

unmet need for employment or livelihood.

Livelihood intervention for working people

For the 13 persons who were already involved in job, we did a baseline assessment to identify their needs. This showed significant difficulties in adjusting to their work requirements. A work plan was developed to address their unmet needs. Most commonly required interventions were psychoeducation, adherence management, social skills training, making changes to their jobs in collaboration with their employers, etc. With this we could help them to sustain their existing job and only one dropped out from their job out of the thirteen.

Livelihood intervention for persons motivated to find work

Patients looking for work could be categorised into two groups. In one group there were patients who had prior work experience and skills and in the other group patients did not have any previous work experience or any specific job related skills. While it was relatively easier to work with the former group, we provided more training and supervision to the latter group. We delivered interventions to support them to regain (or develop) their skills by providing training. We used resources such as Skill India and tailoring unit to help patients regain their skills. We also worked closely with families as they were in the best position to support and motivate their family member to work.

Farming Trainings provided

As the most of the families belong to a rural background we provided farming training in collaboration with APPL foundation.

1. Black pepper cultivation:

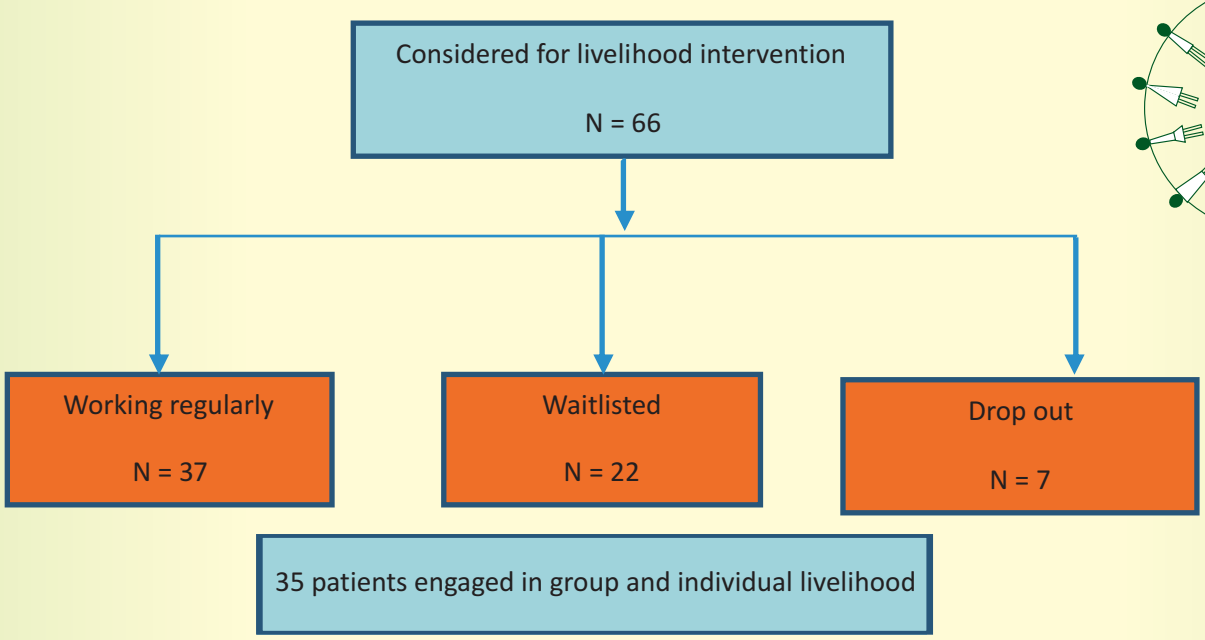
Black pepper cultivation is low cost, takes minimal effort and also consumes less space because it can be cultivated mostly on betel nut plants. We observed that in almost every household there are betel nut plants. The APPL foundation agreed to provide training at Tezpur for our participants on cultivation of black pepper. One day training was organised that covered a theoretical session and a practical session

on the field. Further training wasprovided by the team members in small groups to other interested participants. These trainings helped to gain useful knowledge about this subject, answer any questions participants had and to adopt the correct farming practices.

2. Fishery

In Assam, in almost every household there is a pond. Many families are engaged in growing fish in these ponds. Most of this is for self-consumption and very few families do this as a business. Again in collaboration with the APPL Foundation we organised training to see how this activity can be made into a small business unit.

Livelihood Flow chart at Tezpur



Dissemination

A joint convention held by WHO and World Bank was selected INCENSE work related to employment for a presentation at the Washington DC summit held in April 2016. At Washington DC, INCENSE s work on employment and financial inclusion for highly vulnerable people with severe mental disorders was presented by INCENSE team. WHO had invited INCENSE programmet o participate in the session named 'Innovative approaches for reducing mortality and morbidity in patients with severe mental health problems' in the meeting held in October 2017.

Also a dissemination meeting was held in Pune on 12th Sept 2016. The main theme of the dissemination was to take stock of what has happened with a view to look towards the question of what happens next. The distinguished panel of experts from within and outside of the country provided their inputs on the program

Along with the above, the programme findings have been disseminated widely within India through meetings with stakeholders as well as at various national conferences.

Conference	Panel discussion/ Poster
IConS 2014	Poster: EMPLOYMENT FOR PEOPLE WITH SCHIZOPHRENIA The INCENSE Programme Experience Panel discussion
ANCIPS 2014	Panel discussion
IConS 2016	Poster: Enabling access to basic citizenship rights and financial inclusion for persons with severe mental disorders
WASP 2016	Poster: Responding to the needs of homeless persons with severe mental disorders- poster

Scaling up the models of care developed through the INCENSE programme

INCENSE has been involved in proving training to the Tata Trusts team working with the Regional Mental Hospital at Nagpur. Comprehensive training was provided on various aspects of the work done through the INCENSE programme well as on the models of care developed through this work. We believe that this would help in scaling up the models of care developed though the programme for the long stay patients inside the hospital, homeless persons with mental illness, delivering community based services to patients and their families and with operationalising various livelihood and employment related interventions.

Conclusion

The INCENSE programme showed that it is feasible to implement effective interventions for vulnerable persons with SMDs across hospital and community settings as well as in highly urban and rural settings. The programme findings further show that such interventions are well accepted by the patients, their families as well as the wider communities in which they were delivered. It helped to meet the several unmet needs of this highly marginalised and vulnerable section of the society. The interventions improved the outcomes for the patients in several domains and enabled not only control of their illnesses but also holistic recovery through social and financial inclusion. Through the INCENSE programme we have been able to develop a blueprint of how mental health services could be delivered to the ones most in need using the available resources to a very heterogeneous group of people with differing needs. We hope that the learnings, successes and short comings of the INCENSE programme would be used to inform further development of models of community care in India and eventually such models would be brought to scale by the stakeholders.

Thrive programme is logical extension of the INCENSE programme. It is derived from the collective experiences, strengths and limitations of the employment and financial inclusion aspects of the INCENSE. In Thrive programme interventions will be delivered to more than 100 patients with the aim of generating employment and livelihood opportunities as well as social and financial inclusion.

Acknowledgements

INCENSE staff at Pune

Name of the Staff	Designation
Dr. Amit Nulkar	Lead Clinician
Mr. Sugat Dabholkar	Consultant
Ms. Neerja Choudhari	Consultant
Ms. Smita Naik	Consultant
Ms. Jai Adawadkar	Clinical Service co-ordinator
Ms. Shamika Bapat	Clinical Service co-ordinator
Ms. Urmila Kanade	Intervention facilitator
Ms. Pratibha Birajdar	Intervention facilitator
Ms. Geetanjali Jadhav	Intervention facilitator
Mr. AmbadasChavhan	Livelihood co-ordinator
Ms. Nikita Nair	Livelihood co-ordinator
Ms. Reshma Kachare	Livelihood co-ordinator
Ms. Deepali Suryavanshi	Recovery Support Worker
Mr. Deepak Patil	Recovery Support Worker
Ms. Rajul Shah	Recovery Support Worker
Ms. Sumita Badrige	Recovery Support Worker

INCENSE

INCENSE Staff at Tezpur

Name of the staff	Designation
Pratheesh Kumar KK	Lead program manager
Dilip Gaonkar	Clinical services coordinator
Stifa Lokhonary	Intervention coordinator
Runa Das	Financial management coordinator cum program accountant
Bhagaban Das	Recovery Support Worker
Bishnu Das	Recovery Support Worker
Biswajyoti Borah	Recovery Support Worker
Kishor Baruah	Recovery Support Worker
AlifaMahmoda	Peer and family supported worker
Bobita Barman	Peer and family supported worker
MajoniGowala	Peer and family supported worker
Rukshar Khatun	Peer and family supported worker
Sunita Kandulna	Peer and family supported worker
MoromiKeot	Peer livelihood training person
Rupali Sharma	Peer livelihood training person

Supported by

TATA TRUSTS

SIR DORABJI TATA TRUST • SIR RATAN TATA TRUST • JAMSETJI TATA TRUST • N.R. TATA TRUST • J.R.D. TATA TRUST