The healing power of solidarity

Anjali, India

Working at the intersection of feminist and disability rights activism

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'If you stay quiet, you stay invisible'

Mama Cash funds feminist groups and movements led by women, girls, trans people, and intersex people working to secure justice and freedom. Mama Cash's grantee-partners include groups working at the intersection of feminist and disability rights activism. This story is excerpted from a longer report on feminist disability rights activism called 'If you stay quiet, you stay invisible'. The full report presents the stories of eight activist groups working at the intersection of feminist and disability rights movements. The full report can be found on our website:

https://www.mamacash.org/en/disability-rights-report

Cover photo: Anjali builds evidence for advocacy by using activities like crafts sessions to support women in mental hospitals to tell their stories. Photo: Anjali.

In 1999, Ratnaboli Ray received a fellowship from Ashoka Innovators for the Public to support her pioneering work with women patients of a public mental hospital in Kolkata. At the hospital, Ratnaboli, a trained psychologist, was given a veranda where she would sit with the women, or do yoga or crafts with them. 'The activities were all vehicles to build trust and relationships, and to exchange stories – stories from home, stories from living in the institution, stories of violations, stories of violence,' she explains. 'I just listened and built my bank of insights.' After just one year, 26 women were able to leave the hospital and return home.

The government soon took notice of Ratnaboli's success and began supporting her programme. In 2001, she founded Anjali, named in honour of the first woman from the programme to return home. Anjali means 'offering' in Sanskrit, which also signifies the mutual offering between the organisation and the women involved in its programmes. 'I was very clear about what needed to change,' recalls Ratnaboli. 'It is the way mental health institutions look and feel. And I was very clear that I wanted to work with women.'

Dehumanising women patients

At the time, there was a stark difference in how men and women patients were treated inside the hospital. The male ward was more open and spacious, with more greenery. The women's ward was more constricted, with locks and grills on the doors and windows. Men received more food and better clothing. 'It pained me to see what the women were given to wear, just a nightie. It was so dehumanising and desexualising,' recalls Ratnaboli. 'They were not even given underpants or bras.'

The difference in treatment was also reflected in diagnoses. Some women had been given the diagnosis of insanity simply because their husbands wanted to be rid of them: 'At the time, insanity certificates could be bought for 5,000 rupees – about $50 (US dollars). Women would be incarcerated for life,' explains Ratnaboli. 'Every fragility shown by the women patients would be given a psychiatric label. If a woman cried a lot because she wanted to go home, she was labelled as schizoaffective or severely depressed. Women were treated like they couldn't do anything, they didn't know anything, they couldn't have an opinion.'

Stories as evidence

Anjali, which now has a staff of 42 that includes women who have or have had psychiatric or mental health diagnoses, has worked for twenty years to improve the situation for women living in public mental hospitals by building women's agency and supporting them in driving institutional reform. One key element of the group's decision-making model is regular consultations with women in public mental hospitals to ensure that the constituency is involved in shaping Anjali's activities and also in identifying key issues for advocacy and action

within the hospitals. Anjali's Voices programme, which grew out of the original story-telling group work in the first hospital, has expanded beyond Kolkata and reaches all mental health hospitals across the state of Bengal. 'Our most important achievement is that many women are now themselves mental health champions,' Ratnaboli says. 'Women themselves are championing de-institutionalisation and an end to forced incarceration. They are calling for affordable care and treatment within their community. They are demanding an end to discrimination, child marriage, and domestic violence. They are demanding warm, nutritious food, clean water, recreational activities, and livelihood opportunities within the institutions.'

Listening to and telling women's stories remains a cornerstone of the programme. Using women's stories as evidence to engage in persuasive dialogue with hospitals is one of Anjali's key strategies. In so doing, Anjali is challenging the notion that evidence must be empirical or quantitative or produced by professional experts. 'We are used to looking at evidence in one particular way,' explains Ratnaboli. 'But my feminist training enriched me and taught me the importance of looking at women as persons and capturing their stories. That is very important. Their stories are critical, powerful evidence.' Alongside of dialogue with hospitals, Anjali partners with media and journalists to bring public attention to women's stories. Although this

comes at the risk of antagonising the hospitals with which Anjali partners, the strategy has proved successful. In one case, media coverage helped expose and change the policy of two hospitals where women patients were kept naked.

Anjali works to create housing and livelihood opportunities for recovered patients, both women and men. When recovered women and men have nowhere else to live, the mental hospital serves as temporary housing. For years, Anjali has lobbied and advocated for an assisted living space to accommodate recovered patients as they transition to independent living. In just a few months, the government will open the first such space. Recovered patients will live in the assisted living space and travel independently to their jobs and to the hospital, for out-patient visits. 'This has been one of our major achievements,' says Ratnaboli. 'We were consulted at every stage and the infrastructure of the new living space is beautiful and thoughtful.'

Anjali has also helped develop livelihood initiatives for recovered patients, including a bakery, a tea shop, and a commercial laundry unit. The work enables women to gain a measure of economic autonomy: they receive a bank account, earn a fair wage, and can make their own purchases, mostly food. ('The food in the hospitals is appalling!' says Ratnaboli. 'Having the same food day in and day out is nauseating. This money gives them the freedom to buy their own food.')

Reframing mental health: from illness to wellness

Anjali also works at the community level, in partnership with municipal governments, to make mental health services more available and accessible. One of the intentions behind this programme, which is called *Janamanas* or 'the mind of the collective', is to shift the focus of the mental health discussion from illness to wellness. As part of this programme, some 350 women have participated in an intensive training programme on mental health, sexuality, gender, and human rights. Following graduation, the women implement diverse activities in their communities, from disseminating information to organising outreach camps to providing lay counselling. Services are open to the entire community, but it is the women who run the programme.

In contrast to Anjali's Voices programme, *Janamanas* does not focus on mental health patients or institutional mental health services. The programme aims to promote community-based wellness. 'We don't diagnose people, and we don't focus on people who already have a diagnosis,' explains Ratnaboli. 'We are trying to break the hegemony of the biomedical model, because there is also a social and human rights model of mental health. Both models can co-exist. So why privilege one model?'

Anjali also engages in research, advocacy, and campaigning. In 2017,

India's mental health advocates won a hard-won victory with the adoption of the landmark Mental Healthcare Act. The law, which Anjali supported, reflects a significant advancement in Indian society's understanding of mental health issues. Ratnaboli describes the shift: 'We have created an environment of disclosure, where people can say that they are suffering from a mental health condition. I think we have been able to get rid of some of the internalised shame of mental illness. People are waking up to the fact that discrimination has to end.' The evolution of the law's name echoes the change: it was first called the Lunacy Act, then the Mental Health Act, and finally the Mental Health Care Act, with the emphasis on care. The law refers to the agency and consent of people with a mental health condition, and prohibits their involuntary admission to a mental health institution. 'Of course we are still struggling to implement the law in its full spirit,' Ratnaboli acknowledges. 'But the law received the President's assent and that's very important. It was a milestone.'

Feminist movements address mental health

According to Ratnaboli, one of the biggest achievements of the Mental Health Care Act was the decriminalisation of suicide, which was a result of campaigning by feminist groups. Feminist groups focused attention on the fact that many women take their lives or engage in self-harm because of stressful conditions, domestic violence, and rape. 'In the

beginning, it was a challenge for feminist movements to see women with a mental health condition as a legitimate constituency. Reason and rationality were emphasised. But that has now changed,' explains Ratnaboli. 'Feminist movements now recognise mental health as an important intersection. Mental health groups that have a feminist perspective kept talking about the fact that it is OK to be vulnerable. It is OK to be incoherent. It is OK to be fragile. Let's take those things into consideration and extend solidarity, because solidarity and sisterhood are very powerful tools for healing.'

Anjali actively participates in feminist movements in India that are working intersectionally. The group engages in inter-movement dialogue and alliance-building, a strategy that it sees as extremely important. Through its work with CREA, an India-based global feminist organisation which has a long-standing programme on disability, sexuality, and rights, Anjali has learned to incorporate sexual and reproductive health and rights, and affirmative sexuality in its work. Anjali is slowly beginning to broach the subject of pleasure, self-pleasure, intimacy, and romance with women mental health patients. It has been and continues to be very difficult for Anjali to raise these issues with hospital authorities. 'They are still completely taboo,' Ratnaboli says. Raising the issues with the women, however, is a different story. Ratnaboli enthusiastically describes the experience of one such session: 'It was so much fun! The women were tickled to no end that they were asked questions about self- pleasuring. They also appreciated the safe space to talk about these feelings.'

Building cross-movement dialogue and engagement

Anjali is part of the Women with Disabilities India Network and the disability rights movement. But in Ratnaboli's experience, mental health remains a relatively low priority for the movement. Moreover, some parts of the disability rights movement insist on the complete rejection of the biomedical model and are calling for de-institutionalisation of mental health services. Anjali's vision is of a middle path. Ratnaboli explains: 'The future is community-based care, but institutions remain necessary. Women still lack shelters or safe spaces where they can escape to or rest. We still need institutions, but ones that are smaller in size and driven by a different set of values.'

Feminist funding organisations can play a valuable role by supporting inter-movement dialogue. According to Ratnaboli, there is a great need to bring together mental health, disability, and feminist movements and the trans community, for example. 'Movements are the only solid response to demolish mainstream thinking,' says Ratnaboli. For its part, Anjali has just completed a study on mental health issues among trans persons in West Bengal.

Funders can also amplify the stories of impact of their grantee-partners,

to show the concrete improvements they have on women's lives. Anjali has benefitted from the flexible, core grants of funders like Mama Cash and Oak Foundation, which have enabled the organisation to use its resources as they see fit. 'Feminist funders should talk amongst themselves. They should start a dialogue with others. They need to change the perspective of mainstream funders and encourage them to fund more flexibly.'

Anjali engages in one-to-one community interactions to raise mental health awareness and shift the focus of discussions from illness to wellness in the Janamanas programme. Photo: Anjali.

Acknowledgements

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