



Institute for
Psychological
Health

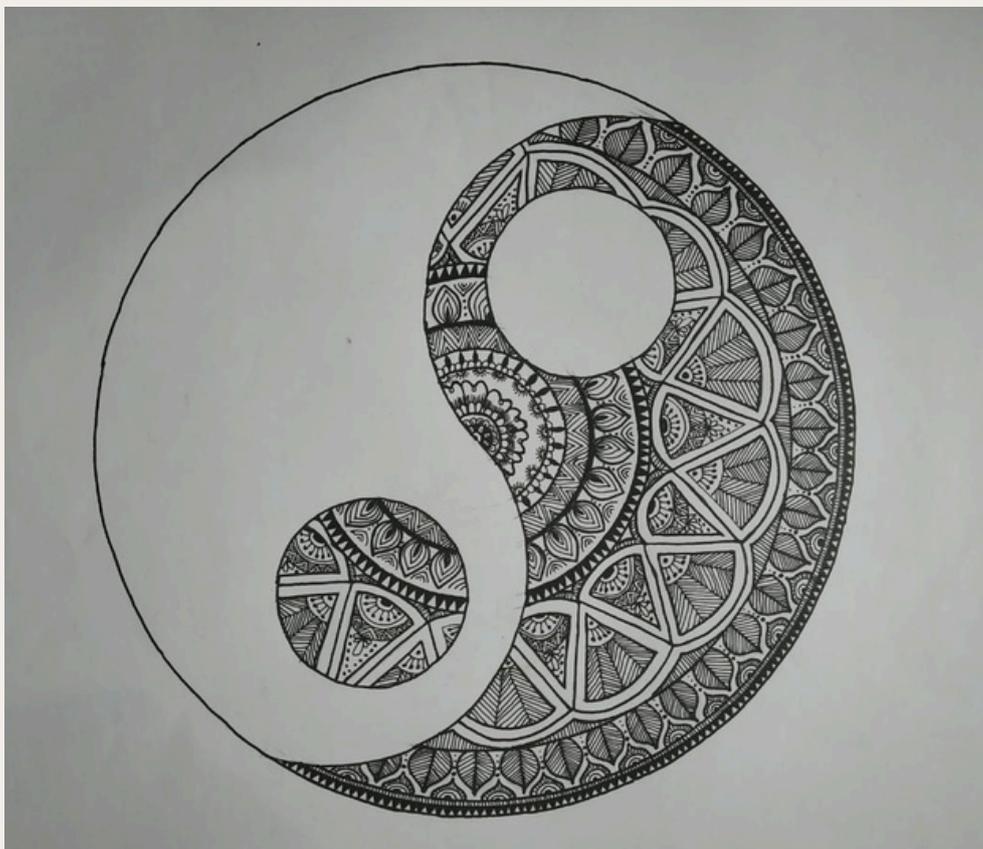
Mental health for all!

MANAS

ISSUE TWENTY SIX
10 TH OCTOBER 2025

INTERNATIONAL MENTAL HEALTH DAY SPECIAL

**ACCESS TO SERVICES –
MENTAL HEALTH IN
CATASTROPHES AND
EMERGENCIES**



Editorial

Access to mental health services during emergencies is one of the most urgent yet often forgotten needs in our society. When disasters like floods, pandemics, or conflicts strike, people not only lose homes and jobs but also experience deep emotional pain. Yet, mental health support is rarely treated as a priority during these difficult periods.

During emergencies, people face fear, loss, and uncertainty. Many suffer from anxiety, depression, or trauma, but these signs often go unnoticed. Our social attitude still tells people to “be strong”, “Be positive” or “move on.” However, mental health is as real as physical health. Ignoring it can make recovery slower and affect entire communities. In our society, where community can actually be a great support, emotionally distressed community would hamper the progress in general.

Unfortunately the mental health system already struggles to reach everyone even today. There are very few trained psychiatrists, psychologists, and counsellors, especially in rural areas. During crises, existing gaps widen. Urban populations may find online or private help, but in villages and relief camps, such support is missing.

It is interesting to see that The National Mental Health Programme and the Tele-MANAS helpline are positive steps, but they must reach people where they are—through local language counselling, community health workers, and mobile clinics. During emergencies, mental health care should be built into disaster response plans, not treated as an extra. Schools, NGOs, and local bodies can also help by spreading awareness, training volunteers in psychological first aid, and normalizing conversations about mental well-being. Just as we rush to provide food or shelter, we must also ensure emotional support.

Editorial

In this issue, we focus on some of the ongoing projects, activities which focus on building resilient communities. With this issue, we also focus on some first aids we can equip ourselves with as emotionally equipped community.

Mental health is the foundation for rebuilding lives after any crisis. Access to these services should not be a luxury—it is a basic right. Investing in counselling, helplines, and local mental health teams makes our disaster response stronger and more humane.



Mrunmayee Agnihotri
Ketaki Joshi
Editors

Hidden Wounds: Understanding Mental Health in Times of Crises

When a natural disaster strikes, a pandemic spreads, or conflict disrupts daily life, the damage we see is often physical and tangible—homes destroyed, lives lost, systems broken. But alongside these visible scars lie the hidden wounds: the emotional and psychological toll carried silently by survivors, families, and even the frontline workers.

The Psychological Impact of Catastrophes:

Emergencies shake the foundations of safety and predictability that keep us secure. In their wake, many people experience shock, fear, and helplessness. While these are natural human reactions, prolonged exposure to uncertainty and danger can lead to more complex mental health concerns.

- **Acute Stress Reactions:** Intense fear, difficulty sleeping, and hypervigilance are common in the days following a crisis.

- **Post-Traumatic Stress Disorder (PTSD):** Some individuals relive traumatic events through flashbacks or nightmares, struggle to feel safe, or avoid reminders of what happened.

- **Depression and Anxiety:** Feelings of hopelessness, guilt (“Why did I survive?”), or overwhelming worry about the future often surface in the weeks or months after a catastrophe.

These conditions are not signs of weakness—they are your mind’s attempts to process

Hidden Wounds: Understanding Mental Health in Times of Crises

Pandemics and Emergencies:

The recent pandemic reminded us that crises are not only external or sudden. Long, drawn-out disruptions such as health scares, prolonged caregiving responsibilities, or financial collapse can have equally severe psychological effects. Prolonged uncertainty, isolation, and grief collectively strain mental health in ways that can be just as debilitating as the aftermath of a natural disaster. I remember feeling extremely overwhelmed and burned out during a close family member's struggle with cancer and also saw the toll it took on all of the family as we supported him for two years.

It is important to remember that emotional distress in times of crisis is not abnormal—it is profoundly human. Rapid heartbeat, fear of recurrence, tearfulness, or irritability are the body's survival instincts kicking in. These responses are nature's way of keeping us alert and vigilant. But when these feelings do not subside, interfere with daily life, or

isolate us from loved ones, professional support becomes essential.

When Stress is Normal, and When to Seek Help:

● **Normal Stress:** Trouble sleeping for a few nights, feeling jumpy, sadness or crying, temporary difficulty concentrating. These usually improve with time, rest, and support.

● **Seek Help If:** Flashbacks or nightmares persist, you avoid leaving home or interacting with others, you reduce or stop taking care of yourself and even basic tasks become difficult, hopelessness deepens, or thoughts of self-harm or suicidality appear. These signs signal that the mind is overwhelmed and needs structured care, just as a broken bone needs medical attention.

Hidden Wounds: Understanding Mental Health in Times of Crises

In catastrophes and emergencies, physical aid often arrives first- food, water, shelter. Mental health support, however, is just as critical for recovery. Providing psychological first aid, safe spaces for emotional expression, and timely access to professional care must be a part of every emergency response.

Communities can play a powerful role: listening without judgment, staying connected, and reminding one another that seeking help is a strength. In times of crisis, solidarity and compassion are as healing as medicine.

Crises leave behind more than rubble and statistics- they leave unseen wounds carried in hearts and minds. Recognizing these wounds, offering care, and ensuring access to services can transform survival into recovery. After all, rebuilding lives requires more than bricks and mortar- It requires hope, empathy, and healing for the hidden wounds within.



Dr. Wilona Annunciation
Psychiatrist, IPH, Thane

हातात हात, मनाला साथ

पावसाने सगळंच उध्वस्त केलं होतं. गावभर चिखल साचलेला, वीज गायब, बाजार बंद. पाण्याने कित्येकांची घरं गिळून टाकली होती.

पण अशा अंधारात, एका घरातून धुराची लाट दिसत होती. चूल पेटली होती.

त्या घरातल्या मावशीने दरवाजातून हाक मारली, “या रे आत! थोडं आंबट-तिखट शिजवलंय. थोडं खाऊया, थोडं हसूया.”

त्या दिवशी सगळे जेवले की नाही, माहिती नाही. पण त्या मावशीच्या एका वाक्याने पूर्ण गावाला पुन्हा एकदा उभं राहण्याचा धीर दिला.

संकटात तग धरणे म्हणजे बळ नव्हे. “आम्हाला भीती वाटते, पण आम्ही तरीही उभे आहोत,” असं म्हणता येणं, हीच खरी ताकद.

एकत्र राहिलो की मन सावरतं

. आपत्ती आल्यावर आपण नेहमी मूलभूत गरजांबद्दल बोलतो - अन्न, निवारा, औषधं. पण पूर ओसरतो, लॉकडाऊन संपतो, तरी मागे काय राहतं? भीती, दुःख, मनात खोलवर रुतलेली अनिश्चितता. या जखमा शरीराच्या नसतात, त्या मनाच्या असतात, भावनिक असतात.

अशा वेळी समाज एकत्र राहिला की मन सावरतं. कोणी चौकशीसाठी फोन करतो, कोणीतरी दारात दूध ठेवून जातं, मुलं एकमेकांना हसवतात. ही क्षणभराची वाटणारी छोटी उदाहरणं, प्रत्यक्षात जगण्यावरचा विश्वास परत आणतात.

संकटात, आपली माणुसकीच आपल्या सर्वांत मोठ्या संरक्षणाची ढाल ठरते. ह्याच गोष्टी मनाला आश्वासन देतात की “आपण एकटे नाही.”

मानसिक आरोग्य, मोठं बळ

मानसिक आरोग्य म्हणजे खूप मोठी गोष्ट वाटते, पण ती रोजच्या साध्या कृतींतून बळकट होते. एखाद्याचं शांतपणे ऐकून घेणं, प्रेमाने डोक्यावर हात ठेवणं, किंवा फक्त एवढंच म्हणणं, “थांब जरा. श्वास घे. काहीतरी मार्ग नक्की निघेल”, एवढंही पुरेसं ठरतं. कल्पना करा, आपत्तीच्या तयारीत जर आपण केवळ बचावाचे मार्गच शिकवण्याऐवजी, त्यासोबत भावनिक प्रथमोपचारही (emotional first aid) शिकवले, तर?

प्रत्येक प्रथमोपचार पेटीत पट्ट्यांबरोबर असावं एक छोटंसं कार्ड, “शांत श्वास घ्या. तुम्ही आत्ता सुरक्षित आहात.” हे वाचलं तरी मन थोडं शांत होतं. या गोष्टी छोट्या वाटतात, पण जेव्हा गोंधळ सुरू असतो, तेव्हा त्या भीतीच्या लाटेला थांबवू शकतात. कथा सांगणं म्हणजे जखमेवर फुंकर. प्रत्येक आपत्तीत आपण आकडे मोजतो. किती लोक गेले, किती घरं कोसळली, किती नुकसान झालं. पण कथा सांगितल्या की आकड्यांपलिकडच्या माणसांची जाणीव होते. त्यांचं दुःख, त्यांचं बळ, आणि आपल्यातली माणुसकी.

हातात हात, मनाला साथ

ती आई, जी पावसात शेजाऱ्यांना जेवायला बोलावते.
तो तरुण, जो पुलावर अडकलेल्या वृद्धाला हात देतो.
ती मुलं, जी चिखलात खेळून सगळ्यांना हसवतात.
या कथा सांगणे म्हणजे मनावरच्या जखमांवर फुंकर मारणे.

तयारी फक्त सरकारची जवाबदारी नव्हे
रेझिलियन्स हा संकटानंतर उगम पावत नाही. तो दररोजच्या साध्या जीवनातून रुजतो.
घरात भावना मोकळेपणाने बोलल्या जातात तेव्हा. शाळा मुलांना ताण हाताळायला शिकवतात
तेव्हा. शेजारी एकमेकांना नावानं ओळखतात तेव्हा. ही साधी नाती, संकटात असामान्य आधार
बनतात.

आपल्या संस्कृतीतही काही प्रथा आहेत जसे की, एकत्र सण साजरे करणं, सामुदायिक जेवण,
भजन-कीर्तन, अंगणातलं हसणं.
जेव्हा ही संस्कृतिक उब आणि मानसिक आरोग्याची आधुनिक जाण एकत्र येते, तेव्हा तयार होतो
असा समुदाय, जो कुठल्याही वादळात ठाम उभा राहू शकतो. तेव्हा आपल्याला आधार मिळतो
तो जिव्हाळ्याचा.
संकटात मानसिक आधारसुद्धा गरजेचा असतो.

2025 च्या जागतिक मानसिक आरोग्य दिनाची थीम आहे, "Access to Services –
Mental Health in Catastrophes and Emergencies".

म्हणूनच:

प्रथमोपचारात पट्ट्यांसोबत शब्दांचाही आधार असावा.

तात्पुरत्या निवाऱ्यांमध्ये सांत्वन देणारी माणसं असावीत.

कोणतीही मदत मागणं ही दुर्बलता नसून ताकद आहे हे समाजाने मान्य केलं पाहिजे.

मन सावरलं की माणूस सावरतो, माणूस सावरला की समाज सावरतो.



Panna Kamaljit
Sr Psychologist

IPH, THANE

Mental Health on the Move: Lessons from a Van on a Dusty Road

My first real exposure to community mental health care came during my postgraduate days in psychiatry at KEM Hospital. Every week, our team would travel to Malvani to conduct outpatient clinics. Those visits opened my eyes to the vast mental health needs that exist

beyond hospital walls — in the very heart of the community.

Later, in 2020–2021, through the Institute for Psychological Health (IPH), I had the opportunity to collaborate with the Americares Foundation, which runs mobile health vans serving low socioeconomic areas. My role was to strengthen the knowledge and clinical skills of general physicians, helping them feel confident in recognizing and screening for mental health issues among their patients. After all, these physicians are often the first point of contact for people seeking help — and empowering them can make a world of difference in bridging the gap between mental and physical healthcare.

The training was conducted in two phases. In the first phase, we organized a series of online and offline sessions for the doctors, focusing on common mental health concerns such as depression, anxiety, and insomnia, along with issues related to childhood and old age. We also had regular OPD visits at IPH, where doctors could observe clinical interactions, discuss real cases, and connect theory with everyday practice. These sessions aimed to build a foundation of understanding — to help doctors identify subtle signs of psychological distress that often go unnoticed in busy primary care settings.

The group of doctors I trained came from varied age groups, and many of them were senior practitioners. I was amazed by their zest for learning and their openness to new ideas. Despite having decades of experience, they approached each session with genuine curiosity and enthusiasm. Watching their eagerness to understand mental health better reminded me that learning never really stops — and that compassion and curiosity are what keep us growing as professionals and as people.

Mental Health on the Move: Lessons from a Van on a Dusty Road

Many of the doctors were senior in age, though not necessarily in experience within mental health. At that stage of life, it's never easy to learn new things, stay flexible, or adapt to change — yet they did so with remarkable openness. I was genuinely amazed by their willingness to engage, ask questions, and reflect. Despite the age difference between us, they welcomed me with so much warmth and respect that it never felt like a teacher–student

dynamic. It was truly an exchange of learning and mutual appreciation. We also introduced some novel approaches to make the evaluation process more meaningful. I visited the field myself to observe how the doctors were applying their learning in real-life situations — how they interacted with patients, picked up on subtle emotional cues, and integrated mental health screening into their routine consultations. To further assess their progress, we conducted OSCE-style evaluations, where doctors were presented with case-based scenarios. This not only tested their clinical understanding but also encouraged them to think holistically and empathetically about each patient's mental health needs.

Along with the evaluations, we also incorporated case presentations, prescription audits, and group discussions to make the learning process more interactive and reflective. These activities encouraged the doctors to think critically about their approach, share their experiences, and learn from one another. We also worked on strengthening their leadership skill sets — helping them take initiative, communicate effectively, and advocate for mental health within their communities. It was inspiring to watch them evolve not just as clinicians, but as leaders driving change at the grassroots level.

Looking back, the experience was deeply fulfilling. It strengthened my belief that community-based mental health care can only thrive when primary care doctors are confident and compassionate in addressing psychological concerns. The project not only helped bridge the gap

Mental Health on the Move: Lessons from a Van on a Dusty Road

between physical and mental health but also reaffirmed my faith in the power of collaboration and lifelong learning. What began as a training program became a journey of mutual growth — one that reminded me that empathy, curiosity, and openness to change are at the heart of every meaningful transformation in healthcare.

I am deeply thankful to Ms. Shruti, the Americares coordinator, as well as to Vaidehi madam and Nadkarni sir for their constant guidance and encouragement throughout this journey. Their support made this experience truly enriching and helped me grow both professionally and personally. As I reflect on this chapter, I'm reminded that real change often begins quietly — in conversations, in small community clinics, and sometimes in unexpected places.

Mental health awareness does not always start within the walls of a clinic; sometimes, it begins in a small van on a dusty road, with doctors, patients, and a shared willingness to listen and learn. Every effort to bring mental health into everyday healthcare is a step toward a kinder, more understanding world — and I feel grateful to have been a small part of that movement.



Dr. Swaroop Bhatankar
Consulting Psychiatrist

Emergency Psychiatric Services: A Cornerstone of Community Mental Health

World Mental Health Day is observed on October 10th of each year with the goal of increasing awareness and advancing mental health worldwide. The subject for this year, "Access to Care – Mental Health in Catastrophes and Emergencies," highlights how critical it is to improve mental health services in times of crisis and calamity. Even though major disasters frequently garner the most attention, people also face personal disasters on a daily basis, and mental health issues play a significant role in this reality.

As a psychiatrist, I frequently deal with these kinds of situations directly. Suicidal thoughts, aggressive conduct, and extreme agitation are regarded as emergencies in psychiatry. When a loved one becomes aggressive, unmanageable, or suicidal, families frequently reach out in fear. Counseling by itself is useless in these situations; the patient's safety and condition stabilization come first. This frequently necessitates prompt admission to a mental health center.

Facilities like Insight Mind Care Centre in Thane are prepared to deal with these kinds of circumstances. Our facility has a team of skilled medical professionals and trained staff that work around the clock to carefully and precisely handle patients who are violent or suicidal. In order to calm patients, we give them injectables or emergency drugs. In extreme situations, we utilize temporary restraints while adhering to stringent safety procedures to avoid injury. Psychiatric emergency services are also available 24/7 at other facilities such Thane Mental Hospital, Rajiv Gandhi Medical College, KEM Hospital, Sion Hospital, Nair Hospital, JJ Hospital, and Cooper Hospital.

Emergency Psychiatric Services: A Cornerstone of Community Mental Health

Doctors perform a comprehensive assessment to determine a patient's mental health and capacity for making decisions when they are brought in. Treatment is carried out with family agreement if the patient is unable to understand their illness. After stabilizing the patient with emergency drugs or sedative, the patient is released from restraints and family visits are progressively resumed. Although the underlying reason, such as psychosis, mania, or depression, is addressed with continuous therapy and medication, the majority of patients exhibit improvement in two to three days.

Suicidal people require special attention since they may try to hurt themselves while in a hospital. As a result, psychiatric hospitals are subject to stringent safety regulations, which forbid the use of glass or sharp objects.

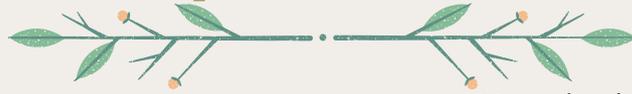
Electroconvulsive therapy, or ECT, is a vital component of emergency mental health treatment. For extreme suicidal thoughts and violent behavior, this treatment works quite well. Patients feel substantial alleviation and stabilization after a few sessions, typically five to six.

Other mental health crises can manifest as panic attacks, unexplained unconsciousness, or psychosomatic symptoms like palpitations and dyspnea that have no apparent medical basis. Another common emergency that necessitates prompt medical attention and detoxification is substance-induced agitation or intoxication. In the end, mental health crises can pose a serious risk to the lives of both patients and their loved ones. Facilities for mental health care that are easily accessible and well-equipped guarantee prompt intervention and save lives. As we commemorate this year's World Mental Health Day, let's not forget that having access to mental health care during emergencies or personal crises is a basic human right, not a privilege.



Dr. Shailesh Umate
Psychiatrist and Sexologist

I chose a pen over a knife



I chose a pen over a knife
Through the shattered glass,
She walked in silence, all alone
A broken milestone to reach,
With every step, the cold had grown.

In the quest to find,
Someone familiar and known,
Masses shouting at her,
As they carved her name on the stone.

Someone disheartening known,
Rageful beings as they come to mind,
A phase of darkness,
Despite being so kind.

But what they didn't know,
Was that she rose from the dead,
Now coming up to them,
With voices echoing in her head.

A vengeful spirit,
That bleeds every word,
And a feral mind,
That wants to be heard.

Breaking through the screen,
A filter of reality,
To find each and everyone,
To question their morality.

What good did they have,
To kill an innocent,
The soul still lingered,
Only to get violent.

Now it's her turn,
To show her rage,
She's not a kid anymore,
But a wild sage.

Yet she's thoughtful,
Of her doings,
A soft love that she held,
For the people, now bowing.

What good will she get?
By doing the same,
Happiness? Sadness?
Or a scarred fame.

So she's conscious,
With a knife in her hand,
Gulping every scar,
A scar unleashing the band.

Spawned it, or threw it,
She doesn't know what,
But returned to her grave,
Only to have a mindful thought.

For the first time, she chose a weapon,
Harmless but hard,
A pen she did,
Like hitting on the dart.

Now the weapon bleeds,
Not blood but ink,
Every word by word,
She chases her blink.

I chose a pen over a knife



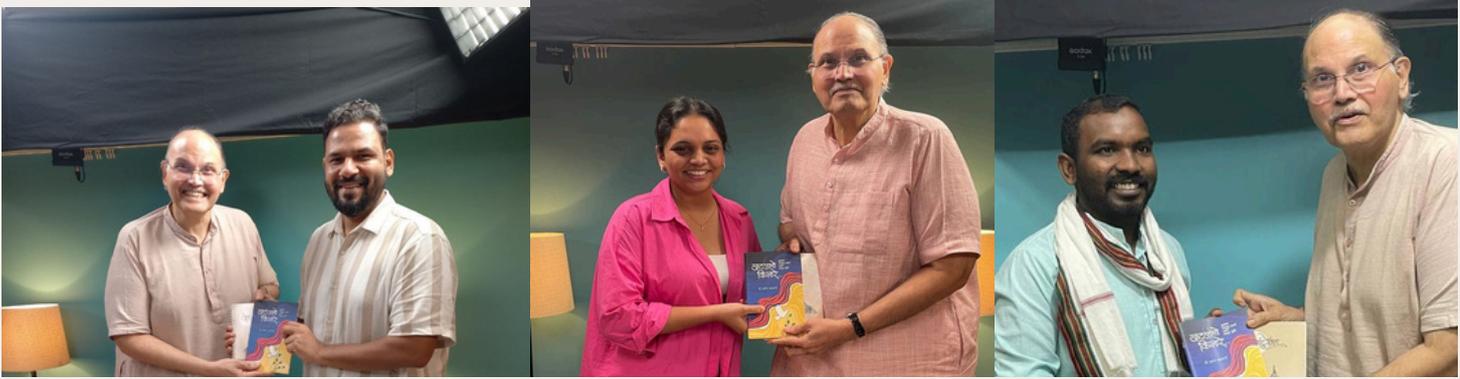
So she writes,
Poetry and prose,
To choke their necks,
With words that she drove.

For words hit deep and dark,
The ink lashing on her scars,
Processing thoughts by thoughts,
As she locked them in the bars.

Then she wrote and wrote
Writing every second of life,
Hence ,a blade like pen,
Disguised as a knife.

- Turya Danke

PHOTO GALLERY



VEDH Shooting at AVAHAN Studio



ABCD of REBT Workshop

Team TRIDAL at Varsha Walkthon



PHOTO GALLERY



Audience for a program in sambhajinagar.



**Sanvardhan
program in
Nashik**

**SympPsych
program in
pune**



PHOTO GALLERY



MISSION EXCELLENCE in sambhajinagar



Filmy nagme aur aapka EQ program in Pune



Mantarang program in Nashik

UPCOMING WORKSHOPS

Community workshops

IPH presents

PRINCIPLES & PRACTICE OF REBT

Rigorous learning programme that focuses on applications of Rational Emotive Behaviour Therapy in day-to-day efforts for individual development

Facilitators

Dr. Anand Nadkarni
Consultant Psychiatrist, Practicing therapist of REBT for the last three decades

Dr. Sukhada Abhiram
Consultant Psychiatrist, Fellow supervisor, Albert Ellis Institute in New York

Registration Fee Schedule

- upto 31 Oct 2025 ₹30,000/-
- upto 10 Dec 2025 ₹35,000/-
- 11 Dec 2025 onwards ₹40,000/-

(Incl: Training material, PPTs, breakfast, lunch, and tea/coffee)

For registration contact

Vaidehi : ☎ 982 009 9787
Sandhya : ☎ 773 826 4956

Workshop details

Participants need to attend sessions for all 8 days

📅 30, 31 Jan, 1 Feb 2026
20, 21 & 22 Feb 2026
21 & 22 March 2026

🕒 9.30 am - 5 pm

📍 IPH, Thane

Language: English & Marathi.

Workshop is open to all!
www.HealthyMind.org

- Limited Seats: Only 30 participants
- Only fully paid registrations are valid

Aaklan, the learning centre of IPH

1. Nov 2025 - 5th to 8th
Therapy with the Tweens

2. Dec 2025 - 17th to 20th Psychometric Testing for Assessment of Psychosocial adjustment - TAT, CAT, SCT and Raven's Controlled Projection Test

3. Jan 2026 - 19th to 23rd Basic Counselling Skills

UPCOMING WORKSHOPS

iph, pune

IPH Pune presents

COUNSELING SKILLS

For Counselors, Doctors, Teachers, Social workers,
HR professionals, Psychology students

Workshop Highlights

- Microskills in counseling
- Facilitation in English and Marathi
- Live demonstrations to observe, learn and practice your skills
- Understand classical counseling principles along with communication



10,11 & 12 Oct 2025
(Fri, Sat & Sun)

10 am – 5 pm
(All days)

IPH, Pune
9, ShivDeep Bungalow, Pinac Colony,
Opp. Nirmal Srushti Society,
Karve nagar, Pune 411052

Dr. Suvarna Bobade
Expert senior counselor with
immense experience and
lucid training delivery skills

(Lunch and Tea will be provided at the venue)

Register now ☎ 808 035 9794 www.IPHPune.org



IPH Pune presents

A lively discussion on

AWKWARD TOPICS

- In-person session
- For parents of children in 5th to 10th Std.
- 3 Hour Session (Interactive and Practical)

12 Oct 2025
(Sunday)

9.30 am - 12.30 pm

IPH, Pune
9, ShivDeep Bungalow,
Pinac Colony,
Opp. Nirmal Srushti Society,
Karve nagar, Pune 411052

Dr. Shwetal Chavan
Dr. Vaishali Deshmukh

Gandhali Bapat
(Psychologist)

Register now ☎ 808 035 9794 www.IPHPune.org

Basics of REBT

15th and 16th

November



Feedbacks for IPH workshops

AAKALAN OBSERVERSHIP

IPH is the place where I completed my internship for my Master's degree in Psychology and it was a real, live learning experience of issues related to mental health that I had the opportunity to engage in. The learning sessions were well curated and structured to maximize the learning experience of interns having a proportionate mix of theoretical knowledge through lectures by mental health professionals on various topics as well as an appropriate exposure to live cases that helped us merge the gap between theoretical knowledge and practical learning.

As a learning experience I developed significant insight into case history taking, MSE examination that are the foundation stones to a proper diagnosis and differential diagnosis statement to enable appropriate therapy interventions. Hence, I would unhesitatingly recommend IPH for a fruitful learning experience to all interns seeking internships in a great learning environment.

-Dr. Nisrin Gandhi
Naturopath and Counsellor.

Shikshak mitra

Dr. Jahagirdar's session offered fresh, practical ways to engage students—but more importantly, it shifted my perspective. I realized that a child's reluctance to write may stem from developmental gaps, not defiance.

Earlier, I was firm about completion; now, I choose to seek the root cause with empathy.

I got to know that not all children will perform equally, and it's beyond teacher's limit learning experience is more important than learning it self

Safety matter more . Every child has own perception.

This session gifted me a new vision—one rooted in compassion, curiosity, and trust in each child's journey.

- participant, shikshak mitra



IPH THANE

Launched on 23rd March 1990 with humble beginnings, IPH today is a colossal unique NGO with its premises in Thane and Pune. It operates a number of Support groups & Developmental groups along with services ranging from a full fledged Audio Visual Unit to a Telephonic helpline and its independent Learning Centre. IPH believes in an 'Umbrella approach piloting varied services & being holistic in mental health. IPH functions at all three levels namely in-house work with individuals with problems & their care givers, Community outreach programs on awareness building and Industrial Training workshops. In pursuit of its goal, IPH would like to consider itself as a laboratory of community mental health, a place where competent service, community participation and creative education go hand in hand. IPH has been conducting innovative programs and projects in the field of mental health over the last 33 years. Our Mission :
Mental Health For All

Clinical Staff-
75+

Volunteers-
150+

Non clinical staff-
50+

Maita calls-
17997+

Clients treated
till date-
94100+

Charity OPD-
4735+

IPH PUNE

23rd March 2018 was an eventful day in the history of IPH with the launch of its Pune Centre. Pune is now a growing educational hub with Cultural diversity & its own challenges. Its a blend of increasing population of young students, professionals and senior citizens along with psychiatrists in clinical practice. It was essential to have a team approach and participation of volunteers too. There was felt a need for a laboratory that will promote mental health and help in alleviating symptoms of mental disorders. IPH has developed a rich network in Pune city within two year of its functioning.

Clinical Staff-
18+

Volunteers-
30+

Non clinical staff-
10+

Clients treated
till date-
19263+

Charity OPD-
4694+

TRIDAL HANGOUT CAFE



The Tridal Hangout Cafe (THC) is a vision to create a space that shall function as a 21st century rehabilitation programme for persons well on their way to recovery from a slew of mental health issues, a senior citizen activity center, and a satellite center for clinical services provided at IPH. It shall function as a stepping stone, guiding people to gracefully navigate themselves and transition into the outer world. The hangout cafe infrastructure shall offer various activities, and resources in the form of professional psychiatric and counselling services, books, audio visual material, arts based activities, that shall fulfill a therapeutic purpose for our vision; Thus, offering the unique confluence of individual space, structured programme, and professional help. Along with destigmatization of mental health problems, the Tridal Hangout cafe shall serve as a non- judgemental place for persons to interact, build skills, and provide healthy social support.



Clinical Staff-
6+

THC Members
7+

NPNC Members
95+

Non clinical staff-
3+

IPH MindLab NASHIK

IPH Mindlab is a collaboration between IPH Thane and Kulkarni Nursing Home, Nashik. Since October 2020, Mindlab has been working with the community on different levels. Initially, we started with psychometric assessments, but now different programs related to mental health are being conducted. Eg: support groups, sensitisation programs, film clubs. Along with this, we have also started counseling. We have been receiving extremely warm responses from citizens for all community programs that took place throughout the last two years.



Assessments
conducted so far:
782+

Upcoming events
1. Manatarang film club
2. 5 th Anniversary of
IPH MindLab Nashik
3. Monthly de-
addiction support
group-
Riyaz: for patients and
Jagruti: for caregivers

Clients treated
so far-
166+

AVAHAN IPH

AVAHAN is a Audio Visual Department of an NGO - Institute for Psychological Health, Thane.

Which basically does the Audio/video documentation including In house Film making documentary making, events and programs held in or by IPH, Thane.



Subscribers:
432843+

Views in last
month:
4.6 million +



Top Five Trending Full Videos

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- **Nagraj Manjule** [Link](#)
- **Sonam Wangchuk** [Link](#)
- **Dr. Sharada Bapat** [Link](#)
- **Vishwas Nangare Patil** [Link](#)

Top Five Trending Shorts

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- **Jahangir Sheikh** [Link](#)
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.....And the journey continues!

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