

to present an orientation on Yoga, especially relevant to mental health professionals - as a 'strength based strategy' to manage each day through regular practice to maintain equanimity both in our professional and personal lives.

### **Deinstitutionalization of Women with Chronic Mental Illness Who Were Hospitalized for Decades**

**Bharati Shah**

Ideally, deinstitutionalization represents more humane and liberal treatment of mental illness in community-based settings. Pragmatically, it represents a change in the scope of mental health care from longer, custodial inpatient care to shorter outpatient care. But at the same time deinstitutionalization is having a negative impact on clients, especially on women, who were hospitalized for decades for their mental illness. They are getting discharged with a hope that they will be able to reintegrate with their families, but their hope is often lost due to a gap of decades, as everything has changed within their homes - guardianship, head of the family, decoration of the home; all small and tiny things get reshaped or changed; she feels herself as a guest at her own home or treated badly by the next generation. She feels hospital is a safer place to stay than with her own family. It is resulting in more homelessness and re-institutionalization.

### **We Can End Violence Against Women (Oxfam) A Public Awareness Campaign Focusing on Modelling Solutions and Strengthening Communities**

**Trupti Sreedharan**

WE CAN end violence against women is Oxfam's South Asian regional campaign to end violence against women in six countries of South Asia -- Bangladesh, Sri Lanka, India, Nepal, Pakistan and Afghanistan. This paper describes the campaign model and its focus on modelling solutions and exploring alternative media options while building and maintaining partners and measuring outcomes - strengthening communities. The three pronged approach of the WE CAN public campaign shows that its not just another campaign to educate the public on the issue of violence against women but 'engages them' in the process. It not only provides information but also models behaviour and not just identifies the problem but also invites the participant to become the solution. While most campaigns work on primarily targeting the victim or the abuser, WE CAN places the issue on a social context promoting public engagement and advocacy and strengthen the community by bringing about changes in policies and social institutions. While most focus on building awareness WE CAN models solutions to help people understand what actions they can take to make a difference. Rather than concentrating on paid advertising the powerful campaign lays emphasis on street theatre and public interactions. The paper tracks the campaign's approach in sustaining success at raising awareness, changing attitudes and behaviours, engaging communities in domestic violence and the violence against women movement and ultimately reducing the incidence and/or reporting of relationship violence - its beyond awareness.

### **Personal and Organisational Journeys**

#### **B. Sudhakar and V.N. Kantharao**

This paper is an account of a three year journey from two change agents representing inside and outside practitioners, in the context of a corporate entity that was at the outset of a decline. The approach utilized was based on leveraging and complementing the capabilities of an internal change agent in the HR function and an external change agent in successfully transforming the organisation. Deriving strength from Rogerian humanistic psychology, it is believed that more than the technology of change, the skill of change agent in 'being' a change initiator will bring out the best in others. It is this 'quality of being' of the person that enables us to see the strengths in other person/s or client/s. The key factors the authors consider as critical in their efforts to bring organization wide transformation include: value orientation, conviction in ourselves, sense of purpose, congruence, and belief in the power of experiential methodology. Key success factors for the achievement of the transformation agenda will be discussed.

### **Building Community Strength to Address Barriers to Health and Wellbeing**

**Dr. Frank Tesoriero, Dr. Miriam Samuel and Prince Solomon**

This paper will describe a community project in a poor rural community in south India. It will describe some of the strength based processes and some outcomes to date. The project is based on much literature and evidence that health is determined by social, economic and political factors, such as poverty, poor access to resources and lack of opportunity to participate in decision making. The project is a three year project and its scope is one Panchayat, consisting of 10 villages, hamlets, dalit colonies and field huts. However, in the first five months of the project we have concentrated on one village of 25 houses. Here, we have used Appreciative Inquiry as a means to practice a strengths based approach with a community. With this methodology, we have engaged in a process with the local people which has, through their stories of their past achievements, allowed them and us to discover their strengths and resources, to dream for their future, prioritise and design a plan for reaching a dream and delivering, or implementing that dream. The dream they chose is an export garment and tailoring unit. To date, they have harnessed a wide range of resources within the Panchayat, including land, building materials, sewing machines,