Recovery-Oriented Mental Health System transformation in India (ROMHSI-1)
Theory of Change

The co-produced theory of change contains several points of intervention which will be addressed in future funding applications

For more information see researchintorecovery.com/romhsi

Activities	**Intermediate outcomes level 2**	**Intermediate outcomes level 1**	**Long-term outcome**	**Barriers**
1. Public campaigns including street campaigns to engage the community 2. Voter registration and access to voting 3. Strategic political action including lobbying political parties, Parliamentarians at Federal and State level	• Increased awareness amongst stakeholders and mental health service users about voting rights • Mental health funding audit of vacancies, resources and entitlements	• Increased representation in vote bank • Political empowerment including voting or standing for elections at all levels (local, state, national) • Creation of a National Commission for Mental Health by Government	**Mental Health is a mainstream political issue**	• Corruption • Lack of political will / agenda • Ministry is risk- averse • State vs national level is uncoordinated • Low mental health awareness • Census does not include psychosocial disabilities
4. Service user communities provide media content 5. Community monitoring of media 6. Engagement with press to build relationships		• A sensitive, credible media		
7. Consultations with people with lived experience to understand recovery 8. Investigate stakeholder perspectives on recovery to identify points of agreement 9. Accessible training for persons with lived experience & family members to effectively	• Accessible formats or processes for social entitlements • Persons with lived experience are involved in co-creation and co-design of mental health programs • HR policies government sector make reasonable accommodation for people with lived experiences • Incentives to be more	• Targets for mental health budgets • Increase mental health human resources who are sensitive and recovery-oriented • Anti-discriminatory policies at work and education • Harmonize policy and regulation • Set and monitor targets for social inclusion	**Mental health policy and services are responsive and recovery-oriented**	• No shared understanding of recovery • Lack of metrics for quality audits to assess for recovery and rights orientation of services

participate in consultations and design of mental health policies and programs 10. Engage & train mental health professionals in rights & recovery issues 11. Map and improve access to welfare benefits, advocacy, community interventions	positive towards mental health	• Service users employed in Ministries		
12. Training activities and audits to promote MHCA implementation	• Mental health act and policy modified to take account of intersectionality • Identify gaps in MHCA	• A fully implemented MHCA		
13. Affordable and accessible training for community in multiple languages 14. Consult clinicians about their understanding of recovery to identify training needs 15. Co-design services and interventions	• Improved training of mental health professionals • Professionals' communications are more respectful of users and families	• Reorientation of system (family + caregivers) and increase support • Abolish long stay mental health institutes • Build community care systems	**All mental health services are humane, accountable & rights-oriented**	• Clinicians' views about recovery • Financial incentives exist for medications over non-biomedical approaches • Administrative barriers • Organizations resistant to mental health accommodations • Social entitlements are discriminatory and not accessible • Mental health seen as resource-intensive
16. Create a recovery story collection in multiple local languages 17. Create understandings of recovery in visual form for maximum public accessibility 18. Develop a mental health activist consortium 19. Audit training for	• Mental health services become more accountable to users and families	• Create a citizen voice platform nationally • User-led movement • Build alliances with traditional healers, and other inter-sectoral stakeholders	**A citizens movement for mental health recovery is created**	• Recovery stories are not visible • The understanding of recovery is not widely accessible to the public • Difficulty in building alliances: different priorities, lack of trust

community engagement & accountability 20. Conduct social media awareness campaign with inter-sectoral partners 21. Undertake user-led research				