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A Message from the Founder

Over the last year, the importance and meaning that The Live Love Laugh Foundation’s (TLLLF) work holds out for survivors of mental illness, for their loved ones, and for society at large, has been repeatedly brought home to me in many powerful and inspiring ways.

For instance, I have witnessed the impact first-hand, from survivors and their family members, at the Rural Mental Health Programme which we support in Davangere, Karnataka.

I felt the sentiment, in venues that were filled with several hundred, very engaged business executives and leaders at the NASSCOM summit in Hyderabad, and at the WEF - Indian Economic Summit in Delhi at which we participated.

I heard it resonate in the voices of survivors from all over the country who have reached out to us or our partners – after finding the courage to speak out and seek help.

Together with everyone at TLLLF, I am deeply grateful, humbled, and feel blessed that with your help, we can reach many of those who need care and support in the often lonely, and always tough, battle against mental illness.

TLLLF has undertaken several initiatives, none of which would be possible without your incredible support. My heartfelt thanks for your belief in us as we work to shape the narrative on mental health in society and make the lives of those in need a little easier.

As TLLLF enters its fourth year, I would like to reiterate our commitment to the cause of mental health. We will stay sharply focussed on driving measurable outcomes and making a positive difference to the lives of those around us.

We wish to continue to work collaboratively so we can all live, love, and laugh together.

Deepika Padukone
Founder
TLLLF
The past year has been a busy and deeply enriching time for all of us at The Live Love Laugh Foundation (TLLLF).

I am proud that we have not only maintained the momentum of our earlier programmes, but have also undertaken new initiatives that have delivered substantial impact.

Our flagship schools programme, You Are Not Alone, aimed at educating adolescent students on stress, anxiety, and depression, has continued to expand. We have had the opportunity to cumulatively cover more than 60,000 students and 10,000 teachers across 8 cities since the programme's launch. Currently, the programme is delivered in five languages. Given the alarming rates of mental illness and teenage suicides in India, we believe that this initiative can act as a critical support to students. Currently, we are in the process of expanding its reach in the coming year.

Another striking success over the past year was the Rural Mental Health Programme that we support in Davangere, Karnataka. From covering two taluks and treating 200 patients just two years ago, the programme has grown to support four taluks and cover more than 800 patients today. There is a tremendous shortage of resources in rural mental health and we are keen to focus our efforts in this area with the right partners.

TLLLF, we believe, also made an important contribution to mental health research this year. We led a comprehensive research study that resulted in the TLLLF 2018 National Survey Report: 'How India Perceives Mental Health'. Key findings from this report provide an important pointer to the strategies that need to be adopted in the future – both by TLLLF as well as other stakeholders in the ecosystem. More details on the report are available in the pages that follow.

Looking back at the last 12 months, it is clear that our ambition to undertake such a wide spectrum of activities not only stems from our strong belief in our cause but also from the immense support we are fortunate to receive from our partners, donors, supporters, the many survivors, and their caregivers.

We believe our mission to spark the right conversations on mental health and support those in need has shaped many lives – including the lives of everyone at TLLLF – in profound and powerful ways.

We remain grateful for your support in this mission and look forward to your continued faith in us.

Anisha Padukone
Director
TLLLF
Addressing deep-rooted issues in society cannot be an arbitrary process. A thorough understanding of the issues at hand is needed to initiate any meaningful change.

2018 saw TLLLF commission a national survey titled ‘How India Perceives Mental Health’, aimed at gauging public perceptions surrounding mental health across eight Indian cities. The response of 3,556 individuals reiterated the importance of organisations such as TLLLF in breaking stigmas, busting myths, and building more awareness amongst all sections of society on mental health issues.

Shri Sanjeeva Kumar, Additional Secretary (Health), Department of Health & Family Welfare released the report along with Deepika Padukone, Founder - TLLLF. They were joined by Anna Chandy, Chairperson, TLLLF Board of Trustees and Dr Shyam Bhat, MD, Trustee - TLLLF at an event in Delhi.

Some key findings of the survey include:

**Three broad segments of people based on their attitudes towards mental illness.**

- **27%** Those who indicate support for people perceived as having mental illness. They would not discriminate against people with mental illness and predominantly believe that anyone can suffer from mental illness.

- **47%** Those who are judgmental against people perceived as having mental illness. This segment includes people who are more aware of mental illnesses and associated symptoms, but also display some stigma against people with mental illness. While the individuals in this segment sympathise with people with mental illness, they would still like to keep a safe distance.

- **26%** This group comprises individuals who display fear towards people perceived as having mental illness. This segment is ‘frightened of living in the same neighbourhood and interacting with someone suffering from mental illness’.
Traditionally and historically, India has been a collectivistic society, now slowly moving towards a more individualistic one. This transition is evident in the data presented in the report. In larger cities, we see a more dramatic shift towards individualism, possibly due to an increase in the amount of access to information and migrant need for survival. However, smaller cities like Kanpur and Patna seem to retain some of their collectivistic roots, and are moving towards an individualistic society at a slower pace. Focussing both on decreasing stigma and increasing awareness is the key. By inculcating collectivist practices into our more individualistic lifestyles, we can shape the conversation to build an inclusive society to (a) provide support to people with mental illness, and (b) increase India’s awareness about mental health concerns.

Anna Chandy
Chairperson - Board of Trustees
TLLLF

From among the respondents,

- 47% use the word ‘retard’ to describe people with mental illness
- 60% believe that people with mental illness ‘should have their own groups to avoid contaminating healthy people’
- 68% believe that people with mental illness ‘should not be given any responsibility’
- 60% believe that mental illness is caused by a ‘lack of self-discipline and willpower’
- 92% of respondents believe that people with mental illness should visit a specialist doctor
- 75% of the respondents also believe that mental illness can be treated with medication and counselling

The release of the report was followed by a panel discussion. Moderated by Dr Shyam Bhat, MD, the panelists – Anna Chandy (TLLLF), Dr Soumitra Pathare (Centre for Mental Health Law and Policy, Indian Law Society, Pune), and Siddharta Swarup (Bill & Melinda Gates Foundation) – participated in a healthy discourse about the findings of the report.

These findings will be instrumental in forging the direction of the foundation’s activities in the coming years.
You Are Not Alone
Adolescent Mental Health Awareness Programme

As with any illness, the earlier a symptom is identified and diagnosed, the better. This is especially true when dealing with mental health – it is never too early to seek help. You Are Not Alone – a flagship mental health awareness programme in schools – was initiated for this exact purpose. It is specifically designed to make students and teachers more aware of mental health issues while also equipping them to better understand its symptoms. Delivered through interactive and informative sessions, it has an impactful reach in schools across the country.

The programme, curated under expert guidance, seeks to increase conversations around mental health. Topics covered include a basic understanding of mental health and its importance, signs and symptoms of depression, stress, and anxiety, and student resources to reach out for professional help.

Currently, the programme is being delivered by implementation partners in Delhi, Mumbai, Bangalore, Baroda, Bhavnagar, Chennai, Cochin, and Coimbatore. English, Hindi, Gujarati, Tamil, and Malayalam are the languages of delivery.

In 2018-19 we aim to:

Empower the resilience in students and educate teachers on coping mechanisms, self-help, and the importance of support systems
Expand to new geographies and reach a wider audience
Translate the programme to more vernacular languages
Organise a one-day training for implementation partner organisations to ensure quality and consistency of programme delivery
Pilot a mental health awareness programme for parents

Thank you! For all your efforts. It was an excellent and an enriching session. Looking forward to attending some more sessions on how to work with students.

A teacher who attended our school sessions in Mumbai

We should share our feelings with our friends and families when we feel depressed because then our stress reduces.

A student who attended our school sessions in Mumbai
School Programmes

St Joseph’s Indian Primary School

Gem School

Amar Jyothi English School

Bhavans Adarsh Vidya Mandir

Government school - Chotanikara

Government school - Chotanikara

Government school - Alleppey
A severe lack of psychiatrists to address mental health issues paints a grim picture for the recognition and diagnosis of mental health conditions in the country. However, as in most cases, physical symptoms of depression and anxiety manifest well before any other. What this means is that, with the right support, General Practitioners (GPs) can effectively be the first line of defence in recognising the early onset of mental health issues. This makes it imperative that GPs are well-equipped to recognise underlying mental health conditions.

Together Against Depression was created to enable GPs to do exactly that, thereby cultivating a culture of supportive, holistic diagnoses.

**Project pillars**

- **Provide general practitioners with adequate information to sensibly support persons with mental health conditions**
- **Design and distribute resource booklets with essential information to further support the capabilities of medical practitioners**
- **Conduct sessions with key stakeholders in the medical community to sensitize them on the importance of mental health when treating future patients**

**Overview**

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of doctors reached</th>
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<tr>
<td>2016</td>
<td>1,700</td>
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<tr>
<td>2017</td>
<td>464</td>
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Programme challenges

Together Against Depression is recognised by the community as key to addressing mental health conditions on a larger scale. However, its implementation has run into several challenges. For a non-profit foundation, access to the medical community is difficult. Time is a limited resource for most in the medical community – especially GPs. It is difficult for them to balance daily patient visits, other professional duties, and take part in third-party initiatives such as Together Against Depression. Although these hurdles have slowed down the uptake of our programme, the foundation continues to explore solutions around these challenges.

In 2018-19 we aim to:

- **Explore** newer ways to reach the medical community and enlist their support
- **Curate** a certified online training course to ease programme accessibility among general practitioners

Dr Shyam Bhat at a programme for doctors organised by AFPI, Bangalore
Rural Mental Health Programme

The State Government of Karnataka’s District Mental Health Programme was initiated to make mental health care accessible to individuals in remote areas of the state. However, two main challenges have severely crippled the delivery of this programme to its intended audience:

- Lack of awareness in the said communities around mental health
- Low socio-economic conditions deterring the seeking of treatment

In an effort to counter these issues, TLLLF partnered with the Association of People with Disabilities (APD) to launch Rural Mental Health Programme in Davangere, Karnataka. It is targeted at rural and urban slum dwellers between the ages 16-45.

Programme cycle

1. People with Mental Illnesses (PwMI) identified in Harihara, Jagaluru, Harapanahalli, and Davangere directed to respective hospitals and rehabilitation centres for treatment
2. PwMI avail psychiatric treatment from the district mental health personnel, NIMHANS, and local psychiatrists enlisted to provide psychiatric treatment within their neighbourhood
3. Reduced financial burden and travel time for PwMI to receive care

Project reach

- No. of patients reached: 866
- New patients identified: 161
- Follow-up patients: 700

Capacity building and awareness initiatives

- Caregiver meetings: 28
- Residential camps: 7
- Stakeholder trainings (1,049 participants): 14
- Exposure visits (399 participants): 2

A signed memorandum drafted by the participants of the programme has been submitted to the District Commissioner, Lokkayuktha, Panchayath Executive Officer, and DDWO Officer requesting for the:

a) Prioritisation of PwMI in the Aadhar schemes
b) Allocation of 5% of the government budget towards PwMI
c) Recognition of PwMI in other government schemes

In 2018-19 we aim to:

- Expand the reach of the programme to at least two more talukas
- Impact approximately 1,000 patients
Case Study 1

Geeta (35, name changed) is a homemaker, currently separated from her husband. When symptoms of mental illness manifested, her husband forced Geeta to return to her mother and brother. Her family was not aware of any such mental illness before.

Upon her return home, Geeta’s family noticed behaviours they thought were peculiar. Often, she would be found sitting by herself, not eating or even moving. She soon refused to even interact with anyone. This continued for a few years – unaware of how to help Geeta, her family felt helpless and expressed a sense of burden looking after her.

One day, a community member and parent of another patient, happened to notice the similarities of Geeta’s symptoms with those of his own child. On his recommendation, the field staff of APD visited Geeta and promptly directed her to the Harihara taluk hospital. A medical diagnosis then revealed that Geeta had been suffering from psychosis for the past three years. She was put on immediate treatment.

Today, Geeta seems to be doing much better. She has become more social – not just resuming her responsibilities at home but also interacting with other community members and engaging in community activities. Her communication skills have grown; her family has expressed that her new-found independence has reduced some of the burden they felt before. Geeta and her family now regularly make the 7km trip to the Harihara taluk hospital to avail her prescribed drugs, free of cost. Additionally, they participate in monthly camps, parent meetings, and residential camps – with a new awareness of Geeta’s mental illness and a willingness to be supportive of her healing process.

Case Study 2

Rama (54, name changed) is married with four children. Formerly a farmer, he has been mentally unstable for the past seven years. Rama’s mental health issues manifested late in life, but grew quickly. Initially, he became suspicious of his wife and slowly his suspicions spread to more people. He was unable to trust anyone around him.

From difficulty in sleeping to talking to himself, with time, Rama’s symptoms escalated. He started ignoring his personal hygiene and began picking fights with people around him. He became abusive towards his wife. He was observed eating mud. His symptoms also started manifesting through physical rashes over his body. To treat these rashes, he was taken to the district hospital. The physician recognised these behaviours as symptoms of a mental illness and referred him to a psychiatrist. A diagnosis revealed that Rama was suffering from a severe case of psychosis. He committed himself to treatment and promptly followed through on his medication. But five years later, Rama relapsed. The expensive nature of his mental illness drugs forced Rama to conclude that he didn’t need the medication anymore – bringing an abrupt end to his recovery.

Needless to say, his symptoms grew, erratic behaviours resurfaced – until the Rural Mental Health Programme (RMHP) intervened.

In 2015, Rama’s wife and children heard about a treatment camp at an awareness drive conducted by the APD staff. He was then taken to the nearest Primary Health Centre to restart his rehabilitation.

Today, Rama has gained better control of his psychotic symptoms. His community has recognised his condition and is more accepting of him; he has even begun participating in a few community activities. Visits to the Primary Health Centre have also drastically reduced the financial burden on his family. He is now back on the road to recovery.

The programme helped Geeta by:
- Providing her a disability ID card with 60% support
- Facilitating free treatment at Harihara taluk hospital
- Providing her and her family with psychosocial education

The programme helped Rama by:
- Completing his needs analysis
- Referring him to a psychiatrist and ensuring free medication
- Following up with regular home visits
- Orienting family members on mental health and government schemes
- Providing him with a disability ID card with 75% support
- Helping him apply for pension schemes and the Swavalambana Health Insurance Card
My brother, a BA graduate, has been suffering from a mental illness for the last 12 years. During his college days, he showed some behavioural issues. My father did the best he could by taking him to many hospitals and temples. Despite spending a lot of money, he did not get the help he needed. Our father was under great stress due to this and passed away. We were helpless and poor, and did not know how to get the right help for his condition. For 10 years, my brother had been roaming the streets of the village, talking to himself, yelling at others, and not able to tend to his hygiene.

Two years ago, staff from the APD team visited our house and informed us about the treatment camps, helping us understand the need for better treatment. At first, we did not believe that my brother’s condition would improve. With the support of the APD staff, we finally visited the taluk hospital camp. My brother was not cooperative regarding the treatment. The doctors gave him FFz injection, and we were told that this had to be administered once every 15 days. The APD counsellor also provided counselling to my brother and my family. He is now able to take the medications on a regular basis and we are able to see the changes in his behaviour. He is able to care for himself and takes a bath on his own, eats on time, and interacts in a friendly manner with the neighbours. He has also stopped roaming the streets aimlessly. My family and I are very thankful to the entire team for this intervention.

Sister/caregiver of a patient diagnosed with mental illness, who is part of the Rural Mental Health Programme

It’s been three years since TLLLF has been supporting APD to implement mental health programmes in Davangere. During our partnership we have found TLLLF to be extremely committed to the cause. We at APD appreciate TLLLF’s understanding of NGO processes and being attentive to our needs. This year, Ms Deepika Padukone, the TLLLF Board, and Advisory Team visited the field which helped in getting more community solidarity and support for the programme. Thank you.

Christy Abraham
CEO - The Association of People with Disability

The Live Laugh Love Foundation has been a very valued partner of APD since 2016. Community mental health work with remote rural communities has been deepened, expanded, and sustained through TLLLF’s support. A cross-society approach involving PwMI, carers, ASHA workers, village rehabilitation workers, primary health centres, and schools has established a strong solidarity network. Effective treatment, care, social, and economic integration is the goal being pursued.

Dr Thelma Narayan
Trustee - The Association of People with Disability
2017-18 was a big year for TLLLF in terms of building awareness and amplifying our digital front. The year saw many firsts with the release of several pieces of in-house content and videos. Monthly campaigns created conversations around mental health and helped audiences better understand the nuances of mental health. Social media has been a valuable tool to increase the reach of our awareness initiatives. A variety of mediums were leveraged to create more than 6,00,00,000 impressions in the digital domain.

Digital Media

Followers on social media: 2017-18

<table>
<thead>
<tr>
<th>Platform</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twitter</td>
<td>23,000</td>
<td>27,271</td>
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<tr>
<td>Facebook</td>
<td>1,05,000</td>
<td>1,62,000</td>
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<tr>
<td>Instagram</td>
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<td>66,593</td>
</tr>
<tr>
<td>YouTube</td>
<td>4,139</td>
<td>7,789</td>
</tr>
</tbody>
</table>

Website traction: 2017-18

- **14 lakh views (75% new visitors every month)**
- **Total views:** 1,35,000

**In-house Content**

Coming into the new year, TLLLF identified two separate issues to be tackled:

a. **Simplifying mental illness**

b. **Generating empathy for people suffering with depression**

Some of the campaigns undertaken to support these issues included:

1. **The A-Z of depression**: This campaign was focused on enhancing the working vocabulary around depression. Each letter of the English alphabet was used to highlight an emotion, sign, or condition related to depression. The words being highlighted were chosen to give our audience a holistic and well-rounded understanding of the severity of depression and how much support survivors may need. This campaign garnered over 40 lakh views online and also found resonance in print media via feature articles.

2. **Animated short videos**: To address the burden of mental illness, it is vital to open up conversations on online platforms. One such method is through video content – the largest form of media consumed on the Internet. Moreover, sensitive topics such as mental illness, self-harm, and depression have been found to resonate better through animated video formats. These videos are integral to reach a younger audience and ensure greater emotional resilience in them early on. The animated videos released so far include:

   a. **What is Depression?**

      Breaking down major depressive disorders into simpler terms, this video highlights the symptoms experienced by those suffering from depression, and debunks myths around the same.

   b. **The Importance of a Support System**

      In order to recover from a mental illness, it is vital that the person with mental illness has a strong support system. This video explains how different members of society can help in the process of recovery, and why their support is crucial.

   c. **What is Counselling**

      There are plenty of myths surrounding the role of a counsellor. This video was released to highlight when and why individuals should seek the support of a counsellor. **Total views:** 1,35,000

3. **Event videos**

   Since January 2018, TLLLF has worked on creating in-house articles and content. The idea here is to provide people with mental illness, caregivers, and other individuals helpful information surrounding mental well-being. Some of the most viewed articles include a guide to tackling the Blue Whale Challenge (found making its way through Indian students at an alarmingly fast rate), guides for students and parents during exam season, and articles on women’s health and postpartum depression. **Total views:** 3,25,000

4. **Website revamp**

   A video highlighting the programme and its impact was released on our social media platforms. TLLLF 2018 National Survey: How India Perceives Mental Health Vox Pop Video: In 2017, the foundation commissioned a survey to understand India’s level of awareness about mental health conditions, and the amount of stigma associated with seeking support. The results of the survey were published in 2018 along with a vox pop video released on our social media channels. The video also demonstrated the need for change and the importance of mental well-being. **Total views:** 3,25,000

Since January 2018, TLLLF has worked on creating in-house articles and content. The idea here is to provide people with mental illness, caregivers, and other individuals helpful information surrounding mental well-being. Some of the most viewed articles include a guide to tackling the Blue Whale Challenge (found making its way through Indian students at an alarmingly fast rate), guides for students and parents during exam season, and articles on women’s health and postpartum depression.
During the year, TLLF’s media outreach covered a range of print, digital, and electronic media outlets in English and several Indian languages such as Hindi, Marathi, Telugu, Gujarati, and Kannada. Interviews and features served to highlight mental health priorities for India as well as project the foundation’s activities.
Audit Report

1. We have examined the Balance Sheet of The Live Love Laugh Foundation, Bangalore as on 31 March, 2018 and the annexed Income and Expenditure account and Receipts and Payment account for the year ended that date. These financial statements are the responsibility of the management. Our responsibility is to express an opinion on these financial statements based on our audit.

2. We have conducted the audit in accordance with auditing standards generally accepted in India. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. Our audit included examining on a test basis, evidence supporting amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

3. We further report that:
   a) We have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purpose of our audit.
   b) In our opinion proper books as required by law have been kept by the Trust so far as appears from the examination of those books.
   c) The Balance Sheet, Income and Expenditure account and Receipts and Payment account dealt with by this report are in agreement with the books of accounts.
   d) In our opinion and to the best of our information and according to the explanations given to us during our audit, the said accounts gives a true and fair view of the state of affairs of the Trust as on 31 March 2018.

Bangalore

Dated: 14 May, 2018

Yadu & Co
Chartered Accountants
Firm registration number: 004795S

Sd/-
VN Yadunath
Proprietor
Membership number: 021170
Bangalore

Balance Sheet 2017-18

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<tr>
<th>Capital/Corpus Fund</th>
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<td>Sundry Creditors/Provisions</td>
<td>₹ 4,35,087</td>
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<tr>
<td>Total</td>
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</tbody>
</table>

| Fixed Assets | ₹ 3,78,292 |
| Loans and Advances | ₹ 5,77,090 |
| Investments | ₹ 1,20,00,000 |
| Cash and Bank Balances | ₹ 1,87,54,923 |
| Total | ₹ 3,17,10,305 |

Income and Expenditure

| Income | ₹ 2,35,73,863 |
| Other Income | ₹ 14,01,961 |
| Total | ₹ 2,49,75,824 |

| Educational Awareness Programme | ₹ 1,15,49,565 |
| Development Expenses | ₹ 41,45,558 |
| Administrative Expenses | ₹ 69,47,550 |
| Depreciation | ₹ 63,045 |
| Excess of Income over Expenditure | ₹ 22,70,106 |
| Total | ₹ 2,49,75,824 |
Board of Trustees

Anna Chandy
Anna has over 18 years of experience in developmental work, counselling, coaching, and mentoring. She is the first Certified Transactional Analyst from Asia accredited to the International Transactional Analysis Association, and has specialised in Counselling. She is also certified in Neuro Linguistic Programming and Art Therapy. Anna works with organisations as well as practices in private.

Kiran Mazumdar-Shaw
Kiran is the Chairperson and Managing Director at Biocon. She is a pioneering biotech entrepreneur and a recipient of the Padma Bhushan (2005) and the Padma Shri (1989). She is committed to providing affordable access to healthcare with several global recognitions to her credit. Recently, she became the second Indian to sign the ‘Giving Pledge’ of the Gates Foundation.

Nina Nair
Nina has about 30 years of work experience in teaching, learning and developmental activities, human resources, and organisational development. She has played an eclectic mix of roles — from being a high school teacher, entrepreneur, trainer, to the head of HR. She is currently VP and Head HRD (India and LatAm) at [24]7 Inc.

Dr Shyam Bhat
Shyam is a psychiatrist and physician, with postgraduate training and board certifications in Psychiatry, Internal Medicine, and Psychosomatic Medicine. He has over 20 years of experience and has a special interest in the integration of eastern and western methods of healing.

Anirban Das Blah
Anirban is the Founder and Managing Director of CAA KWAN. Having played a leadership role in the development of India’s foremost entertainment companies, he has been listed as one of ‘India’s most influential Thought Leaders’ by the Hindustan Times.

Dr Murali Doraiswamy
Dr Murali Doraiswamy is a professor and doctor at the Duke University Health System (USA) and one of the world’s leading clinical experts in the area of brain and mental health. He is also a member of the Duke Institute for Brain Sciences and directs a renowned clinical trials unit that has been involved in the development of many therapies used widely today in mental health. Murali has received numerous awards for his work including a Fellowship by Distinction from the Royal College of Physicians and a special US Congressional recognition for his services to the community. He has been an advisor to leading government agencies, businesses, and advocacy groups, and serves as the Co-chair of the World Economic Forum’s Global Future Council on Neurotechnologies and Brain Sciences.
Key Events

Deepika Padukone at NASSCOM’s India Leadership Forum 2018

The TLLLF team visits a programme centre in Davangere on World Mental Health Day

Deepika Padukone at World Economic Forum - Indian Economic Summit

Deepika and the team visit a survivor’s home on World Mental Health Day
List of Donors

1. Anna Chandy
2. Aradhana Mahna
3. AR Landcraft LLP
4. Crest Promoters Pvt Ltd
5. Dr Loonawat Research Lab
6. Forevermark Diamonds Pvt Ltd
7. Jahnavi Nilekeni
8. Jamnalal Bajaj Foundation
9. Kishore Mariwala
10. Komal Narang
11. K Shanta
12. Label Centric Luxury Enterprises Pvt Ltd
13. Love and Crumble Co
14. Mineral Enterprises Limited
15. Nilesh K Nawal
16. Onkareshwar Trust
17. Other Donations
18. Pavan Murthy
19. Prakash/Ujjala/Anisha Padukone
20. Reliance Industries Limited
21. Ritu Bhalla/Vishwa Mitter Bhalla
22. R Jhunjhunwala Foundation
23. Sachin Kishanlal Bishnoi
24. Sonal Hada
25. Sonalika Social Development Society
26. The Printers (Mysore) Pvt Ltd
27. Trident Automobiles Pvt Ltd
28. Western Consolidated Pvt Ltd
29. Wipro Limited - Wipro Technologies

Sponsorship Received
Swatch Group India Private Limited

Account Details
ACCOUNT NAME : THE LIVE LOVE LAUGH FOUNDATION
BANK NAME : HDFC BANK
ACCOUNT NUMBER : 50100193331835
IFSC CODE : HDFC0000009
BANK BRANCH : KASTURBA ROAD
PAN NUMBER : AACTT5919M