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## Message from Chris Underhill

Since the year 2000, BasicNeeds has reached over 50,000 people with mental disorders or epilepsy across seven developing countries providing them opportunities to access treatment, work, earn or continue their education. By integrating research into everything we do, we aim to bridge the gaps which exist between mental health policy, practice and ground realities. BasicNeeds' International Research Management Team, through this Newsletter, provides an overview of all the research work carried out by BasicNeeds in 2008.

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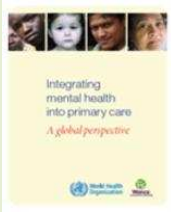
### Research at the grassroots

## From the Editors' Desk

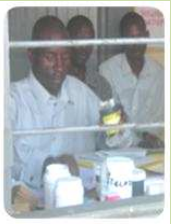
Welcome to BasicNeeds' Research Newsletter. In this edition we bring you information about several publications and research studies by BasicNeeds in 2008. In the latter section we tell you about BasicNeeds' Data Base Management Systems and how that is used to monitor field programmes. In the final section "Research at the grassroots", we bring you interesting news from the field in Tanzania, Lao PDR and Uganda.

We look forward to your views.

## PUBLICATIONS



**Integrated primary care for mental health in the Thiruvananthapuram District, Kerala State:** The WHO report 'Integrating Mental Health into Primary Care – A Global Perspective' reaffirms the urgent importance and advantages of integrating mental health into primary care systems and provides detailed descriptions of best practice examples from around the world. In early 2008, the WHO invited BasicNeeds to present a best practice example from India for which we studied and reported about the District Mental Health Programme (DMHP) in Kerala State. This study appears in the report on page 109. [http://www.who.int/mental\\_health/policy/en/](http://www.who.int/mental_health/policy/en/)



**Access to Psychiatric Medicines in Africa:** In 2007 BasicNeeds undertook simultaneous studies in Ghana, Uganda, Kenya and Tanzania to investigate the psychiatric drug supply management within the public sector in Africa. It identified factors that lead to shortages and investigated user perspectives on how this affected them. BasicNeeds, together with Dr. Michael R. Reich, Associate Professor of International Health at the Harvard School of Public Health, have brought all of this information together for a chapter in the book titled, "Culture, mental illness and psychiatric practice in Africa". Reference: Raja S, Kippen S, Reich M R. *Access to Psychiatric Medicines in Africa. Forthcoming In: Akyeampong E, Hill A, Kleinman A, eds. Culture, mental illness and psychiatric practice in Africa. Bloomington (IN): Indiana University Press; 2009.*



**Success indicators for integrating mental health interventions with community-based rehabilitation projects:** This in-depth research conducted in 2005-06 by BasicNeeds studied how mental health intervention can be integrated into Community Based Rehabilitation (CBR). It also developed indicators for successful integration of Community-Based Rehabilitation and Mental Health and Development services. Reference: Raja S, Boyce, W F, Ramani, S, Underhill, C. *Success indicators for integrating mental health interventions with community-based rehabilitation projects. International Journal of Rehabilitation Research. December 2008. 31(4): pp284-292.*



**Barriers in the mind: promoting an economic case for mental health in low- and middle-income countries:** This paper, jointly written by David McDaid, Martin Knapp (London School of Economics and Political Science) and Shoba Raja (BasicNeeds), reflects on some of the mental health challenges faced in low and middle Income countries and outlines the role that economic evidence could play in strengthening the policy case for investment in mental health. Reference: D. McDaid, M. Knapp, S. Raja. *Barriers in the mind: promoting an economic case for mental health in low- and middle-income countries. World Psychiatry 2008. June; 7(2): 79-86.*

## COMPLETED STUDIES

**Practice of Community Mental Health: Identifying essential features for scale up in Low and Middle Income Countries:** In early 2008, BasicNeeds carried out six simultaneous studies to understand the practice of Community Mental Health in Lao PDR, Ghana, Uganda, Tanzania, Kenya and Sri Lanka. Using a Case Study approach, primary data was sourced from specific sites through focus group discussions, observational sessions and interviews with key informants. Secondary data was sourced from existing documents. The study identified essential features required for effective Community Mental Health (CMH) interventions, chief among which are: planned stakeholder cooperation at different levels, training general health staff to provide mental health services, flexibility in CMH implementation according to local contexts, building capacities of a cadre of community workers and increased governmental support for supply of psychiatric medicines.



**Baseline Study Report On Community Mental Health And Development- Lao PDR:** in June 2008 BasicNeeds Lao PDR undertook a baseline study in its proposed programme areas to investigate the prevalence of mental disorders and epilepsy, availability of essential drugs for treatment, training for health workers, effectiveness of the existing mental health care services, gender issues faced by families, the livelihood situations of the affected people and relevant government policies. The study demonstrated the need for engaging government and private partners to activate and promote community based mental health interventions.



### Evaluating Economic Outcomes of the Mental Health and Development Model in North India:

This prospective evaluative study assessed economic outcomes of 138 people with mental disorders involved in the BasicNeeds - Nav Bharat Jagruti Kendra [NBJK] intervention programme over a period of two years in the States of Bihar and Jharkand in India. The quantitative study used an Intervention Checklist developed for the study and an Economic Assessment Questionnaire (adapted from the economic assessment questionnaire used in 2003 by Srinivasa Murthy and others) to collect primary data. Clinical diagnosis obtained from local psychiatrists and the Individual Files (participants' records) were used as a source for basic demographic data on study participants.



**Findings :** The two years of participation in the Mental Health and Development programme had significantly addressed the economic burdens associated with mental illness treatment and related burden of loss of opportunities for work and income generation.

### BasicNeeds' DATABASE MANAGEMENT SYSTEM

Every three months BasicNeeds undertakes the gigantic task of putting together data from field areas across 7 countries to monitor progress and change. The complexities involved in manually classifying and consolidating data according to diagnosis, sex and age can lead to human error. In order to manage such large volumes of data a 'Microsoft Access' based Database Management System with essential protocols was created. This has enabled us to access, sort and update the data as required. Data is initially entered in specially created *forms* (Data Entry screens). This information is stored in *Tables*. *Queries* are helpful to retrieve records matching given criteria and they are presented in the form of *Reports*.

A special feature of the data and monitoring tools developed is that processes, indicators, and templates have been standardized across BasicNeeds to enable rigour, consolidation of information and comparative analysis. At the same time customized features have been developed within some of the tools taking into account specific field situations and innovative features of different field operations which affect data collection, data transfer and data entry processes.

Uma Sunder

### RESEARCH AT THE GRASSROOTS

*"Why there is shortage of drugs for people with mental illness? Our drums & dance which will carry this message ..."*

Sengenge community theatre group in Mahuta ward, Mtwara, Tanzania.



**BasicNeeds-Tanzania** uses field data as evidence for raising awareness in communities. This is done through various art-led activities such as theatre groups and poem recitals. BasicNeeds trains and supports theatre groups, to use participatory research evidence to prepare information and present it to the community. The themes in the drama concentrate on different issues emerging from the research such as shortage of drugs, stigma, superstitions, treatment of mental illness and epilepsy etc.

*"...Today we learn that mental illness is treated in the hospital. Most of the people in our place prefer traditional treatment thinking that mental illness is associated with witchcraft. Therefore together, we*

*prepare poem, which will focus only on mental illness and treatment. ..."* Lisekese community theatre group in Masasi, Southern Tanzania.

Kalista Higini



**BasicNeeds-Lao PDR's** Village volunteers group was formed in early January 2008 with 42 volunteers. They act as facilitators at mental health outreach clinics, assist BasicNeeds' staff, make home visits and collect data at the community. They have been trained by the BasicNeeds team to participate knowing their roles and responsibilities in the project. They have also been trained in maintaining individual files, making home visits, process writing, animation, presentation and counselling skills. Many showed keenness in learning new skills in mental health and continue to participate actively in project's activity. They are very significant stakeholders of the programme since most of project implementation is at the community level.

*Malikhone Morakoth*

*“Participatory data analysis (PDA) is part of a qualitative research method where people living with mental disorders are given the opportunity to influence the research process. They do this not only by data generation assisted by a researcher, but also by analyzing this data as a group. This enables them to determine and prioritize immediate actions based upon this collective analysis”.*

PDA sessions were organized by **BasicNeeds-Uganda** during May 2006 to March 2007 in Masaka and Sembabule districts of Uganda. The findings of PDA were shared with district and sub-county officials who promised support. The PDA exercise was helpful to demonstrate the field situation to the authorities and bring about improvements in service delivery.



#### **Main findings from PDA:**

*A) Mental Health services:* Mental health services were lacking in majority of the lower health centers in the two districts. The resources for mental health services were limited with inadequate drugs supply and psychiatric personnel. There was less priority for mental health in the District budgets leading to the neglect of mental health services.

*B) Economic situation:* Poor transportation facilities, high transport costs combined with treatment costs have affected the financial situation of the people with mental disorders. They were generally poor and so found it difficult to pursue any income generating activities- a fact the local leaders and development organizations did not recognize with special concern. The produce from mentally ill persons has to be sold at lesser prices for want of buyers in the market and out of desperate need for money. Microfinance institutions hesitate to offer them loans.

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