BasicNeeds
BasicRights

Message from Chris Underhill

BasicNeeds currently has Mental Health and Development operations in 8 countries. By the end of 2011, we will be working in a total of 10 countries. With all of this new growth, providing clear evidence of our practice in each programme is very important to us.

We have a well developed system for collecting and reporting information on each individual entering our programmes. Field research is a vital component of BasicNeeds' work which helps us gain further insights into the policy and practice contexts of our work. Besides, Users of our programmes are often directly involved in the research process itself thus adding a valuable dimension. We also hold a growing number of research collaborations with reputed academic institutions.

All of these research initiatives deepen our understanding of the field of mental health and development, and allows us to contribute to the growing global mental health knowledge.

Editor's note

Welcome to the third edition of BasicNeeds' Research Newsletter.

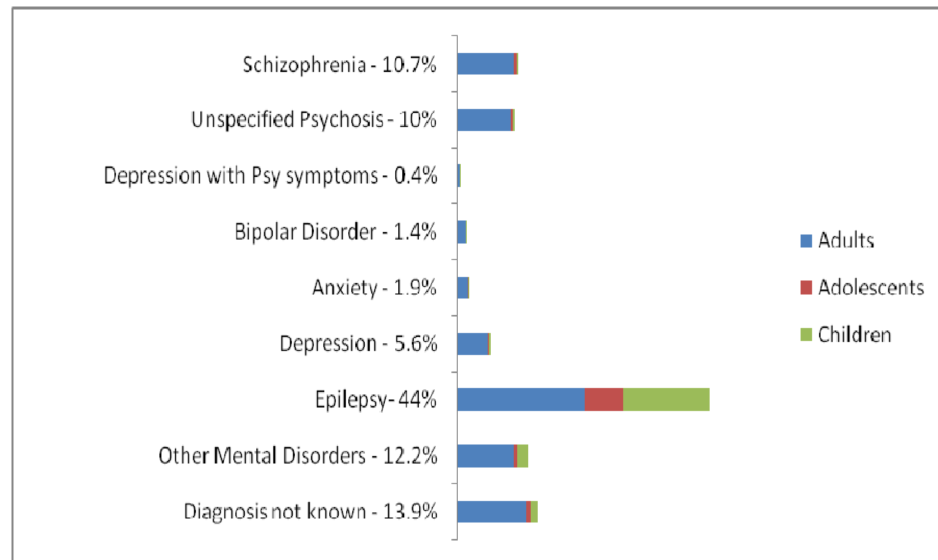
In the first section we present interesting evidence of practice from BasicNeeds' field programmes. The next section brings you news about studies undertaken by BasicNeeds in 2010 including the evaluation of a Training Manual, Baseline studies in Sri Lanka and Nepal and contributions to the World Psychiatric Association.

We welcome your feedback and comments.

Evidence from Practice

Users of BasicNeeds' Mental Health and Development Model

In 2010 BasicNeeds worked with 44,494 Users and their families from eight countries to help them gain access to treatment, opportunities for contributing to family through income or non-remunerative productive work, and gain capacities for collective actions.



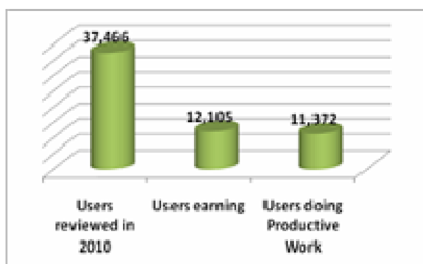
Country	Total
Lao PDR	829
Sri Lanka	4,552
Ghana	17,720
Uganda	7,447
Kenya	5,903
Tanzania	4,001
Nepal	184
India	3,858
Total	**44,494**
Adults	**31,631**
Adolescents	**4398**
Children	**8465**
Male	**22,821**
Female	**21,673**

Access to Treatment and Care: How does it work?

Gaining access to treatment and care continues to be a facilitating factor in bringing change to the quality of life of the 44,494 Users and their families reached by BasicNeeds through its Mental Health & Development Programmes in eight countries in 2010.

Country	Services access location *(type of service given in bracket where appropriate)*	Run by	Frequency of availability	Average Distance (in km) for Users	Mode of travel	Duration medicines given for & cost for Users
Ghana	District Hospital (MH outreach Clinics)	BN (travel) & Govt (accommodation/ vehicle)	Quarterly	5-10	Bus	One month - free
	Community Psychiatry Units	Govt (Psy Nurse)	Quarterly or Monthly	5-10	Bus	One month - free
	Dist Hospital – Psychiatry Units (where functioning)	Govt	Daily (walk-in)	5-10	Bus	One month - free
Uganda	Health Centers (Outreach clinics)	BN & Govt	Quarterly	0 - 50	Walk or cycle or Boda Boda (motorcycle taxi)	Monthly or weekly - free
	Health Centers (integrated clinics)	Govt	Monthly	0- 50	Walk or cycle or Boda Boda	Monthly - free
Kenya	Dispensaries (Outreach clinics)	BN & Govt	Monthly	1	Walk	One month - free
	Health Centers (Outreach clinics)	BN & Govt	Monthly	2.5	Walk	One month - free
	Hospitals (Out-patient clinics)	BN & Govt	Daily	10	Bus	One week or one month-subsidized
	Local church (Schizophrenia & Epilepsy Outreach Clinics)	BN & Govt	Monthly	2	Walk	One month - free
Tanzania	villages (Outreach clinics)	Govt & BN (travel)	Monthly	5-7	walk (rural) or bus(urban)	One month - free
	Health facilities (Outpatient clinics)	Govt (Clinicians/ Nurses)	Monthly	3-5	walk (rural) or bus(urban)	One month - free
Sri Lanka	Villages (MH camps)	BN & Govt	Monthly	1- 10	Bus	One month - free
	Local hospitals (MH clinic follow-up clinics)	Govt.	3 days weekly	1-10	Walk /bus	One month - free
	Community support Centers	BN & Govt	Daily			
	Mobile Clinics	BN & Govt	if required	0	NA	One month - free
Lao PDR	District hospitals (District MH clinics)	BN & Govt.	Weekly	5-22	Walk, bicycle and moto	One month – pay – poor get free
	Mental health units of Mahosot and Military or 103 hospitals	Govt	Daily	10-90	Walk, bicycle and moto	One week or one month– poor get free
	District hospitals (MH outreach clinic)		Monthly	5- 30	Walk, bicycle and moto	One month– poor get free
Nepal (BN partner LEADS)	District hospitals (MH camps)	LEADS & Govt. (Western Region Hospital)	Alternate months	0 - 40	Walk - No transport available	One month– free
	Health Posts & District Hospitals (MH Follow-up Clinics)	LEADS & Govt.	Alternate months	0 - 8	Walk	One month– free
India (BN partner NBJK)	NBJK / District Hospitals (MH Camps)	NBJK & Govt.	Monthly	30-40	Auto rickshaw /bus/jeep/ train	One month – free

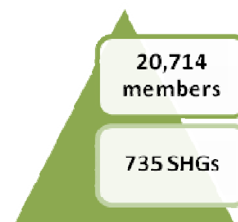
*** Note: Information as reported by BasicNeeds and partners' local staff*



Sustaining Recovery For persons recovering from mental illness gaining, or as in many instances, regaining ability to work and contribute to family by way of money earned or taking on responsibilities is very important and can be central to sustaining recovery.

***Examples of Productive work includes going to school, doing vocational training, helping in household chores, help in farming, cattle care & business, etc.*

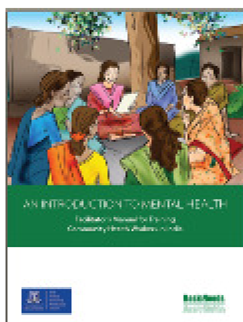
Collective Strength



A strategy central to the BasicNeeds' Mental Health and Development model is the buildup of Users and Carers' capacity so that they can eventually self-advocate for their inclusion into their countries' social, economic development and political processes. An important first step to achieving this is the formation of User/Carer Self Help Groups (SHGs) at the very local level, at the grassroots. SHGs are able to monitor treatment compliance, the overall condition of its members and provide simple informal psycho-social support.

FIELD RESEARCH

Field research is a vital component of BasicNeeds' work. From participatory research to baseline studies to policy studies, BasicNeeds focuses on learning from practice and methodically uncovering and applying key, practical recommendations. This section looks at the breadth of research work BasicNeeds is currently engaged in.



Evaluation of Community Health Workers Manual

A manual titled, 'An Introduction to Mental Health-Facilitator's Manual for Training Community Health Workers in India' was jointly developed by BasicNeeds and Nossal Institute for Global Health, Melbourne University in 2008. A Training and evaluation project in 2010, sought to evaluate the Manual. A total of 46 Auxiliary Nurse Midwives (ANMs), 17 Village Rehabilitation Workers and 7 Accredited Social Health Activist (ASHA) workers who have minimal experience working with people mental illness from Doddaballapur Taluk in Bangalore Rural District in South India were recruited.

A pre-test post-test comparison design was used, with baseline measures taken before participation in the training and follow-up measures taken at completion of the course and three months later. Additionally, a sub-set of 20 participants were qualitatively interviewed. The principle outcome measure is Mental Health Literacy. The study report is expected to be completed shortly.

Baseline studies

Sri Lanka: BasicNeeds Sri Lanka (BNSL) is currently working with children identified as vulnerable in the Southern Province and the war affected Northern and Eastern Provinces of the country. BNSL conducted a baseline study in 2010 to understand their situation in depth. Main findings of the study are:

- Children most vulnerable to experiencing mental health problems are war victims, children from broken families, orphans, children in centres/homes, and children with more educational pressure.
- Children in isolated rural locations in all 3 provinces get very few facilities when compared with children in less isolated locations.
- Children in war affected areas of the Northern and Eastern Provinces suffered from more psychological trauma when compared with the children in the south.
- The government approach to rehabilitate the children who have been identified as abandoned, helpless, or truant is institution based.
- Despite the presence of a large number of organisations (government and non-governmental) in all the 3 districts that work for children, their services are either not visible or lack quality.

Nepal: BasicNeeds implements a mental health and development programme in Baglung and Myagdi districts in the Western Province of Nepal in partnership with LEADS. A Baseline study conducted in 2010 found that:

- About 25 percent of outpatients attending primary health care services show signs of mental or behavioral disorders.
- A negligible portion of the population has free access to essential psychotropic medicines.

- The complete absence of a government mental health service & trained manpower is a major problem faced by the population.
- District based private medical clinics which offer monthly mental health clinics by psychiatrists are expensive.
- Non availability of mental health services and limited knowledge about mental illness results in a majority of rural people in Baglung and Myagdi people seeking traditional/religious healing methods.
- Fearing stigma and discrimination, people with mental illnesses hesitate to come forward for treatment.
- In Baglung and Myagdi, there are potential Self Help Groups for integrating people with mental disorders
- Neither government nor NGOs working in these areas extend community awareness programmes on mental health.

Users & Carers Consultations

In 2010, BasicNeeds, as special advisor to a WPA taskforce developing best practices in working with service users and carers and their meaningful involvement in advocacy, held a series of consultations with 1197 Users and Carers in 19 field sites in three countries.

Key Recommendations from Users & Carers:

- Collaboration between users, carers and clinicians is important and much needed. Users and carers need to be clearly consulted and involved in the treatment plans.
- There are specific responsibilities that Users, Carers and Clinicians bring to the collaboration.
- Clinicians/service providers should be prepared to give quality time to users and carers. Visiting the homes of users is an important aspect of such collaboration.
- Proximity to the service facility is crucial for access and thus for continued treatment.
- Clinicians, other service providers as well as local administrators need to be trained.
- Opportunities for education, work, income and links with potential employers are key in recovery and especially sustaining stability gained by users.
- Users need support to minimise side effects and prevent relapse which is crucial to their ability to work continuously.
- Insurance covers must be inclusive to meet long term treatment needs of users.

Professor Helen Hermann, Director, World Health Organization Collaborating Centre in Mental Health, Melbourne says, "*WPA and I are grateful that Basic Needs has agreed to collaborate in this work. Chris Underhill and Shoba Raja have been invaluable special advisers to the taskforce on behalf of Basic Needs. They have both been important sources of inspiration and support throughout. They have helped the taskforce to clarify important ideas and to make real steps towards including the views of vulnerable people in low-income countries*".

Participatory Data Analysis with Children in Kenya

Children form up to 15% of all the people in the BasicNeeds Kenya (BNK) programme. BNK organized Participatory Data Analysis (*see box*) with 39 children in Nyandarua South district in August 2010 in order to get their perceptions of the programme and its impact. Key findings are;

- Eighty eight percent (88%) neither knew what illness they were suffering from nor how to cope with it.
- Ninety percent (90%) did not understand side effects of their medication
- Ninety four percent (94%) are in school and support household chores like washing dishes and sweeping the house, milking the cows etc. All children are well supported by parents.
- Fifty percent (50%) of the adolescents were bullied and made fun of at school by other children because of their condition although the teachers are supportive. This was different for the younger children whose friends were sympathetic.

Participatory Data Analysis (PDA) is a participant-driven method for analysis developed by BasicNeeds to include people with mental illness or epilepsy in applied research

Outcome study in Kenya

The collaborative prospective cohort intervention study by BasicNeeds and University of Cape Town is underway in Kenya to evaluate mental health, economic and quality of life outcomes for 203 study participants of BasicNeeds' Mental Health and Development programme. Two rounds of data collection are completed and the final collection of the post intervention data is expected to be completed by May 2011.

…….Research underway

- Baseline Study in India
- District Mental Health Programme in India

…….. In the pipeline

- Baseline Study in Vietnam
- Baseline Study in China
- Service Quality in Primary Health Centers in Tanzania

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