



This issue of the Policy Brief focuses on the results in the annual BasicNeeds Impact Report for 2009, which is now available [online at >>](#)

Scaling up to fill the treatment gap

2009 saw a great expansion in the BasicNeeds programmes worldwide:

- 33,915 people were reached by programmes in 2009, and 28,053 (83%) received treatment.
- A third of those reached were identified in 2009.
- Of those treated, 10,484 are earning an income and 13,948 are doing productive work; combined, 87% of all those reached through the programmes worldwide.

Participants continue to report an improvement in their condition both medically and from the perspective of 'getting their life back', becoming more involved, and feeling included, in family and community life.

Giving voice through Self-Help Groups

Self-Help Groups (SHG) facilitated by BasicNeeds continue to grow and form an integral part of the livelihoods and capacity building components of our Model.

- There are now 659 SHGs throughout BasicNeeds countries, up from 460 in 2008.
- 55% of users are members of a SHG.
- SHGs are becoming increasingly important in raising Government's awareness of mental illness and understanding individual's needs.

Better supply of psychiatric medicine

The lack of an adequate supply of psychotropic medicine has been a continual problem for all BasicNeeds programmes. One reason for the lack of supply is an inadequate assessment for how much is required. BasicNeeds is providing better data on what is required to try and remedy this. As a result:

- Sri Lanka reports significant improvements in provision of medicines.
- Lao PDR is setting up revolving funds for psychotropic medication.
- The Government of Ghana has responded to requests by BasicNeeds to improve their supply of psychiatric medicines. Following on the BasicNeeds drug study of 2008, a meeting was held with the Drug Procurement Officer, the Chief Psychiatric Officer, the Chief Pharmacist and Peter Yaro, BasicNeeds Manager in Ghana. The result is that newer medications are now available and greater attention is being given to budgeting for psychiatric drugs.

New Research

BasicNeeds research aims both to help inform policy in the programme countries, and to provide strong, transferrable evidence to inform policy throughout the BasicNeeds network. In the past year, we have undertaken the following studies:

- A study evaluating the outcomes of our Model in Kenya,
- A gender study to develop indicators of gender sensitive outcomes in Sri Lanka
- Research in Uganda on those factors which may halt the progress of mental health treatment for those who have been victims of torture or survivors of grief
- A study in Lao PDR conducted with participant-users, determining the progress and problems of the young programme in Lao PDR.

Hot off the press

BasicNeeds continues to develop our research in order to better inform our policy recommendations. We are particularly proud of two publications that have just been released:

- [Mapping Mental Health Finances in Ghana, Uganda, India, Sri Lanka and Lao PDR](#) in the open-source International Journal of Mental Health Systems.
- [Two chapters in the new book Community Mental Health in Low Income Countries: A Way Forward](#), edited by Angelo Barbato and Martine Vallarino. The book is a compilation by members of the Global Forum for Community Mental

Health to which BasicNeeds has contributed articles about our experiences with community workers and in building national user movements, particularly in Ghana.

In Memoriam Alan Flisher

BasicNeeds mourns the passing of Alan Flisher this April after a battle with Leukaemia. Dr Flisher was an outstanding child and adolescent psychiatrist in a context where child psychiatrists are few and far between. He was also an advisor on mental health to the South African government and the WHO, and a founder of the Movement for Global Mental Health. Along with his colleague Crick Lund, Alan collaborated with BasicNeeds Kenya in evaluating the outcomes of community mental health in Nyeri and Meru. He will be greatly missed.

Policy gains

Policy gains at a local level

Involvement of community leaders continues to evolve, helping local communities take greater ownership of the mental health work in their area:

- In Kibera, a suburb of Nairobi, **Kenya**, chiefs and assistant chiefs are actively involved in referring potential users. A patron of Mental Health Action Group 1 is the Bishop of the Catholic ArchDioceses of Nyeri, who's influence puts MHAG in a powerful lobbying position.
- In **Sri Lanka**, the Southern Development Authority has allocated funds for training staff in mental health for 2010.
- Traditional healers in **Ghana** have been given training on handling those mentally ill persons who are aggressive, which is diminishing physical abuse by the healers.

Policy gains at a national level

BasicNeeds' work has seen a good many changes in national policy regarding mental health.

- In **Uganda**, BasicNeeds has participated at every stage in developing the Mental Neurological Substance Abuse Disorders Policy, which is soon to be placed before parliament for ratification. A new mental health law and a strategy to underlie the policy are also being drafted simultaneously
- BasicNeeds **Ghana** has been actively lobbying for the passage of a new mental health bill, which promotes community based care.
- In **Lao PDR**, BasicNeeds' partnerships with government have resulted in increasing public-sector support and ownership for mental health services.
- In **Kenya**, BasicNeeds was part of the government's Community Strategy for Health. This enabled BasicNeeds Kenya to infuse mental health indicators into the government strategy.

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For more information, or to remove yourself from this list, please contact Victoria de Menil
Special thanks to **Amanda Keeling** for preparing this brief.