BASELINE STUDY REPORT
ON COMMUNITY MENTAL HEALTH AND DEVELOPMENT
IN XAYTHANI AND SIKHOTTABONG DISTRICTS
VIENTIANE CAPITAL, Lao PDR

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Date: June 2008
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Executive Summary

BasicNeeds Lao PDR is the first Non-government Organisation working on the focus of Community Mental Health and Development in Vientiane Capital. This baseline report will not only be served as a purposive tool in enhancing the quality and impact of its Mental Health and Development Project, but could also be used as mental health references for Ministry of Health, particularly for Curative Department and Mental Health Unit Mahosot hospital, as well as outsiders who have interest in this field. Prior to this baseline study, the only report that had been ever produced on the subject of Mental Health Situation in Lao People Democratic Republic (Lao PDR) was conducted by World Health Organisation (WHO) in 2002. Hopefully some new information of this report could be a benefit for further research and implementation plans.

There are 6 main objectives in this report: 1) To estimate the prevalence of mental illness and assess treatment needs in the selected target community, namely, Xaythani and Sikhottabong districts which are 2 out of 9 districts of BasicNeeds Lao PDR programme of operations (Number of mentally ill people reached Mental Health Units of Mahosot and Military Hospitals from 2005 – 2007 are also included); 2) To document and analyse information on existing health care services: infrastructure and other resources of study districts. 3) To assess training needs of generalist health staff at Village Health Centres and District Hospitals who can potentially be trained for long term involvement in providing mental health care services; 4) To understand the livelihoods situation and economic opportunities available for persons affected with mental illness; 5) To identify significant government policies that can directly or indirectly affect mentally ill persons and; 6) To identify potential stakeholders for alliance building and assess their strengths and weaknesses.

Qualitative and quantitative study tools were used, there are about 75 key informants involved in the study ranged from central to grass roots levels. The study took place at two major village groups, that is, Thangone in Xaythani and NongNiew in Sikhottabong districts. The data were collated and analysed with various techniques. For quantitative, Microsoft Access was employed, and qualitative general word processing software were used.

The main results of the baseline study discovers that there is little prevalence figures of people with mental illnesses arrived at Mental Health Units facilities within 2005-07 (2597 patients), comparing to WHO\(^1\) indicator. And clearly people in other provinces rather than Vientiane Capital reached these facilities are very low proportion. District hospital is the first place people with mental health problem seek for treatment at early stage of their illness while Mental Health Units tend to be the last place they would be admitted to. Many mentally ill people and their families are disadvantage in getting adequate information on the treatment and side effects of the drug resulting relapsing and giving up on treatment. Spiritual and traditional healers are playing important roles in terms of seeking care behaviour of mentally ill persons and their families.

\(^1\) Using WHO estimate of 1% of any given population as suffering from mental illness, Lao PDR has about 5.62 million people, thus, the number of people with mental disorders should be around 56,200 people.
Gender inequality issue emerges as well at family where mental illness presents; female, particularly mother is the main source of help and care for the mentally ill sick loved one. The baseline study also discovers that, in the family where mental illness exists, complexity and burden of care also present, for example, the decreasing of income and family’s affairs. Discrimination and stigma is also an issue of mentally ill people and their families.

There is a great need in regard to mental health care training for district health workers, the majority of these health workers do not understand and never obtain proper training in mental health care before. The availability of psychotropic drug at district and village health centres is also a big concern for future plan in inclusion mental health care to the district health facilities; Valium is the only drug available through Revolving Drug Funds at the district levels. Concerning sustainable livelihood opportunity at study districts, there are very few projects that could be a possible help for mentally ill people and their families. With regard to national-related policy for mental health, Lao PDR has now officially owned Mental Health Policy endorsed by Ministry of Health on October 2007. This policy would be a guideline for implementation of mental health work nation wide.

For both short and long term impact evaluation of Mental Health and Development, this baseline study will be certainly a good guidance. It will help the project and its stakeholders to see bigger view of mental health situation at the ground levels and from there, these stakeholders could work and plan the current / future projects together in order to giving hands to those suffering from mental illnesses. This report can as well be a helpful instrument for further research opportunities.

Prof. Dr. Sommone Phounsavath
Director of Curative Department
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CONTENTS

BASELINE STUDY TEAM ........................................................................................................... 2

ACKNOWLEDGMENT .................................................................................................................. 3

EXECUTIVE SUMMARY ........................................................................................................... 4

ACRONYMS ................................................................................................................................ 9

MAP OF SIKHOTTABONG AND XAYTHANI ............................................................................. 11

1. INTRODUCTION ..................................................................................................................... 12
   1.1 LAO COUNTRY PROFILE IN BRIEF ................................................................................. 12
   1.3 THE MENTAL HEALTH SITUATION IN LAO PDR ......................................................... 12
   1.4 BASICNEEDS LAO PDR ................................................................................................. 13
   1.5 JUSTIFICATION OF BASELINE ................................................................................... 13
   1.6 OBJECTIVE OF THE BASELINE .................................................................................. 13
   1.7 STUDY LOCATION ......................................................................................................... 14

2. METHODOLOGY .................................................................................................................... 15
   2.1 SAMPLING .................................................................................................................... 15
   2.2 STUDY TOOLS .............................................................................................................. 15
   2.3 DATA COLLECTION ....................................................................................................... 16
   2.4 DATA ANALYSIS AND REPORTING .......................................................................... 18
   2.5 STUDY LIMITATIONS ................................................................................................. 18

3. FINDINGS ................................................................................................................................ 18
   3.1 QUALITY OF LIFE FOR MENTALLY ILL PEOPLE ........................................................ 18
      3.1.1 Health Status ......................................................................................................... 18
      3.1.2 Economic/Livelihoods Status .................................................................................. 29
      3.1.3 Social Status .......................................................................................................... 33
   3.2 EXTERNAL ENVIRONMENT .......................................................................................... 35
      3.2.1 Mental Health Policy .............................................................................................. 35
      3.2.2 Existing Health Care Service ................................................................................. 37
      3.2.3 Knowledge and Perception toward Mental Health and Mental Illnesses .............. 43
   3.3 STAKEHOLDER PARTICIPATION .................................................................................. 45
      3.3.1 Health Staff ........................................................................................................... 45
      3.3.2 Potential Stakeholders ........................................................................................... 50
   3.4 GENDER INEQUALITIES ............................................................................................... 53
   3.5 KEY FINDINGS ................................................................................................................ 53

5. DISCUSSION .......................................................................................................................... 55

6. RECOMMENDATIONS ........................................................................................................... 58

7. CONCLUSION ......................................................................................................................... 60
BIBLIOGRAPHY........................................................................................................................................61

APPENDICES...........................................................................................................................................62

List of Appendices

Appendix 1: List of Key Stakeholders Involved in the Baseline Study .................................................................................................62
Appendix 2: Study of MHU patients records .................................................................................................................................64
Appendix 3: District and Health Centre Checklist .........................................................................................................................65
Appendix 4: Interview question with VCDH .....................................................................................................................................69
Appendix 5: Village Chief and District Labour and Social Welfare Unit official In-Dept Interview Form ........................................................................70
Appendix 6: Script for Focus Group Discussion with District Health Workers ..........................................................................................74
Appendix 7: Script and Questions for Focus Group Discussion with Mentally Ill Persons and their Carers ........................................................................77
Appendix 8: people with mental disorders Prevalence Figures from 9 District of Vientiane Capital Reached MHUs ........................................................................81
Appendix 9: Sikhottabong and Xaythani Mental Health Care Service Approach .....................................................................................82
Appendix 10: Sample of Job Responsibility of Community Health worker ..............................................................................................83
Appendix 11: VCDH Organisational Chart ..........................................................................................................................................85
Appendix 12: List of NGOs in Vientiane Municipality ...........................................................................................................................86
Appendix 13: Vientiane Capital Population ........................................................................................................................................89
Appendix 14: NGOs Questionnaires Survey Form .......................................................................................................................................90

List of Table

Table 1: Basic information of Sikhottabong and Xaythani districts ........................................................................................................15
Table 2: Sex segregation of patients reached MHUs (n=2597) ..................................................................................................................19
Table 3: People with mental disorders reached MHUs ................................................................................................................................19
Table 4: Aggregation of Patients’ Occupation seek treatment at MHUs ........................................................................................................20
Table 5: Number of people with mental disorders by Group Age and Sex ..................................................................................................21
Table 6: Number of patients with epilepsy and mental illness symptoms reached Sikhottabong district hospital and Village Health Centres .....................................................................................................................23
Table 7: Number of patients with epilepsy and mental illness symptoms reached Xaythani district hospital and Village Health Centres .....................................................................................................................23
Table 8: Other Prevalence Figures of Vulnerable Group in Vientiane Capital ..........................................................................................24
Table 10: Figure number of health staff with qualification in Sikhottabong (including VHC) ...........................................................................38
Table 11: Average health staff per patient in Sikhottabong as 2007 .................................................................................................................38
Table 12: Figure number of health staff with qualification in Xaythani ................................................................................................................40
Table 13: Average health staff per patient in Xaythani .......................................................................................................................................40
Table 14: Number of outpatients admission at Xaythani District Health Service .................................................................................................40

List of Figures

Figure 1: Prevalence Figures of Epilepsy Patients at MHUs .......................................................................................................................22
Figure 2: Number of Severe Mental Disorders Patients at Mahosot and Military MHUs ..................................................................................22
Figure 3: Prevalence Figures of Common Mental Disorders at MHUs

List of Boxes

Box 1: Name of District and Village Group of Baseline Study
Box 2: List of Projects and Private Business in Xaythani District
Box 3: List of Projects and Private Business in Sikhottabong District
Box 4: Common Career of two Districts’ Residents
Box 5: Health workers’ responses on the establishment of MH outreach clinic
Box 6: Knowledge and perception on mental health and mental illnesses of health staff in Xaythani and Sikhottabong districts
Box 7: Responses of health staff on selection criteria for potential health staff in MH care training
Box 8: Training needs of health staff in Xaythani and Sikhottabong
Box 9: Mental Health Care Service Approach of District and Village Health Centres Staff
Box 10: Responses of health staff on how to prevent one from mental illness
**Acronyms**

BN  BasicNeeds
BNL  BasicNeeds Lao PDR
CBO  Community Based Organisation
CBR  Community Based Rehabilitation
CMD  Common Mental Disorders
DFID  Department for International Development of United Kingdom
DH  District Hospital
DPS  Depression with Psychotic Symptoms
FGD  Focus Group Discussion
FDI  Foreign Direct Investment
FY  Fiscal Year
GDP  Gross Domestic Product
HIB  Handicap International Belgium
Lao PDR  Lao People’s Democratic Republic
LDC  Least Development Country
LSW  Labour and Social Welfare
MH  Mental Health
MHU  Mental Health Unit
NA  Information Not Available
NGOs  Non-Government Organisations
NSC  National Statistic Central
PIP  Public Investment Programme
PPP  Purchasing Power Parity
PM  Programme Manager
PWD  People with Disabilities
SMD  Severe Mental Disorders
TOR  Term of Reference
UN  United Nation
VCDH  Vientiane Capital Department of Health
VHC  Village Health Centre
VS.  Versus
VTE  Vientiane Capital
WHO  World Health Organisation
Map of Sikhottabong and Xaythani
1. INTRODUCTION

1.1 Lao Country Profile in Brief

The Lao Peoples’ Democratic Republic has a total population of 5.62 million at which 72.8% living in rural and 27% in urban areas (2005)\(^2\), with every ninety-nine males per hundred females. The percentage of household head who are males, however, is tremendously high at 89% vs. 10% of females, with a population growth rate of 2.1%, an average household size of 5.8. The percentage of population between 15 to 64 years of age is the highest group (covering 57% of total population). Buddhism is the most being-practiced-religion at 67% of total population, following are, Animism 31%, Christians 1.5% and Muslim and Bahai 1%. The nation is preponderantly rural and mountainous, with the beginnings of a rural-to-urban shift, as indicated by the increase in urban areas (10% increased from the year 1995 to 2005). “The landscape breaks into lowland areas along the Mekong River, which depend largely on paddy rice, and highland areas that depend on upland rice and the gathering of non-timber forest products for their livelihoods.”\(^3\)

The latest census classified 49 distinct ethnic groups. The ethnic Lao comprise of 55% and predominate in the lowlands, while ethnic minorities prevail in the highlands, although mixing is common. According to WHO (2007), “The highlands have more poverty, worse health indicators, and fewer services available for multiple reasons, including remoteness, lower education levels, land that is less agriculturally productive, increasing land pressure and limited rural health care services. Ethnic diversity presents a major challenge in health care delivery and education, due to cultural and linguistic barriers. Women have lower literacy rates and girls have lower school completion rates. These gaps are accentuated in the rural and highland areas, where poverty is the highest.”

1.3 The Mental Health Situation in Lao PDR

“Mental health issues in Laos, particularly drug abuse, are a growing concern. Other mental health issues and neurological diseases issues include management of seizure disorders and psychoses” (WHO 2007)

According to UN Common Country Assessment Lao PDR (CCA) of 2006, non-communicable diseases (including cancers, cardiovascular diseases, diabetes, and mental disorders) amplify rapidly in societies in economic transition. ‘Although the focus of health development is mainly on communicable diseases, the investment in non-communicable diseases tends to focus on tertiary facilities rather than on primary prevention, such as effective tobacco control. Mental health is an area that has been particularly neglected, where both public and professional awareness is lacking. Those mentally ill are not well protected in the Lao PDR and may endure inappropriate interventions’\(^4\).

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\(^2\) Steering Committee for Census of Population and Housing, Results from the population and Housing Census 2005.

\(^3\) Country health information profile (WHO, 2007), p 160, 161, website http://www.wpro.who.int/countries/lao/

In Lao PDR, the Ministry of Public Health had previously focused on transmittable disease but is now turning its attention to chronic and non-communicable diseases such as: diabetes and mental health. Mental health issues are completely new for the country and nothing has been set up yet apart from the psychiatric clinic. The facility of Mahosot Mental Health Unit and the Military Hospital are both located in the central of Vientiane Capital and not considered to be sufficient for the whole country. Moreover, many patients can not reach these hospitals due to long distance, poverty and ignorance of mental illness. There are only two psychiatrists for the whole population and psychotropic drugs are generally not available at village level. Above all, the lack of experiences among Health Service Providers in the field of psychiatry and mental health, are indeed a big concern. Follow-up community based on outreach work has not been implemented. The proposed solution again recommended by WHO, is a community-based approach, taking the facilities treatment and patient supervision nearer to the client at district level.

1.4 BasicNeeds Lao PDR

BasicNeeds Lao PDR is the first organisation to run the Mental Health and Development Programme in the country, and is presently working closely with the government of Lao PDR, particularly Ministry of Health, in 9 districts of Vientiane Capital. The work of BasicNeeds Lao PDR’s Mental Health and Development Project, funded by Department for International Development UK (DFID), is to deliver help to improve the quality of life of those suffering from mental ill diseases through implementing the BasicNeeds’ model of Mental Health and Development namely: capacity building; community mental health; promoting sustainable livelihoods; research policy and advocacy; and program management and administration. BNL have established clear foundations for partnership with the government health services and governance structures within Ministry of Health, that is, MHU Mahosot Hospital and Vientiane Capital Health Department.

1.5 Justification of baseline

The BNL programme just officially commenced its mission on May 2007. Under this circumstance, it is vital that the baseline study should be conducted for the project so as to effectively implement the programme and achieve wide impact. In addition, availabilities of research and data on mental health in Lao PDR are extremely limited. There is only one study on mental health situation in Lao PDR, “the Mental Health Analysis in Lao People Democratic Republic”, conducted in 2002 by WHO. In responding to the great need of mental health data as well as bringing information on mental health in Laos up to date, this baseline study was therefore undertaken as a key element of further research, policy and practice purposes.

1.6 Objective of the baseline

To gather relevant information which can enhance the quality and impact of BasicNeeds programme in Lao PDR, and also to determine approaches in working with stakeholders to ensure effective implementation of the programme and sustainability of its impact.
The specific objectives of the study are:

1. To estimate the prevalence of mental illness and assess treatment needs in the programme areas

2. To document and analyse information on existing health care services: infrastructure and other resources

3. To assess training needs of generalist health staff at PHCs and district hospitals who can potentially be trained for long term involvement in providing mental health care services

4. To understand the livelihoods situation and economic opportunities available for persons affected with mental illness

5. To identify significant government policies that can directly or indirectly affect mentally ill persons

6. To identify potential stakeholders for alliance building and assess their strengths and weaknesses

1.7 Study Location

Two districts in Vientiane Capital:

Box 1: Name of District and Village Group of Baseline Study

<table>
<thead>
<tr>
<th>District</th>
<th>Village Group Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sikhottabong</td>
<td>Nong Niew</td>
</tr>
<tr>
<td>Xaythani</td>
<td>Thangone</td>
</tr>
</tbody>
</table>

The baseline took place at village groups of two selected districts in favour to the BNL’s field consultation activity\(^6\) in which, was carrying out, at the same period of time as baseline. The aim of using this approach was to have a preparatory stage to which the study team could build a rapport by meeting, selecting appropriate participants as well as deciding on venue for data collection. Principally, the selected village groups are the heavily inhabited areas within these two districts.

\(^6\) Field Consultations - Community meetings usually held before the start of active programme implementation. These consultations are generally coordinated by a local community based organisation, potential partner or ally, and initially animated by BasicNeeds’ staff. At the consultations people with mental illness, their carers/other family members, CBO field staff discuss mentally ill people’s needs, suggest solutions and the way forward
Table 1: Basic information of Sikhottabong and Xaythani districts

<table>
<thead>
<tr>
<th></th>
<th>Sikhottabong</th>
<th>Xaythani</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of villages</td>
<td>60</td>
<td>104</td>
</tr>
<tr>
<td>Villages in rural area</td>
<td>12</td>
<td>38</td>
</tr>
<tr>
<td>Household</td>
<td>17,999</td>
<td>26,259</td>
</tr>
<tr>
<td>Total number of habitants</td>
<td>99,908</td>
<td>150,793</td>
</tr>
<tr>
<td>- Male</td>
<td>49,936</td>
<td>77,460</td>
</tr>
<tr>
<td>- Female</td>
<td>49,972</td>
<td>73,333</td>
</tr>
<tr>
<td>Population in Rural</td>
<td>15,310</td>
<td>25,598</td>
</tr>
<tr>
<td>Population in Urban</td>
<td>84,598</td>
<td>125,195</td>
</tr>
</tbody>
</table>

Source: National Statistic Centre 2005

2. METHODOLOGY

2.1 Sampling

Part of the study is a purposive sample, for example, key stakeholders are identified before the study team going to the field. Most stakeholders were informed, about the baseline team visit, through line concerned officials i.e. via VCDH and district hospital authorities. Key stakeholders including:

- MHUs staff;
- Head of VCDH;
- Village chiefs;
- District hospital and village health centre staff; and
- District labour and LSW Heads

The study also used convenience sample method for recruiting mentally ill people and carers for the FGD. District hospitals and village health centres are the main coordinator in informing village chiefs in carrying out the message about FGD, its meeting point and time, to mentally ill patients and carers. There are 15 people with mental disorders and 18 carers involved in the study. (See Appendix 1: List of Key Stakeholders Involved in the Baseline Study P. 62)

2.2 Study tools

Various interview and record entry forms were initially developed by BNL team. Notably, the sample of interview questions, were also derived, from baseline report of other BN country members, that, underwent similar process and concepts of baseline study as a whole. Study team reviewed together drafted questionnaires, and edited them several time before going to the field. Xaythani district was the first district for a trial of questionnaires. FGDs questions, many of them have found to be similar meanings from one to the other at first FGD in Xaythani. As a result, many questions were taken out and adapted for the next study spot, that is, Sikhottabong district.
2.3 Data collection

The baseline study involves quantitative and qualitative study methods by focusing in participatory approach. The primary data are obtained by means of studying of records, key interviews, focus group discussions as well as collation of field consultation reports and observation of health facilities. The secondary data were gathered from literature review and internet search. The miniature baseline data collection team comprised of six persons. The field data collection was carried out from early November 2007 until the midst of January 2008. Below are the brief summary of each baseline data collection activity:

- **Literature review**

Numbers of reports and other significant document for baseline study were collated throughout period of study, from diverse sources such as -- UNDP, WHO, BN resources, government reports and internet search engine. Temporary research assistant was recruited for assisting in skimming and summarising relevant information from these documents. *(See list of references on Bibliography P. 61)*

- **Study of MHU patients records**

This activity was taken place in MHU of Mahosot hospital and MHU of Military hospital. The first venue was at MHU Mahosot. Two staff of MHU worked closely with the baseline team for the period of 5 days. The second venue was occurred at MHU of Military hospital. Yet, this unit preferred to fill out the record form by themselves. Here, the activity was carried out from 8 to 16 November 2007. The number of soldiers, with mental illness, came for treatment at this MHU, however, was not provided due to undisclosed reason. The record form was developed by the Research Officer under the guidance of Programme Manager. The raw data was entered into MS Access Database by outsource personnel and then was analysed and reported by the outsource Software Programmer. *(See Appendix 2: Study of MHU patients records P.64)*

- **Observation of health facilities at district and village health centres**

Baseline team visited two district hospitals and two village health centers\(^7\), copies of their annual report from year 2005-07, monthly report of the month of October 06 and 07, and patients annual records which consisted the record number of patients diagnosed as neurological problem or headache, were gathered as reference for baseline. Unfortunately, categorisation like age and sex were not provided in the reports. Significant information from these reports was extracted and analysed by the temporary research assistant under the supervision of the Research Officer. *(See Appendix 3: P. 65)*

- **Key informant interviews**

There were eighteen key informant interviews took place periodically during the study. The venue of this activity was held at the office of each key informant. Below are details of interview activities undertaken:

---

\(^7\) Xaythani district hospital on 21 November 2007, and Sikhottabong on 5, 10 and 11 December 07
Interviewed the deputy head and Chief of Curative Unit at VCDH--The objective was to discuss on the subject of criteria selection of health workers in village health centers and district hospitals, who can be trained for long term involvement in providing mental health service. The interview lasted about 30 minutes. (See Appendix 4: Interview question with VCDH P. 69)

Interview with chief of Nursing Unit of Mahosot hospital on the subject of health staff selection criteria. (For questions used, See Appendix 4, same as for VCHD)

The Head of LSW units of Xaythani and Sikhottabong districts were interviewed. The purpose of the interview is to see potential livelihood opportunity available for persons with mental illness in the study region. The interview lasted about an hour. (See Appendix 5, for the in-dept question Form P. 70)

Five village chiefs in Xaythani and eight in Sikhottabong were interviewed by baseline study team together with district health workers. The objective of the interview is to find out about general situation of mentally ill persons in the community and how village authority has treated them as a village member. The interview lasted between 30 to 40 minutes. (See Appendix 5 P. 70)

All of interview forms for key informants were initially developed by the Research Officer with input from the Programme Manager and colleagues.

- **Focus group discussion**

With the aim in getting insight information from mentally ill people, their carers and district health staff. Focus group discussions events were thereby undertaken. The baseline team was trained to be familiar with the FGD’s questions before going to the field; however, several amendments were made for FGDs’ questions after the team discussed.

Team member was assigned to their role and responsibilities at the FGD i.e. moderator, recorder, assistant and photographer. The FGD, approximately, lasted between one hour and half to two hours. Participants were informed about FGD through district hospital and village chiefs. Details of FGDs activities are as following:

- On 21/11/07, FGDs taken place in the meeting room of each district hospital office with health staff at Xaythani hospital, nine health staff attended. On 5/12/07, FGD with seven health staff at Sikhottabong district. Health staffs were quite enthusiastic and cooperative. The main objectives of the event were explained to health staff as: a) health staff training needs, b) selection criteria of health staff that can be trained for long term training. (See Appendix 6 P. 74, for Script and questions for FGD with health workers)

- On 22/11/07, FGD with mentally ill people and carers in Xaythani district was conducted at the village temples. There were 4 people with mental disorders and 6 carers attended. And, two other FGDs with people with mental disorders and another two FGDs with carers in Sikhottabong were also held at their village temples on 11-12/12/07, there were 11 people with mental disorders and 12 carers participated in the discussions. (See Appendix 7: Script and Questions for Focus Group Discussion with Mentally Ill Persons and their Carers P. 77)
The FGD process document reports were done right after the team got back from the field. The report, first, was in Lao then, was translated in English language later on during data analysis by the temporary research assistant.

- **Consultation meetings**

Field consultations, were took place, in Xaythani and Sikhottabong districts, which happened at the same episode of baseline study as a first intervention activity of BN. So, the baseline study team took part in these occurrences. The meetings were facilitated by BNL’s PM and the Community Mental Health Officer (CMHO). The event started from 9am until 4pm. The process reports of these activities were written by the CMHO and used as part of baseline references.

- **NGOs Questionnaire Survey**

Questionnaires was sent to 56 respective NGOs in order to learn more about them in terms of their activities and to see if any could become BNL’s partners. *(See Appendix 14 P. 90 for Survey Questionnaire Form)*

2.4 **Data Analysis and Reporting**

The qualitative data were summarised and categorised under theme by the temporary research assistants. For the quantitative data, the data were coded and were analysed by the outsource Programmer via using Microsoft Access. The report writing was prepared and written by the BNL’s Research Officer with close guidance of PPD and BNL’s Programme Manager.

2.5 **Study Limitations**

There are numbers of study limitations that should be noted here. Given that this report mainly aims at finding information for the purpose used of BNL’s work, it does not imply the findings for the whole country since the study only conducted in two pilot districts of the programme. Since there are not many active livelihood organisations or projects operating in these areas and our key informant sample for livelihoods was small, our findings on livelihood matters are limited. This is an area that could be explored in more depth. Also, the patient records at MHUs could not be thoroughly analysed due to some missing information from patient records. Finally, some questions used for FGDs and key informant interviews were difficult for the participants to understand.

3. **FINDINGS**

3.1 **Quality of Life for Mentally Ill People**

3.1.1 **Health Status**

A. **Prevalence Number of people with mental disorders in MHUs Mahosot and Military**

Bertrand and Choulamany (2002), reported that, there are two MHUs in Lao PDR; one is under an umbrella of Mahosot central hospital and, the other, is at Military hospital. Within MHU Mahosot, there are 2 trained psychiatrists, 1 neurologist, 4 general practitioners and 8 nurses.
The total number of mentally ill patients accessed, two respective mental health units, from January 2005 to September 2007\(^8\), was at 2597 patients, in which 1309 are female and 1288 are male.

**Table 2: Sex segregation of patients reached MHUs (n=2597)**

<table>
<thead>
<tr>
<th></th>
<th>Mahosot Hospital</th>
<th>103 Hospital</th>
<th>Total two MHUs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
<td>2006</td>
<td>2007</td>
</tr>
<tr>
<td>Female</td>
<td>306</td>
<td>534</td>
<td>377</td>
</tr>
<tr>
<td>Male</td>
<td>358</td>
<td>450</td>
<td>313</td>
</tr>
<tr>
<td>Total</td>
<td>664</td>
<td>984</td>
<td>690</td>
</tr>
</tbody>
</table>

**Table 3: People with mental disorders reached MHUs**

<table>
<thead>
<tr>
<th></th>
<th>Mahosot Hospital</th>
<th>103 Hospital</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
<td>2006</td>
<td>2007</td>
</tr>
<tr>
<td>Vientiane Capital</td>
<td>458</td>
<td>705</td>
<td>442</td>
</tr>
<tr>
<td>Other Province</td>
<td>181</td>
<td>249</td>
<td>238</td>
</tr>
<tr>
<td>NA</td>
<td>25</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>2,338</td>
<td>259</td>
<td>2,597</td>
</tr>
</tbody>
</table>

As illustrated on Table 3, number of mentally ill people from other provinces visited two MHUs is double less than those Vientiane citizens. This evidently links back to an unavailable of mental health services in other provinces. (*See Appendix 8 P. 81 Number of patients came from 9 districts of Vientiane Capital*)

\(^8\) As First January 2005 to 30 September 2007
**Table 4: Aggregation of Patients’ Occupation seek treatment at MHUs**

**At MHU Mahosot:**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Mahosot Hospital</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
<td>2006</td>
<td>2007</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Paid Employee</td>
<td>58</td>
<td>128</td>
<td>99</td>
<td>177</td>
<td>66</td>
<td>100</td>
</tr>
<tr>
<td>Household Duties</td>
<td>160</td>
<td>108</td>
<td>263</td>
<td>119</td>
<td>208</td>
<td>97</td>
</tr>
<tr>
<td>Self-Employed</td>
<td>13</td>
<td>11</td>
<td>26</td>
<td>16</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Children</td>
<td>22</td>
<td>19</td>
<td>29</td>
<td>17</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Student</td>
<td>44</td>
<td>82</td>
<td>104</td>
<td>93</td>
<td>59</td>
<td>73</td>
</tr>
<tr>
<td>Monk</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Farmer</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Unemployed</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>11</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Elder</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

**At MHU Military**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>103 Hospital</th>
<th></th>
<th></th>
<th>Total 103</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
<td>2006</td>
<td>2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Paid Employee</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Household Duties</td>
<td>49</td>
<td>70</td>
<td>16</td>
<td>36</td>
<td>22</td>
</tr>
<tr>
<td>Child</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Student</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 4 illustrates very high number of patients as doing some household work. It should be noted here that, in Laos, people usually prefer to classifying their occupation as general citizen (In Lao language Pasasone), this means they try to tell, as if, they are not in military, not in government jobs or paid employee. In brief, this group of household duties occupation, some of them might, perhaps, be doing some labour work, farming or doing small business for earning. As this reason, it is harder to get an absolute accurate data on occupation of the patients.
Table 5: Number of people with mental disorders by Group Age and Sex

<table>
<thead>
<tr>
<th>Group Age</th>
<th>Epilepsy</th>
<th>Neurosis</th>
<th>Anxiety</th>
<th>Psycho-somatic</th>
<th>Depression</th>
<th>Schizophrenia</th>
<th>DPS*</th>
<th>Bipolar</th>
<th>Substance</th>
<th>Abuse</th>
<th>Sleeping Pill</th>
<th>Other MD</th>
<th>Other Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 14 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>63</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>59</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>From 14 to 18 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>32</td>
<td>11</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>34</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>47</td>
</tr>
<tr>
<td>M</td>
<td>39</td>
<td>12</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>27</td>
<td>9</td>
<td>0</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>From 19 to 23 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>31</td>
<td>38</td>
<td>2</td>
<td>2</td>
<td>13</td>
<td>33</td>
<td>7</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>39</td>
</tr>
<tr>
<td>M</td>
<td>28</td>
<td>35</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>64</td>
<td>14</td>
<td>2</td>
<td>38</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>33</td>
</tr>
<tr>
<td>From 24 to 28 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>F</td>
<td>23</td>
<td>44</td>
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<td>4</td>
<td>9</td>
<td>25</td>
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<td>4</td>
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<td>1</td>
<td>3</td>
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<tr>
<td>M</td>
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<td>2</td>
<td>10</td>
<td>7</td>
<td>56</td>
<td>9</td>
<td>4</td>
<td>15</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>38</td>
</tr>
<tr>
<td>From 29 to 32 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>16</td>
<td>35</td>
<td>0</td>
<td>5</td>
<td>10</td>
<td>13</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>M</td>
<td>20</td>
<td>22</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>27</td>
<td>8</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>More than 32 years</td>
<td>Gender N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>63</td>
<td>90</td>
<td>5</td>
<td>12</td>
<td>22</td>
<td>44</td>
<td>22</td>
<td>59</td>
<td>11</td>
<td>27</td>
<td>0</td>
<td>6</td>
<td>155</td>
</tr>
<tr>
<td>Total:</td>
<td>453</td>
<td>523</td>
<td>26</td>
<td>54</td>
<td>144</td>
<td>350</td>
<td>94</td>
<td>126</td>
<td>113</td>
<td>33</td>
<td>3</td>
<td>32</td>
<td>666</td>
</tr>
</tbody>
</table>

*DPS: Depression with Psychosis Symptom

Table 5 indicates Neurosis patients as a larger proportion of patients than other mental disorders. Interestingly, classification between neurosis\(^9\), anxiety\(^10\) and psychosomatic are still differed from MHU Mahosot to MHU Military. Dr. Chantharavady, a psychiatrist from MHU Mahosot and also the PM to BNL programme stated that, in theory, neurosis, anxiety and psychosomatic disorders fall in same group of mental disorder. However, mental health care providers in Lao PDR are giving relatively different diagnosis to each of them. In most cases, Neurosis term, significantly, is being used widely amongst health provider while anxiety is fairly used. As the reason, here numbers of anxiety patients are quite low comparing to neurosis.

\(^9\)Neurosis, a term no longer used medically as a diagnosis for a relatively mild mental or emotional disorder that may involve anxiety or phobias but does not involve losing touch with reality”.

\(^10\) Anxiety disorder: Any of a group of illnesses that fill people’s lives with overwhelming anxieties and fears that are chronic and unremitting. Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, phobias, and generalized anxiety disorder”

Figure 1: Prevalence Figures of Epilepsy Patients at MHUs

Figure 2: Number of Severe Mental Disorders Patients at Mahosot and Military MHUs

Figure 3: Prevalence Figures of Common Mental Disorders at MHUs
Prevalence Figure people with mental disorders Reached DH and VHC of Sikhottabong

In Sikhottabong, the number of patients, diagnosed as having neurological problem, reached Sikhottabong hospital is relatively high from 2005 to 2007. However, when comparing to the total number of patients each year, it is still accounting for a moderately low proportion.

Since, there is a handicap international project in Sikhottabong, numbers of epilepsy patients, received treatment are slightly increasing each year from 2005 to 2007.

Table 6: Number of patients with epilepsy and mental illness symptoms reached Sikhottabong district hospital and Village Health Centres

<table>
<thead>
<tr>
<th>Type of Mental Illness</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=12,717*11</td>
<td>%</td>
<td>N=16,025*</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>90</td>
<td>0.708</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>112</td>
<td>0.542</td>
<td></td>
</tr>
<tr>
<td>Neurological Problem</td>
<td>296</td>
<td>2.328</td>
<td>560</td>
</tr>
<tr>
<td></td>
<td>576</td>
<td>2.62</td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td>386</td>
<td>3.023</td>
<td>641</td>
</tr>
<tr>
<td></td>
<td>688</td>
<td>3.465</td>
<td></td>
</tr>
</tbody>
</table>

Table 7: Number of patients with epilepsy and mental illness symptoms reached Xaythani district hospital and Village Health Centres

11 *Out of total number of outpatients of DH and VHC of the year
### Table 8: Other Prevalence Figures of Vulnerable Group in Vientiane Capital

<table>
<thead>
<tr>
<th>Vulnerable Groups</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical and mentally handicapped/blind</td>
<td>18.5%</td>
</tr>
<tr>
<td>Drug alcohol user</td>
<td>14.5%</td>
</tr>
<tr>
<td>The elderly living alone</td>
<td>14.0%</td>
</tr>
<tr>
<td>Female headed household</td>
<td>8.4%</td>
</tr>
<tr>
<td>Isolate individuals</td>
<td>7.2%</td>
</tr>
<tr>
<td>Young children</td>
<td>6.7%</td>
</tr>
<tr>
<td>Youth and school drop-outs</td>
<td>5.5%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>4%</td>
</tr>
<tr>
<td>(Convicted) criminals</td>
<td>4%</td>
</tr>
<tr>
<td>Destitute</td>
<td>2.7%</td>
</tr>
<tr>
<td>Beggars</td>
<td>2.2%</td>
</tr>
<tr>
<td>Rural migrants and illegal migrants</td>
<td>1.6%</td>
</tr>
<tr>
<td>Homeless/Squatters</td>
<td>1.6%</td>
</tr>
<tr>
<td>Street children</td>
<td>1.6%</td>
</tr>
<tr>
<td>Partially. Temporarily employed</td>
<td>1.6%</td>
</tr>
<tr>
<td>Lazy people</td>
<td>1.1%</td>
</tr>
<tr>
<td>Others</td>
<td>2.7%</td>
</tr>
</tbody>
</table>


Table 8 indicates the physical and mentally handicapped/blind as the highest group (18.5% out of VTE population).

### B. Treatment needs

#### Causes of illness

Causes of mental disorders by 38 cases (Bertrand & Chounlamany, 2002, P 65), 47% of respondents unfolded that spiritual root is a cause of mental illnesses; following 26% believed was biological causes. At the same time 21% said it links to genetic.

Through BNL’s baseline study, causes of mental illnesses revealed by people with mental disorders and carers, were quite diverse and differ from case to case, however, some common causes of illnesses are listed in preference for the frequency of answers as following:

- From biological problem
- Substance abuse e.g. amphetamine
• Family burden
• High fever leading to brain infection (meningitis) and developing to mental illness
• Had a sin
• Contraceptive used during pregnancy of mothers
• Physical disability complex
• Unsatisfied with life

“The reason I became ill because I thought so much about work and family issues, My parents said I am not good enough like other family’s sons” A stabilised depression person divulged

The study also shows that period of illnesses of mentally ill people, involved in the study, range from 1 to 16 years, however, 8 and half years is a prevailing period of illness.

Seeking Treatment and Care Behaviour

When asked whereabouts they seek treatment, the majority of people with mental disorders and carers at the FGDs expressed that district hospital is the first place, they sought for medical help at early stage of illnesses, this statement supports the CMH concept of BN. Other health facilities, they have accessed, are mental health units at Mahosot and Military hospitals, as well as general central hospital like those Setthathirath, Friendship hospitals (or 150 beds) and Somsaga Drug Rehabilitation Centre12. Some seek treatment in neighbouring country hospitals i.e. Thailand and Vietnam.

Not only modern treatment seeking behaviour was practised by people with mental disorders and carers, but most of respondents admit, they have also seen spiritual healers occasionally, usually when modern treatment failing to show any improvement.

During FGDs, participants disclosed that after trying a wide range of treatment, yet, people with mental disorders did not show any improvement. Most of them felt giving up, one of people with mental disorders at FGD expressed “I do not know what else I could possibly do, I suppose it would be depended on whatever fate of life would bring”. More than half of participants admitted they turned their treatment interest toward spiritual healer.

Difficulty in Accessing Treatment

When people with mental disorders and carers were asked during FGD of what their main barriers of going to hospital are, following responses are reasons given:

• Financial difficulty
• Transport cost
• Parents occupied with work and do not have adequate time to take people with mental disorders to hospital
• Cost of inpatient at the hospital is expensive

---

12 SomsaNga Drug Rehabilitation Centre is the only place dealing with substance abuse patients in Vientiane.
One carer said: “After taking my son to hospital for sometimes and he was not getting any better eventually I gave up and was just lazy to take him to hospital again”

Needs

○ As a mentally ill patient/carers, what are your primarily needs?

When this question was asked among people with mental disorders and carers, most of person with mental illness had a difficulty in replying to the question, this may be because the question is very broad to answer. Over and above, during the activity people with mental disorders’ concentration to the question was quite poor. In contrast, carers were really keen to enlighten their primarily needs as:

- taking patient to treatment at the hospital
- moral support from friends, family and relatives
- treatment financial assistance
- mental institution or school where mental challenged children could obtain special course
- wish that people with mental disorders would get a better job
- wish that his/her mental illness would be completely gone

A stabilised schizophrenic patient exposed his needs “I wish I could change my body and have a new life I wish I could be reborn. I do not like who I am now”.  

Another person with mental disorder expressed: “I want to be able to earn an income so I can help out my family”

How could their needs be fulfilled?

From myself:

A few people with mental disorders stated that in fulfilling their needs, they could do some labour work and being optimistic and mindful about their lives. While carers expressed things they could do are -- to keep seeking effective treatment, close follow up on people with mental disorders illness condition, and find some capital for setting up small business for people with mental disorders etc.

From Others:

People with mental disorders and carers do expect some support from other people, these include: moral support, useful advice on treatment and financial assistant from relatives.

Spiritual Healers

Most of carers admitted, they have taken their mental loved sick ones to see spiritual healers once in a while, spiritual healers they saw are usually co-traditional healers i.e. they practise both magical
treatment as well as give out traditional medicine. Not only were spiritual healers in or nearby their
district that people with mental disorders see, but also in other districts and provinces.

Most carers said: “wherever people say there are fine spiritual healers I always take my mental sick
loved one to see them.”

Carers disclosed the reason they took their mental sick loved ones to spiritual healer is because, they
try to find different methods of treatment, and hope to see a positive outcome.

An epileptic female divulged to us as: “when seizure attacked me, my parents would take me to
spiritual healer. They said I was possessed by bad spirit, a few days later on after seeing him I
actually felt better”

Majority of 13 village chiefs, whom were interviewed by the baseline team, said they do not believe
that traditional healers can treat people with mental disorders nor does spiritual healer. Because,
these people do not seize the right skills in giving treatment to people with mental disorders neither
they have right medicine. However in Xaythani, more than half of village chiefs said, there are some
spiritual healers in their area that local people are seeing, the cost of seeing the spiritual range from
10,000 up to 1,000,000 Kip.

The used of Treatment techniques of Spiritual Healers

There is a diversity of treatment techniques practised by spiritual co - traditional healers, most of
which are generally an offering practice. The service cost is, somewhat, depended upon the sacred
and reputation of each spiritual healer among community. Below are some techniques used by
spiritual healers described by people with mental disorders and their carers:

- Spiritual healer prays on the bowl of water which is supposed to be a holy water and
  sprinkle this over people with mental disorders’ head, after the ceremony one of people
  with mental disorders admitted that this really helps him feel better

- Parents bring their mental sick son’s clothing to a magic ceremony, additionally, their
  mental illness son has to perform traditional dance as an offering, because a spirit wants
to take him to be their step child

- Offering (Katong)

- Donated cloths and money about 200,000 Kip per time for the magic ceremony

- Chase a bad spirit out, tie a wrist with copper cord and provide people with mental
  disorders a traditional medicine

- Tie a white string on the wrist, blow a holy water and hit people with mental disorders
  by the bunch of thick candles and finally people with mental disorders drinks the rest of
  holy water
When were asked if the spiritual healers had given people with mental disorders any particular medicine, the answers was that, most did not get any traditional or modern medicine. However, a few stated that they have been provided some sort of traditional herbs from traditional healers and are taking these herbs at the moment. Although, they have no idea of what the name of herb or plants are.

**Comparing between spiritual healer and medical doctor in the hospital:**

**Doctor:**

More than half of people with mental disorders said, they feel more comfortable to see doctor when it comes to their illness consultation. The rational is because often after taking doctor prescription it helps them going sleep and feel better afterwards. Similarly, all carers believe seeing modern doctor is the most effective way. Their reason is this makes people with mental disorders feel better, and not wandering around. In addition, doctor always provides useful advice and gives moral support.

**Spiritual Healer:**

So few people with mental disorders said they like seeing spiritual healers rather than doctor. For those who likes seeing spiritual healers, their reason given is this makes them feel more comfortable to know the causes of their illness. For instance, spiritual healer told one of participant with mental disorders that he has some sort of sin or possessed by a bad spirit, and to some extent, this makes him feel relief to hear that. One carer said she does not believe in modern treatment at the hospital as it does not make her mentally sick loved one calms down, in contrast, spiritual healer could.

**Coping with Illnesses**

**How have you been coping with your/people with mental disorders illness?**

Carers: Go to hospital; sold the land for taking care of treatment expenses and being very patient with his condition; take him to all kind of treatment.

People with mental disorders: play sport; do household chores; take medication daily because they could not go to sleep without the medication; or alternatively, they have to smoke cigarette to make them go to sleep and; try to think positive.

**What is the most difficult aspect in taking care of yourself/ mentally ill love ones?**

Carers: Most carer revealed, they feel tired of having to spend countless time daily in taking care of people with mental disorders and do not have enough time to do other things. Some said, they can be impatient and furious sometimes, especially, when people with mental disorders did not behave in a good manner, as people with mental disorders could be aggressive in their condition every now and then. However, some said they left people with mental disorders to neighbour sometimes when they have some errands to run.
People with mental disorders: people with mental disorders revealed their hardest moment in dealing with their illnesses as: taking medication regularly is difficult task; hopeless and think too much; when they have hallucination and delusion; and physical pain i.e. headache, insomnia etc.

### How did you cope with those difficulties?

- **Carer:** Take turn within family in taking care of people with mental disorders and be patient. Two carers reported they tied up their people with mental disorders sometimes.

### And what were the consequences?

- **Carer:** Did not work she did not listen, got worse, works well if everyone in family take turn, sometimes he/she escaped

### Religious Roles

Most of participants at FGD are Buddhist, only one Christian and one is practising Animist. People with mental disorders admitted that they have been to a temple once in a while. Most of the time, parents take them there. The temple they went is the village temple near their residents. The performance, at which, monks provided to people with mental disorders or for martyr on the whole, is to sprinkle water over the head of people with mental disorders while chanting in Buddhist invocation. At the end of ceremony, martyr is given with white string attached to their wrist with special pray from monks which is supposed to be a good luck wishes.

#### 3.1.2 Economic/Livelihoods Status

**A. Country Economic Position**

The Lao PDR is categorised as a Least Developed County (LDC) with high levels of poverty and ranks 133rd out of 177 nations as indicated by the Human Development Indicators (2004). This resulted in insufficient of food, high infant maternal and child mortality, low life expectancy (female 63, male 59), and low literacy. These especially outweigh in rural and highland areas. The country relies largely on international development aids.

Comparing with international standards, 74% of the population lives on less than PPP US$ 2 a day and 27% on less than PPP US$ 1 a day. Inequalities remain important, with the shares of the national economy of the lowest and highest quintiles being 8.1% and 43.3%, respectively.

The World Bank estimated that per capita gross national income was US$ 460 in 2005, with 7% economic growth. Agriculture makes up 45% of gross domestic product (GDP), industry (mainly hydropower, mining, and textiles) 29%, and services 26%. Revenue collection remains low at 13.2% of 2004 GDP, causing constraints on public expenditure. External debt remains high at 101% of GDP. The government has set target to lift Lao out of LDC status by 2020, this is ambitious and yet the country faces major challenges to achieve this goal.

<table>
<thead>
<tr>
<th>Investment Structure</th>
<th>2002/03</th>
<th>2003/04</th>
<th>2004/05</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government funds</td>
<td>960</td>
<td>760</td>
<td>1,000</td>
<td>1,100</td>
</tr>
<tr>
<td>Foreign Funds</td>
<td>1,650</td>
<td>1,820</td>
<td>1,950</td>
<td>2,100</td>
</tr>
<tr>
<td>Total PIP</td>
<td>2,610</td>
<td>2,580</td>
<td>2,950</td>
<td>3,200</td>
</tr>
<tr>
<td>Domestic/Total PIP</td>
<td>36.7 %</td>
<td>29.5 %</td>
<td>33.9 %</td>
<td>34.0 %</td>
</tr>
<tr>
<td>PIP / GDP</td>
<td>12.2 %</td>
<td>10.5 %</td>
<td>10.6 %</td>
<td>10.1 %</td>
</tr>
<tr>
<td>Sector Breakdown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic Sector</td>
<td>59.7 %</td>
<td>59.7 %</td>
<td>58.05 %</td>
<td>56 %</td>
</tr>
<tr>
<td>Social Sector</td>
<td>27.6 %</td>
<td>29.7 %</td>
<td>31.4 %</td>
<td>33.6 %</td>
</tr>
<tr>
<td>– Education</td>
<td>11.4 %</td>
<td>12 %</td>
<td>13 %</td>
<td>14 %</td>
</tr>
<tr>
<td>– Health</td>
<td>8.7 %</td>
<td>9.5 %</td>
<td>10.15 %</td>
<td>11 %</td>
</tr>
<tr>
<td>Other Investments (administration, etc)</td>
<td>13.0 %</td>
<td>10.6 %</td>
<td>10.5 %</td>
<td>10.4 %</td>
</tr>
</tbody>
</table>

Source: Lao PDR – National Growth and Poverty Eradication Strategy (NGPES), p16

Table 9 indicates that the largest budget went to economic sector, second was education, while, health sector was the second least budget expenditure (11% of total public investment).

National Socio-Economic Development Plan (2006) reported that agriculture, forestry and fisheries are large career sectors of Lao people. On the other hand, “it has reduced in number from 78.6 percent in 2000 to 76.6 percent in 2005. While that in the industry and construction sectors increased from 6.9 percent to 7.7 percent; and in the trade and services sectors increased from 14.5 percent to 15.6 percent. However, the proportion of workers engaged in the agriculture, forestry and fisheries sector remains quite high and further strong measures are required to reduce the proportion. The number of unsuccessful job hunters has reduced to 5 percent in 2005”

The report also stressed out that the government will persuade both foreign and domestic private sectors to take part in the mechanisms for the promotion of vocational training for workers that will be announced as to enlarge job opportunity. “Funds will be mobilized from different sources including the Lao government, other domestic sources, foreign aid and FDI, to solve the unemployment problems. The funds will be utilised to promote employment in industry and rural areas”13.

B. Livelihood of Mentally Ill People and Carers

The study has found the livelihood situation of people with mental disorders and Carers involved in the study as belows:

---

Mentally ill People:

A few mental disorder participants are doing some labour work, help family running small business, construction worker, an assistant at the garage, some can do household chores. Some cannot work nor do any household duties.

During their productive time of the day, people with mental disorders who are working, complain to have tiredness, dizziness and sleepiness which they admit it is partially a barrier in daily working. This is unclear whether these symptoms are related to side-effect of their medication.

Main interest in livelihood matters and dreams in general of people with mental disorders presented at FGD including: going back to school so they could have a better job, car mechanic training, embroidery training, police study etc.

Carers:

Main income activities of carers presented at FGD including: small business, retirement, farmer and labour work. On the other hand, carers declared they do not have full time for work as they have to look after people with mental disorders; some said their productive time is decreased since having to make times for caring for people with mental disorders. In coping with these burdens, carers explained they try to solve livelihood difficulty through keeping working harder, selling their belonging rice field and livestock, taking turn within family in taking care of people with mental disorders, instructing people with mental disorders on how to help themselves.

The impact of illnesses to you and your family

People with mental disorders:

Many people with mental disorders admit that mental illness leads them to unemployment. Since falling ill, they could not earn a living; drop out of school; friends stop socialising with them. Additionally, intense within family is increased as well, for example, parents have an argument more frequently, and family worries about people with mental disorders’ future.

Carers:

Parents are the people that most effected by mental illness of family member, their concerned burden of care are: tough life; some quit their job to spend time with people with mental disorders; not enough time for earning and lost an income; crisis in the family i.e. lack of love and care, family disagreement and some parents split, spend a big amount of money on treatment i.e. sold plot of land and motorbike for treatment.

And when asked how the illness affects carers feeling, carers revealed: they are depressed, hopeless, frustrated, worried and fear, in debt and no income. Nevertheless, most said their family member’s both physically and mentally health are fine.

C. Livelihood Opportunity in Study Districts
In Xaythani

Some useful information given by thirteen village chiefs and two LSW Heads of Xaythani and Sikhottabong on livelihood aspect is outlined as following:

Box 2: List of Projects and Private Business in Xaythani District

<table>
<thead>
<tr>
<th>International Organisation and Government Projects operating in Xaythani</th>
<th>Private and Public Business in Xaythani</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Against Hunger Project(^{14})</td>
<td>• Rice Mills</td>
</tr>
<tr>
<td>• Poverty Reduction Project(^{15})</td>
<td>• Brick Factories</td>
</tr>
<tr>
<td>• Friends Project(^{16})</td>
<td>• Garment Factories</td>
</tr>
<tr>
<td>• Rural Development for Women Small-Grant Project(^{17})</td>
<td>• Medium Enterprise Business i.e. Ice, Zinc, Cement, Roof Tile manufacturers</td>
</tr>
<tr>
<td>• Small grants supported by LSW to young or handicapped people to study in vocational training school, located in Phonepanao village, Xaysettha district in VTE Capital</td>
<td></td>
</tr>
</tbody>
</table>

Box 3: List of Projects and Private Business in Sikhottabong District

<table>
<thead>
<tr>
<th>International Organisation and Government Projects operating in Sikhottabong</th>
<th>Private and Public Business in Sikhottabong</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CBR Project (HIB), they provide funds(^{18}), equipment and medicines to handicapped, mental retardation and epileptic patients</td>
<td>• Garment factory</td>
</tr>
<tr>
<td>• Soupannimit Project (provide rice 30kg for each family)</td>
<td>• Printing Companies</td>
</tr>
<tr>
<td>• Poverty Reduction Project</td>
<td>• Timber factory</td>
</tr>
<tr>
<td>• Human Trafficking Project (UNICEF)</td>
<td>• Toothpick Factories</td>
</tr>
<tr>
<td></td>
<td>• Rice noodle factory</td>
</tr>
<tr>
<td></td>
<td>• Concrete factory</td>
</tr>
<tr>
<td></td>
<td>• Bread factory</td>
</tr>
<tr>
<td></td>
<td>• Wood processing factory</td>
</tr>
<tr>
<td></td>
<td>• Motorcycle assembling factory</td>
</tr>
<tr>
<td></td>
<td>• Drinking water factory</td>
</tr>
</tbody>
</table>

\(^{14}\) Lao-German Development Project

\(^{15}\) Government Project, given micro-credit loan to poor family so that they can invest in some livelihood activity

\(^{16}\) Friends International Organisation, Peuan Mit – Building a sustainable street children project in Lao PDR – Implementation and Capacity Building

\(^{17}\) Lao Women Union Project

\(^{18}\) Approximately USD50 loan per one beneficiary for doing productive works e.g. animal breeding then beneficiary needs to return back the money 50,000 Kip/month.
Box 4: Common Career of two Districts’ Residents

<table>
<thead>
<tr>
<th>Xaythani</th>
<th>Sikhottabong</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Labour workers</td>
<td>o Labour Workers</td>
</tr>
<tr>
<td>o Vendors</td>
<td>o Vendors</td>
</tr>
<tr>
<td>o Farmers (Growing rice, Growing vegetable, livestock)</td>
<td>o Garment factory workers</td>
</tr>
<tr>
<td>o Soldier</td>
<td>o Produce Handicraft Products</td>
</tr>
<tr>
<td>o Textile weavers</td>
<td>o Government Official</td>
</tr>
<tr>
<td></td>
<td>o Farmers (Growing rice, Growing vegetable, livestock)</td>
</tr>
</tbody>
</table>

3.1.3 Social Status

The feeling of people with mental disorders and their family about the community

People in community usually know about the people with mental disorders’ illnesses through word spread in neighbourhood as well as from seeing abnormal behaviour of people with mental disorders.

According to process document report of two consultation meetings, conducted in village groups of Xaythani and Sikhottabong, stigma and discrimination exist commonly in all places. The evident supported by the repetition in dialogue of people with mental disorders and their carers in asking the community to stop discriminate people with mental disorders and their families, they want the community to accept and understand their circumstances.

One carer expressed her concerned as: ‘I do not want people in the community to stigmatise or hurt my son both emotionally and physically’

<table>
<thead>
<tr>
<th>Do you wish that the community would not know about your illness or you prefer them to know?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Carers:</strong> At the FGD, more than half of carer said they wish the community should know this, so, the community can have eyes on him and give advice to carers.</td>
</tr>
<tr>
<td><strong>People with mental disorders:</strong> More than half of people with mental disorders said they feel disgraced and do not want the community to know about their illnesses; only one of which said he is not ashamed. Moreover, a few said they are afraid the community would look down on them.</td>
</tr>
</tbody>
</table>

Some family admit they have tied or locked up people with mental disorders sometimes, reason given is that people with mental disorders relapse after going to hospital many time, some said they do not want to see their loved ones mosey around far from home. Other reason is, when their family mental sick one is out of control and dangerous like destroy household things.

A few people with mental disorders confessed having mental illness is disgraceful, and, they do not want anyone to know about their condition. They think they are unordinary comparing to others. In
converse, two people with mental disorders said they do not feel disgraceful because they get used of their situation already.

**Have you and your family been discriminated because of your mental illness?**

<table>
<thead>
<tr>
<th>Carer: people in the community call my mentally ill sick loved one as ‘crazy, stupid, incomplete, lost his mind’. This let him down and wants to commit suicide; family has to be patient with all disapproval. Some neighbour accused parents that they did not raise a child well.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with mental disorders:</td>
</tr>
<tr>
<td>- when neighbours criticise about me I do not want to be around (2)</td>
</tr>
<tr>
<td>- not many people discriminate me (1)</td>
</tr>
<tr>
<td>- they said I am crazy, lost my mind and they look down on me(1)</td>
</tr>
<tr>
<td>(the rest with no answer)</td>
</tr>
</tbody>
</table>

**How this fear has impact on social life or meeting new people? ex: career, study (if studying) finding spouse social inclusion?**

<table>
<thead>
<tr>
<th>people with mental disorders: ‘afraid that friends will stop being friends’</th>
<th>‘afraid to lose a job’</th>
<th>‘hard to find partner as people said I am insane’</th>
<th>‘I want to attend wedding or celebration ceremony’</th>
<th>only one person said not afraid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer: ‘nobody wants to be around them’</td>
<td>‘friends stop hanging out with them’</td>
<td>‘hard to find partner’</td>
<td>said not afraid (2)</td>
<td></td>
</tr>
</tbody>
</table>

**A carer admits to us:** “when I go to a wedding I did not take him with me but if I go to relative house for special occasion or ceremony then I take him with me”

**Below are some expressions about feeling of stigma and discrimination of people with mental disorders:**

People talk about me, such as: “do not hang out with an insane person, it is ashamed particularly if you are around her when she had a fit”’ an epileptic participant revealed her stigma experience.

‘I do not want to be differentiated from my family, especially when my parents are angry at me they would not allow me to eat with them on the same table’ another psychosis amphetamine participant disclosed his sadness.
The statement made by people with mental disorders as above are quite clear explanation that they have well experienced stigma and discrimination every once in a while at their own communities.

- **The approach of Village Chiefs toward people with mental disorders in the community**

Finding from interviewing village chiefs in 13 villages and two district social welfare units head shows that village authority’s approaches toward people with mental disorders are:

- moral and material support
- taking people with mental disorders back to their family when they wander around
- suggesting family to take people with mental disorders to hospital
- when there is people with mental disorders from other village came to their village, they try to ask person to go back to their village. If critical cases, the village chief will order the village defence to force people with mental disorders out of their village (if he/she not from their village)
- two village chiefs said, they and villagers had looked for a fine spiritual from other district to come to treat the people with mental disorders in their village.

More than half of respondents (8 out of 13 village chiefs) stated that people with mental disorders should not attend ceremonies in the community e.g. wedding, religious ceremonies etc. Their reason was that, this will ruin the ceremony as people with mental disorders could have abnormal behaviour and might embarrass the master of the ceremony. Nevertheless, they do not agree that people with mental disorders should be isolated and they should live with the community. They also admit that having people with mental disorders in their village does affect the community in general as they can be disturbance to neighbours.

3.2 **External Environment**

3.2.1 **Mental Health Policy**

a. **Country’s Focus in Health**

Mental Health is not included as one of the main focuses of national’s strategic plan neither in Millennium Development Goals (MDGs).

According to WHO Lao PDR health country report 2007, three major documents are identified to be integral parts of health priorities of Lao PDR, namely, (i) The Health Strategy to the Year 2020; (ii) the Lao Health Master Planning Study; and (iii) The National Growth and Poverty Eradication Strategy (NGPES). The values and visions of these documents have been included in the Sixth National Socio Economic Development Plan (2006-10). The Health Strategy to the Year 2020 was circulated by the VIIth Party Congress in 2001 and has four basic concepts:
1) full health care service coverage and health care service equity;  
2) development of early integrated health care services; and  
3) self-reliant health services

The above concepts have escorted to six health development policies as following:

1) strengthening the ability of providers; 2) community-based health promotion and disease prevention; (3) hospital improvement and expansion at all levels, including remote areas; (4) promotion of traditional medicine, integration of modern and traditional care, rational use of good quality and safe food and drugs, and national pharmaceutical product promotion; (5) operational health research; and (6) effective health administration and management, self-sufficient financial systems, and health insurance.

It should be remarked here that, the community-based health promotion and disease prevention component as above, is extraordinarily in favour to the community-based mental health care service scheme, which is a main implementing approach of BN.

b. Lao PDR Mental Health Policy

Ministry of Health, the very first Mental Health policy of Lao PDR (2007), reported that, more than half of South East Asia countries have less than one psychiatrist and one psychiatric nurse per 100,000 people. Concerning MH policy, 44% of WHO’s country members do not have MH policy, in addition, 67% does not have MH legislation.

Lao PDR’s Mental Health Policy was endorsed by MoH on 8 October 2007. It was drafted and prepared by the MHU of Mahosot in cooperation with WHO, who is also a funder for the project. The main contents of the MH policy document including: Background of MH; Vision, Objectives and Goals; Principal on MH policy; Guidance and Strategic Plan; the Management and Health system and; Role and Responsibilities.

Within the MH policy, below are some significant aspects that should be demonstrated here:

- The mental health would not be separated from general health e.g. integrated in with general health care services at all levels (primary, secondary and tertiary).
- The accessibility and equity to MH care services of people with mental illnesses are mentioned
- Human Rights issue is also outlined in the Mental Health Policy.
- Quality of service and management including, centralization, the community concern and participation, health rehabilitation, prevention the impact of mentally illness towards mental illness people, Cultural sensibility and; basic information of treatment.

Even so the MoH now endorsed the MH policy, yet, the policy itself is not completed or so-called a final one. MoH is clearly welcoming and accepting more comments and suggestions from other sectors on the improvement for the policy. This is a good sign for BNL to provide any useful contribution on the MH policy in coming future.
c. **Revolving Drug Funds (RDFs)**

(Murakami 1998) reported that RDFs “begun mainly as regional pilot projects as part of community health programmes supported by non-governmental, bilateral and multilateral development assistance in the 1990s. A national drug policy was approved in 1993 to improve access to essential drugs and to attain more rational utilization of these drugs. The Department of Food and Drugs, under the Ministry of Health, established the National Revolving Drug Fund Committee in 1994. Its major function has been to provide guidelines for the establishment and operation of RDFs in the country”.

RDFs are run only at health facilities, staffs in charge of the RDFs do not receive any monetary incentive from RDF profits, district hospitals and health centres are responsible for fund management. The amount, source and timing of drug procurements are decided within each facility. Profits from the RDFs are used at each health services.

Most of Vientiane households spent money on drug around US$65 per year, about US$11 per person per year. The private pharmacies cover of 75% of the entire drug sales in the VTE capital, RDFs accounted for only 3%. The government support drugs mostly that are used in priority health programmes e.g. maternal and child health programme, and the treatment of tuberculosis and malaria, as well as common drugs.

The poor and monks received special incentive by not having to pay for drug; these supports are financed by the beneficiary fund set up through the sales of government endowed drugs. 89% of the district hospitals and 40% of the health centres procure from the private pharmacies. The amount people spent on drugs to the RDFs is still small compared to the huge proportion spent at private pharmacies.

### 3.2.2 Existing Health Care Service

National Statistic Centre (2002-03), found that, “In rural areas, without access to road, 20 percent of the population have 8 hours or more to come to nearest hospital, and 8 hours for 20 percent to nearest health centre”. ¹⁹

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¹⁹ Villages considered as poor villages are*:

- Villages where at least 51% of the total households are poor.
- Villages without schools or schools in nearby and accessible villages.
- Villages without dispensaries, traditional medical practitioners or villages requiring over 6 hours of travel to reach a hospital.
- Villages without safe water supply.
- Villages without access to roads

A. Overview of Sikhottabong District Hospital and Its Village Health Centre

Sikhottabong has one district hospital, 3 village health centres and 60 villages. It has a total of 50 health staff. Number of outpatients, as September 2007, are 20,678 and inpatients is at 282 people.

Table 10: Figure number of health staff with qualification in Sikhottabong (including VHC)

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master degree</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Higher diploma</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Diploma</td>
<td>17</td>
<td>4</td>
<td>21</td>
</tr>
<tr>
<td>Certificate</td>
<td>18</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>On service contract</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Staff:</strong></td>
<td>41</td>
<td>9</td>
<td>50</td>
</tr>
</tbody>
</table>

Table 11: Average health staff per patient in Sikhottabong as 2007

<table>
<thead>
<tr>
<th>Staff Qualification</th>
<th>Per Patient (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Diploma</td>
<td>25,184</td>
</tr>
<tr>
<td>Diploma</td>
<td>4,797</td>
</tr>
<tr>
<td>Certificate</td>
<td>5,039</td>
</tr>
</tbody>
</table>

❖ Mental Health Care Service Approach of DH and VCDH Sikhottabong

**District Hospital:**

In Sikhottabong hospital, epilepsy patient will be given Phenobarbital. If acute case, then would be referred to MHU Mahosot hospital.

For substance abuse case and alcoholic patients, there is no medication given, patients are referred directly to Somsanga Drug Rehabilitation Centre.

Schizophrenia patients will be given Valium and Gardenal, their family is advised to look after them. If the illness is not improved, then, patient is referred to MHU Mahosot.

**Village Health Centre:**

VHC in Sikhottabong receive minor mental-related-symptom patients only, for example, people with headache or neurological problem. If severe cases like schizophrenia or epilepsy patients, VHC usually refers patient to admit in DH or central hospital. (See Appendix 9 P. 82 for more detail on Sikhottabong mental health care service approach)
Sikhottabong Health Facility

The district hospital has total of 10 beds, while 3 villages health centre altogether have a total of 8 beds. Sikhottabong district hospital has four buildings, 10 consulting rooms, 7 in-patient rooms and 7 offices.

There are 27 private owned clinics within Sikhottabong district, including 19 general private clinics, 7 dentist clinics and 1 physical therapy.

Drug Management

Revolving Drug Fund

Eight revolving drug fund (RDF) are being held in the district, at which, one is at district hospital, 3 at village health centres and other 4 RDF bags distributing around villages that do not have VHC. DH and VHC have been successfully and effectively managing RDF revenues on their own. Sikhottabong has been receiving revolving drug funds from one of Japanese project, Global Fund Project and the Vientiane Drug and Food Department. The revolving drug fund finance report of VCH is sent to DH each month. Then, the DH summarise the overall monthly expenses of RDF happened at both DH and VCH to the hospital director as well as to Food and Drug Department of Vientiane Capital.

Pharmacy in Sikhottabong

Overall, Sikhottabong has a total of 63 pharmacies, in which, 5 pharmacies fall in category 1, 22 pharmacies in category 2, and 36 pharmacies in category 3. In addition, two traditional medicine manufactories are also located in Sikhottabong.

Drug Policy of Sikhottabong Health Services

VHC and DH do give out free medication to poor people, if, there is an official document from village chief, proving that, patient cannot afford to pay. In addition, government officials in high position i.e. the district major and government party members; approximately nine officials per month, can also have exemption of service fees. Moreover, district health staffs can as well receive free health service and medication.

---

20 Category 1: Pharmacy has to obtain a formal document from pharmacist who graduated with higher diploma
21 Category 2: Pharmacy has to obtain a formal document from pharmacist who graduated with diploma
22 Category 3: Pharmacy obtain a general practitioner document without any pharmacist knowledge
23 The access of the poor to basic health care is constrained by not only the availability of the services but also the ability of the poor to pay the service fees and purchase the recommended medicines. While the present system does provide for exemption of payment of the service fees by the poor, its application in practice has proven quite difficult. Also, most of the health facilities depend on service fees to cover their operating costs. The Government is exploring various options to improve the access of the poor to public health services at affordable terms. - National socio-economic development plan (2006-2010)
24 About 610,000 kip/month/9 patients estimated
**Psychotropic Drug at DH Sikhottabong**

Valium and Phenobarbital is the only psychotropic drug currently available at Sikhottabong district hospital. Both Valium and Phenobarbital price, selling to patient, is at 1000kip/single drug.

### B. Overview of Xaythani District Hospital and Its Village Health Centres

Xaythani has one district hospital and 10 VHC covering 104 villages. Number of health workers in this district, as September 2007, is at 62 staff.

**Table 12: Figure number of health staff with qualification in Xaythani**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>F</th>
<th>M</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master degree</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Higher diploma</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Diploma</td>
<td>6</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Certificate</td>
<td>7</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>On service contract</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other staff in-service</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total Staff:</td>
<td><strong>18</strong></td>
<td><strong>23</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>

**Table 13: Average health staff per patient in Xaythani**

<table>
<thead>
<tr>
<th>Staff Qualification</th>
<th>Per Patient (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Diploma</td>
<td>18,768</td>
</tr>
<tr>
<td>Diploma</td>
<td>6,825</td>
</tr>
<tr>
<td>Certificate</td>
<td>5,177</td>
</tr>
</tbody>
</table>

**Table 14: Number of outpatient admission at Xaythani District Health Service**

<table>
<thead>
<tr>
<th>Outpatients</th>
<th>2005 (N)</th>
<th>2006 (N)</th>
<th>2007 (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Hospital</td>
<td>NA</td>
<td>13,288</td>
<td>11,849</td>
</tr>
<tr>
<td>Village Health Centers</td>
<td>NA</td>
<td>6,799</td>
<td>5,076</td>
</tr>
<tr>
<td>Total:</td>
<td><strong>12,520</strong></td>
<td><strong>20,087</strong></td>
<td><strong>16,925</strong></td>
</tr>
</tbody>
</table>

Additionally, number of inpatient admission at DH Xaythani as September 2007 is 1,029 people. There are 47 patients referred to other hospitals.

❖ **Mental Health Care Service Approach of DH and VCDH Xaythani**

Neurological related problem is one of the 10 main problems found in Xaythani health services, accounted for 260 patients in 2007.
In Xaythani, epilepsy patients will be given Phenobarbital and their family being advised to keep the patient away from river and fire. For substance abuser, doctor will give suggestion depend upon patient circumstances. Schizophrenia patient will be given valium and referred to Mahosot Hospital. Neurosis patient are recommended to take medication at home and return to hospital if the patient does not get better.

- **Xaythani Health Facility**

  Xaythani has one district hospital, and 10 village health centres. The district hospital has 10 beds. While each village health centre has 3 beds, make up of 30 beds in total, average of 1 bed per 3,753 patients. Xaythani District Hospital has 6 buildings, 6 consulting rooms, 20 in-patient rooms and 6 offices. There are around 24 private clinics operating in the district, however, only 7 are legally licensed.

- **Drug Management at Xaythani**

  **Revolving Drug Fund**

  In Xaythani, twenty-two revolving drug funds are being managed. One is at district hospital, 10 at village health centres and other 11 revolving drug fund bags distributing around villages that do not have village health centre. Xaythani is practising the same process as Sikhottabong DH in terms of RDF finance report procedure. It is too, success and self-efficient in managing the RDF revenues.

  **Pharmacy in Xaythani**

  Xaythani has a total of 78 pharmacies, accounted for 10 pharmacies in category 1, 26 pharmacies in category 2, and 42 pharmacies in category 3.

  **Drug Policy in Xaythani**

  DH provides free medication for people that cannot afford to pay. The procedure of giving out free medication is the same as in Sikhottabong²⁵.

  **Psychotropic Drug at DH Xaythani**

  Valium is the only psychotropic drug that is currently sold at Xaythani district hospital. The selling price of valium is around 5000kip per package as valium is part of revolving drug funds. In regards to traditional healer, DH Xaythani has inspected two traditional healers within the district and requested the owners to close down the business.

  **Mental Health Care Service Future Plan of Xaythani DH**

  Three health staff²⁶ can identify and diagnose mentally ill patients, in which, 2 staffs have attained mental health care service training provided by BasicNeeds on July 2007. However, they have not yet put those skills into practice.

²⁵ Please refer to Drug Policy of Sikhottabong Health Service, Under section 3.2.2
The deputy director of Xaythani district hospital, revealed that, the hospital has not had any plan in inclusion of mental health care service in its principal service, the rational of this was that, district health staff does not possess comprehensive knowledge and skill in mental health care. In addition, there is not enough consulting room for mentally ill patients in the district hospital, said the deputy director.  

(See Appendix 9 P. 82 for more detail on Xaythani mental health care service approach)

C. The Establishment of Mental Health Outreach Clinic

During FGD with district health staff in two districts, health staffs brainstormed the concept in operating effective MH outreach clinic at their districts. Their value contribution is as following:

Box 5: Health workers’ responses on the establishment of MH outreach clinic

<table>
<thead>
<tr>
<th>Mental Health Outreach Clinic</th>
<th>Xaythani (n:9)</th>
<th>Sikhottabong (n:8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of health staff for the outreach clinic</strong></td>
<td>District health level</td>
<td>District health centre</td>
</tr>
<tr>
<td></td>
<td>• 10 to 15 people (1)</td>
<td>• 2 people (1 doctor and 1 nurse) (All)</td>
</tr>
<tr>
<td></td>
<td>• 3 people (1 doctor and 2 nurses) (3 )</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 2 people (1 doctor and 1 nurse) (1)</td>
<td>Village health centre level</td>
</tr>
<tr>
<td></td>
<td>Village health centre level</td>
<td>• 1 person for 1 village health centre (All)</td>
</tr>
<tr>
<td></td>
<td>• 1 person for 1 village health centre</td>
<td></td>
</tr>
<tr>
<td><strong>If selected staff involve in other duties as well</strong></td>
<td></td>
<td>After get trained, a trained district health staff should share and train other health staff and they can take turn (All)</td>
</tr>
<tr>
<td><strong>What should we do?</strong></td>
<td>Select and train other staff (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Take turn in doing this work among health staff (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A trained district health staff should share and train other health staff so there are replacement available if that person is absent (2)</td>
<td></td>
</tr>
<tr>
<td><strong>Location to establish mental health outreach clinic</strong></td>
<td>Conduct at village health centre for common mental illness patients but send acute cases to district health centre (1)</td>
<td>At district health centre as it is easy access to medicines and inclusive information (all)</td>
</tr>
<tr>
<td></td>
<td>Should be conducted at temple as it is a quiet place (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>District health centre because it might be difficult for doctor to travel to village (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No answer (6)</td>
<td></td>
</tr>
<tr>
<td><strong>Times</strong></td>
<td>• Once a week (5)</td>
<td>• Twice a month at the start then once a month later on (all)</td>
</tr>
<tr>
<td></td>
<td>• Once a month(2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Twice a month (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 3 times a month (1)</td>
<td></td>
</tr>
<tr>
<td><strong>Treatment drug</strong></td>
<td>Drug dispenser at the hospital should be responsible for drug management (5)</td>
<td>Keep treatment drug with district hospital pharmaceutical Unit as they</td>
</tr>
</tbody>
</table>

26 Dr. Jiengher, Dr. Boualavanh and Dr. khampher
### Understanding and training Knowledge

#### 3.2.3 Knowledge and Perception toward Mental Health and Mental Illnesses

**A. Knowledge and Perception of Health Staff**

A majority of health staff, at two districts of study, could not differentiate between mental health and mental illness. Probably, the language term used of these words in Lao is confusing. More training on mental health is, indeed, needed to provide to health staff. Details of understanding on mental health and mental illnesses of health staff are providing as following:

**Box 6: Knowledge and perception on mental health and mental illnesses of health staff in Xaythani and Sikhottabong districts**

<table>
<thead>
<tr>
<th>Understanding about mental health</th>
<th>Knowledge and perception on mental health and mental illnesses of health staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Xaythani (n:9)</td>
</tr>
<tr>
<td></td>
<td>Sikhottabong (n:8)</td>
</tr>
<tr>
<td>Mental health is:</td>
<td></td>
</tr>
<tr>
<td>• Neurosis</td>
<td></td>
</tr>
<tr>
<td>• Depression</td>
<td></td>
</tr>
<tr>
<td>• Depression and not in a good mood</td>
<td></td>
</tr>
<tr>
<td>• Moody</td>
<td></td>
</tr>
<tr>
<td>• Don’t know the different between mental health and mental illness</td>
<td></td>
</tr>
<tr>
<td>• Mood fluctuate</td>
<td></td>
</tr>
<tr>
<td>• Mental health means having bad mental</td>
<td></td>
</tr>
<tr>
<td>Mental health is:</td>
<td></td>
</tr>
<tr>
<td>• Symptoms happen occasionally, sometimes good sometimes bad</td>
<td></td>
</tr>
<tr>
<td>• Good mental health will help to get a good sleep and not getting scared</td>
<td></td>
</tr>
<tr>
<td>• Depressed</td>
<td></td>
</tr>
<tr>
<td>• Good health but have sleeping problem; having an argument within family resulting in thinking too much; if one not in a good mood can cause</td>
<td></td>
</tr>
</tbody>
</table>
| Understanding about mental illness | Mental illness is:  
- Talk to oneself, undress  
- Puzzle and depress  
- Having an emotional traumatic experience  
- Thinking too much | Mental illness is:  
- Wandering along the street  
- Person who already got some kind of mental disorder ex: epilepsy or insane people  
- Alcoholic, long term used of substance abuse  
- delusion, carrying knife, paranoid, headache |
|-----------------------------------|--------------------------------------------------|
| **Mental illness Symptoms**       | **They are different:**  
- Schizophrenia  
- Do not know how to answer | **Different (All)**  
- Neurosis: headache, insomnia  
- Depression: depressed, don’t want to talk to anybody, stay in a dark corner, eyeball rolling upward, insomnia  
- Psychosis: feel like someone talking to your ears, always feel like someone calling, visualise and talk to themselves  
- Substances abuse: have problem with the way of thinking, insomnia, walking along the road  
- Epilepsy: headache, their body becomes stiff and shakes in a jerky manner, sometimes passing urine |
| **Differences between Epilepsy and mental illness** | **Mental illness and Epilepsy are similar:**  
- It stays under mental health problem and it has to take medicine regularly and life |

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27 In Sikhottabong district, they have project fund from Handicap International Belgium for providing treatment to Epileptic patients. So, most of health staff here understand epilepsy context quite well.
According to Box 6, the majority of health staffs understand quite well symptoms of mental illnesses. Yet, a few staff is still confused whether Epilepsy falls in as one of mental disorders.

B. **Knowledge and Perception of Village Chiefs and Head of District Social Welfare Units**

In-dept interview was taken place with 13 village chiefs and district social welfare units in Xaythani and Sikhottabong, total of key informants are 15 respondents. From the interview, the study has found interesting information on knowledge and perception toward MH and MI as following:

**Village Chiefs=13; Social Welfare Unit=2 (N=15)**

Most village chiefs could not differentiate between mental health and mental illness, this is perhaps, owing to the fact that, the use of language terms is so similar, for instance, they perceive mental health as someone is having some problem with their mind. Further education work need to be addressed as people do not know that mental health exist as physical health does.

Even though, most respondents could not name the type of mental illnesses, but most could explain well the series of mental illness symptoms, for example, they described people with mental illnesses as depressed, mood swing, wandering around and talk to themselves.

Notwithstanding, most village and district authorities can distinguish between mental illness, mental retardation and epilepsy quite well. Yet, about half of the respondents (n: 6) perceive epilepsy as transmitted disease. The common explanations given were: it can be transmitted through genetic and blood, from having saliva contact with epileptic person e.g. sharing a glass of water or eating with epileptic person.

Social and welfare unit heads have learnt about mental health from one or two workshop organised by international organisations working in their region e.g. Handicap International Belgium (HIB), UNICEF. In contrast, all interviewed village chiefs have never learnt about mental health. However, most of them know that mental illness can be treated if one gets right treatment. Notably, there is a repetition response in admitting mental sick person to drug rehabilitation centre rather than MHU.

3.3 **Stakeholder Participation**

3.3.1 **Health Staff**

National Socio-Economic Plan (2006), reported that, “The health sector and the health care services delivery do not fully meet the requirements of the population, either in quantitative or qualitative terms. The health system does not yet meet the health requirements of isolated areas, particularly poor areas with difficult access. The level of competence of health personnel is not consistent with the actual needs. Dispensaries still need the presence of medical doctors. The deployment of health personnel is not in accordance with their training and the pharmaceutical sub-sector is developing very slowly. Ethnic groups still uphold superstitious beliefs, lead unsanitary lifestyles and mainly rely on shamans for cures”.
A. Selection Criteria for Health Staff:

**Suggestion from Vientiane Capital Health Department**

Over an interview with VCDH, the result is that they prefers BNL in collaboration with district hospital mutually select health staffs in their areas as well as develop necessary roles and responsibility of selected health staff. The trained health staffs should also act as a coordinator in regards to the work of CMH project of BNL. And that district hospital should be a main implementer for the CMH project. The mental health outreach clinic should be established at village health centres. However, in case some village does not have health centre, then, district hospital should accommodate the outreach clinic. *(See Appendix 10: Sample of Job Responsibility of Community Health workers developed by BNL P. 83 and; Appendix 11: VCDH Organisational Chart P. 85)*

**Suggestions from District Health Workers**

At FGDs with district and village health staff in Xaythani and Sikhottabong, the session allowed health staff, to participate freely in developing selection criteria and job TOR for the health staff who will take lead in CMH work at their districts.

**Box 7: Responses of health staff on selection criteria for potential health staff in MH care training**

<table>
<thead>
<tr>
<th>Nature of ability</th>
<th>Xaythani (n:9)</th>
<th>Sikhottabong (n:8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be able to diagnose the mental disorders and provide treatment</td>
<td>• Willing to work and follow up patients closely at the community level</td>
<td></td>
</tr>
<tr>
<td>• Have a talent</td>
<td>• Be able to provide advices and be trusted by people with mental disorders</td>
<td></td>
</tr>
<tr>
<td>• Speak Politely with mentally ill people</td>
<td>• Have inter-personal skill, not shy, bright and active</td>
<td></td>
</tr>
<tr>
<td>• Have knowledge about mental health</td>
<td>• Discuss and understand about the need of patient</td>
<td></td>
</tr>
<tr>
<td>• Specialise in prescribing medication</td>
<td>• Kindness, tolerant and speak politely with patients</td>
<td></td>
</tr>
<tr>
<td>• Be able to distinguish between mentally ill and non mentally ill people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have to be a doctor because nurse cannot prescribe medicine to patients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Experiences | | |
|---|---|
| • Selected health staff should take this job as her/his main priority and not busy with other job | • Have been trained in this areas of work |
| • Selected staff should take this job seriously | |
| • Selected staff should be trained in this field | |
| • Should be a young person as to have time for this as it is a long-term project | |

| Attitudes | | |
|---|---|
| • Discretional | • Friendly and trustworthy between doctor and patient |
| • Taking confidential of patients’ information seriously | • Polite and good manner |
| • Have an ethic as a health care provider | • Ready to do the job and love the job |
| • Speak nicely and politely with patient | • Tolerant and speak nicely with the |
| Willingness and Passion | • Should have passion and joyful with things they are doing
• Being tolerant and making an effort to provide counselling to mentally ill people in order to be free from the problem
• Love to interview so as to have an effective diagnosis | • Enthusiastic, punctual and responsible person
• Have empathy for mentally ill people
• Dedicated Willingness do to the job
• Have a good ethic
• Be able to work close with community, as to having conversation or giving counselling for people to understand about mental health |
| --- | --- | --- |
| JOB TOR | • Being a coordinator for the project
• Searching for people with mental disorder sin the community
• Keeping patient records and send to the project
• Have a leadership skill
• Be able to give treatment to the patient
• Provide relaxation and counselling to patients
• Be able to evaluate and keep a good record of people with mental disorders
• Get regular training about mental health problems | • Working as a team and clearly plan before going to the community
• Give counselling for mentally ill people on how to taking care of themselves
• Cooperate with village authority in order to get information about mentally ill people
• Finding causes of illness and provide treatment
• Following up the patient about taking the medication and check their mental health status |

B. Training needs

**Suggestion from VCDH**

In providing mental health care training to district health staff, VHCD is in favour to the learning - by - doing notion, in other words, ‘on-the-job training practice’.

VCDH stated that, BNL is a first organisation to run mental health programme for Vientiane Capital. Moreover, aside from community mental health training at which BNL provided on July 2007, there has not been any mental health training for district or village health staff in the past.

**Suggestion from Health staff**

Health Staff were openly discussed at FGD on their on training needs in mental health care service. Below are a summary of training topic interest, training method preference and confidence after being trained of seventeen health staff in Xaythani and Sikhottabong districts.
### Box 8: Training needs of health staff in Xaythani and Sikhottabong

<table>
<thead>
<tr>
<th>Training Needs (n=17)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Xaythani (n:9)</strong></td>
<td><strong>Sikhottabong (n:8)</strong></td>
</tr>
<tr>
<td><strong>Specific interest</strong></td>
<td></td>
</tr>
<tr>
<td>• Be trained about the condition of the patient, what type of treatment do they need and which level</td>
<td>• Alcohol and substance abuse</td>
</tr>
<tr>
<td>• What cause people to get mentally illness, how serious it is and how many type of mental problems</td>
<td>• Planning on how to work with mentally ill people, how to treat the patient and interview background, diagnose, give treatment and counselling.</td>
</tr>
<tr>
<td>• What is mental disorder</td>
<td>• Depression and psychosis disorders</td>
</tr>
<tr>
<td>• Know how to interview patient in order to find out if they are mentally sick or not</td>
<td></td>
</tr>
<tr>
<td>• Training on how to taking care of the patient as well as providing counselling to family on how to take care of mentally ill people</td>
<td></td>
</tr>
<tr>
<td><strong>Training Methods</strong></td>
<td></td>
</tr>
<tr>
<td>• Get trained as a group or working together</td>
<td>• Learn about theory, practice and group work at the same time</td>
</tr>
<tr>
<td>• Learn about theory before practice with mentally ill people</td>
<td>• Get close to the patient and working in a field</td>
</tr>
<tr>
<td>• Get on the job training within the hospital</td>
<td>• Learn about theory for 2 days then put into practice with mentally ill people for another 3 days</td>
</tr>
<tr>
<td>• Combine different methods together i.e. theory, practice and watch VCD</td>
<td></td>
</tr>
<tr>
<td><strong>Confidence</strong></td>
<td></td>
</tr>
<tr>
<td>• Have to get a lot of training in order to gain confidence</td>
<td>• Have to gain enough confident and be able to work in the village</td>
</tr>
<tr>
<td>• Have to gain a lot of experience</td>
<td>• Providing training to other colleagues and working as a team</td>
</tr>
<tr>
<td>• Get trained once every 3 months</td>
<td></td>
</tr>
</tbody>
</table>
**Mental Health Care Service Approach of District and Village Health Centres Staff**

Health staffs explain their hospital approach in dealing with patients coming to their hospital with sign of mental illnesses and epilepsy as following:

**Box 9: Mental Health Care Service Approach of District and Village Health Centres Staff**

<table>
<thead>
<tr>
<th>Hospital Approach</th>
<th>Xaythani (n:9)</th>
<th>Sikhottabong (n:8)</th>
</tr>
</thead>
</table>
| (Patients came with seizure attacked symptoms) | • Taking blood pressure, temperature, and suction  
• Give valium and give treatment according to symptoms  
• Tongue abasement  
• Give Phenobarbital, when they feel better, send them home  
• Give suggestion to patient not to stay near water such as river or canal and fire as they cannot help themselves | • Send to emergency room, tongue abasement and give Phenobarbital to stop seizure |
| (With aggressive, anger or can not stay still symptom) | • Tie up and help to get dress  
• Asking for symptom  
• Inject valium and send to Mahosot Hospital | • Ask male staff to keep him/her stay still, inject valium. If it is a serious case, send to Mahosot Hospital |
| (With committing suicidal case) | • Gastric Lavage  
• Provide counselling  
• Discussing and asking reason for committing suicide | • Gastric Lavage  
• Provide counselling  
• Tell him/her not to do it again |

**Box 10: Responses of health staff on how to prevent one from mental illness**

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Xaythani (n:9)</th>
<th>Sikhottabong (n:8)</th>
</tr>
</thead>
</table>
| What can we do to prevent one from having mental illness? | • Get a job, self-sufficient and don’t think too much | • Having conversation and good surrounding environment  
• Don’t think too much and no worry with anything  
• Try to accept the real situation |
| Do you think Mental illness Can be | Yes, through:  
• Counselling, moral support, giving love and care  
• Take medication continuously | • Counselling  
• Give Tiptanol, take medication and injection on regular basis  
• Finding causes and giving treatment |
<table>
<thead>
<tr>
<th>Treated?</th>
<th>• psychotherapy</th>
</tr>
</thead>
</table>
| Causes of mental illnesses | • Disappointed with something you really hoping for  
• Unconscious during the traumatic event  
• No answer | • Think too much, insomnia and headache  
• Depression  
• Having financial problem within family  
• Terrible surrounding environment |
| Do you know anyone going under mental treatment now? Where they go? | • Most of them are taken care at Mahosot Hospital | • Yes, at Mahosot Hospital |
| Traditional and spiritual healers | • There are a few spiritual in Xaythani District  
• Most of people go to a temple for getting blessing from monk and meditating | • Our district used to have spiritual healers before but now authority forbid them to stop operating |
| Did their Illnesses get improved after seeing spiritual healers? | • No (3)  
• Some does as it’s depending on the psychological aspect of a person  
• Up to them, depend on what they believe  
• Doctor of science and spiritual healers should work together | • No  
• It can help at some extent as patient and this help family feeling better  
• Depend on the psychology of the person |

### 3.3.2 Potential Stakeholders

Survey questionnaires were sent to 56 NGOs via email, on the other hand, only four were returned. Those returned questionnaires are very noteworthy NGOs, who are more or less involved in similar areas of work as BN. Following are the summary of individual NGO, with their work interests and possibilities in working with BN:

**Acting for Women in Distressing Situations (AFESIP)**

AFESIP’s works covering in the areas of community development, human trafficking, social, psychological, legal, medical, vocational support, income generating activities and psychological care. In short, its activities include – vocational training, health, women rights and income

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28 AFESIP Laos combats the causes and consequences of trafficking and sexual exploitation of women and girls. In addition to providing holistic care and recovery for those rescued. AFESIP offers vocational training to support sustainable community reintegration. Their work is based on outreach work and prevention; advocacy and campaigning; and through representation and participation in women's issues at national, regional and international forums. The success criterion has been, first and foremost, securing victim’s rights by providing holistic care through a victim centred approach which ensures long term goals of successful and permanent rehabilitation and reintegration. (AFESIP Lao PDR, 2008)
generating. It runs projects across all provinces in Lao PDR including Vientiane Capital. Its work is dedicated mostly to women and children trafficking victims.

Currently, AFESIP is implementing a ‘trial’ vocational training for individuals in Savannakhet, the vocational training comprises of - sewing, cooking and hairdressing. It usually monitors the trained skill persons monthly and quarterly, its staff visit these trained beneficiaries four times a quarter and, evaluate the outcomes at least once a year. AFESIP also provides micro-credit for these beneficiaries – these however are redesigned with appropriate policies to fit in its actual scheme.

AFESIP expresses interest in working with BNL in the field of ‘Capacity Building and Livelihood portions’. BNL can certainly engage its future cooperation with AFESIP in regards to many areas of work as mentioned above.

**World Education (WEC)**

Another NGO that BN should be in contact with is World Education (WEC). Although, WEC does not operate in VTE capital, but their works are very much involved in similar area as BN i.e. work with PWD. Their works include - Microfinance, silk and handicrafts promotion, formal education, UXO and landmine accident victim assistance and rehabilitation, support for PWD especially children with disabilities.

In sustainable livelihood aspect, WEC provides vocational training as well as micro-credit for their clients including - handicraft, agriculture and animal husbandry. They monitor the used skills every quarter and mid term review. Mentally ill people are also included as clients in their work.

BNL can be in contact with WEC for further cooperation in terms of ‘vocational training and the ways they have been managing their micro-credit scheme for beneficiaries’.

**Mennonite Central Committee Laos (MCC)**

MCC is running their programme in VTE capital and Bolikhxamay province, their work involve in public health, agriculture, animal grazing, rural development, capacity building and community development. They have done numerous capacity building activities for government counterparts. Notably, primary health care is their primarily mission.

They provide scarcely vocational training e.g. Handicraft, mechanic, electronic, gardening and agriculture. BNL and MCC could potentially integrate their work in the area of ‘primary health care’.

**Other Potential NGOs Partners**

Through Internet Directory of NGOs in the Lao PDR\(^{29}\), the study has found 28 respective NGOs, whose project locations, are sited in VTE capital along side with related work activities to which match BNL’s work modules. Below are some name lists of these NGOs:

\(^{29}\) Internet Directory of NGOs in the Lao PDR initiated by the NGO community and partially funded by a small grant from World Bank, the Directory of NGOs working in the Lao PDR now includes information about 67 organizations and a total of 225 projects. Website: [http://www.directoryofngos.org/index.cfm](http://www.directoryofngos.org/index.cfm)
NGOs working with People With Disabilities (operating project in VTE Capital):

It is prevalently most NGOs working with PWD, their clients are, physical disabled people rather than mentally ill disabilities, to some extent, some NGOs include mental retardation and epileptic patients as their clients.

Name of organisations working with PWD are:

- Association for Aid and Relief, Japan (ARR);
- Catholic Relief Services (CRS)
- Cooperation Orthotic and Prosthetic Enterprise (COPE)
- Handicap International Belgium (HIB)
- Service Fraternel d’Entraide (SFE)

NGOs working for users with high risk of related mental disorders (within VTE capital):

There are numbers of NGOs working with people, who might be at risk of mental disorders owing to the fact that, they are in disadvantage experiences/position i.e. sexual trafficking victims, street children, and people in high risk of HIV/AIDS/STI and substance abuser etc. these organisations including:

- AFESIP
- CARE International in Lao PDR
- Friends – International (FI)
- Macfarlane Burnet Institute for Medical Research and Public Health (Burnet Institute)
- Oxfam Australia (OAus)
- Save the Children Australia (SCA)
- Village Focus International (VFI)

NGOs working in capacity building

There are particular NGOs whose work mission put emphasis on capacity building especially for individual or as a group of certain users. Their activities, stretching from vocational training, agriculture practice to employment opportunities. Following are the names of these NGOs, optionally, running in VTE capital:

- Australian People for Counselling and Development Abroad (Union Aid Abroad-APHEDA)
- Concern Worldwide Lao PDR (CONCERN)
- CUSO Lao PDR (CUSO)
- Friends – International (FI)
- Helvetas - Swiss Association for International Cooperation (Helvetas)
- International Cooperation NGO IV – Japan (IV – Japan)
- SNV Netherlands Development Organisation (SNV)
NGOs with data collection & analysis activities

Below are NGOs that involve in research work:

- Belgian Technical Co – operation (BTC)
- Friends – International (FI)
- Handicap International Belgium (HIB)
- International Rice Research Institute for the Greater Mekong Sub-region (IRRI-GMS Office)
- Macfarlane Burnet Institute for Medical Research and Public Health (Burnet Institute)
- Save the Children Australia (SCA)
- Village Focus International (VFI)

(For more details on NGOs See Appendix 12: List of NGOs in Vientiane Municipality P. 86)

3.4 Gender Inequalities

When were asked, at the FGDs, who are the people that people with mental disorders seek help and advice from, most people with mental disorders revealed that, mother is the first person whom they rely on to, other source of help are family members. People with mental disorders’ mothers are also the main people who look for a job for people with mental disorders. Surprisingly, father is not mentioned. More than half of carers presented at FGDs are women, mothers of mental retardation patients are particularly spend the big amount of time daily in caring for their children.

With regards to employment opportunity such as vocational training the report found that “Vocational and skills training programs provide alternatives to secondary and tertiary education that may be linked to particular employment or subsistence activities. At present such courses are limited in number, tend to be standardized rather than tailored to groups and also tend to promote gender stereotypes (i.e. weaving for women, mechanical skills for men.” (United Nations Country Assessment Lao PDR 2006)

3.5 Key Findings

Key findings of the study are outlined as below:

- People with mental disorders accessed MHU facilities are very low proportion \(^{30}\)(only 2597 people within period of three years).
- Neurosis, epilepsy and schizophrenia stand out most cases found at the MHUs.
- Paid employees and students are the highest groups visited MHUs.
- District hospital is the first place people with mental disorders and their care givers seek for care treatment.

\(^{30}\) Using WHO estimate of 1% of any given population as suffering from mental illness, Lao PDR has about 5.62 million people, thus, the number of people with mental disorders should be around 56,200 people.
• Most carers and people with mental disorders are not well-understood and be explained well on the taking life long term mental illness treatment.

• Majority of people with mental disorders confessed taking their medication regularly is very hard thing to do.

• After failing to see any improvement from science treatment, spiritual and traditional healers are named to be ‘alternative hopes’ that all carers and people with mental disorders admitted seeing them once in a while.

• The notion of taking turn in caring for people with mental disorders within family members are said to be the most effective ways. Mother is the main carers who spend a big amount of time in caring for people with mental disorders.

• Stigma and discrimination exists well in the communities where baseline study took place.

• There are little numbers of MH care providers available in Lao PDR.

• There is limitation in number of doctors who obtained master, undergraduate and higher diploma (14% in total of staff in two districts of study).

• Before BasicNeeds intervention, there have not been any health workers at district of study obtained mental health care training. Except Sikhottabong, a few staff was trained epileptic care service.

• At Sikhottabong and Xaythani DH, a few health workers know how to provide care to epileptic patients and some basic treatment for psychosis patient. Minor mental illness symptoms, i.e. headache, neurosis could be consulted at VHC. But for more complicated and severe cases then are referred to DH.

• DH and some VHC staff can identify people with mental illnesses quite well, though some are still confused the differences between definition of ‘mental health and mental illnesses’.

• Valium is only psychotropic drugs available at DH and VHC through RDFs. However, Phenobarbital – epilepsy drug is also available at Sikhottabong DH.

• Most at district and village authorities involved in the study could not differentiate between MH and MI. And almost half of which believe epilepsy is a transmitted disease.

• Agriculture, forestry and fisheries are the biggest sectors for labourer work in Lao PDR. There are very few capacity building/livelihood projects operating in grass root levels in the study areas.

• National mental health policy is now developed, yet, clear action plans have not been set up and implemented.
• To date, BasicNeeds Lao PDR is the only organisation working directly and primarily in mental health. However, there is very few NGO include such epileptic and mental retardation patients as clients.

5. DISCUSSION

- MHUs Facilities:

Given that MHUs are only available at the central level; our results confirm that a very small number of people with mental illnesses accessed MHUs facilities (0.046% out of total population) which are against the 1% of any given population suffering of MI estimated by WHO. Additionally, the result clearly illustrates that provincial inhabitants reached the units are certainly low comparing to VTE residents. However it is important to note here that, the study focused on only MHUs facilities, it is possible that people with mental disorders prevalence numbers could also be collected in other central and provincial hospitals. Moreover, the capacity in expanding MH care services to reach other provinces is a big challenge because the limitations in numbers of MH care providers. Subjects that remain to be explored is what causes of such low percentage of people reached MHUs, and what alternative approaches that ‘the people outside VTE capital’ could reach and be reached to MH care services.

Among 2597 cases, Neurosis is the most common mental disorder found at MHUs (n: 523), secondly is Epilepsy (n: 453) and thirdly is Schizophrenia (n: 350). It has been noticed that Anxiety presents very low proportion, the classification between Neurosis and Anxiety disorders of Lao MH care providers are quite diverse and further research is needed to explore to what extent these two disorders are diagnosed. The diagnosis complication among mental illnesses and non-mental illnesses at MHUs is also interesting issue that further study could look into. The finding also suggests looking at the high percentage of students and paid employees arrived at MHUs facilities. Although, the study has a limitation in getting clearer picture of what most sectors which paid employees imply to. Even so, BNL can still take into consideration on project’s future plan on how to work with these two particular groups.

- Seeking Care Behaviour

The baseline study found that district hospital is the very first place people with mental disorders and their family sought for treatment, this supports the recommendation of WHO at which community-based MH care is the most appropriate and effective approach to meet the demands. More campaign on message about the availability and existence of MHU facilities is needed to take into action since the majority of people with MI and families (n: 32) indicate they only find out about the unit when the illness condition has already been critical. Early detection and treatment could have remedied the illness.

- Treatment Complication

Other issue that should be raised here is the understanding of treatment information of individuals with mental illness and their family i.e. the duration of treatment, the side effect, the possible relapse if stop medication given etc. Why this is so important to stress here is that the study found
most people with mental disorders and care givers are not well understood that some mental disorders could take life-long treatments, this result replicates findings of Bertrand and Choulamany (WHO 2002).31. In many cases, people with mental disorders relapsed, because, after seeing short improvement and they perceived as the illness completely cured, and some would let loose by stopping medication without advised by their doctor. In some cases, without proper explanation about side effect, when this does occur, family or people with mental disorders believed that medication makes the illness got worsen and decided not to continue medication or even stop seeing doctor.

Furthermore, the study outcome also shows that people with mental disorders complained taking medication regularly is very hard task, more enquiry should be made of why this is become such an issue. BNL should as well address crucially the well-explained of treatment process and medication to MH care providers, this can as well be an implication for treatment given at outreach clinic.

Spiritual and traditional healers, so-called the’ alternative hope’ by the clients is clearly playing an important role in the cycle of seeking care behaviour of people with mental disorders and carers. The outcome replicates all of baseline studies taken in BN Asia and Africa country members that their findings about treatment seeking behaviour with spiritual and traditional healers of clients exists in many places. However the baseline study of BNL shows that clients trust health professionals than spiritual healers when it comes to treatment, but all of the clients involved in the study admitted seeing the spiritual healers at least one time. It should be advised the study does not include these healers in the study. Some DH workers give an idea that medical doctor should work together with spiritual healers. Importantly, cooperation with these healers could benefit BNL programme intervention.

- Caring Burden

As far as gender related issue is concerned, the result of the study discovered that, mother is the primary source of ease and care for people with mental disorders. This confirms WHO (Bertrand and Choulamany 2002), which was found that the burden of taking care of people with mental disorders falls in women’s responsibilities. Advocacy work and generating message on gender roles in mental health at the community level should be included in BNL’s agenda, as to remedy the hardship of particular gender i.e. women. Also, more study should be investigated whether gender bias is a case in terms of accessing MH treatment at the community level of programme operation areas since this study does not include this issue.

The outcome of the study also ascertained the complexity within family members where mental illness presents, for instance, some family reported that family member particularly parents got in quarrel or worse divorce on the subject of burden of care for mentally ill people. The idea of taking turn in looking after people with mental disorders is said to be an effective way and this should be kept in mind for BNL’s campaign work. In addition, whereas mental illness presents, family’s revenue

31 “Western medicine is not excluded although there are problems as side effects are not well understood. In addition, the frequent need of long term if not life-long treatment is not well understood.” Bertrand and Choulamany 2002 (P.16)
is decreased reported by majority of people with mental disorders and carers, this supports well the findings of other study of BN member countries. The assistance in livelihoods matter would be a good help to at least minimise the impact of mental illness towards the family.

- **Social Inclusion**

The outcome of consultation meetings and focus group discussions indicates that stigma and discrimination still exists in the community. This finding is slightly different from the WHO Mental Health Situation study which found that” the level of discrimination and stigma in the village is low, most people express tolerance and compassion towards the mentally ill people”. Certainly, differences in location and key informants of study could contribute to the differences. For example, the study only captured discrimination experiences from people with mental disorders and their family’s voices, but did not learn in detail with community’s members.

Some examples of discrimination found in the study are, family of people with mental disorders and people with mental disorders revealed they have been experienced discrimination both behind and upfront. In addition, people with mental disorders confessed of feeling disgraceful in having to live with mental illness disorder. They too compare themselves to others as unordinary, this perception seems to create more complex inferiority and decelerate the improvement of their mental health, and perhaps, might lessens confident in participating in the mainstreaming of social development. Field works of BNL are needed to emphasise on this sensitivity and the project should encourage the individual with mental illness as well as their community to take message home as mental illness is a general health problem that could happen to anyone as to diminish discrimination and stigma.

- **Training Needs**

There is a big shortage of mental health care professionals in the Lao PDR; this ideally holds back the expansion of MH care outreach work and this could have an impact on CMH project’s capacity in providing MH care at community levels. With regard to DH and VHC health workers at the district of study, there is a low percentage of health staffs possess higher diploma, undergraduate and master degree. For example at Sikhottabong district, health staffs with higher diploma are accounted for 25,184 people and Xaythani 18,768. In regards to mental health care training needs, staff of both two districts can deal with epileptic and some minor neurological patients. Though, expert or advisor on MH care should be investigated closely whether the treatment given by district health staff are adhere to an appropriate treatment.

The study result has concluded that more awareness and MH promotion and knowledge are very much needed, most people involved in the study especially village and district authorities could not differentiate between mental health and mental illness, besides, they also think epilepsy is a transmitted disease. It is crucial that these leaders have to get right message about mental health so they can spread this message in their community.
- **Psychotropic Drug**

Turning to psychotropic drug, valium is considered by district health staff as psychotropic drug and is available at DH and VCH through RDFs. However, Phenobarbital for epileptic patients is also available at DH Sikhottabong through HIB project funding. Other types of psychotropic drug unfortunately are not included in the list of RDFs since fewer health staff at district level know little about mental health in general. BNL should focus and make possible effort in persuade government counterpart to include psychotropic drugs, at least, at district health of operations.

- **Livelihood**

There is a diversity of careers and interests in livelihood opportunity of clients. It is harder to determine an approach or absolute prevalence of career types and interest of the clients since each of them involved in the study has certainly different expectation. Hence, more focus on research work in this area are needed as to evaluate capacity and ways in which BNL can work with clients. There are so few projects operating in the study areas since main focus of sustainable livelihood projects are centred at rural development in poorer provinces in Laos. *(Names of the project operating in the study area can refer to 3.1.2 sub-heading in this report).*

- **National Mental Health Policy**

With respect to Mental Health Policy, Lao PDR now officially has its own MH policy since October 2007. This is a good sign for the country, given the fact that, only 44% of WHO county members own MH policy. Yet, there are still a lot of challenges on the use of the endorsed MH policy especially the action plan that need to be clearly taken into account. The good news is, the MoH is still welcoming and accepting more comments and suggestions on the improvement of the policy. BNL hopefully can contribute significant information on how to ideally make this policy suits the basic needs and basic rights of individual with mental illness in Lao PDR in coming future.

- **Partners**

Concerning potential partnership alliance with BNL, a few NGOs can be identified, namely, AFESIP, WEC, and MCC. The reason why these NGOS are presented in the reports mainly is because they showed interest in corresponding with our baseline study questions via email. This does not simply mean that there are no other NGOs that BNL should be in contact with. This report manages to group in the list of other potential NGOs with their specific works in this report as well *(See Section 3.3.2 for the list of potential partners NGOs).*

6. **Recommendations**

Following are recommendations for both short and long term impact and evaluation of BNL’s Community Mental Health and Development Project and this also can be used as guidance for other concerned/interest sectors:

6.1 **Message about Mental Health Care Facilities**
Given that many people are not aware or heard about such an existence and availability of MHUs, so more campaign work should be addressed nationwide on this matter.

6.2 Education for Mentally Ill People and their Family

There are three types of education that should be given to family and their mentally ill sick loved ones by MH care providers: a) important of adherence to treatment; b) be prepared on side-effect of medication; c) family members should take turn in caring for mentally ill person in order to reduce a burden of care of female family members e.g. mother

6.3 Include Mental Health Care and Psychotropic Drug into Primary Health Care Setting

In order to make the CMH becomes realistic at the primary health care settings; therefore mental health care and psychotropic drug should be integrated as part of primary health care scheme.

6.4 Mental Health Care Training for District Health Staff

In the light of district health staff, since a majority of them have not obtained proper MH training. Therefore this training should be provided constantly not only for selected health staff who will be involved in the project but also basic MH training should be organised for other health staff so they can recognise MI symptoms and, at very least, refer them to the right care facility.

6.5 MH Awareness at the Community

Campaign work should be established on the subject of MH promotion as to generate knowledge, prevention and acceptance of mental health problem as one of general health problem that can commonly happen to anyone as to reduce stigmatisation at community.

6.6 Start Thorough Research on Livelihood for Mental Ill People

Due to the limitation of this report concerning Livelihood portion, therefore more detailed research on the sustainable livelihood opportunity approach for mentally ill people in the programme is needed to be conducted.

6.7 Mental Health Policy Information Input

BNL could suggest significant information found at the ground level to current MH Policy that would be a benefit to basic needs and basic rights of individual with mental illness in the Lao PDR.

6.8 Potential Stakeholder Groups

Group of people that BNL could involve in the programme: a) students and paid employee--as a specific recipients; b) monks--to involve in moral support/counselling works.

6.9 More Research Study on the Subject of Mental Health in Lao PDR
Apart from this baseline study, there is only one mental health study in Lao PDR which was conducted in 2002 by WHO. Therefore, more research should be organised as to allow voices of mentally ill people and their families to be heard by policy maker and development sectors.

7. Conclusion
This baseline study is not only a useful tool for evaluation and impact of BNL’s programme, but it can also be a helpful instrument for further research on mental health in Lao PDR. The emerging findings of this report can also be served as MH references for both government and private sectors as well as for external interest parties with the aim of seeing bigger views on MH situation of the country and what they can do in order to give hands to those suffering with mental illnesses.

On the other hand, this study is one of so very few study/research on the field of MH in Lao PDR, only one study was conducted in 2002 by WHO. There are indeed still huge gaps and numbers of information for research works is needed. More voices of individual with MI and their carers are still left to be heard since this study only conducted in few villages, the study is already overwhelmed by many new and unheard stories/experiences of these vulnerable groups, and there are a lot that can be done for minimising the impact of mental illness towards people with mental illnesses and their family.
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## Appendices

### Appendix 1: List of Key Stakeholders Involved in the Baseline Study

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Job Title</th>
<th>Workplace/Village</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>At Central Levels</td>
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</tr>
<tr>
<td>1</td>
<td>Prof. Dr. Sommone Phounsavath</td>
<td>Director of Curative Department</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>2</td>
<td>Associate. Prof. Dr. Sisouk Vongprachanh</td>
<td>Head of Mental Health Unit</td>
<td>Mahosot Hospital</td>
</tr>
<tr>
<td>3</td>
<td>Mrs. Amphone Visathep</td>
<td>Chief of Nursing Unit</td>
<td>Mahosot Hospital</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Khamtanh Bouaphaivanh</td>
<td>Deputy Director</td>
<td>Vientiane Capital Department of Health</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Phoupheut Vongsay</td>
<td>Chief of Curative Unit</td>
<td>Vientiane Capital Department of Health</td>
</tr>
<tr>
<td>6</td>
<td>Dr. Songkeo</td>
<td>Head of Mental Health Unit</td>
<td>Military Hospital</td>
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<td></td>
<td></td>
<td>Name List of Key Staff at Mental Health Unit Mahosot</td>
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<tr>
<td>7</td>
<td>Dr. Bouavanh Soutthivong</td>
<td>General Practitioner at MHU</td>
<td>Mahosot Hospital</td>
</tr>
<tr>
<td>8</td>
<td>Ms. Sone</td>
<td>Nurse at MHU</td>
<td>Mahosot Hospital</td>
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<td>9</td>
<td>Ms. KhetArthone</td>
<td>Nurse at MHU</td>
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<td>10</td>
<td>Ms. Chiindakhoun</td>
<td>Nurse at MHU</td>
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<td>11</td>
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<td>Name List of Key Health Staff in Xaythani Health Office</td>
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<td>12</td>
<td>Ms.. PhouKheo</td>
<td>Deputy Director</td>
<td>Xaythani District Health Office</td>
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<td>13</td>
<td>Ms. Malaphet</td>
<td>Staff at Curative Unit</td>
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</tr>
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<td>14</td>
<td>Ms. Linthong</td>
<td>Staff at Drug Dispensary Unit</td>
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<tr>
<td>15</td>
<td>Ms. Somepoud</td>
<td>Staff at Sanitation and Vaccination Unit</td>
<td>Xaythani District Health Office</td>
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<td>16</td>
<td>Ms. Vanna</td>
<td>Staff at Mother and Child Unit</td>
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<td>17</td>
<td>Ms. Bounmy</td>
<td>Head of Village Health Centre</td>
<td>NongNiew’s village health centre</td>
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<td>18</td>
<td>Ms. Chandai</td>
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<td>Chansavang’s village health centre</td>
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<td>19</td>
<td>Ms. Phonesavanh</td>
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<td>Xaythani District Health Office</td>
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<td>Mr. SaengAloun</td>
<td>Staff at Personnel Unit</td>
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<td>22</td>
<td>Mr. Boualee</td>
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<td>Mr. Bouna</td>
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<td>Ms. Boualavanh</td>
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<td>Mr. Khunkeo</td>
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<td>26</td>
<td>Ms. Daovy</td>
<td>Staff at Outpatient Unit</td>
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<td>Ms. Vilayphone</td>
<td>Staff at Outpatient Unit</td>
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<td>28</td>
<td>Mr. Khamkone</td>
<td>Staff at Outpatient Unit</td>
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### Name List of Key District Labour and Social Welfare Unit

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<tr>
<td>29</td>
<td>Mr. Khampheuy Phaiphomma</td>
<td>Head of Xaythani LSW unit</td>
<td>Xaythani District Authorisation Office</td>
</tr>
<tr>
<td>30</td>
<td>Mr. Bounmek</td>
<td>Deputy Head of Sikhattabong LSW Unit</td>
<td>Sikhattabong District Authorisation</td>
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### Name List of Key Village Chiefs in Xaythani

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<th>No.</th>
<th>Name</th>
<th>Position</th>
<th>Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Mr. Sivanh</td>
<td>Village Chief</td>
<td>Noneborkeo Village</td>
</tr>
<tr>
<td>32</td>
<td>Mr. Somphou Keobuoavanh</td>
<td>Village Chief</td>
<td>Hai Village</td>
</tr>
<tr>
<td>33</td>
<td>Mr. Xay Souphavisay</td>
<td>Village Chief</td>
<td>Oudomphon Village</td>
</tr>
<tr>
<td>34</td>
<td>Mr. Viengsavanh</td>
<td>Village Chief</td>
<td>Na Village</td>
</tr>
<tr>
<td>35</td>
<td>Mr. Khabmai</td>
<td>Village Chief</td>
<td>ThaNgone Village</td>
</tr>
</tbody>
</table>

### Name List of Key Village Chiefs in Sikhattabong

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
<th>Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Mr. Khamsid</td>
<td>Village Chief</td>
<td>Champa Village</td>
</tr>
<tr>
<td>37</td>
<td>Mr. Paovieng</td>
<td>Village Chief</td>
<td>Viengkham Village</td>
</tr>
<tr>
<td>38</td>
<td>Ms. Bounmy</td>
<td>Representative of Village Chief</td>
<td>Thongpong Village</td>
</tr>
<tr>
<td>39</td>
<td>Ms. Phonechay</td>
<td>Deputy Village Chief</td>
<td>Nongtaeng Tai Village</td>
</tr>
<tr>
<td>40</td>
<td>Mr. Douangta</td>
<td>Representative of Village Chief</td>
<td>NongNiew Village</td>
</tr>
<tr>
<td>41</td>
<td>Mr. Somboun</td>
<td>Village Chief</td>
<td>Nongtaeng Neu Village</td>
</tr>
<tr>
<td>42</td>
<td>Mr. Khamphone</td>
<td>Village Chief</td>
<td>Chansavang Village</td>
</tr>
<tr>
<td>43</td>
<td>Mr. Kongchak</td>
<td>Village Chief</td>
<td>Nalao Village</td>
</tr>
</tbody>
</table>

### Number of Mentally Ill People and Their Carers (Anonymous)

<table>
<thead>
<tr>
<th>No.</th>
<th>Groups</th>
<th>Xaythani</th>
<th></th>
<th>Sikhattabong</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Mentally ill persons</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>Carers</td>
<td>5</td>
<td>0</td>
<td>9</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>7</td>
<td>2</td>
<td>12</td>
<td>11</td>
<td>32</td>
</tr>
</tbody>
</table>
## Appendix 2: Study of MHU patients records

From the year 2005 – 2007

### Prevalence:

#### Number of Mentally Ill Persons of.

<table>
<thead>
<tr>
<th>No.</th>
<th>Code Number of the Patient</th>
<th>Name and Surname</th>
<th>Sex</th>
<th>Age</th>
<th>Occupation</th>
<th>Village</th>
<th>District</th>
<th>Vientiane Capital</th>
<th>Other Province (please provide name of the province)</th>
<th>Diagnosis</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis**

- **Common Mental Disease**
  - Neurosis
  - Anxiety
  - Psychosomatic
  - Depression

- **Severe Mental Disease**
  - Schizophrenia
  - Bipolar
  - Depression-Psychotic Symptoms
  - Substance Abuse
  - Alcohol
  - Sleeping Pills

- **Other Mental Disease (please specify name)**
  - Epilepsy

- **Other Diseases if any other than mental illness (please tell the name of diseases)**
  - Epilepsy
  - Substance Abuse
Appendix 3: District and Health Centre Checklist

District and Health Centre Checklist

Date: ..........................

Place of interview (District/Health centre name): ...............................................................

Tel: ........................................ Fax: .............................................................

Informant Name: .................................. Position: ..............................................

Interviewer Name: ..........................................................................................

Health Staff:

1. Total number of staff: ....................................................... persons

   - Doctor: ....................................................... persons
   - Nurse: ....................................................... persons
   - Service Contract: ....................................................... persons

<table>
<thead>
<tr>
<th>Staff</th>
<th>Permanent Staff</th>
<th>Contract Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>Total</td>
</tr>
<tr>
<td>Specialist</td>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Staff</td>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others if any:</td>
<td>D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D=Diploma; C= certificate; V=vocational training
Hospital Buildings

2. How many buildings does your hospital have?

- How many consultation rooms does your hospital have?
- How many in-patient rooms?
- How much office space do you have?

3. How many units do you have in your hospital?

- Could you please tell us the names of each unit?

The Management of Drug

4. Did you receive a revolving drug fund? (Use ✓)
   - Yes
   - No

- If yes, which organization did you get it from?

- When was the revolving drug fund received? And how long will the fund last for?

- Has there been any additional drug fund?
   - Yes
   - No
   - If yes, to what extent will you get additional drug fund?

- How much is the turnover of the revolving drug fund per year? (please note that this means all kind of drug you got in your hospital)
   - 1 month total:
   - 1 year total:

- How do you summarise the revolving drug fund expenses? (Use ✓)
   - weekly
   - monthly
   - quarterly
   - yearly
   - others (please clarify)

5. Does your hospital give out any free medication for people that can not afford it?

- Yes
- No

- If yes, what approach or procedures do you exercise in giving out the medication at no cost?
• How does your hospital summarise expenses for the free-of-charge medication?
  ☐ weekly ☐ monthly ☐ quarterly ☐ yearly
  ☐ Others (please clarify).................................................................
• Does your hospital also sum up the number of patients received medication at no cost?
  ☐ Yes ☐ No
• If yes, how do you sum up?
  ☐ weekly ☐ monthly ☐ quarterly ☐ yearly
  ☐ others (please clarify)................................................................
• On average 1 month, how many people receive free medication?
  ..........................................................................................................
• Does your hospital provide summary report on the free medication for poor patients to any
  organisation bodies?
  ☐ Yes ☐ No
• If yes, which organisation do you send the report to?
  ☐ Drug and Food Department ☐ Yes ☐ No
  ☐ To your hospital director ☐ Yes ☐ No
  ☐ Other organisation (please give name here)................................
    – If yes, to any organisation as you mentioned above, how do you report to them?
      ☐ weekly ☐ monthly ☐ quarterly ☐ yearly
      ☐ others (please clarify).............................................................
6. What approach does your hospital use in dispensing medication to general patients?
  ........................................................................................................
  ........................................................................................................
7. At your hospital, do you have any psychotropic drug names as below? (please use this
  symbol ✓)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>selling price at your hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valium</td>
<td>..................................</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>..................................</td>
</tr>
<tr>
<td>Dormicium</td>
<td>..................................</td>
</tr>
<tr>
<td>Largactil</td>
<td>..................................</td>
</tr>
<tr>
<td>Haldol</td>
<td>..................................</td>
</tr>
<tr>
<td>Nozinan</td>
<td>..................................</td>
</tr>
<tr>
<td>Tryptanol</td>
<td>..................................</td>
</tr>
</tbody>
</table>
  – If you have any drugs as above, which organisations support these drugs for your
    hospital?
  ........................................................................................................
Mental Health Care Service

8. What kind of service does your hospital have for mentally ill sick patients and their family? For example: treatment, action and service approach you use:

......................................................................................................................................................
......................................................................................................................................................

• Can your health staff identify and diagnose mentally ill sick patients? Could you please provide us the name of that health staff?
......................................................................................................................................................
......................................................................................................................................................

• Have your health staffs carried out any follow up home visit for the mentally ill patients?

☐ Yes  ☐ No

• The number of health staff attained mental health care service training:.........................people
Where did he/she attained the training:..............................................................................................
Who were their trainers:....................................................................................................................
Who supported the training:..............................................................................................................

• What mental health care subjects they get trained? Please give out the subject names:
......................................................................................................................................................
......................................................................................................................................................

• After the training, how have they applied those skills to their daily work?
......................................................................................................................................................
......................................................................................................................................................

• Has he/she ever provided treatment to mentally sick patients? If yes, on average how many patients so far?
......................................................................................................................................................
......................................................................................................................................................

• Please give explanation on the action your hospital has been practising in providing mental health care service:

<table>
<thead>
<tr>
<th>No.</th>
<th>Mental illness</th>
<th>Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>what drug do you give? Consultation approach? Referral to? (if any)</td>
</tr>
<tr>
<td>1</td>
<td>Epilepsy</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mental Retardation</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Alcoholic</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Schizophrenia</td>
<td></td>
</tr>
</tbody>
</table>
6. Other mental illnesses
(Please provide name)
........................................

Feedback of Interviewer (summary)
..................................................................................................................................................................................
..................................................................................................................................................................................
..................................................................................................................................................................................

Appendix 4: Interview question with VCDH

Interview question with VCDH

1. What selection criteria should it be for selection of health staff that can potentially be trained and work with BNL?
2. What are their training needs?
3. As we need someone who can be our long term coordinator for the activity at district and community levels. How can we get this person?
4. Do we need to develop a detail job TOR for health staff that will be trained on mental health and development?
5. Based on your experiences and observation as the deputy head of VCDH, what do you think about the ability to provide mental health treatment of district health staff?
6. Do you understand the outreach clinic activity? Has VCDH had outreach clinic project in any other field of health?
7. What approach should we take in organising outreach clinic at district and community level?
8. Which party should be the main implementer of this activity?
9. Are there any other organisation working in the field of mental health?
10. How about the supply and management of drug, which department is responsible for distributing general drug to district and community health centre?
Appendix 5: Village Chief and District Labour and Social Welfare Unit official In-Dept Interview Form

Village Chief and District Labour and Social Welfare Unit official

In-Dept Interview Form

I would like to introduce myself, my name is__________. I am from BasicNeeds; the objective of our interview today is to learn about mental health situation in your community. The information gained from this interview will be used in planning the work of Community Mental Health and Development Project in the near future.

<table>
<thead>
<tr>
<th>Date</th>
<th>Informant</th>
<th>Tel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of interview</td>
<td>Interviewer</td>
<td></td>
</tr>
</tbody>
</table>

I. Knowledge and Attitude Toward Mental Health and Mental Illnesses

1. Have you ever heard about mental health?
   - Yes
   - Never
   - Not sure
   - If yes, how do you understand this? (please give your own definition)
   
2. Have you ever heard about mental illnesses?
   - Yes
   - Never
   - Not sure
   - If yes, how do you understand this? (please give your own definition)

3. Could you please name any mental illness you have heard or seen along with their symptoms?

<table>
<thead>
<tr>
<th>Mental illness names</th>
<th>symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Do you think mental retardation and mental illnesses are different?
   - Different
   - Not different
   - Not sure
   - If different, could you please explain why, but if not, why?

5. Do you think epilepsy and mental illnesses different?
   - Different
   - Not different
   - Not sure
   - If different, could you please explain why, if not different, why?
6. Do you think mental illnesses can be transmitted from human to human?  
□ Yes □ No □ Not sure  
• If yes, how could it be transmitted, if not transmitted why?  
......................................................................................................................................................
......................................................................................................................................................

7. Do you think epilepsy could be transmitted from one to the other?  
□ Yes □ No □ Not sure  
• If yes, how could it transmit, if not transmit why?  
......................................................................................................................................................
......................................................................................................................................................

8. Have you ever learn about mental health and mental illnesses?  
□ Yes □ No □ Not sure  
• If yes, where from?  
......................................................................................................................................................
......................................................................................................................................................

9. Do you think there are ways to prevent one from mental illnesses?  
□ Yes □ No □ Not sure  
• If yes, what people can do to avoid mental illnesses?  
......................................................................................................................................................
......................................................................................................................................................

10. Do you think mental illnesses can be treated?  
□ Yes □ No □ Not sure □ Don’t know  
• If yes, in what ways? If no, why?  
......................................................................................................................................................
......................................................................................................................................................

11. What do you think are the causes of mental illnesses?  
......................................................................................................................................................
......................................................................................................................................................

12. When you encounter with mentally ill person, how do you react?  
......................................................................................................................................................
......................................................................................................................................................

13. Within your community, what do people believe about mental illness?  
......................................................................................................................................................
......................................................................................................................................................

14. Do you know anyone in your village that has been being mentally ill sick??  
□ Yes □ No □ Not sure  
• If yes, how do you know if that person is mentally sick?  
......................................................................................................................................................
......................................................................................................................................................

15. How many mentally ill people in your village? And do you know what kind of mental illness they have?  
......................................................................................................................................................
......................................................................................................................................................

16. Have you given them any kind of support?  
□ Yes □ No  
• If yes, how have you helped them? If no, why?  
......................................................................................................................................................
......................................................................................................................................................

17. If you run into someone who is being attacked by seizure, how do you react?  
......................................................................................................................................................
......................................................................................................................................................
18. If you come across to someone in your community who was having aggressive behaviour, a psychotic episode, how would you manage?

......................................................................................................................................................
......................................................................................................................................................
19. If you find someone with suicide factors, how would you manage?
......................................................................................................................................................
......................................................................................................................................................
20. Do you know any mentally ill sick persons who are under treatment?
☐ Yes        ☐ No        ☐ Not sure
• If yes, do you know where the person seeks treatment? (please tell the name of the place if possible)
☐ Yes        ☐ No        ☐ Not sure
......................................................................................................................................................
......................................................................................................................................................

Traditional and spiritual healers
21. What is the common mental illness in your community?
......................................................................................................................................................
......................................................................................................................................................
22. Do you think traditional healers can treat mentally sick patients?
☐ Yes        ☐ No        ☐ Not sure        ☐ Not sure
• If yes, why? If not, why?
......................................................................................................................................................
......................................................................................................................................................
23. Are there any traditional healers in your community that mentally ill person and their family seek help?
☐ Yes        ☐ No        ☐ Not sure
• If yes, who do they seek help from? (please give us their names)
......................................................................................................................................................
......................................................................................................................................................
• Did the mentally ill patient get better after that treatment?
☐ Yes        ☐ No        ☐ Not sure        ☐ Don’t know
24. Do you know how much average per time people spend on consultation with traditional healers?
☐ Yes        ☐ No        ☐ Not sure
• If yes, average............................................................................................................................................per time
25. Do you think spiritual healers can treat mental illness?
☐ Yes        ☐ No        ☐ Not sure        ☐ Don’t know
• If yes, why? If not, why?
......................................................................................................................................................
......................................................................................................................................................
26. Are there any spiritual healers in your community that mentally ill person and their family seek help?
☐ Yes        ☐ No        ☐ Not sure
• If yes, who do they seek help from? (please give us their names)
......................................................................................................................................................
......................................................................................................................................................
27. Do you know how much average per time people spend on consultation with spiritual healers?
☐ Yes        ☐ No        ☐ Not sure
• If yes, average............................................................................................................................................per time
II. Community Inclusion

Do you agree or do not agree with following statements:

28. Mentally ill persons should not be allowed to participate in any social gathering ex: wedding, parties etc.
   ☐ agree ☐ do not agree ☐ not sure ☐ don’t know

29. Mentally ill person should be isolated physically from the community
   ☐ agree ☐ do not agree ☐ not sure ☐ don’t know

30. Children with mental illness can transmit their illnesses if they play with other children
   ☐ agree ☐ do not agree ☐ not sure ☐ don’t know

31. Substance abuser ex: amphetamine user, alcoholic can cause mentally illness
   ☐ agree ☐ do not agree ☐ not sure ☐ don’t know

32. Person with mental retardation should be hidden inside their house
   ☐ agree ☐ do not agree ☐ not sure ☐ don’t know

33. People with epilepsy can infect to others if others contact epileptic’s saliva
   ☐ agree ☐ do not agree ☐ not sure ☐ don’t know

34. What are the impacts of mental illness to mental ill person themselves, their family and the community or social in general?
   • To mental ill person:................................................................................................................................................
   • To their family:......................................................................................................................................................
   • To the community:................................................................................................................................................

III. Government

35. What are the most urgent support for mentally ill people and their family that government needs to take action?
   ......................................................................................................................................................................................

36. Do you know there is now a mental health policy developed by ministry of public health?
   ☐ Yes ☐ No ☐ Not sure
   • If yes, where did you learn this from? (organisation name)
   ......................................................................................................................................................................................

37. What are the most urgent needs of mentally ill person in your district that BasicNeeds should consider to take action first?
   ......................................................................................................................................................................................

IV. Livelihoods

38. Do you know any aid organisations both government and international bodies who are giving support in terms of capacity building or treatment to mentally ill people, disabled people or destitute in your district?
   ☐ Yes ☐ No ☐ Not sure
   • If yes, could you please tell us their names?
   ......................................................................................................................................................................................

39. What are the most common careers of your community?
Appendix 6: Script for Focus Group Discussion with District Health Workers

<table>
<thead>
<tr>
<th>Topic</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **Introduction** (1 mn)      | - The moderator introduces self and the team  
                              - Explain to participants that the discussion will last about 1.5 to 2 hours  
                              - Ask participants to kindly turn down or if possible switch off their mobile phone in order to avoid disturbance |
| **Focus group Objectives**   | - Give explanation on the objectives of this activity:  
                              The objective of this activity is to get your suggestions, attitudes and experiences on mental health in your community/district. All ideas and comments are valuable to the planning of the work of Community Mental Health and Development Project and we want to learn more about the mental health situation and challenge of mental health service in your district. Our specific objectives are:  
                              1. Mental Health Service training needs; and  
                              2. Approach on the selection of health staff who can potentially be trained in the long term on mental health service, and together to set up selection criteria for that persons |
| **Permission request** (1 mn)| - Ask participants’ permission to use tape recorder to record the session, test the sounds and let them listen to the recorded sound  
                              - Ask their permission to take photos of the session |
| **Participants Consent** (3 mns) | - All participants have the right to answer to the questions and please do not be afraid or shy  
                              - All answers will be valued  
                              - Please respect the others, while other talking please do not interrupt, wait until he/she finishes her/his dialogue then you can express yours  
                              - We encourage all of you to talk in brief as to give opportunity for other to talk too  
                              - Do not be afraid that your answer would be right or wrong, please answer to questions naturally as how you feel about the issues. If you have different perspective from the other please do express  
                              - Your name with particular answer would be kept as confidential and we will not display or give to other party  
                              - We encourage you to speak aloud so that the tape recorder can record your sentence |
| **Participants introduction** | - Participants introduce oneself names as she/he wishes the other to call her/him |
(5 mns)

- Use paper scotch tape to write down the name of each participant and gently seal it to their shirt
- Invite participants to have a coffee/tea break before the session begins

**Questions:**

I. **Selection criteria for health staff and their training needs**, use flip chart and manila cards (40 mns)

Eligibility of health staff that can be trained and work with Community mental health and development project (BasicNeeds), what should be included:

1. What nature of abilities do we need from district health staff in providing mental health care service?
2. What experiences should the person have?
3. What attitudes should they have toward the mental health care service?
4. How about willingness and passion toward mental health care service?
5. We would like your participation and assistance in drafting the job TOR for the health worker who will work with BasicNeeds.
6. In the past, have any of you or your colleagues at the hospital ever obtained mental health care training?

*Probe: if yes, 6.1 how many of you?
6.2 how many time?
6.3 What the main topics of the training? Did you get training on any particular mental illnesses?
6.4 Who were the trainers for the training?
6.5 How many days for the training?
6.6 Where did you get trained?
6.7 Things you have learnt from that training, does it help you to be able to identify and provide mental health care to mental sick patients?*

II. **Training needs**

1. Are there any specific topics/subjects on mental health care that you are interested to be trained? Which one you are interested most?
2. How about training methods? What kind of training methods you prefer? *(If participants do not understand please provide them an example such as: lecture training method, on-the job-training or using guidebooks or VCD etc.)*
3. Assume that if you get training on the mental health care, how your confidence in providing mental health care would be?

III. **Knowledge and perception on mental health and mental illnesses (30 mn)**

1. What do you understand about mental health?

*Probe: what do you really understand or think about this? (please give your own definition to mental health)*

2. Now how about mental illnesses? What do you understand? *(please give your own definition)*

*Probe: could you please name any mental illnesses you know along side with their symptoms? (give manila cards to participants to write down)*

3. Do you think epilepsy and mental illnesses different? if yes, what are the differences? if they are not different why?

4. What approach does your hospital have toward mentally ill patients who came to seek for medical treatment?

*Probe: how do you handle with patients coming to you with following symptoms:
• Patients came with seizure attacked symptoms?
• With aggressive, anger or can not stay still?
• With committing suicide?
5. Do you think are there any ways to prevent one from mental illnesses?
   Probe: if yes, could you please tell us how?
6. What causes mental illnesses do you think?
7. Do you know anyone who is going under mental illness treatment?
   Probe: where does that person seek treatment?
8. Where can we find traditional and spiritual healers in your area?
   Probe: have you ever heard anyone receiving mental treatment with any of those healers? Did their illnesses get improved?

Outreach Clinic (15mn)
1. Do you think how many health staff we need at district and village health centre levels who will be trained and work closely with BasicNeeds?
2. In case the selected person to work with BasicNeeds has already had many other duties to do apart from working with BN? In this case what can we do to solve the problem?
3. At the community and district levels where are the most appropriate location to establish mental health outreach clinic?
4. How many times a month should we conduct outreach clinic in your district?
5. How about drug management? What are your suggestions?
6. Any other suggestions you would like to make or ask us?

Conclusion: (10 mns)
• Moderator reread the participants’ answers. And ask participants if they wish to make any changes, after that make a final agreement to the answers.
• Say thank you to all participants, and remark to them that, their contribution today are valued and appreciated. And will surely be used in planning of BN work.
• Observe participants interaction if there are any further discussion among them regarding the session.
Appendix 7: Script and Questions for Focus Group Discussion with Mentally Ill Persons and their Carers

<table>
<thead>
<tr>
<th>Topic</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong> (1 mn)</td>
<td>• The moderator introduces self and the team&lt;br&gt;• Explain to participants that the discussion will last about 1.5 to 2 hours&lt;br&gt;• Ask participants to kindly turn down or if possible switch off their mobile phone in order to avoid disturbance</td>
</tr>
<tr>
<td><strong>Focus group Objectives</strong> (2 mn)</td>
<td>• Give explanation on the objectives of this activity, information is to feed into baseline study:&lt;br&gt;The objective of this activity is to get your suggestions, attitudes and experiences on mental health in your community/district. All ideas and comments are valuable to the planning of the work of Community Mental Health and Development Project and we want to learn more about your mental health situation and challenge of mental health service in your district. Our specific objectives are:&lt;br&gt;3. Treatment needs;&lt;br&gt;4. General livelihood of our mentally ill patients</td>
</tr>
<tr>
<td><strong>Permission request</strong> (1 mn)</td>
<td>• Ask participants’ permission to use tape recorder to record the session, test the sounds and let them listen to the recorded sound&lt;br&gt;• Ask their permission to take photos of the session</td>
</tr>
<tr>
<td><strong>Participants Consent</strong> (3 mns)</td>
<td>• All participants have the right to answer to the questions and please do not be afraid or shy&lt;br&gt;• All answers will be valued&lt;br&gt;• Please respect the others, while other talking please do not interrupt, wait until he/she finishes her/his dialogue then you can express yours&lt;br&gt;• We encourage all to talk in brief as to give opportunity for other to talk too&lt;br&gt;• Do not be afraid that your answer would be right or wrong, please answer to questions naturally as how you feel about the issues. If you have different perspective from the other please do express&lt;br&gt;• Your name would be kept as confidential and we will not display your name or give to other party&lt;br&gt;• We encourage you to speak aloud so that the tape recorder can record your sentence</td>
</tr>
<tr>
<td><strong>Participants introduction</strong> (5 mns)</td>
<td>• Participants introduce oneself names as she/he wishes the other to call her/him&lt;br&gt;• Use paper scotch tape to write down the name of each participant and gently seal it to their shirt&lt;br&gt;• Invite participants to have a coffee/tea break before the session begins</td>
</tr>
</tbody>
</table>
Questions:

a) Treatment needs:
1. What do you think causes your illness?
2. How long have you been sick?
3. When you started to falling ill, what action did you take at the time?
4. Who did you seek help/advice from?
5. Where did you seek for treatment at the time?
6. While and after that treatment, how was your illness condition?
7. For those that did not get better after the treatment, what further action did you take in?
8. Who have given you suggestion of where to seek mental health treatment?
   Probe: Many people revealed that going to hospital is too difficult; could you please tell us what your main barriers of going to hospital are?
9. As a mentally ill patient, what are your primarily needs?
10. And what do you think you can do to get that needs?
   Probe: From yourself/family how could you do to achieve that?
From others, how could they help you?

b) Spiritual Healers
11. Have you ever seen spiritual healers for treatment?
12. Which spiritual healer did you see?
   Probe: Where does that healer live? In your community where can we find spiritual healers?
13. In what circumstances that you see spiritual healers?
14. What kind of treatment did the spiritual healers practise toward your illness?
15. Did the spiritual healer give you any kind of drug or herb? Could you please tell us the name of the drug or herb if any?
16. Comparing between spiritual healer and medical doctor in the hospital, who do you feel most comfortable to see when it comes to consultation about your mentally illnes?
17. Could you please explain what made you feel most comfortable to see this person?

c) The impact of illness to you and your family
18. How is your daily life now when you have to live with mental illness?
19. How the illnesses effect you as well as your family?
20. Who is most affected?
21. What are those effects?

22. Any impact on following areas: family income, social life, health condition of family members, livelihoods?

d) Coping with Illnesses

23. How have you been coping with your illness?

24. Who have given hands or advices to you?

25. What type of advice/or help did you receive?

26. What is the most difficult aspect in taking care of your mentally ill love ones?

27. How did you cope with those difficulties?

28. And what were the consequences?

29. Does the community know about your illness?

30. If yes, how did they know?

31. Do you wish that the community would not know about your illness or do you prefer them to know? Which one you prefer?

   Probe: could you please tell us why do you wish that?

32. Through our experience, some family tied or hid the mentally sick persons, what do you think why did not they take her/him to hospital?

33. If people found out about your illness, what do you think other people would think?

34. Do you think being mentally sick persons is disgraceful?

35. Could you please tell us why?

36. Have you and your family been discriminated because your mental illness?

   Probe: Has the community accepted you in joining community events?

37. Are you feared to be discriminated from the community?

38. How this fear has impact on social life or meeting new people? Ex: feeling, career, study (if you are studying), finding spouse, social inclusion?

39. Has your family been concerned about this discrimination?

40. Has any of you or your family members been discriminated or ridiculed because of your mentally sick condition?

41. If there was such discrimination, how did it affect you or your family?

e) Religious Roles

42. Have yourself ever went or been taken to temple or any religious for treatment? If yes, please answer questions below.

43. Who talked or gave you an advice at the temple?
44. Which temple did you seek help?

45. What nature of advice or consultation did the person give to you?

46. Did he/she give you any medicine or herb? If so, what sort of medicine/herb?

f) Livelihoods

47. Generally how is your livelihood condition now?

48. What do you do for a living?

49. What causes you not to be fully productive, or could not find a job or can not work actively?

50. How have you tried to cope with livelihood difficulty?

51. Who have helped you finding job or doing productive work for living?

52. How did you seek for a job? And where did you seek?

53. What is your expertise? Interest? What kind of career you think you are good at?
Appendix 8: people with mental disorders Prevalence Figures from 9 District of Vientiane Capital Reached MHUs

| People with Mental Disorders Prevalence Figures from Vientiane Capital Reached MHUs |
|---------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| Chanthabuly                      |     |     |     |     |     |     |     |     |
| Female                          | 42  | 67  | 41  | 150 | 4   | 3   | 1   | 8   |
| Male                            | 35  | 47  | 34  | 116 | 11  | 8   | 7   | 26  |
| Total                           | 77  | 114 | 75  | 266 | 15  | 11  | 8   | 34  |
| Sikhottabong                    |     |     |     |     |     |     |     |     |
| Female                          | 37  | 73  | 58  | 168 | 4   | 0   | 1   | 5   |
| Male                            | 61  | 77  | 47  | 185 | 10  | 4   | 3   | 17  |
| Total                           | 98  | 150 | 105 | 353 | 14  | 4   | 4   | 22  |
| Xaysetha                        |     |     |     |     |     |     |     |     |
| Female                          | 28  | 45  | 24  | 97  | 7   | 2   | 3   | 12  |
| Male                            | 35  | 49  | 24  | 108 | 12  | 5   | 2   | 19  |
| Total                           | 63  | 94  | 48  | 205 | 19  | 7   | 5   | 31  |
| Sisattanak                      |     |     |     |     |     |     |     |     |
| Female                          | 20  | 59  | 29  | 108 | 4   | 2   | 2   | 8   |
| Male                            | 30  | 35  | 42  | 107 | 12  | 3   | 7   | 22  |
| Total                           | 50  | 94  | 71  | 215 | 16  | 5   | 9   | 30  |
| Naxaithong                      |     |     |     |     |     |     |     |     |
| Female                          | 30  | 37  | 23  | 90  | 4   | 0   | 2   | 6   |
| Male                            | 13  | 28  | 16  | 57  | 3   | 0   | 0   | 3   |
| Total                           | 43  | 65  | 39  | 147 | 7   | 0   | 2   | 9   |
| Xaythani                        |     |     |     |     |     |     |     |     |
| Female                          | 32  | 64  | 34  | 130 | 2   | 2   | 3   | 7   |
| Male                            | 34  | 57  | 41  | 132 | 9   | 5   | 6   | 20  |
| Total                           | 66  | 121 | 75  | 262 | 11  | 7   | 9   | 27  |
| Hadxaifong                      |     |     |     |     |     |     |     |     |
| Female                          | 20  | 29  | 16  | 65  | 3   | 0   | 1   | 4   |
| Male                            | 17  | 20  | 10  | 47  | 9   | 4   | 3   | 16  |
| Total                           | 37  | 49  | 26  | 112 | 12  | 4   | 4   | 20  |
| Sangthong                       |     |     |     |     |     |     |     |     |
| Female                          | 0   | 2   | 2   | 4   | 0   | 1   | 0   | 1   |
| Male                            | 3   | 3   | 4   | 10  | 1   | 0   | 0   | 1   |
| Total                           | 3   | 5   | 6   | 14  | 1   | 1   | 0   | 2   |
| Parkngum                        |     |     |     |     |     |     |     |     |
| Female                          | 3   | 29  | 6   | 38  | 1   | 0   | 3   | 4   |
| Male                            | 8   | 20  | 2   | 30  | 0   | 0   | 0   | -   |
| Total                           | 11  | 49  | 8   | 68  | 1   | 0   | 3   | 4   |
| Total of Vientiane Capital      | 448 | 741 | 453 | 1,642 | 96 | 39 | 44 | 179 | 1,821 |
| Total of other Province         | 216 | 243 | 237 | 696  | 38 | 21 | 21 | 80  | 776  |
| Total two Provinces             | 664 | 984 | 690 | 2338 | 134| 60 | 65 | 259 | 2,597 |
### Appendix 9: Sikhottabong and Xaythani Mental Health Care Service Approach

<table>
<thead>
<tr>
<th>No.</th>
<th>Mental illness</th>
<th>Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>What drug do you give?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Xaythani</td>
</tr>
<tr>
<td>1</td>
<td>Epilepsy</td>
<td>Phenobarbital</td>
</tr>
<tr>
<td>2</td>
<td>Mental Retardation</td>
<td>Nil</td>
</tr>
<tr>
<td>3</td>
<td>Substance Abuse</td>
<td>Depend on patient physical situation</td>
</tr>
<tr>
<td>4</td>
<td>Alcoholic</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Schizophrenia</td>
<td>Valium</td>
</tr>
<tr>
<td>6</td>
<td>Other mental illnesses</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(Please provide name)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neurosis............................</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 10: Sample of Job Responsibility of Community Health worker

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
</table>
| • Capacity to provide a flexible and responsive mental health service that supports the needs of community mental health service users  
• Capacity to work closely with Vientiane Health Department, Mental Health Unit and BN  
• Possess informal and formal links and networking capacity with Vientiane Health Dept, Mental Health Unit and BasicNeeds especially on the area of mental health care service  
• Capacity to understand and communicate with populations most at risk of mental health and/or mental health service users  
• Capacity to measure the impact and/or value the service has made to the service user | • Capacity to identify and address strategic level issues faced by communities in the access and availability of mental health services  
• Ability to envisage the big picture of mental health services available across the borough  
• Ability to report on loose links, duplication and gaps among the existing mental health services in the borough |

<table>
<thead>
<tr>
<th>Experience</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
</table>
| • Past experience of providing general public health and well-being services in a community setup  
• Enthusiasm and desire to develop and maintain relationships with individuals who are experiencing mental health problems  
• Thorough understanding and practical experience of disadvantaged communities culture, norms, way of life and deprivations  
• Knowledge and experience of maintaining contacts within the disadvantaged communities | • Experience of promoting equality and valuing diversity of individuals  
• Engaging, collaborating with BN village volunteers of disadvantaged communities in delivery of Community mental health and Development  
• Desire to build capacity of village volunteers by entering into collaboration with them |

<table>
<thead>
<tr>
<th>Organisational Skills and Abilities</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
</table>
| • Ability to gather information and feedback on mental health services, transforming that into knowledge and putting it back into the system  
• Knowledge and understanding of primary, acute and community based mental health care  
• Effective negotiation and facilitation skills to host village health workers and volunteers  
• Excellent communication and interpersonal skills  
• Ability to inspire others and lead by example |
- Ability to work as part of a larger community network
- Ability to work in a complex environment
- Possess organisational skills to enable individuals to develop their knowledge and skills about mental health and well-being
Appendix 11: VCDH Organisational Chart

Organisational Chart of Vientiane Capital Health Department

- Deputy Director
  - Health Promotion and Prevention
- Director
  - Administration
- Deputy Director
  - Curative and Rehabilitation

- Mother and Child Health Division
- Primary Health Care Division
- Water and Sanitation Division
- District Health Office (9)
- Planning Division
- Budgeting and Finance Division
- Traditional Medicine Division
- Food and Drug Division

- Static and Information Division
- Hygiene and Epidemiology Division
- Malaria Parasitology and Entomology Division
- Administration Division
- Personnel Division
- Ambulance Service Division
- Curative Division
- Food and Drug Analysis Division

- Chanthabuly Hospital
- Sisathana Hospital
- Sihottabong Hospital
- Xaysattha Hospital
- Nasonthong Hospital
- Hadsai Fong Hospital
- Xaythany Hospital
- Pakgurn Hospital
- Sangthong Hospital

- VHC Staff
  1. Nong Niao 3
  2. Kao Leow 2
  3. Chasa Vang 2

- VHC Staff
  1. Non Wai 1
  2. Doung 1
  3. Na Khouai 1
  4. Nong Niao 1

- VHC Staff
  1. E Lai 3
  2. Na Kha 3
  3. Boua 3
  4. Pho Xay 2

- VHC Staff
  1. Bar O 5
  2. Salakhan 3
  3. Sim Ma No 4
  4. Hon 5
  5. Tha Pa 3
  6. Sithan Tai 4

- VHC Staff
  1. Pa Kao 2
  2. Xay 2
  3. Koksiche 5
  4. Houa Xiang 3
  5. Dong Bang 2
  6. Thadinh Dang 3
  7. Houajiem 2
  8. Nakhon 3
  9. Naktung 2

- VHC Staff
  1. Na Fai 1
  2. Na Fai 2
  3. Makhao 4
  4. Dao 1
  5. Dong Kham 1
  6. Phaknum 1
  7. Thakor Hai 2
  8. Xing Lai 2
  9. Na Sone 2

Page 85 of 92
## Appendix 12: List of NGOs in Vientiane Municipality

<table>
<thead>
<tr>
<th>NGO Name</th>
<th>Project Name</th>
<th>Sectors of Activity</th>
<th>Districts Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Agir pour les Femmes en Situation Précaire</td>
<td>Repatriation, Rehabilitation and Reintegration of Women Victims of Trafficking and Sexual Exploitation</td>
<td>Community Development; Education; Emergency and Humanitarian Relief; Human Resources Development; Income Generation &amp; Economic Development</td>
<td>Chanthabuly, Hadxaifong, Maypakngum, Naxaithong, Sangthong, Sikhottabong, Sisattanak, Xaysettha, Xaythani</td>
</tr>
<tr>
<td>2. Association for Aid and Relief, Japan (AAR)</td>
<td>Project for Wheelchairs Production for People with Disabilities(PWD) in Lao PDR</td>
<td>Health Care</td>
<td>Chanthabuly, Hadxaifong, Maypakngum, Naxaithong, Sangthong, Sikhottabong, Sisattanak, Xaysettha, Xaythani</td>
</tr>
<tr>
<td>3. Australian People for Counselling and Development Abroad (Union Aid Abroad-APHEDA)</td>
<td>Lao Women’s Union - Training for Employment and Capacity Building</td>
<td>Agriculture, Forestry &amp; Fisheries; Education; Income Generation &amp; Economic Development</td>
<td>Chanthabuly, Hadxaifong, Maypakngum, Naxaithong, Sangthong, Sikhottabong, Sisattanak, Xaysettha, Xaythani</td>
</tr>
<tr>
<td>5. CARE International in Lao PDR (CARE Laos)</td>
<td>Improving reproductive health, security and livelihood status of service people in Vientiane (CORE)</td>
<td>Education; Health Care; Human Resources Development; Income Generation &amp; Economic Development; Social Development</td>
<td>Chanthabuly, Sikhottabong, Sisattanak, Xaysettha</td>
</tr>
<tr>
<td></td>
<td>Avian Influenza Local Risk Reduction Project</td>
<td>Agriculture, Forestry &amp; Fisheries; Community Development; Emergency and Humanitarian Relief; Health Care; Human Resources Development; Social Development</td>
<td>Hadxaifong, Xaythani</td>
</tr>
<tr>
<td>6. Catholic Relief Services (CRS)</td>
<td>Strengthening Community and School Support for Children with Disabilities in Laos</td>
<td>Education; Health Care; Social Development</td>
<td>Hadxaifong</td>
</tr>
<tr>
<td>8. Cooperative Orthotic and Prosthetic Enterprise (COPE)</td>
<td>General Scope of Activities of Cooperative Orthotic and Prosthetic Enterprise</td>
<td>Health Care; Human Resources Development; Social Development</td>
<td>Sisattanak</td>
</tr>
<tr>
<td>9. CUSO Lao PDR (CUSO)</td>
<td>Sangthong District Training of Trainers in Organic Agriculture</td>
<td>Agriculture, Forestry &amp; Fisheries</td>
<td>Sangthong</td>
</tr>
<tr>
<td></td>
<td>Huam Jai Asasamak (HJA) Volunteer/Intern Program</td>
<td>Community Development; Human Resources Development</td>
<td>Xaysettha</td>
</tr>
<tr>
<td>NGO Name</td>
<td>Project Name</td>
<td>Sectors of Activity</td>
<td>Districts Covered</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>2004-2009 Cooperant (Development Volunteer) Sending Programme</td>
<td>Agriculture, Forestry &amp; Fisheries; Community Development; Health Care; Human Resources Development; Income Generation &amp; Economic Development; Natural Resources &amp; Ecology; Social Development</td>
<td>Sangthong, Xaysettha</td>
<td></td>
</tr>
<tr>
<td>10. Friends-International (FI)</td>
<td>Building a sustainable street children project in Lao PDR - Implementation and Capacity Building</td>
<td>Community Development; Data Collection &amp; Analysis; Education; Health Care; Human Resources Development; Income Generation &amp; Economic Development; Social Development</td>
<td>Chanthabuly, Hadxaifong, Maypakngum, Naxaithong, Sangthong, Sikhottabong, Sisattanak, Xaysettha, Xaythani</td>
</tr>
<tr>
<td>11. Handicap International Belgium (HIB)</td>
<td>Road Safety Project Phase II - Preventing Road Traffic Accidents and Disabilities in Vientiane and Savannakhet Province</td>
<td>Data Collection &amp; Analysis; Education; Health Care; Human Resources Development</td>
<td>Chanthabuly, Hadxaifong, Maypakngum, Naxaithong, Sangthong, Sikhottabong, Sisattanak, Xaysettha, Xaythani</td>
</tr>
<tr>
<td></td>
<td>Community-Based Rehabilitation Programme in Savannakhet Province</td>
<td>Data Collection &amp; Analysis; Education; Health Care; Human Resources Development</td>
<td>Sikhottabong</td>
</tr>
<tr>
<td>12. Health Frontiers (HF)</td>
<td>Faculty of Medical Sciences Human Resource Development Project</td>
<td>Health Care; Human Resources Development</td>
<td>Chanthabuly, Hadxaifong, Maypakngum, Naxaithong, Sangthong, Sikhottabong, Sisattanak, Xaysettha, Xaythani</td>
</tr>
<tr>
<td>13. Helvetas - Swiss Association for International Cooperation (Helvetas)</td>
<td>Laos Extension for Agriculture Project (LEAP)</td>
<td>Agriculture, Forestry &amp; Fisheries; Education; Human Resources Development; Social Development</td>
<td>Hadxaifong, Maypakngum, Xaythani</td>
</tr>
<tr>
<td></td>
<td>Promotion of Organic Farming and Marketing in Lao PDR (PROFIL)</td>
<td>Agriculture, Forestry &amp; Fisheries</td>
<td>Hadxaifong, Naxaithong, Sikhottabong, Sisattanak, Xaysettha, Xaythani</td>
</tr>
<tr>
<td></td>
<td>Promotion of organic rice in the Lao PDR (ProRice)</td>
<td>Agriculture, Forestry &amp; Fisheries; Human Resources Development; Income Generation &amp; Economic Development</td>
<td>Sangthong</td>
</tr>
<tr>
<td>15. International Rice Research Institute for the Greater Mekong Subregion (IRRI-GMS Office)</td>
<td>IRRI-GMS Office (IRRI Greater Mekong Subregion)</td>
<td>Agriculture, Forestry &amp; Fisheries; Data Collection &amp; Analysis; Human Resources Development</td>
<td>Hadxaifong, Naxaithong, Sikhottabong, Xaythani</td>
</tr>
<tr>
<td>No.</td>
<td>NGO Name</td>
<td>Project Name</td>
<td>Sectors of Activity</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>16.</td>
<td>Macfarlane Burnet Institute for Medical Research and Public Health</td>
<td>Lao Youth HIV/AIDS/STI Response Project</td>
<td>Data Collection &amp; Analysis; Education; Health Care; Human Resources Development; Social Development</td>
</tr>
<tr>
<td></td>
<td>(Burnet Institute)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Young Male Peer Education Project</td>
<td>Health Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A behaviour change interventions strategy for male clients of service</td>
<td>Health Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>women in Lao PDR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lao Youth Military and Police HIV/AIDS Repose Project</td>
<td>Data Collection &amp; Analysis; Education; Health Care; Human Resources Development; Social Development</td>
<td>Naxaithong, Xaysettha, Xaythani</td>
</tr>
<tr>
<td></td>
<td>Regional Amphetamine Type Substance (ATS) use; building research</td>
<td>Data Collection &amp; Analysis; Human Resources Development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>use; building research capacity to inform public health interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vientiane Capital Male Peer Education Project</td>
<td>Education; Health Care</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Mennonite Central Committee (Laos) (MCC)</td>
<td>Primary Health Care Project</td>
<td>Health Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sangthong District Municipality of Vientiane (Phase I and II)</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Oxfam Australia (OAus)</td>
<td>HIV/AIDS Prevention Initiatives Project</td>
<td>Health Care</td>
</tr>
<tr>
<td>19.</td>
<td>Oxfam Solidarity (Belgium) (OSB)</td>
<td>Promoting Biological control agents for pest management in Lao PDR</td>
<td>Agriculture, Forestry &amp; Fisheries</td>
</tr>
<tr>
<td>20.</td>
<td>Save the Children Australia (SCA)</td>
<td>Save the Children Cross-Border Project Against Trafficking and Exploitation</td>
<td>Agriculture, Forestry &amp; Fisheries; Data Collection &amp; Analysis; Education; Emergency and Humanitarian Relief; Health Care; Human Resources Development; Income Generation &amp; Economic Development; Social Development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of Migrant and Vulnerable Children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regional HIV/AIDS Research Project</td>
<td>Data Collection &amp; Analysis; Education; Health Care</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Service Fraternel d'Entraide (SFE)</td>
<td>Orthopaedic and Traumatologic Treatment Support Project at the Friendship Hospital, Vientiane</td>
<td></td>
</tr>
<tr>
<td>NGO Name</td>
<td>Project Name</td>
<td>Sectors of Activity</td>
<td>Districts Covered</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>22. SNV Netherlands Development Organisation (SNV)</td>
<td>Capacity Development for Biogas Pilot Program</td>
<td>Agriculture, Forestry &amp; Fisheries; Health Care; Human Resources Development; Income Generation &amp; Economic Development; Natural Resources &amp; Ecology; Social Development</td>
<td>Hadxaifong, Maypakngum, Naxaithong, Xaythani</td>
</tr>
<tr>
<td>23. Village Focus International (VFI)</td>
<td>Child Protection and Empowerment (CPE)</td>
<td>Community Development; Data Collection &amp; Analysis; Education; Health Care; Human Resources Development; Income Generation &amp; Economic Development; Social Development</td>
<td>Chanthabuly, Hadxaifong, Maypakngum, Naxaithong, Sangthong, Sikhottabong, Sisattanak, Xaysettha, Xaythani</td>
</tr>
</tbody>
</table>

### Appendix 13: Vientiane Capital Population

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Total Population:</td>
<td>691,721</td>
</tr>
<tr>
<td>Total Household:</td>
<td>125,501</td>
</tr>
<tr>
<td>Female:</td>
<td>347,246</td>
</tr>
<tr>
<td>Male:</td>
<td>344,475</td>
</tr>
<tr>
<td>Number of Villages:</td>
<td>499</td>
</tr>
</tbody>
</table>

Source: NSC Population Census 2005
Appendix 14: NGOs Questionnaires Survey Form

| ORGANISATION: |
| NAME: |
| POSITION: |
| EMAIL: |

1. In which sectors does your organisation currently work? *(you can choose more than one)*
   - Public Health
   - Agriculture
   - Animal Grazing
   - Resource Gathering
   - Infrastructure development – buildings (houses, schools, clinics etc.)
   - Infrastructure development – roads
   - Infrastructure development – other (please specify)
   - Rural development
   - Community development
   - Other (please specify)

2. In which provinces and districts does your organisation currently work?

3. What are your main project activities? *(you can choose more than one)*
   - Training (please specify)
   - Prevention
   - Income generating
   - Primary health care
   - Other (please specify)

4. Does your organisation provide vocational training?
   - Yes ☐
   - No ☐ If no, please go to Q7

5. If yes, what type of vocational training? *(you can choose more than one)*
   - Handicraft
   - Mechanic
   - Electronic
   - Gardening
   - Agriculture
   - Other (please specify)

6. For people in your programme receiving vocational training, how do you monitor the use/skill of trained person?
   - Monthly
   - Quarterly
   - Midterm review
   - Others (please specify)

7. How many times do you visit your project site in one quarter?
   - 5 times
   - 4 times
   - 3 times
   - None
   - Other (please specify)
8. Does your organisation provide micro-credit in your project area for your beneficiaries?
   a. Yes
   b. No

9. If yes, what are the types of micro-credit (income generating activities) do you provide in your project?

10. And to whom do you work with for these IGA (Income Generation Activities)? *(you can choose more than one)*
    a. Women
    b. Men
    c. Children
    d. Disabled people
    e. Mentally ill people
    f. Others (please specify)

11. How many income generating projects do you have?

12. How long for each project?
    a. 24 months
    b. 18 months
    c. 12 months
    d. Other (please specify)

13. How often do you evaluate these activities?
    a. Every month
    b. Every 3 months
    c. Every 6 months
    d. 12 months
    e. No evaluation
    f. Other (please specify)

14. Who are your key partners in the community level? *(you can choose more than one)*
    a. Village volunteers
    b. Local authorities
    c. Villagers
    d. Other (please specify)

15. How do you inform your partners about the project?

16. Have you ever heard about mental disorders in your project areas?
    a. Yes
    b. No

17. If yes, what types of mental disorders, have you heard in your project area?
    a. Psychosis
    b. Neurosis
    c. Depression
    d. Epilepsy
    e. Mental retardation
    f. Others, (please specify)

18. What do you think about mentally ill people?
    a. Special patient
    b. Ordinary patient
    c. Mad person
    d. Useless person
    e. Considered as a social problem maker
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Have you ever worked with mentally ill people or disabled people?</td>
<td>a. Yes ☐</td>
</tr>
<tr>
<td></td>
<td>b. No ☐</td>
</tr>
<tr>
<td></td>
<td>If no, please go to Q21</td>
</tr>
<tr>
<td>20. What types of mental diseases, do these people experience?</td>
<td></td>
</tr>
<tr>
<td>21. Do you think that mentally ill people or disabled people can get involved in income generating activities? (Yes or No please explain)</td>
<td></td>
</tr>
<tr>
<td>22. Do you think that mentally ill people or disabled people can get involved in social activities? (Yes or No please explain)</td>
<td></td>
</tr>
<tr>
<td>23. How can your organisation and BasicNeeds Lao PDR work together?</td>
<td>a. Capacity Building (CB)</td>
</tr>
<tr>
<td></td>
<td>b. Community Mental Health (CMH)</td>
</tr>
<tr>
<td></td>
<td>c. Primary Health Care (PHC)</td>
</tr>
<tr>
<td></td>
<td>d. Research and Policy (RP)</td>
</tr>
<tr>
<td></td>
<td>e. Sustainable Livelihood (SL)</td>
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<tr>
<td></td>
<td>f. Others (please specify)</td>
</tr>
<tr>
<td>24. Could we contact you for more details to any of the above questions if required?</td>
<td>a. Yes ☐</td>
</tr>
<tr>
<td></td>
<td>b. No ☐</td>
</tr>
</tbody>
</table>