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THE WAY FORWARD

Front cover photo: BasicNeeds Sri Lanka
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We are always seeking new ways to get our BasicNeeds Model for Mental Health and Development to more people. In 2014 we have done a fantastic job of reaching 79,069 people with mental illness and epilepsy, and their carers, and, over time, we have been able to support 631,441 beneficiaries.

Impact for 2014 shows remarkable resilience in the organisation as we continue to grow and develop. In 2014, we were also able to prepare for a new way of reaching people with mental health problems, namely through our social franchise of our Model for Mental Health and Development. In future, we look forward to reporting not only the impact of our own organisation, but also to reporting on the achievements of those independent organisations that are franchisees of our Model.

The mental health gap in low income countries is still shockingly large and I am pleased that BasicNeeds is doing something significant to help bridge this gap.

It is time, however, for the global community to do more in the provision of treatment for mentally ill people in low income countries, and we look forward to providing all the support we can towards this goal.
OVERVIEW

BasicNeeds is the only UK based international NGO, and one of the few in the world, specifically working to create change on the issue of mental illness and epilepsy in developing countries.

By working in partnership with mentally ill people, rather than simply for them, BasicNeeds has built a unique and effective model for recovery and sustained good mental health. The model uses meaningful work and community support, as well as treatment to help improve lives.

Our approach to treatment includes providing medication and psychosocial support in partnership with local governments and Ministries of Health. It is low cost and sustainable because we build the capacity of existing health professionals and services rather than starting from scratch. We also build the capacity of participants by encouraging them to be members of self-help groups to support their on-going recovery and to reduce stigma by helping the broader community understand what mental illness is.

We also create livelihood opportunities for people with mental illness and epilepsy in developing countries. Our research shows that chances of a long-term recovery are hugely improved by working and from the pride that comes from being an economic asset to your family and community.

The combination of hands-on practical work with rigorous research and data collection supports people with mental illness and epilepsy to make their voice heard at a local level. It allows BasicNeeds to collaborate with a range of partners to advocate for and create change at a national level, and to increase the prominence of mental illness and epilepsy on the global stage.

The convergence of the approaches outlined above in our model of work is what makes BasicNeeds unique. To date, over 631,000 people benefited from our programmes in 12 countries.
Twenty-nine year old Adiel Mutembei resides in the Meru South District region in Kenya and is currently recovering from schizophrenia. He was taken ill when he was in high school and the burden of care fell on his mother’s shoulders. He hardly slept and became very violent, breaking things and beating up people including his own parents. His mother had to give up her job in order to take care of him and was constantly worried about his safety.

Adiel’s case was well known in the village. When BasicNeeds began its programme in Meru, Adiel’s neighbours asked a community health volunteer to visit his home. With the help of his neighbours and family and the support of BasicNeeds, Adiel was taken to a nearby hospital where he was able to get treatment and attend the regular mental health clinics organised by BasicNeeds. He was one of the first participants to join the BasicNeeds Kenya Programme when it started in the Meru South District.

Once his condition was stabilised, Adiel was encouraged to take up a livelihood activity. He currently works as a mechanic and with his savings has bought a cow and a goat. He is very happy about how things have changed and is proud to be able to support his mother, and even his sister, who he now supports financially with University fees and living costs. Adiel’s mother is delighted with his recovery and has resumed her work, so she can earn some income again. Adiel also recently got married and has started a family of his own – an unthinkable dream before he got the help he so desperately needed.
WHERE WE WORK
IMPACT AND REACH

DIAGNOSIS

- Vulnerable people: At risk of mental illness due to conflict, displacement, abduction, etc.
- Common Mental Disorders: Anxiety, depression, phobia, OCD and suicidal tendency (35%)
- Serious Mental Disorders: Schizophrenia, unspecified psychosis and bipolar disorder (21%)
- Other mental disorders: Dementia, etc. (11%)
- Diagnosis not available (16%)
- Epilepsy (5%)

75% ADULTS
9% ADOLESCENTS
16% CHILDREN

52% MALE
48% FEMALE
OUR IMPACT — 4 KEY INDICATORS

ACCESS TO TREATMENT

Before BasicNeeds: 59%
After BasicNeeds: 84%

REPORTED REDUCED SYMPTOMS

Before BasicNeeds: 0%
After BasicNeeds: 75%

ABLE TO WORK

Before BasicNeeds: 47%
After BasicNeeds: 73%

IN COMMUNITY GROUPS

Before BasicNeeds: 7.6%
After BasicNeeds: 52%

People reached in 2014
People reached to date (2000 – 2014)

TOTAL

Before BasicNeeds
After BasicNeeds

43,348
123,088
35,721
98,470
144,349
409,883
223,418
631,441
BasicNeeds supports people with mental illness and/or epilepsy to have better lives by providing access to effective community-based mental health services; equipping them with skills and the ability to make choices and to contribute to their families and communities; and empowering them to transform those choices into positive changes in their lives.

BasicNeeds recognises that effective delivery of mental health services achieves successful outcomes, and importantly helps sustain them. To this end, BasicNeeds addresses the capacity gap in the current health systems, training and leveraging existing resources to deliver services more effectively within the community.

BasicNeeds develops the skills of local health staff in a country, who work in government health institutions. We facilitate their training in diagnosing mental illnesses and epilepsy, medications and prescription and mental health service delivery, and then we facilitate their running regular mental health outreach clinics. These outreach clinics take diagnosis and medicines out to where the majority of people live, instead of requiring people to come to a centralised institution. This approach empowers government agencies to operate effectively and thus ensures optimum access to treatment on an ongoing basis.

“With the knowledge I have acquired from the workshop organised by BasicNeeds Ghana and partner MIHOSO, I will now add mental health to my annual plans and make it a point to establish and strengthen two more mental health units in the district. I will ask the estate officer to see if we can use the old block of the Kwatire polyclinic for mental health services.” – Evangeline Aryee, District Director of Health Services, Sunyani West District in Ghana.

“The BasicNeeds model is unique and it seems to be working very well in Shunping. Trainings were organized at different levels including township and village levels and the knowledge on mental health of those trained has improved…” – Dr. Li Shichuo, President of China Association against Epilepsy, BasicNeeds partner in China.
In villages, BasicNeeds develops the capacities of our local partners, already working in the local community, whose staff are already known to many people locally. They then help identify people who could benefit from a mental health outreach clinic; support them to attend the clinic and in taking their medicines regularly; and support their family if necessary.

BasicNeeds also builds the capacity of people with mental illness and/or epilepsy. This takes place as they receive regular, correct medication and start feeling “normal” again; and particularly as they become members of self-help groups and benefit from the opportunities those offer.

In 2014, BasicNeeds had direct engagement with participants through 76 community consultations. 5,778 home visits were made during the year and 3,139 direct beneficiaries were trained. A further 23 BasicNeeds staff, 78 partner staff, 984 health personnel, 831 community based health workers and 1,297 community leaders and district officials were trained.
Muhammad, aged forty-three, is married with six children. He has been working with HANDS, a partner of BasicNeeds Pakistan, since early 2010. After a major traumatic experience in his life, Muhammad grew increasingly bitter, angry and paranoid. Things escalated to a point where his family life began to suffer.

Since he was working with HANDS during this time, he could observe the BasicNeeds model of work and its benefits unfolding first hand in the field. As a result, he picked up the courage to get help by seeking treatment through the programme.

Muhammad was diagnosed with severe depression and paranoia and treatment began immediately. Although still being monitored through attendance at regular follow-up clinics, Muhammad already feels better and is much happier with life. He feels extremely grateful for the help he has received which literally turned his life around; he shudders when he thinks that he was at a point, in the not too distant past, where he was on the verge of abandoning his wife and children.
Of the total participants in the programme in 2014, only 59% of them received any kind of mental health treatment at all before joining the BasicNeeds programme. By the end of the year, 84% were accessing treatment and medication on a regular basis and globally 75% of participants reported a reduction in their symptoms.

POINT OF TREATMENT:

Following awareness raising sessions and community consultations, most BasicNeeds programme participants accessed treatment at government hospitals, a rise of 71% from only 28% before BasicNeeds began its work. Only 24% reported having accessed treatment at costly private facilities and 2% accessed treatment from traditional and spiritual healers.

“I am grateful that I can now access medication for schizophrenia from my local dispensary (2 kms). Previously I had to walk for 30 kms to Chuka District hospital for treatment”. Githinji, participant living with schizophrenia, during a project evaluation meeting.

In 2014, a total of 43,348 people with mental illness or epilepsy participated in BasicNeeds programmes worldwide, with 5,028 of those participants joining in 2014.
MEDICINES:

Under BasicNeeds programmes, medicines are either free or subsidised. This has brought down the cost of treatment for affected persons from an average of £79.4 at baseline to £20.7 per month. Cost of treatment primarily comprises expenses on travel and food.

“Since I take my medicines regularly, I don’t anymore hear people talking to me or see strange things. I can sleep well and have no nightmares like before. I wake up early and help my family in the housework, cleaning my house, preparing meals for my family. I am so happy to regain my normal life”. Mrs. Kaysone, 36 years-old, from Hin Hurp district in Lao PDR who suffered from schizophrenia.

SERVICE DELIVERY:

During 2014, 321 treatment services including psychiatric consultations, diagnosis and medication prescriptions were facilitated by our programmes. In mental health treatment clinics at government primary health facilities, over 806 such services were run by government staff on a daily or weekly basis. BasicNeeds’ programme in Kenya, for example, motivated the local government to run 146 mental health clinics which benefited 406 affected people. Meanwhile, 2,237 people accessed treatment services from 49 mental health treatment services in Ghana.

HUMAN RESOURCES:

BasicNeeds has trained 984 health professionals in 2014 including general physicians, nurses, pharmacists and other primary health workers in diagnosis, treatment and care of people with mental disorders.

The BasicNeeds Pakistan programme has organised a number of training programmes during the year for community based workers, volunteers, caregivers, religious leaders and health personnel on topics like the basics of mental health, symptoms of mental health, side effects of drugs, data collection, home visits and monitoring visits, etc.

“During our earlier visits to villages we were unable to identify the people with psychosocial disabilities but after being trained we are now able to clearly identify the individuals who have a mental health problem. This helps us to refer them to hospitals and also to arrange for the required medication”. Community based worker at GASS, BasicNeeds’ partner in India.

“I wish to have more training like this in the future so that we can screen people at risk more effectively”. Nguyen Thi Quynh Hoa, Thua Thien Hue province in Vietnam, referring to training on screening and transference for village health collaborators.
Hoa herself has Generalized Anxiety Disorder. After she was stabilised through a BasicNeeds intervention, she joined a self-help group, became one of the key members of the group, and now is a village health worker working to identify others in need of support.

ANCHORING MENTAL HEALTH WITHIN THE COMMUNITY:

831 community based health workers were trained in 2014 in areas where BasicNeeds operates. Community based health workers identify people with mental illness, make home visits and support treatment adherence, provide support during and in-between clinics, support self-help group work, conduct community consultations and awareness camps, and mobilise community members. In community consultation meetings, BasicNeeds also connects with village representatives, village and district health staff, government health officials, local development organisations and human rights groups, disability groups and activists, user groups and religious and spiritual leaders to ensure broad-based support for mental health within the community.
3. SELF-HELP GROUPS

When people with mental disorders are stabilised following diagnosis and regular treatment, they are encouraged to join self-help groups which support them socially and economically. Within these groups, they are listened to and are able to express themselves, talk about their experiences often for the first time, and develop ways and means to manage their mental health.

“I go to every group meeting and our group members often get together and talk together... In our group we support each other emotionally and nobody looks down at each other”. Yin huan, a self-help group member in Shunping, China.

Gradually, as people’s needs are met in the context of the self-help group, the need to earn an income is inevitably raised. BasicNeeds then facilitates training in whatever small business or productive work self-help group members want to do, either individually or as a group. Self-help groups move people from dependency on their friends and relatives to being able to look after themselves. Earning an income means they even start to be useful in their families and communities, instead of being a burden. The community starts to accord them respect rather than discriminating against them. Being economic assets to their communities helps people in the self-help groups to regain their sense of self-worth and dignity. This aids their sustainable recovery from mental illness. Participation in self-help groups and in the wider community also reduces their isolation and gives a sense of belonging.

There are currently 572 self-help groups across BasicNeeds programmes with a membership totalling 29,132 of people with mental disorders and carers.

Self-help groups also produce stories of change, analyse and validate their own mental health data and advocate for the rights of people with mental illness. BasicNeeds supports groups to regain their voice, and draws on this grassroots evidence in its regional, national and international influencing work.

The Nanyorae mental health group in Kenya which was formed in April 2014 comprises 26 members (14 stabilised people with mental disorders and 12 carers). The group meets once a month before the monthly clinic commences in the morning. It provides psychosocial support to its members, raises awareness on mental health within the community, and encourages others to bring loved ones to the community mental health clinic when they experience problems. BasicNeeds has also initiated training in ornament making and crafts to ensure that the group members are economically empowered to be able to buy medicines in times of shortage.
Better Mental Health, Better Lives

Photo: LEADS, Nepal
‘MY WORLD’ PHOTOGRAPHY PROJECT IN CHINA

In December 2013, BasicNeeds China started a photography project for a few self-help group members in the Hebei Province. The individuals participating in this project are encouraged to photograph their surroundings and use their photos as a medium of communication.

Most participants have never used a camera before and this project has given them a new sense of freedom. Besides helping participants to improve their mental health condition, this project also aims at defying the stigma that is often associated with mental illness. Before this project, Duna a participant who suffers from schizophrenia and has a hearing impairment, did not participate in programme activities and wouldn’t interact with others.

Now BasicNeeds staff sees great improvements in her since she joined the photography project. Her photographs are stunning, it has allowed her to communicate more easily with the team and people around her and she is much more outgoing.
4. LIVELIHOODS SUPPORT

As their symptoms reduce, individuals regain their ability to get involved in day to day activities of family and community life. Those able to work increased from 47% before joining a BasicNeeds programme to 73% after. Of those, 45% are earning and 28% are now able to do productive work to support the household such as childcare, domestic duties or subsistence farming.

During the year, affected persons and their carers participated in livelihoods training, including tailoring, farming, animal husbandry, vocational training and bee-keeping. Self-help groups also had access to revolving funds¹.

“For me, starting off as a freelance veterinary officer was very difficult since I lacked money to buy the medicines and vaccines, but now I can access the money anytime from our revolving fund”. Mugendi, secretary of the mental health youth group in Tharaka Nithi during a review meeting.

Forty-year old Sarojamma from Korategere in Karnataka, India, who has depression, says:

“My situation has improved a lot after the trained community workers took me to the doctor and enabled me to get treated. Now I can lead an independent life by making garlands and selling them for a living”.

¹A Revolving Loan Fund (RLF) is a source of money from which loans are made for multiple small business development projects. Revolving loan funds share many characteristics with microcredit, micro-enterprise, and village banking, namely providing loans to persons or groups of people that don’t qualify for traditional financial services or are otherwise viewed as being high risk. Borrowers tend to be small producers of goods and services — typically artisans, farmers, and women who have no credit history or access to other types of loans from financial institutions.
Better Mental Health, Better Lives

Photo: BasicNeeds Pakistan
Daochay lives in a village 30 kms east of Vientiane city in Lao PDR. She is a young lady who has had epilepsy for many years and was unable to get proper or continued treatment. As a result, she dropped out of school. Daochay was unable to do much with her life.

Through the BasicNeeds Lao programme she was able to access treatment at the district hospital and today her epileptic seizures are under control. She was supported to start poultry farming and her family now has a thriving poultry farm that Daochay looks after. In addition, she was also trained as a masseuse and now runs a successful massage business.

Her mother works as a village volunteer supporting other families living with mental health problems.
The combination of our long term hands-on work in 12 countries, with strategic actions at national and international levels, has positioned BasicNeeds to influence policy, practice and perceptions on mental health globally.

BasicNeeds is continuously engaged with policy makers. During the year, programmes continued their efforts to influence mental health policies, whether non-existent or redundant, to get effective legislation and policies in place as well as national and local budget allocations for mental health service delivery.

In India, self-help groups were mobilised by GASS, one of our local partners, to write a letter to the district mental health officers and the state mental health authorities demanding the availability of medicines and psychiatrists in the local government hospitals and primary health centres. Thanks to their advocacy efforts, psychotropic medicines have now been made available at the two government hospitals within the project area, Doddaballapur and Gowaribidanur government hospitals.

Following advocacy efforts in Lao PDR, each district hospital in Vientiane Capital now invests about US$100 per month in psychotropic drugs. District health authorities in Vientiane Capital and Borikhamxay Province provide free drugs to their poorest people with mental disorders.

In September, BasicNeeds Pakistan led the formation of the ‘Mental Health Forum’ in Pakistan which consists of 22 organisations working in the area of mental health.
2. GLOBAL MENTAL HEALTH

BasicNeeds continues to contribute actively to the field of global mental health, through research, advocacy, communications, presenting and networking at key events.

In 2014, Founder President Chris Underhill was awarded the Schwab Foundation Award for Social Entrepreneurship for his pioneering work in mental health through BasicNeeds. Following his award, he participated in the World Economic Forum Annual Meeting of the New Champions at Tianjin in China and was also part of the Global Agenda Council Forum in Dubai.

Four members of the BasicNeeds team are on the #FundaMentalSDG Steering Group. #FundaMentalSDG is an initiative aiming to strengthen mental health in the post-2015 agenda and Sustainable Development Goals (SDGs).

A new partnership between BasicNeeds and the Queensland Centre for Mental Health Research will see a survey conducted to establish evidence of the prevalence of mental health issues in Lao PDR.

BasicNeeds also participated in the WHO conference in Geneva at the launch of the World Suicide Report and was part of the Grand Challenges Canada conferences during the year.

During 2014, a number of opinion pieces through op-eds, blogs and videos were produced and disseminated through a range of platforms including the Skoll World Forum and the Huffington Post.

In addition, BasicNeeds produced research papers and contributed to reports. ‘A rapid appraisal of access to and utilisation of psychotropic medicines in Bihar, India’ was published in the International Journal of Mental Health Systems2. BasicNeeds also contributed two chapters to the book ‘Essentials of Global Mental Health’3.

The World Health Organisation and the Calouste Gulbenkian Foundation through its Global Mental Health Platform have published a series of thematic papers on mental health. BasicNeeds was invited to contribute to two papers of the series4.

BasicNeeds also contributed to ‘Global mental health from a policy perspective: a context analysis’, an Overseas Development Institute report5, as well as to the ‘Mental health for sustainable development’ report by the All-Party Parliamentary Groups on Global Health and Mental Health6.
Better Mental Health, Better Lives


BasicNeeds’ approach to mental health care and treatment is comprehensive in both scope and reach, and is highly effective in addressing mental illness at scale. We have developed a model of intervention that is locally owned, can be replicated and is transferable.

BasicNeeds has evolved from demonstrating early scale of its model in selected places into an organisation with significant geographic presence, supporting innovation, local leadership, driving policy changes and building national systems in mental health.

We are now innovating and scaling once again to address the vast mental health treatment gap by rolling out a new business model alongside our programmes in the form of a social franchise.

The BasicNeeds social franchise provides the necessary initial training and support for independent organisations to set up and deliver a mental health and development programme in their area. Social franchisees will have identified a need to improve the situation of people with mental health problems and be committed to improving it, but need support and guidance to do so.

New organisations take on the social franchise alongside the other work they are doing, leveraging, complementing and, where required, strengthening their existing skills and resources.

Using a ‘hub and spoke’ framework, BasicNeeds is now strengthening some of its existing country programmes to become regional or country ‘hubs’ of excellence and enterprise. As hubs they will demonstrate high quality delivery of the BasicNeeds model while recruiting, training and mentoring new local independent organisations as social franchisees or ‘spokes’.

The global health community is looking towards a sustainable and scalable solution for mental ill health, a condition projected to be one of the most pressing health challenges within the next fifteen years. BasicNeeds is poised to address this challenge by leading and influencing a broad set of stakeholders in governments and the development community to address mental health in an efficient and sustainable way.
SUPPORT IN 2014

With thanks to all our generous donors and supporters this year who have included:

1. Allan Willett Foundation
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Many thanks also to our regular donors, individual donors and fundraisers whose efforts and generosity are hugely appreciated.