

Grant Proposal Submitted to America Nepal Medical Foundation (ANMF) for Establishing a Psychiatric Care and Rehabilitation Center in Nepal

Project Title: Cultivating Hope of Recovery for Stigmatized, Disenfranchised and Neglected People with Severe Mental Illnesses in Rural Nepal: An Innovative and Integrative Psychiatric Rehabilitation Program

Shreedhar Paudel, MD, MPH, Dipendra Thapalia, MPH, Rajani Bharati, MPH, Saraswati Dhungana, MD

Submitted by: Health Foundation Nepal, Dang, Nepal

Project description:

The Health Foundation Nepal (HFN) is a charity organization registered in Nepal and in the United States (US). Recognizing a grave necessity of providing psychiatric rehabilitation for the people who are abandoned, stigmatized, and marginalized due to mental health conditions, we aim to implement an Innovative and Integrative Psychiatric Rehabilitation Program (IPRP) in Dang district of western Nepal. The IPRP is sought to complete in 3 phases. The first phase of the project is to establish a residential place for people with severe mental illnesses who are spending lives in streets and those who are constrained in metal chains and iron bar cages in different rural communities of Nepal. HFN has already taken initiatives in establishing a residential building with capacity to rehabilitate up to 20 people at a time. The construction of the building is scheduled to complete by the end of October, 2017. The second phase of the IPRP focuses on transitioning the eligible people in the rehabilitation center and make provisions to meet basic physiological needs. The third phase of the project includes incorporating psychiatric rehabilitation program in the center followed by community health programs to transition them back to the community. As part of our integrative model, we envision to train local primary health care providers to identify, treat, and refer severe cases of mental illnesses to specialized psychiatric care facilities. HFN would like to request your organization to provide financial support to develop and implement this project to cultivate hope for psychiatric recovery in Nepal which lacks any such initiatives so far.

Description of the psychiatric rehabilitation program:

The IPRP aims to execute following activities to fulfill its goal:

1. **Basic health care:** Severe mental illnesses are risk factors for many chronic medical conditions including infection, malnutrition, diabetes, dyslipidemia, hypertension and cardiac diseases. To address the medical issues of the residents, HFN medical team, in coordination with MOFIN volunteers and local hospital, will evaluate their health condition every month, and will provide appropriate treatment.
2. **Psychiatric care:** A trained mental health team led by a physician will evaluate the residents every week and will provide treatment plan. A psychiatrist will supervise the mental health team, and will provide consultation regarding psychiatric care on a weekly basis. HFN will provide psychiatric care and rehabilitation training to existing HFN local health team in Nepal (a health assistant, a nurse and a physician) and 4 rehabilitation staffs (to be hired) so that they can identify imminent risk factors associated with severe mental illnesses, get immediate consultation from a psychiatrist, and refer them to a

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center with psychiatric facilities if needed. HFN will also provide monthly refreshing training on psychiatric care and rehabilitation to the staffs and health team.

3. Psychosocial training: This program will be led by a trained psychologist. The recovery staffs comprised of one social worker, one nurse and two administrative personals will be part of the psychosocial skill training team. This training will include daily groups focusing on the concept of recovery and exploring and promoting individual social skills, and weekly individual sessions promoting the concept of hope and recovery and supporting residents to reach individual recovery goals. The program will also utilize cognitive behavioral therapy (CBT), motivational interviewing (MI) and supportive psychotherapy techniques to support psychiatric rehabilitation.
4. Before launching the rehabilitation program, the team will be trained by psychiatric rehabilitation experts from USA. The team will receive weekly supervision and consultation from psychiatric rehabilitation experts from USA and a psychiatrist from Nepal.
5. Transitional program on rehabilitation to the community: The rehabilitation team will coordinate the transition process with the support from families, relatives or concerned local agencies to make sure the residents completing rehabilitation in the center have appropriate level of support to make smooth transition back to the community. Once they have plan, they will be supported to be transferred to their own communities. If the residents do not have any place to go, they will be supported to find place to live independently. HFN will hire 2 health assistants or nurses and provide psychiatric rehabilitation training who will be the frontline community mental health workers to support transitional program. The graduate residents will be supported for their recovery plan via weekly home visits for initial 4 weeks followed by monthly home visits for 6 months. The community mental health workers will receive weekly supervision from a rehabilitation leader and relevant clinical support from HFN clinical team.
6. As part of improving psychiatric care in general medical settings, we aim to provide basic psychiatric orientation to 50-100 primary health care providers including physicians, nurses and health assistants working in local hospitals and primary health centers. They will be trained by psychiatrists to identify, treat and refer people with mental illnesses every 6 months.

Areas of interest:

This proposed project can be a role model as an innovative approach of psychiatric rehabilitation using community mental health workers and mid-level health human resources supported by trained experts. This project can potentially inspire system change focusing on concept of recovery through psychosocial intervention rather than treating psychiatric problems just with psychotropic medications in rural communities of the world. We strive to provide culturally-

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competent psychiatric rehabilitation and psychosocial support in a resource poor setting utilizing the concept of ecological model of health. The community-centered IPRP focuses on capacity building of local health professionals via training and support from experts in the field, and utilization of such professionals in providing ongoing care and support to people with psychiatric illnesses make this program unique with potential to sustain. The approach we undertake goes beyond traditional methods of providing psychiatric care via prescription of psychotropic drugs, rather it seeks to foster the capacity building of people with psychiatric illnesses via psychosocial support to empower them to deal with distress caused by social isolation and stigma to mental health. Our trauma informed-care approach prepares them to make smooth transition to the main stream society post-psychiatric treatment.

Significance:

Nepal is one of the least developed countries situated in Southeast Asia. Because of lack of epidemiological studies, the magnitude of severe mental illnesses is not known in Nepal. However, a recent study by Risal et al. has suggested a high prevalence of anxiety disorder (22.7%) and depression (11.7%) in Nepal. (Risal A et al., 2016). Similarly, self-harm was among the top ten leading causes of death and disability in Nepal in 2013. (Institute for Health Metrics and Evaluation, 2017). Recently, social media and local newspapers have been reporting many people with severe mental illnesses being restrained in chains and iron bar cages, and living on streets of different communities of Nepal. Mental health is neglected by the state evident by only 1 mental hospital in the entire country, and only 0.13 psychiatrists, 0.27 psychiatric nurses, 0.02 psychologists, and 0.10 other health or mental health workers per 100,000 population. (WHO, 2006). Most of the available mental health services are essentially limited to a few hospitals, located in large cities. (Luitel NP et al., 2015). For example, the entire Dang district (proposed project site) lacks specialized psychiatric care, and the nearest teaching hospital with some level of psychiatric services is 3-hour drive away. The only mental hospital in Nepal is located in Kathmandu Valley which is in a distance of 12 hour drive from Dang district. In addition, there are no public community residential facilities and no rehabilitation centers for mental health patients in the entire country. In this scenario, any kind of specialized mental health care services in rural Nepal will have enormous impact in the lives of people with mental health conditions. Psychiatric rehabilitation is a new concept in the health care delivery system of Nepal. The program we proposed to provide could potentially save many lives via rehabilitation services, and provide significant care and support to alleviate the suffering of people with mental illnesses. This project could potentially be a role model in the field of psychiatric rehabilitation in the context of Nepal with potential to revive many lives. The success of this program could potentially spark conversation for a dire need to establish more psychiatric care and rehabilitation centers in Nepal, and could potentially advocate for policy formulation or program implementation from government agencies. The immediate significance of the proposed program is that many people with severe mental health conditions receive care and support that would potentially help them to return to normal life. The long-term significance is that it would potentially reduce the social stigma attached to mental illnesses with a profound positive message that people with mental health illnesses, just like any other diseases, can return to normal social life and can function as a part of society.

Grant Proposal Submitted to America Nepal Medical Foundation (ANMF) for Establishing a Psychiatric Care and Rehabilitation Center in Nepal

Collaborators: Health Foundation Nepal, USA will be the major collaborator as a sister organization to provide financial and technical support. Movement for Inspiration Nepal (MOFIN) is a local non-profit organization working in the field of mental health in Dang since 2015, and will be another major partner to establish and run the psychiatric care and rehabilitation center. HFN has been communicating to Psychiatric Association Nepal (PAN) to get necessary administrative, professional and technical support. PAN is positive about being a partner and endorsing this important project and we will work on formalizing the collaboration with PAN while implementing the project.

Estimated budget:

Total estimated budget for the project for a year: \$121,922

Requested amount from ANMF: Total or fraction of the estimated budget

Tentative subheadings:

S.N.	Activities	Costs
1	Building construction for psychiatric rehabilitation center	\$50,000
2	Operational cost for rehabilitation center	
2.1	Recruitment of human resources	\$100
2.2	Salary and fringe benefit for Human resources	
2.2.1	Clinical and project staffs	\$17,660
2.2.2	Administrative staffs	\$4,550
2.3	Office expenses	\$1,120
2.4	Capacity building of project staffs	\$1,212
2.5	Treatment and rehabilitation program in rehabilitation center	\$43,800
2.6	Rehabilitation in the community	\$2,480
2.7	Orientation of health professionals from government and non-government health centers (Physicians, health assistants, nurses) on psychiatric illness to support the identification and referral of psychiatric patients to the rehabilitation center	\$3,000

(We will provide details of the funding distribution upon request)

Potential to success:

Health Foundation Nepal (HFN), a non-profit organization registered in Nepal and USA, has 4-years' experience of working in the field of childhood malnutrition, primary health care and computer literacy in different rural communities of Nepal with proven track records. It played significant role in disaster relief and reconstruction process after massive earthquake disaster in

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2015 in Nepal (www.healthfoundationnepal.org). The proposed site of this project is in Dang district of Nepal, where HFN has been running most of the current projects. Besides, Dang is the transportation hub for more than 5 other districts which makes it more accessible to rural residents of Midwestern region of Nepal.

HFN Nepal has strong connection and support from the local communities. Besides that HFN is collaborating with an enthusiastic team of MOFIN which is dedicated for supporting people with severe mental illnesses and already has extensive networking in the district administration. MOFIN has already identified 26 people with severe mental illness who have been staying in streets of major cities in the district.

HFN has a dedicated team of psychiatrists and psychologists in USA and Nepal who have strong interest in the concept of psychiatric recovery and will be the backbone on planning, implementing and monitoring the project. Given the local support, community network, our own experience in planning and implementing different community based projects since 2013, and enthusiastic team of both HFN and MOFIN, we envision a great likelihood of success in this project.

Sustainability: This innovative project envisions training psychologist, nurses and health assistants to become the frontline workers in psychiatric rehabilitation. This will minimize the issue of lack of mental health professionals in Dang, Nepal. Similarly, psychiatrist from Kathmandu and USA providing psychiatric training, regular supervision and weekly consultation, from remote, to a physician who makes decision about psychiatric treatment in the center will minimize the issue of trained psychiatrists. Collaborating with local organization MOFIN, having support from psychiatric association of Nepal, having strong community network in Dang, ongoing experience of conducting community based malnutrition project and primary health care projects in many rural communities of Dang, Nepal are some of the strong predictors of our success for this project. We aim to empower local organization and community to take charge of the project once it is fully functioning so that the project can be owned and operated by the community in future. HFN has created a core team dedicated for this project which will continue to explore potential collaborators, and at the same time, will find potential financial resources to sustain the project.

Timeline:

May-December, 2017: Construction of a building for psychiatric care and rehabilitation center and setting up necessary equipment and infrastructures

October-November, 2017: Networking with local primary health care providers, hiring psychiatric recovery team, training the psychiatric recovery team, and evaluating the baseline confidence of primary health care providers on identifying, treating and referring psychiatric patients

Grant Proposal Submitted to America Nepal Medical Foundation (ANMF) for Establishing a Psychiatric Care and Rehabilitation Center in Nepal

October-November, 2017: Evaluation of identified and referred people with severe psychiatric illnesses for eligibility for psychiatric rehabilitation program by psychiatrist and or psychiatric recovery team, and transferring them to the center; evaluating quality of life of selected residents

December 2017-May 2018: Active implementation of rehabilitation program, training primary health care providers, planning for rehabilitation of residents back to the community

June – November 2018: Active implementation of home based psychiatric rehabilitation program to the residents who are able to graduate from the rehabilitation center, and ongoing rehabilitation in residential place for those who are still in the process of graduation, training primary health care providers

November 2018: Final evaluation of the project outcomes and report writing

References

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