Annual Report

(Fiscal Year 2072/073)

KOSHISH

National Mental Health Self-Help Organization

ABBREVIATION

BBC	:	Beyond Beijing Committee
CBR	:	Community Based Rehabilitation
CBOs	:	Community Based Organizations
CDO	:	Chief District Officer
DDC	:	District Development Committee
DDP	:	Disability Development Partners
DHO	:	District Health Office
DPO	:	Disable People Organization
G2A	:	Give2Asia
IASC	:	Inter-Agency Standing Committee
IEC	:	Information, Education and Communication
MCC	:	Mennonite Central Committee
mhGAP	:	Mental Health Gap Action Programme
MoHP	:	Ministry of Health and Population
MoWCSW	:	Ministry of Women Children and Social Welfare
NFD-N	:	National Federation of the Disabled – Nepal
NGO	:	Non Governmental Organization
NHRC	:	National Human Right Commission
NMHP	:	National Mental Health Policy
PSA	:	Public Service Announcement
SWAN	:	Social Workers' Association Nepal
UNCRPD	:	United Nation Convention on the Right of Persons with Disability
UPR	:	Universal Periodic Review
WHO	:	World Health Organization

Situation of Mental Health and Psychosocial Disability in Nepal

Mental health is one of the most serious concerns of public health today. According to WHO (2003) nearly 450 million people in the world are living with some forms of mental illness. However, it is one of the most overlooked and neglected issues, particularly in underdeveloped countries of the world such as Nepal. People with mental health problems not only face difficulties bearing their condition but are also victims of social stigma and discrimination.

In Nepal, mental health is the most excluded sector in the momentum of health; government of Nepal spends less than 1% (0.14) of the national health budget. Besides stigma, superstitions, misconception are factors that contribute immensely to the misery of the lives of people with mental health problems.

There are hundreds of women being displaced on the streets of the capital and all over Nepal. Persons suffering from mental health problems, specifically girls and women are abandoned on the streets, and face various kind of abuse and multiple discriminations. Studies have shown that there is a direct correlation between violence and mental health problems. Women and girls who are victims of such violence are at high risk of mental disorders. Women have to face several kinds of violence, which have led to raise in the mental health problems amongst them. With the increase in cases of such mental health problems, women have become more vulnerable to further violence, exclusion and discrimination. As a result some of them have ended up to the streets and others have chosen suicide as an ultimate solution.

"The cause behind the 16% maternity death of reproductive age group women (15-49 years) is suicide

(*Source: Safe Motherhood, 2008 – 2009*)"

> In one of the studies conducted in the districts of Dadeldhura, Nawalparasi, Makwanpur, Siraha Sindhupalchok, and Sankhuwasava of Nepal among 900 women (aged 15 – 59) it was found that 48% of the respondent had experiences of gender violence, which included emotional violence (40.4%), physical violence (26.8%) and economic violence (8%)
>
> *(Source: Office of the Prime Minister and the Council of the Ministry, 2012)*

Nepal is a country full of different cultures and traditions; but when it comes to mental illness, each of these cultures shares the same concepts. In Nepal, most of the people think that suffering from mental illness is the same as being mad, becoming unfit to remain in society and the family due to loss of control over self, or even being possessed by a holy spirit or a black magic. Individuals with severe mental disorders, as well as their family members, are targets of stigma and discrimination to the point where they hesitate to come forward for appropriate treatment. Even patients with neurotic disorders do not like to consult mental health professionals because of the stigma of mental disease. Although Nepal's constitution regards health as a basic human right, the system's definition of health and its exclusion of psychological care has led to a faulty understanding of this right, and the Nepali Health Care System neglects this aspect of people's health care treatments.

In terms of financing, less than 1 percent of health care expenditures by the government are directed toward mental health. Although as yet there is no separate mental health legislation, a final draft of

mental health legislation has been prepared and under review in the ministry of health. The law in Nepal continues to define mental illness as a madness. In the civil code, the legal definition of mental illness is not clarified, but the language of the legislation refers to someone with a broken mind. As noted above, this attitude is reflected in everyday practice.

People with mental illness accounts for 18% of the current NCDs burden (NCD Multi-Sector Action Plan 2014). Suicide is the leading cause of death among women of reproductive age, representing one in six deaths as compared to one in every ten in 1998 (Maternal Morbidity and Mortality Study 2009). It is expected that a large proportion of the population is suffering from psychological distress due to a decade long civil war. 15 to 20% have a mild or moderate mental disorder (e.g. mild and moderate forms of depression and anxiety disorders, including mild and moderate PTSD), and around 3 to 4% have severe mental disorders (e.g. psychosis, severe depression, severely disabling form of anxiety disorder) (NE p.7). This burden is expected to be higher and growing as a result of the devastating and deadly earthquakes of 2015, mass youth migration abroad for employment, ageing population, poverty and unplanned urbanization. Despite this burden, both the coverage and quality of the available mental health services are inadequate.

The state-run mental health facilities, mainly located in cities, are inadequate with only approximately 400 beds. Human resources are also meager consisting of 0.18 psychiatrists, 0.25 nurses, and 0.04 psychologists per 100,000 people. There is only one hospital in Kathmandu exclusively devoted to psychiatric care with a capacity of 50 beds (admission rate 3.58 per 100,000 populations). Four government hospitals outside Kathmandu offer psychiatric services; they are located in Bharatpur, Pokhara, Nepalgunj, and Biratnagar. While non-governmental organizations are providing sporadic mental health services, the lack of skilled professionals and service delivery sites is limiting people's access to critical mental health care, particularly in rural or remote areas where more than 85% of the total population resides.

The Government needs to implement its commitment to uphold the rights and dignity of people living with disabilities as prescribed in the Convention on Rights of Persons with Disabilities, which Nepal ratified in 2006. To date, Government of Nepal's acts, regulations, and policies promote institutionalized discrimination through use of undignified terminologies to describe people with mental health problems.

There is a need for a larger societal effort to deal with the growing burden of mental illnesses and disorders. Families across the country need to be informed about mental illness – seek health care for family members and support them in living a dignified and fulfilling life including professional opportunities. Communities, local governments, law enforcement have a critical role as well. They need to provide opportunities for people living with mental illness to lead productive and fulfilling lives. Legal protections are required against discrimination and, as per the spirit of the Constitution of Nepal (2015), people should have, at the earliest, free access to basic mental health and other government services.

A greater understanding of the prevalence of specific mental illnesses is needed. This is important to design tailor-made public health interventions and other services. Often stigmatized in their own communities with limited access to health and other government services, many people affected by psychosocial problems end up in the streets without a diagnosis or any form of support. Some of them would require psychiatric in-patient care, others require medical treatment on temporary or permanent basis or counseling services. Sometimes an understanding and constructive environment is all it takes to greatly improve the lives of people with mental illness and their families.

Effective response to the mental health burden must be led by the Ministry of Health and Population with coordinated efforts of multi-sectoral stakeholders. The ministry urgently needs to design and implement a comprehensive package of mental health services nation-wide based on the lessons of implementation by NGOs. This will require the ministry to develop expertise to adequately deal with the growing mental health burden.

About KOSHISH

KOSHISH is a nongovernmental organization registered in the District of Kathmandu, with the approval of Nepal Social Welfare Council in 2008. The KOSHISH self help organization evolved from the commitment of a person with mental distress/psychosocial disability as recognized the need for improved systems and reduced stigma in Nepal. The word "KOSHISH" means "making an effort" in Nepali and this organization is making an effort to mainstreaming mental health into primary health care and psychosocial disability in disability momentum.

KOSHISH is advocating for the inclusion of mental health into the primary health care system of the country and for the mainstreaming of psychosocial disability in the disability momentum. Due to unclear policies, discriminatory laws and stigma against mental health problems this issue has not been able to move ahead as it had to. We are striving to achieve our goal of protecting dignity of persons living with psychosocial disability. Mental health is among least discussed issues in Nepal. Majority of persons having mental health problem go untreated, uncared, and often unnoticed. As a humanitarian organization we are making the efforts to be the part of suffering of our fellow brothers and sisters with mental illness. We embrace them and restore their dignity through rescue, rehabilitation and reintegration in their own family/community. But we cannot do it alone. We need those who believe in our cause to join hands with us. Together we can overcome the challenges and stigma related to mental illness in the society.

KOSHISH is the only one organization run by the persons who experience mental health and psychosocial issues in Nepal which provides 60 bedded two short-term residential programs in the capital city targeting to the abandoned persons with mental health problem including earthquake affected people with mental distress.

Vision

Mental and psycho-social well-being for all!

Mission

KOSHISH seeks to provide community-based mental health and psychosocial support and to advocate and network for improved mental health related laws and policies and their implementation.

Organizational Objective (Goal)

Quality of life of people living with mental health and psychosocial problems is improved.

Output Objectives

- Comprehensive Mental Health and Psychosocial Support Services and Shelters are available at community level
- Advocacy and networking for improved laws and policies related to mental health, including their implementation.

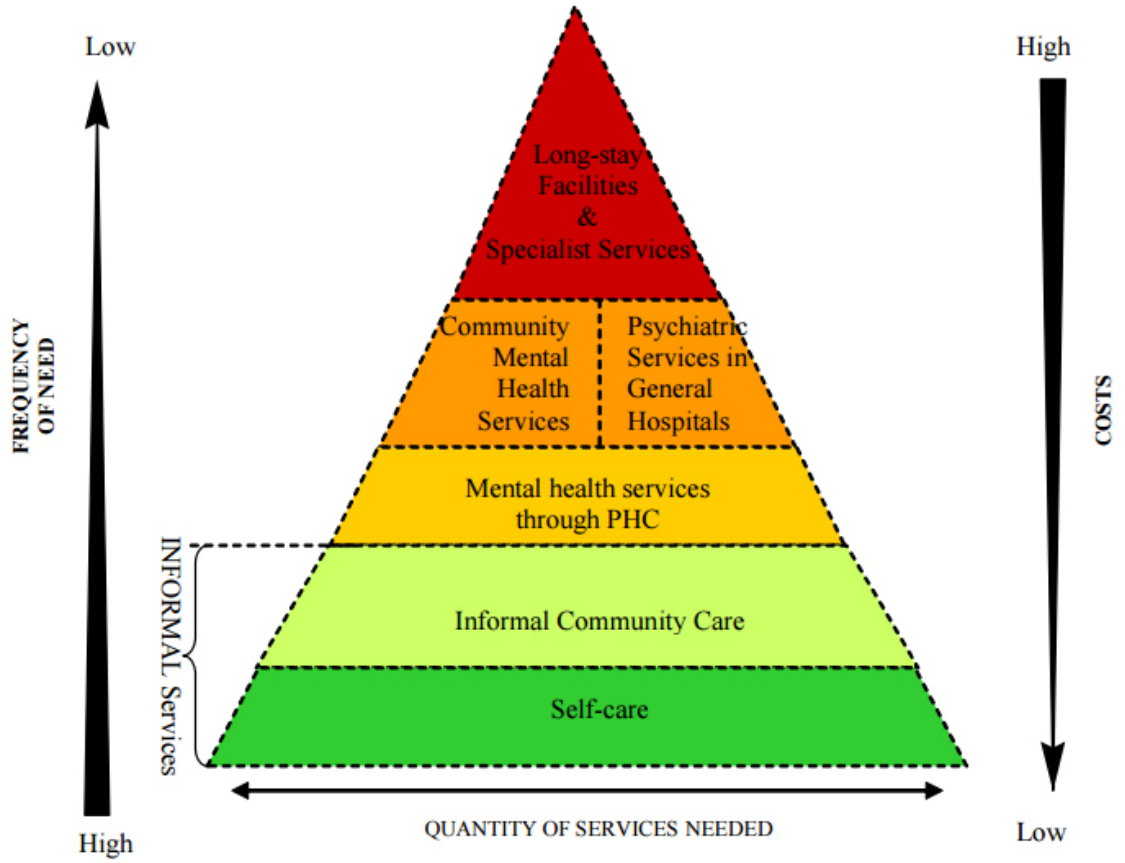
Value

Values which guide our work include empathy, transparency and openness, diversity, equity, determination as well as ethical principles such as confidentiality, privacy, professionalism and accountability. We value partnerships and networks in which we support and inform each other and jointly strive for our common goals and vision.

KOSHISH Working Modality

KOSHISH's mental health interventions are informed by international best practices, including WHO Mental Health Gap Action Programme (mhGAP), Community-Based Rehabilitation Matrix and IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings. Consistent with mhGAP, we continue to advocate for accessible and quality mental health services to be available in communities with referral sites for those that need tertiary or longer-term care. Our experience, supported by evidence, shows that mental health services are not sufficient to improve the quality-of-life of people with mental health problems. They need supportive environments within communities they reside and opportunities to be contributing members of the workforce. Our community-based mental health interventions, informed by CBR matrix and mhGAP, includes working closely with existing social networks (e.g. mothers groups, user groups) and providing opportunities for skills development through self-help groups.

The Organization avails the multidisciplinary approach of community based mental health problems, Self advocacy and awareness, Peer-Support program, Emergency psychosocial support program, and publication and media mobilization. This approach of psychosocial intervention is basically designated to develop community ownership and reach to the root cause of mental health and psychosocial problems and find their solution.



KOSHISH Programs and Partners

KOSHISH programs are uniquely designed and implemented in the areas where they are highly realized. KOSHISH's works are supplement to the work of Government of Nepal (GoN). The organization works in twin track approach which is best known as right and responsibility. also makes the community people aware about mental health problems to avoid traditionally rooted social misconception on it and conduct lobby and advocacy with government agencies in order to make mental health service accessible to all people and reform discriminatory laws and policies that remained as the barriers for the full enjoyment of human rights by the persons living with mental health problems.

Core Area of Intervention	*Priority Programs*	*Partners and collaborating organizations*
Advocacy and Awareness	- Media mobilization and awareness promotion - Memorandum submission - Review of policy paper - Celebration of National and International day - Interaction and Consultation with various stakeholders at national and district level - Development and dissemination of IEC materials including video documentary production	*Partner* HimalPartner Norway *Collaboration* NFD-N National Human Right Commission (NHRC) Beyond Beijing Committee (BBC) Social Workers' Association Nepal (SWAN)
Community Based Mental Health and Psychosocial Programs	- Self Help groups formation - Psychosocial Counseling - Peer Support Program - School mental health - Psychiatric OPD - Medication - Follow Up and Home Visit and mobilization - programs - Rescue, Recovery and Reintegration - Capacity building training - Community based psycho-education	*Partner* CBM, MCC Canada, Ministry of Women, Children and Social Welfare, Give2Asia, DDP *Collaboration* District Health Office Tanahun and Bhaktapur Women Development Offices Disabled People Organizations (DPOs) OCMC
Earthquake induced Emergency Response Programs	- Psychiatric OPD - Medication Support - Psychological First Aid and Psychosocial Counseling - Peer Support - Home Visit and Psycho-education	*Partners* G2A, MCC, CBM, HimalPartner *Collaboration* NFD –N, District Health Offices (DHO), District Development Committee (DDC), District Women an d Children Committee

ADVOCACY AND AWARENESS

KOSHISH is one and only self-help organization of the people living with mental health and psychosocial problems in Nepal. The organization sought to establish the right of the persons living with mental health and psychosocial problems through self advocacy making the survivors able to speak up openly. Due to social stigma people hesitate to reveal their mental illness and the family members, who have fear of losing social dignity, do not allow them go out. Existing laws and policies of the government are the major hurdles for the enjoyment of human rights of persons living with psychosocial problems because their participations in the public affairs are notably compromised. KOSHISH, against this scenario, has been conducting advocacy encouraging more and more numbers of self advocates to come out with their problems openly and involved in advocacy for their rights. The goal and emphasis of this program is to increase awareness among policy makers in Nepal to mainstream mental health into general health system.

We are widely valued for our policy guidance and support to the Government of Nepal. KOSHISH draws its policy advice from its first-hand experience and works closely with various Government institutions, the National Human Rights Commission, academic institutes and the civil society, media house and professionals.

Progress in 2015

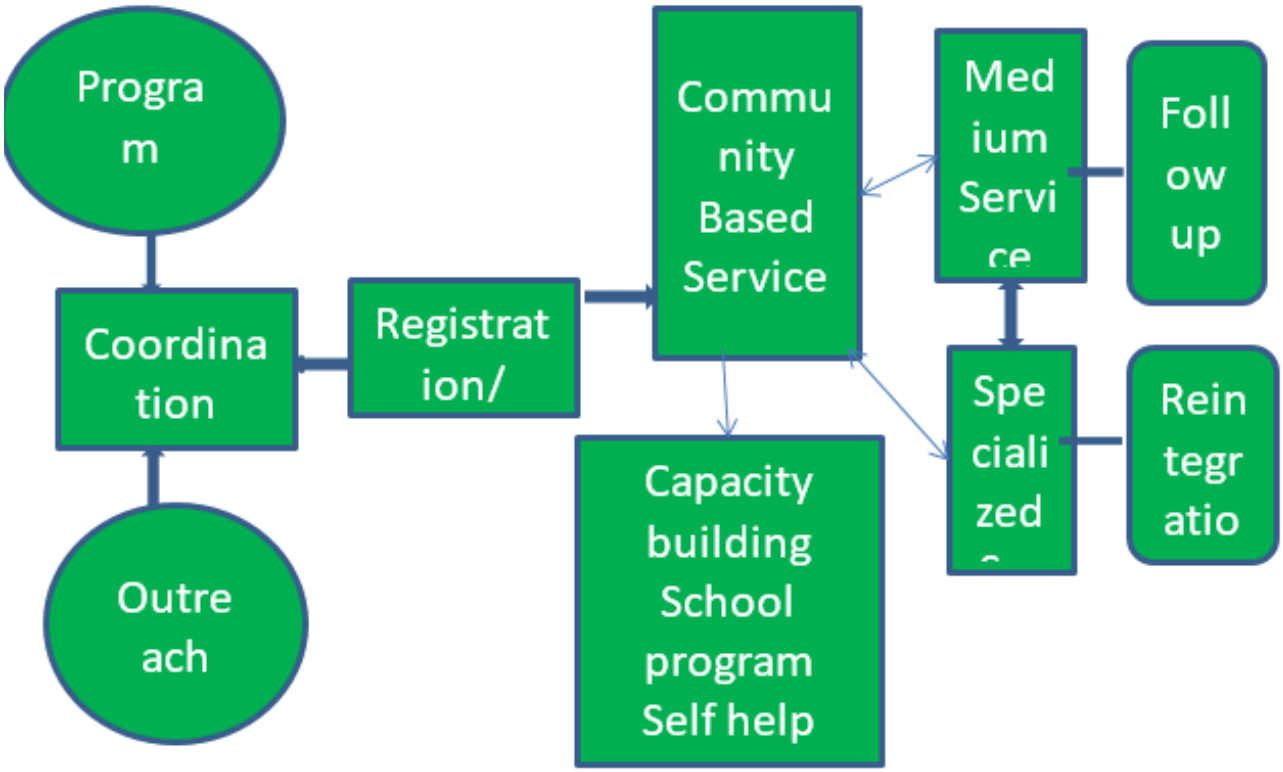
Increased awareness among policy makers to mainstream mental health into general health

- *The general public has an increased awareness and openness about mental health*
- *Active involvement in inserting key progress on mental health within Universal Periodic Review (UPR) for the first time in Nepal.*
- *Continuous involvement through advocacy and lobbying in including mental health as priority issue in Nepal Health Sector Strategy (2015-2020) from very beginning of its development.*
- *KOSHISH was actively involved as member of psychosocial support technical group formulated by Ministry of Health to address emergency risk after earthquake.*
- *KOSHISH as a part of different clusters- protection, gender, mental health, children, psycho-social and injury rehabilitation, sub-cluster for advocacy and awareness to promote mental health and protect the rights of people with mental health problem in emergency relief.*
- *Besides, KOSHISH is consulted by different Governmental nongovernmental stakeholders and organizations for its input and feedbacks on policy and issues related to mental health and psychosocial disabilities.*
- *700 copies of IEC material focused on law and policy related to mental health were developed and disseminated among policy makers, law enforcement agencies and service providers*
- *conducted to Facilitated to integrate Mental Health Policy in NHSP-III with the Committee members of NHSP-III, human rights activities, government staff of Ministry of Health, psychiatrists, psychologist, self-advocates and social workers.*
- *Conducted programme in coordination with SWAN to facilitate to endorse National Mental Health Policy NMHP (2068) superseding NMHP 1997 and in line with CRPD on 25th July 2015.*

COMMUNITY BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAM

KOSHISH community based mental health programs are designated on the ground of building community ownership through awareness promotion and community participation. The goal and emphasis of the program are; to improve quality of life of people with psychosocial disabilities through access to affordable mental health service in existing government health care system and improvement of social integration and to empower people with psychosocial disabilities, facilitate their participation in the development of their communities. This program basically helps in increasing service seeking tendency among beneficiary group, collaboration with governmental agencies in the district level, build up self esteem of the persons with mental health and psychosocial issues, enhance access to mental health and psychosocial support in the community and developed referral mechanism for intensive residential care for the abandoned and neglected women and girls with severe mental health problems.

Implementation Framework



PEER SUPPORT PROGRAMS

KOSHISH started Peer Support Program since 2008, though informally. Commencement of emergency project in June, 2015 has several impacts in peer support program. Firstly, the number of participants has increased and now there are above 60 members in the program. More than 25 peer support members are attending the program on scheduled day and date. It has become part of their routine life. Many members express their views that - peer support has changed their life and show the eagerness to participate in the program.

KOSHISH started **peer – support program** in 2008 and continues till date. A peer support group formed by the persons living with mental health problems, being self motivated to support and encourage one another. This is a unique forum KOSHISH created to enhance mental well being of the persons living with mental health and psychosocial problems. In this forum, members are met on weekly basis and develop the sense of caring and sharing to each other. This helps building mutual cooperation, harmony and self confidence among the participants. There is no any financial obligation for the participants to take part in this Program.

People suffering from mental health problem needs psychosocial counseling in different interval of time which has been proved by the changes or stability seen in peer support self-advocates who are taking regular counseling from clinical psychologist at KOSHISH.

Participating in peer support program once a week have provided them a place to share their feelings, experience and enjoy the program by motivating one another. Different therapies and psychosocial orientation has build up internal capacity of the client. Screening movies, music therapy, festival celebration, talent demonstrating, meditation and other activities during program has helped them to cope, socialize and adjust in the social environment. It has also helped the clients to reduce stress, maintain daily routine and has become the means to be happy. Many members in peer support express the feeling that they feel good when they come to peer support program. Besides, the clients struggling to utilize or not being able to enjoy their rights are provided with advocacy support as per need.

PSYCHIATRIC OPD SERVICE

General people who live in the rural part of the country hardly have mental health service in their access as limited numbers of psychiatric consultants are only available in up to zonal level hospital. In the absent of professionals, the cases of mental illness are deprived from basic right to health service. In many cases KOSHISH found that the normal cases are triggered down and reach out to street with severe and profound problems.

In collaboration with District Health Office Bhaktapur and Tanahun, KOSHISH run psychiatric OPD service from district health office. Professional consultants conducted such services. During 2015, 22 psychiatric OPD sessions (11 in Tanahun and 11 in Bhaktapur) were participated by 107 persons. Due to increased pressure, in both the districts there will be two OPD session in each Month.

Bellow mentioned chart shows the gradual increment of persons who sought psychiatric service.

RESIDENTIAL PSYCHOSOCIAL SUPPORT PROGRAM (HOUSE OF HOPE)

In order to provide emergency psychosocial support to abandoned women and girls with psychosocial problems, KOSHISH provides intensive residential care from its **House of Hope**. KOSHISH has been providing rescue and emergency services and reintegration of women and girls with mental health problems into their family and community. KOSHISH facilitates the process of rehabilitation by identifying the family, and providing psychosocial education to the family members as well as the community. KOSHISH Transit Home has the capacity to provide emergency residential service to 20 women and girls with mental health problem at one time. The House of Hope ensures that the women and girls reintegrated into their families live a life with dignity and respect.

KOSHISH's 20-bedded House of Hope in Kathmandu has been fully occupied for the past 6 years. We are entrusted by the state to care for and nurture the most vulnerable among us; we receive calls from the police and other government agencies to rescue and rehabilitate homeless women and girls from all corners of the country to rescue and rehabilitate them in dire need of support. At House of Hope, we have been providing specialized and personalized care in a protected space where each individual is treated with respect and professional medical attention. We are patient in our care and invest ample time to stabilize the client, diagnose them and provide medication, if necessary, and maintain a supportive environment until the condition improves.

RESCUE

Total numbers of persons directly rescued by KOSHISH Referred from Governmental Agencies Referred from other Agencies						Total numbers of persons referred/received						Total rescued and received in 2015	Total recovered persons in 2015
Street			Home										
Pregnant	with baby	alone	Pregnant	with baby	alone	Pregnant	with baby	alone	Pregnant	with baby	alone	51	49
1	0	8	0	0	17	2	4	8	0	1	10		

INTERVENTION

Types of intervention						Average days for recovery	Total	Support from family or community
Schizophrenia	Schizo affective	MR	Epilepsy	Psychosis Nos.	BPAD			
17	10	2	4	10	8	90 Days	51	Community members and organizations helped to identify the family members of the clients

REINTEGRATION

Reintegrated in family	Reintegrated in community safe home	No. of person who got medication after reintegration	Total number of reintegrated persons
39	10	10	49

Progress in 2015

- *Increase service seeking behavior among beneficiary groups.*
- *168 people are aware about the availability of the mental health services at district and community levels.*
- *Increased collaboration with governmental agencies*
- *From January to December 420 spots of radio PSA were broadcasted. There has been increase in the number of service seeking behavior.*
- *In the first month of project only 4 people visited OPD service whereas this numbers reached 70 people with different kinds of mental health problem in Tanahun and in Bhakatapur, 7 people visited this service in the first month of project which reached to 98 165000.00. In collaboration with Women Children Office of Tanhun, KOSHISH will use allocated budget to provide counseling services at the district level.*
- *22 Psychiatric OPDs were conducted in the district hospital of Tanahun and Bhaktapur districts. Out of 22 visits, 11 visits were conducted in Tanahun and remaining 11 visits were in Bhaktapur district*
- *Psychotropic medicine support has been provided to 98 persons with psychosocial disability in Bhaktapur and 9 persons in Tanahun.*
- *391 individual and group counseling sessions were provided to persons with psychosocial disabilities or their family members in both project districts*
- *day was celebrated by participating in the rally organized by NFDN and KOSHISH in collaboration with NFDN organized an interaction program on interrelationship between all forms of disability was conducted*
- *51 abandoned and neglected women and girls with severe mental health problems are rescued, 49 are reintegrated after achieving stable mental health condition (among them ...were rescued in 2014)*
- *7 self help groups are formed in which 75 people with mental health and psychosocial problems are affiliated*
- *Number of participants has increased and now there are above 60 members in the program. More than 25 peer support members are attending the program on scheduled day and date. It has become part of their routine life.*
- *Changes in behavior or thought patterns have made in persons with psychosocial disability. Persons with psychosocial disability have learnt new ways of coping with thoughts, feelings and behaviors.*
- *In some cases, there is the improvement of a real growth of character. They have started thinking better of themselves and are better able to cope with stress that relates to the difficulties of living. 192 sessions of follow up of clients were made in Bhaktapur and Tanahun districts.*

EARTHQUAKE INDUCED EMERGENCY RESPONSE PROGRAM

The massive earthquake of 25th April that rattled the country most caused the intensification of vulnerability of the people living with mental health and psychosocial problems. Losses of public and private property along with immense human causalities are among the cause of psychosocial vulnerability that not only triggered the persons living with psychosocial problems but the new cases are emerged among different age groups. Taking into the consideration of this fact; KOSHISH developed emergency response plan targeting to the people affected by the earthquake with due emphasis to their psychosocial well being. The programs are more specific in Bhaktapur District and for the people with psychosocial disabilities living across the country.

Medication support	**OPD visits**		**Psychosocial Support by CPSW**	**Psychosocial Support by Psychosocial Counselor/ psychologist**	**Psycho-education**				**Total**
	Male	Female			School	Community People	Health Workers	Police Personals	
229	100	115	315	455	1160	1203	220	95	3892

Highlight of Major Achievement

Area of Intervention	Result	Indicator
Advocacy and Awareness	Increased awareness on mental health and psychosocial disability among policy makers, and stakeholders'.	Mental Health issues got due space in Nepal Health Sector Strategy -2015 Universal Periodic Review (UPR) developed by NHRC of Nepal mentions mental health issue under Right to Health subheading for the first time.
Community Based Mental Health and Psychosocial Programs	Increased service seeking behavior among beneficiaries	In February, 2015 number of persons who attended psychiatric OPD in Tanahun and Bhaktapur was 4 and 40 respectively whereas the number in December increased to 55 and 105 respectively.
	Developed referral mechanism for abandoned and neglected persons with severe mental health problem across the country	51 abandoned and neglected women and girls with severe mental health problems were rescued and received by KOSHISH for intensive residential care
	Give message that mental health and psychosocial problems can be managed through proper care and support	49 reintegrated persons are able to carry their everyday live in their own.
Earthquake induced Emergency Response Programs	Emergency mental health and psychosocial support helps the cases to get triggered in the aftermath of earthquake.	3892 community people who were affected by earthquake got mental health and psychosocial support

CASE 1:

First Time Mental Health as a Priority Issue in Nepal Health Sector Strategy, 2015-2020

The Government of Nepal formulated National Mental Health Policy in 1996 after a meeting of psychiatrists, psychologists, representatives of National Planning Commission and Ministry of Health, held on Aswin 5, 2052 (September 21, 1995) at Director General of Health's Office at Teku with the four core objectives; a) to ensure the availability and accessibility of minimum mental health services for all the population of Nepal, particularly for the most vulnerable ad under-privileged groups of the population, by integrating mental health services into the general health service system of the country, and by adopting other appropriate measures suitable to the community and the people b) to prepare Human Resources in the area of Mental Health in order to provide for the above mentioned Mental Health Services c) to protect the fundamental human rights of the mentally ill in Nepal and d) to improve awareness about mental health, mental disorders, and the promotion of mentally healthy lifestyles, in the community by participation of community structures, and amongst health workers. Furthermore, the document mentions plan of action of the National Mental Health Policy at Central, Regional and District levels. The government also committed to work for a basic level of physical, mental, and social health care for all Nepalese citizens. However, the implementation of policy remains weak against commitment made by Government of Nepal for the protection and promotion of rights of people with mental health problem. As a fact, mental health is given low priority in national health priority level.

Ministry of Health developed Nepal Health Sector Programme (NHSP) - I 2004-2009 after eight years of formulation of the National Mental Health policy. But, it did not have any focus on mental health issues.

Similarly, NHSP- II (2010 – 2015) did not have strong focus on mental health related subject matters too. But, at the same time, continuous advocacy of KOSHISH for inclusion of "Community based mental health service program" in NHSP-II by meeting the representatives of Ministry of Health and Population and Health Services Department succeeded its inclusion. Bearing in mind these realities, KOSHISH realized the importance of advocacy for the inclusion of Mental Health issues in NHSP – III. KOSHISH has been continuously involved in advocacy and awareness program for the promotion and protection of rights of people with mental health problems. Furthermore, KOSHISH aims to mainstream mental health into general health system of Nepal and advocates for the implementation of existing mental health related policy and programmes and formulation of mental health friendly laws, policies, plans and programmes. In this regard, KOSHISH's attention was dragged by the mental health strategic approach mentioned in Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases 2014 – 2020. One of the key milestones in action plan mentions about the integration of Mental Health Policy in NHSP – III as a priority public health agenda and raise the issues of children, elderly, and high risk groups (family members of labor migrants, street mentally ill people) as public health agenda.

Hence, KOSHISH initiated to play a role to facilitate for the same and has been advocating for inclusion of mental health issues in NHSP-III from the very beginning. In this context, KOSHISH had pre-meeting with former consultant (PDT member for NHSP-III) on 2nd December, 2014 to find out the most recent developments and government status for NHSP-III. Hence, as concluded in meeting, KOSHISH conducted program on 15th December, 2014 in the presence of different NGO'S working directly or indirectly on mental health issues for NHSP-III with the objectives to collect feedback from them and submit recommendations for NHSP-III. In addition, KOSHISH also received suggestions from advisors during the program conducted on 30th December, 2014. The program was conducted among Human Rights Activists, Government staff, Psychiatrists, Self-advocates, Social Workers and Psychologists with the objectives to identify good provisions mentioned in National Mental Health

Policy, 1996, to discuss the provisions which should be incorporated into National Mental Health 2068, and to submit recommendations to the Ministry of Health.

Following, on 6th January 2015, a meeting was held with Mr. Sagar Dahal, Section Chief –HSU under the Ministry of Health , one of the former Committee members of NHSP – III with a purpose to submit feedbacks collected on 15th December, 2014. During which KOSHISH was also informed that Program Development Team (PDT) is interested to listen about mental health issues for NHSP – III. Taking this an opportunity, KOSHISH decided to conduct a program on "Facilitation to integration of Mental Health Policy in NHSP – III as a priority public health agenda and raise the issues of children, elderly, and high risk groups (family members of labor migrants, street mentally ill people) as public health agenda" on 12th January, 2015. The objectives of the program were; a) to build a rapport with PDT for future activities related to NHSP – III, b) to aware and sensitize on mental health situation, issues, and challenges for NHSP – III, and c) to create a pressure to include the mental health key activities which was adopted under the Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases 2014 – 2020 in NHSP – III. Program took place in the presence of Program Development Team members of NHSP – III, Human Rights Activists, Government staff of Ministry of Health , Psychiatrics, Self – Advocates, Social Workers and Psychologists. It was then concluded that the follow - up program and campaign to be conducted till NHSP – III is approved by the Cabinet. In the next level, KOSHISH conducted follow-up program on 27th February, 2015 with the objective to develop implementation plan for NHSP – III. The participants of the program were Psychiatrists, Psychologists, Social workers, Self-advocates, and Human Rights Activists. The program decided to handover responsibility of translating mental health key activities into implementation to Mr. Amit Aryal. Apart from this, following list of major activities was also send to Mr. Sagar Dahal and Mr. Sita Ram Parsai through mail:

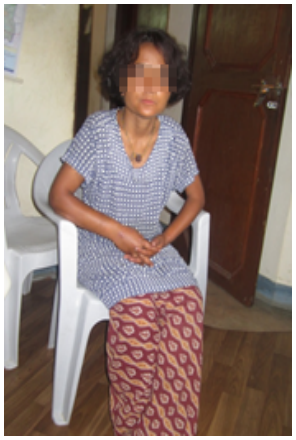
- Establish a Functional Mental Health Unit at the Department of Health Service,
- Develop action plan to implement National Mental Health Policy 1997,
- Ratify Mental Health Act – 2068,
- To promote Community Mental Health Program in line with community based rehabilitation WHO CBR matrix,
- Allocate at least 25 number of beds to mental health patients at zonal and regional hospital,
- Integrate Mental Health into Basic Health Package to be delivered at HP, PHCC, DH, Zonal and Regional Hospitals,
- Expand mental health curriculum in schools

Mental health issues found to be mentioned in national level programme after Advocacy/Awareness efforts and continuous follow-up:

NHSP-I (2004-2009)	NHSP-II (2010- 2014)	NHSS (2015-2020)
-	Community - based mental health was addition to the Essential Health Care Services package in NHSP-II - Community - based mental health programme by partnering with local governments and community based organizations.	Mental health focused following things have been incorporated in Nepal Health Sector Strategy, 2015-2020 (draft approved from the cabinet): As mentioned in the list: 1 Basic Health Services, it states that : • Out-Patient services (services through Free Drug list and laboratory services) to be provided - For the treatment of schizophrenia, bi-polar disorders in < 50 bed hospital (district, sub district hospital) and >50 bed hospital, - For the treatment of depression and anxiety, and Epilepsy at PHC or UHC, in < 50 bed hospital (district, sub district hospital) and >50 bed hospital. • In-Patient services (services through consultation, Free Drug list and laboratory services) to be provided - For the treatment of schizophrenia, bi-polar disorders, depression and anxiety and Epilepsy in < 50 bed hospital (district, sub district hospital) and >50 bed hospital. • Further, counseling services in Mental Health at CHU, HP, PHC or UHC, in < 50 bed hospital (district, sub district hospital) and >50 bed hospital has also been included in Basic Services (Free of Cost).

Case Stories:

Counseling became effective



Maya before rescue

Reintegrated client Maya *(right)* infront her collapsed house at Sindhupalchowk district with Psychosocial Counselor *(left)* from KOSHISH.

Despite the happiness broke by devastating earthquake of April 25th 2015, Maya feels better after receiving psychosocial support from KOSHISH. Her house was collapsed but fortunately none of her family members were injured. Maya and her family are staying in a temporary shelter made by themselves.

Realizing that frequent aftershocks and the tremors that can worsen the mental health condition of the clients, KOSHISH intervened psychosocial care for the reintegrated clients. Maya including her family members and community people participated in the psycho education program on trauma healing and disaster preparedness conducted by KOSHISH team.

Maya was already experienced of mental health problem and was rescued from the streets of Kandhaghari, Kathmandu on the 2nd of July, 2014 on the request of Prime minister's office GBV unit. After her recovery, she was reintegrated with her own family.

* * *

Peer members enjoyed individual and group counseling

Sita (name changed) a resident of Telkot-3 Bhaktapur, Nepal is a one of the peer support members at KOSHISH.

The devastating earthquake on April 25th struck Sita's house. The house has cracked badly and one part of the house has gone down. In the aftermath of earthquake, the government had provided some amount of money. Out of which they built a temporary house. The family is struggling to recover in the previous state.

As Sita has already experienced mental health problem. Her mental health condition further worsened due to the earthquake and its effects. In this regard, Sita was provided with individual counseling as well as group counseling in peer support program. The counseling sessions have contributed to bring positive changes in her and to come out from psychological trauma experienced during the quakes.

Like Sita, peer support members received counseling who were in need. They enjoyed with therapeutic activities to relieve the stress and trauma caused by earthquake.

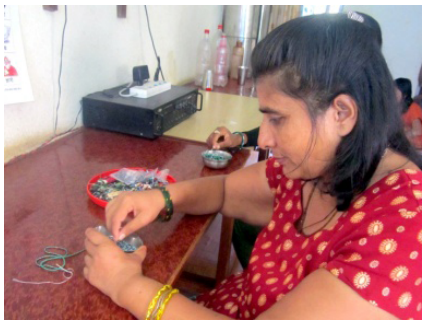
* * *

Transforming life

Kabita (pseudonym) was worst condition in a street of Sanepa, Lalitpur. Locals of Sanepa reported KOSHISH that she lived there for two months in a broken tent with foods offered by pedestrians. Her condition was pathetic. So, KOSHISH decided to rescue her and bring her into emergency support center. In early days, she showed behaviors like sleep disorder, short temper, shouting and talking rapidly, being restless and bed wet problems, etc. Psychiatric doctor at emergency support center identified her with Schizophrenia.

Her mental health problem was possibly started from her school days. But her family was not supportive to her. It was her mother who mother was the only person highly sensible toward her mental condition. According to the Kabita there were three family members in her family mother, younger sister and Kabita. After marriage, her sister started to living with her husband. Kabita's mother was helping her with medicine to keep her problem under control. Unfortunately, she died 4th may 2012. With the demise of her mother, she has no one to look after her. She tried to manage her but the earthquake of 25th April becomes the misfortune in her life. She had her case relapsed due to earthquake. As none was there to provide her support, she finally ended up to street. She spent two months in the street.

After receiving the treatment, care and support, her condition was gradually improved. Now Kabita can sleep well. She takes care of her hygiene and helps other to do so. Everyday she helps other to do physical exercises. Her appetite is good now. So, she has good food habit. Psychiatric doctor identified Kabita with Schizophrenia. She is living in House of Hope since four months.



Kabit loves children at House of Hope. At the afternoon, she teaches children and gets involved in the entertainment and therapeutic activities. Her participation in income generating activities is appreciable. When asked if she has good sleep these days, she said that treatment and support from the KOSHISH has been effective to her and she feels lucky to be getting such support. She has also felt that she needs to stand on her feet and be independent financially. She can take her medicine herself and knows that she has to take it on time. On November 4th Kabita has reintegrated in her family .

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