cbm

global disability inclusion

BasicNeeds

together we can

Cover: Participant of a BasicNeeds project in Kenya

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Foreword

Welcome to the new BasicNeeds Model! At CBM Global we believe that everyone has the right to good health. Mental health problems are responsible for more than 10% of the global disease burden yet many poor countries allocate less than 1% of health budgets towards it. This means 9 out of 10 people living in such areas do not receive the basic treatment they need to lead healthy, productive lives. The BasicNeeds Model is one way that this gap can be closed.

20 years of experience has shown us that the Model works. At its heart, the Basic Needs Model is an approach that both promotes individual wellbeing and builds awareness and support structures within communities. The focus on psychological and economic support brings about positive changes in the way that people with mental health conditions and psychosocial disabilities can participate in society and realise their rights while at the same time benefitting their families and the communities in which they live.

Yet far too many people still cannot exercise their right to good health. People like Joseph have to deal with the stigma and isolation that often accompanies mental health conditions.

I was disowned by my community when I started to hear voices. They would not speak to me or even look at me. My family were shunned as well. The health clinic I attended did not understand mental illness and said that there was nothing that could be done for me. I was a burden to my family and wanted to die.

Members of a BasicNeeds Self Help Group in Kenya

These experiences are all too common and environmental changes like the COVID-19 pandemic and climate change have exacerbated this challenge. Thankfully, things for Joseph changed:

There was a big community meeting where people from BasicNeeds came to my town and told people the truth about mental illness. A person who had recovered from illness spoke as well. She inspired the meeting. They started a group for people like me and for my family as well. Soon I knew of other people in my town who were ill. We supported each other and started a clothing enterprise. Now our group does all of the sewing for the town. We are respected and cared for. We feel included. BasicNeeds helped us argue with the government for better health clinics and better treatment.

We have learnt a great deal over twenty years of implementing community mental health projects: the power of people coming together for mutual support; evidence of the impact of a common voice for change; the centrality of social and financial security alongside health. Building on the wide expertise within the BasicNeeds Network, we have made some changes to bring the Model up to date, to recognise the changing contexts in which we operate, and ensure that best-practice is embedded in all that we do. We are so grateful to those who have given their expertise to this revision of the model that will benefit all those who use it from now on.

Our vision for the future is that the revised model will allow even more people the opportunity to take part as equals in society. We hope that the group of BasicNeeds implementers can mentor those interested in the BN Model. And we continue to seek innovative ways of moving towards local ownership and opening up opportunities for use
of the model in more flexible ways.

I cannot wait to see what we can achieve in the next 20 years.

Kirsty
CEO CBM UK/BasicNeeds

What is the Basic Needs Model?

The BasicNeeds Model is a collection of community, social, health, and economic interventions designed to improve the wellbeing of individuals with mental health conditions, their families and the communities in which they live. At its heart, the BasicNeeds Model is an approach that promotes individual wellbeing, and brings about positive changes in the way that people with mental health conditions and psychosocial disabilities can participate in society and realise their rights.

Below (Figure 1) is a summary chart that outlines how mental health care is commonly approached, and how that differs from an ideal approach.

Common approach to mental health care

- Medical led
- Pharmacy heavy interventions
- Solely a health issue
- Focuses on the individual only
- No connection between health, welfare, social support, education, housing
- No intervention focusing on poverty/mental health cycle
- Coercion used
- Based mainly in secondary or tertiary care
- 'Illness' focus (reactive)

Ideal appraoch to mental health care

- Holistic (Bio-psycho-social approach)
- Range of effective evidence-based treatment options
- Seen as an issue that impacts on health, welfare, social support, education, housing
- Focuses on individual and community health
- Includes economic interventions to address poverty/mental health cycle
- No coercion
- Based mainly in community or primary care
- "Wellbeing' focus (proactive)

Figure 1. Common vs. Ideal Approaches to Mental Health Care.

This ideal approach has long been defined by user groups, peer-led organisations, and organisations of people with disabilities. We echo their views, and the BasicNeeds Model was developed with these principles in mind.

The BasicNeeds Model advocates for a holistic approach, not just focusing on one level of care, or one aspect of development. It does not concern itself solely with service delivery or advocacy, it recognises that the two can go hand in hand.

While acknowledging the importance of health, education, welfare and other systems, it recognises that it may take generations for there to be equitable access to services and there is much that can be done now by and for people affected (the twin track approach).

This is a model which is designed to meet the needs and contexts of low and middle income settings, but it is actually universal in its applicability. It is our belief that if a similar approach were taken in all countries, the outcomes for people with mental health problems would be better.

How was the Model developed?

The concept of the BasicNeeds Model was developed by the social entrepreneur Chris Underhill in the late 1990's, who recognized that resources and care for mental health were woefully lacking in low and middle income contexts. The BasicNeeds Model was based on the principle that the community was the essential crucible for support, and this was where many of the required skills lay hidden. The Model was first field-tested in 2000 in India, led by D.M Naidu, and in 2001-2002 the same was done in Northern Ghana with Lance Montia as the lead.

For 20 years the Model has been implemented in countries across the globe. In almost 200 project sites the Model has brought support to people with mental health problems in their communities for the first time. BasicNeeds has worked with over 100 implementing partners since its inception and reached over 180,000 people. It has been adapted for use in high-income countries and used in the USA and the UK.

The learning from this significant experience, along with a series of reviews, evaluations, and studies allowed us to update the model in 2020-22. This review takes all of that evidence along with recent and emerging research into what works best in community mental health.

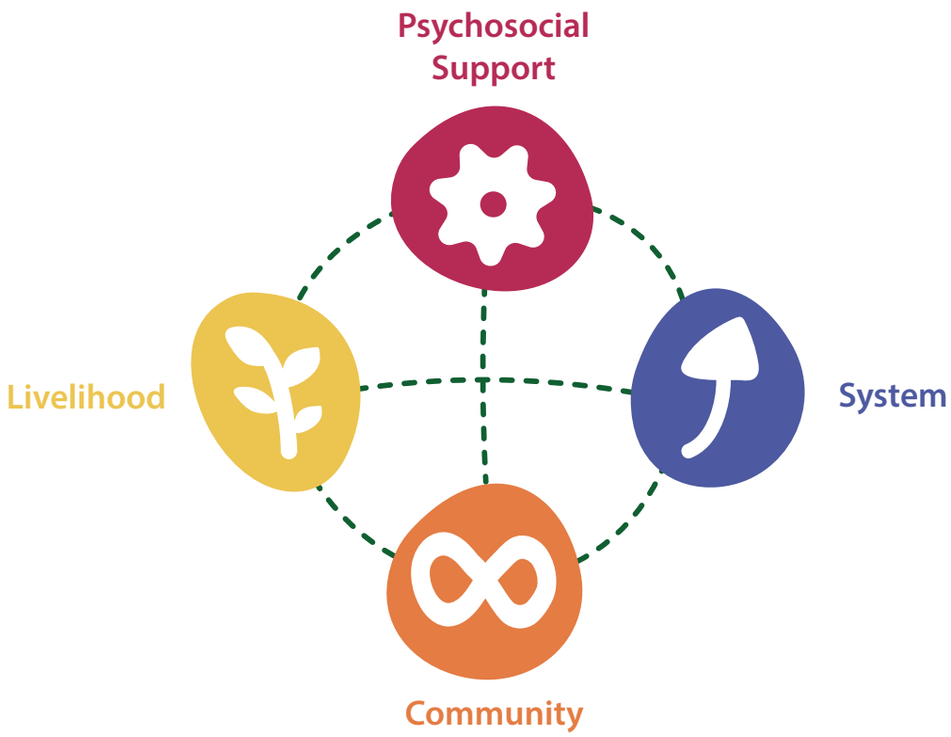
What impact does the BasicNeeds Model have?

The BasicNeeds Model has been extensively evaluated and researched, and been shown to:

- Improve the quality of life and social capital of individuals with mental health conditions
- Support, and sustain community action by people affected, and promote agency
- Improve health systems so that they are inclusive of people with mental health conditions and so that the quality of services is as good as it can be
- Improve the economic wellbeing of individuals and society by focusing on disrupting the cycle of poverty and disability

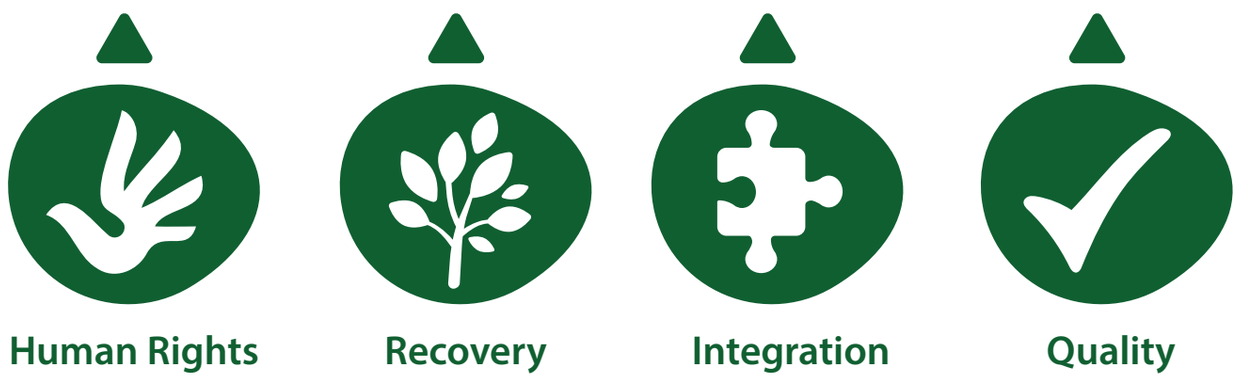
How is the BasicNeeds Model structured?

The revised BasicNeeds Model has at its core a series of interventions broadly divided into 4 categories, which we refer to as elements:



It is the convergence of these 4 elements that makes the BasicNeeds Model unique, and which gives it its effective outcomes. Typical community based mental health programmes focus solely on health and psychosocial support, but we know that this alone is not enough to lead to sustainable improvement in people's lives, their communities, and their societies.

Underpinning these 4 elements are 4 foundations. These are themes which run throughout the Model and its implementation. Every intervention and activity has these 4 foundations at its heart.



What does each element of the Model involve?

The activities that are delivered in the implementation of the BasicNeeds model are grouped around these 4 elements.

One of the defining characteristics of the Model is that it can be tailored to suit the context that it is being delivered in. Therefore not all interventions will be used in every location. There are some essential activities however which we consider to be core requirements of the Model. These are interventions which have to take place in order for us to consider that the BasicNeeds Model is being fully implemented.

Psychosocial Support

Principles

- People have a right to participate in society on an equal basis with others
- People should have access to support for their needs
- Peers are well placed to provide a strong support network in the community
- Some interventions (like medical treatment) should be accessed through professional services of a high quality

Activities

- Group peer support
- Counselling & psychosocial support like CBT
- Referral to primary or secondary care
- Case management

Outcomes

- People improve their quality of life
- People become more resilient
- People have more control over their own lives

Community Development

Principles

- The community is the space where any change process takes place
- The community has assets which can be used to develop a society for the benefit of all
- Most mental health conditions can be addressed within the community

Activities

- Community Engagement
- Train community leaders in key skills
- Community awareness raising
- Co-create anti-stigma campaigns

Outcomes

- Communities undergo positive change and growth to become more inclusive
- Communities are animated and activated to self-advocate and organize
- Communities become more aware and have more skills and understanding
- Communities become more resilient

Livelihoods

Principles

- People with mental health conditions are more likely to be in poverty
- Poverty is both a cause and consequence of mental illness
- Work has a protective and promotive role in mental health
- Addressing mental illness has a net positive impact on the economy

Activities

- Map current livelihood and economic empowerment opportunities
- Deliver start up enterprise support and skill training
- Develop savings and loan schemes including access to funds and opportunities for vulnerable people
- Link with existing livelihood and social protection programmes and local employers

Outcomes

- People with mental health conditions have increased income
- Areas deploying the Model have healthier local economies
- People with mental health conditions contribute to the economy of their family, community and country
- New skills, confidence and self-worth amongst people with mental health conditions and their families
- Social status of people with mental health condition and their families is improved
- The economic system and workplaces are accessible to people with mental health problems

System Strengthening

Principles

- Health, education, welfare and justice systems can support people with mental health problems if accessible and functioning well (but they are often weak and under-resourced in poor communities)
- It is more sustainable to invest in strengthening existing systems, rather than starting parallel structures
- Systems are often not easy to navigate, but should be 'person-centered' – so that individuals can easily find the support they need
- There are inadequate human resources for mental health, but effective services can be more efficiently delivered if integrated into wider health care

Activities

- Map current systems and ease of access
- Building mental health capacity in the health system (influence professional curriculums)
- Strengthening existing community mental health services
- Understanding and leveraging non-conventional systems (e.g. traditional healers)

Outcomes

- Health and other systems become more accessible to, and serve the needs of, people with mental illness
- Primary health systems can address the needs of people with mental illness, and with secondary health systems, are safe, effective, and respect human rights
- Mental health and wellbeing are considered in education and adult training settings
- Social welfare systems include mental illness and psychosocial disabilities

What does each foundation of the Model involve?

The four foundations run through the entire BasicNeeds Model.

The first is **Human Rights**. Abuses of human rights are sadly common against people with mental health conditions, and people with mental health problems often do not access the same basic rights that others enjoy. The Model seeks to educate people about what rights they have and how they can exercise them. It also works on a systemic level to tackle policies and practices that are harmful.

The second is **Recovery**, which is a vital component of any mental health programme.
Recovery is the concept that people define their own idea of wellbeing, which can be with or without clinical symptoms. The elimination of clinical symptoms should not be the sole aim of the services, and we should not equate absence of symptoms with being well. Recovery is typically defined as individuals affected by mental health conditions having hope, opportunity, and control. Three concepts which can often be missing in the lives of people impacted by mental health conditions.

The third is **Integration**. As far as is possible, systems that exist and impact upon individuals lives should be as integrated as possible. This means that an individual's range of needs can be met as easily as possible, and duplication and waste are reduced. A practical example of this might be where there exists a livelihood programme in a community already. The BasicNeeds Model should not create a second livelihood programme, but should work alongside the pre-existing programme and support it to be as inclusive as possible. Similarly, the BasicNeeds Model should not seek to create primary health clinics, but should support the existing health system to develop these clinics. This way interventions are more sustainable, and are owned locally.

The fourth and final is **Quality**. Activities which take place under the banner of the BasicNeeds Model should be of high-quality. We have developed mechanisms for monitoring and evaluation that support this and create a culture of continual reflection and improvement.

Our primary measure of quality is our accountability to the people we serve. The Model always includes external user-led accountability measures, typically drawing on the Convention on the Rights of Persons with Disabilities, using tools like the WHO Quality Rights package.

What makes the BasicNeeds Model different?

The BasicNeeds Model is different from most mental health interventions for a number of reasons.

Firstly, it does not confine itself to a 'health' structure or setting. It recognises that social and economic factors have a significant role in mental wellbeing and address these factors.

Secondly, it is not an intervention designed to be delivered by a single implementing agency. It is an approach that whilst coordinated by an agency, is actually delivered through community members, interacting with different agencies, depending on the context. The BasicNeeds approach harnesses and amplifies existing resources.

Thirdly, it can be tailored to any individual context that it is delivered in. This flexible approach reduces duplication, prevents establishing parallel systems, and means that the provision is truly responsive to the needs of people.

Finally, it is comprehensive in its approach. It is not focused on just service delivery, system strengthening, livelihoods, or community development. It includes all of these, and has interventions at every level of society.

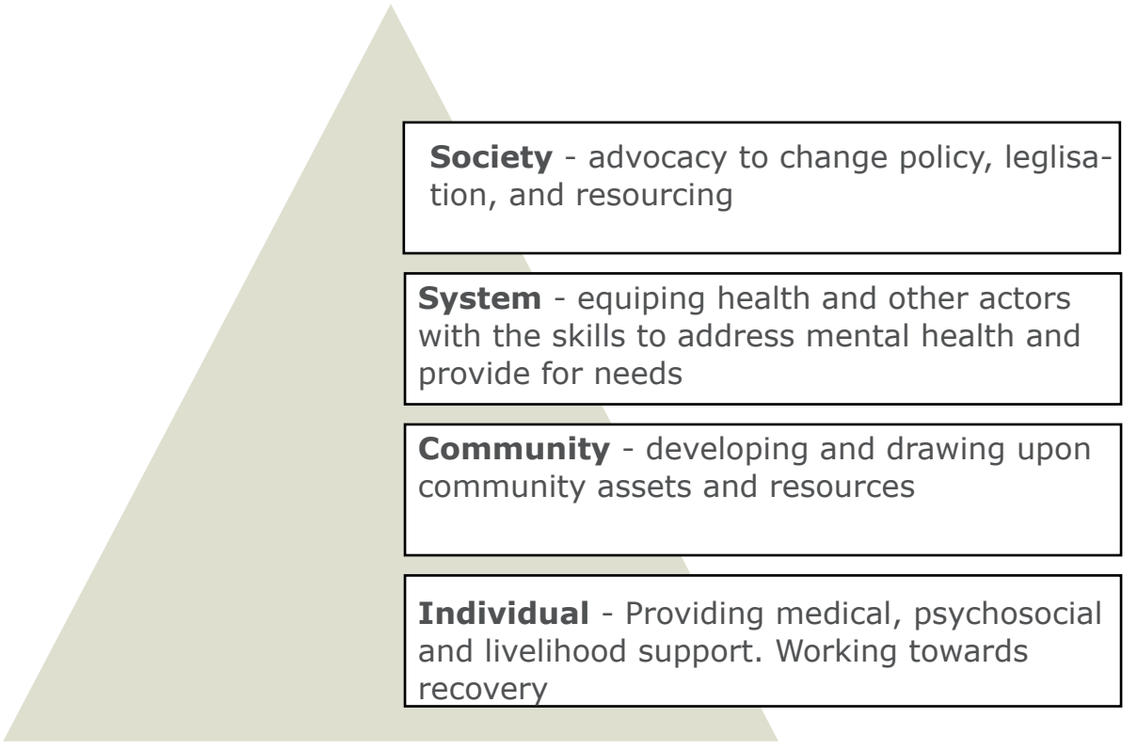


Figure 2. The BasicNeeds Model has interventions at every level

How is the Model delivered?

The implementation of the BasicNeeds Model is coordinated via the BasicNeeds Network (BNN) across the globe.

The BNN supports aspiring and current implementers to deliver the model and its activities via a range of services:

- Training, mentoring and capacity building
- Access to the BasicNeeds Operations Manual and the BasicNeeds Impact System
- Peer-support from a community of like-minded organisations and individuals
- Networking and knowledge sharing opportunities
- The chance to become an Accredited BasicNeeds Implementer

Any organisation or entity can deliver the BasicNeeds Model provided they register with the BNN.

For those organisations who go on to become implementers, there is an accreditation scheme that they can access. This involves a range of quality assurance exercises and a commitment to meeting certain standards, when these standards are met and evidenced, the organisation becomes a recognised BasicNeeds Model Implementer. They will have all the prestige and benefits that this brings. Most significantly, accredited implementers report improved access to funding and resources for their work, given that they are externally accredited by a recognised actor in global community mental health.

CBM's Community Mental Health Plan & the Basic Needs Model

CBM Global wants to see a world where people with mental health conditions and/or psychosocial disabilities:

- Participate meaningfully and authentically in their communities
- Have a good quality of life and wellbeing
- Have access to dignified quality care and support to address individual needs

The BasicNeeds Model is one way that these aims can be achieved.

The CMH Plan has 4 key priorities:

Initiative Priority 4
Mental health is mainstreamed across sectors including humanitarian response

Initiative Priority 1
Strong voice of people with psychosocial disabilities

Initiative Priority 3
Strong. Accessible and person-centred systems including equitable access to health care

Initiative Priority 2
Community inclusion and participation

CBM is the custodian of the BasicNeeds Model, following the merger between CBM UK and BasicNeeds UK in 2016. It now hosts the BasicNeeds Network, and supports quality service delivery among the collective of implementers from around the globe.

How can I find out more?

Email: erlam@cbmuk.org.uk to learn more about the BasicNeeds Network

www.mhinnovation.net/organisations/basicneeds-network

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