Chhahari Nepal

Saint Xavier's Social Service Centre

Jawalakhel, Lalitpur

Study of Institutions working in support of Mental Health and exploration of existing and potential Networking and Coordination amongst them.

By **Dinesh Poudyal**
Consultant

August 2005

A study conducted in selected Institutions providing Mental Health Services in Kathmandu Valley.

TABLE OF CONTENTS

Contact details: Chhahari Nepal – chhaharinepal@wlink.com.np

ANNEXES

LIST OF TABLES

ACKNOWLEDGEMENTS

I take this opportunity to extend my heartful gratitude to Chhahari Nepal a part of the Saint Xavier's Social Service Centre for giving me the opportunity to undertake this important study. I would also like to extend my sincere thanks to Ms. Gael Robertson and board members of Chhahari Nepal for providing constant support and guidance to carry out the study. I also thank to all respondents who offered valuable information during the interview with them.

I hope the findings and recommendations made in this study will be useful in development of better service delivery, coordination and referral practices on behalf of mentally ill people in the Kathmandu valley of Nepal.

Dinesh Poudyal
Consultant

August 2005

Executive Summary

Introduction:

The study was commissioned by the Chhahari Nepal, a project of Saint Xavier's Social Service Centre to explore the mental health services provided by selected institutions in Kathmandu valley. The scope of the study included identifying the range of services offered, the level of coordination among the institutions and the possibilities for developing a referral system among them. The study included 16 institutions and semi – structured interview were carried out with the senior executive staff/manager/programme coordinator of each institution. Additionally, from a review of each institution's documents an institutional profile analysis was completed and case studies developed. Further, a workshop was conducted with the institutions to share findings and explore next step actions.

Key findings:

Key problems commonly encountered in the development of mental health services in Kathmandu valley, were identified as;

- Lack of trust among the institutions.
- Mental health services mainly confined around certain institutions.
- Cynicism over quality of care of tertiary level mental health services and the services offered by the NGOs.
- Coordination practices need improvement.
- Rudimentary level of clients' referral practices.
- Limited social analysis on who accesses mental health services
- Stand-alone system for advocacy not effective.

The findings:

Service available and management:

The mental health services identified were established to serve all ages of male, female and children/adolescents people. NGOs were managed by executive committees that are responsible for policy level decisions. Operational level decisions were generally taken in their staff meeting. Among the hospitals providing the tertiary care[1] ; Mental hospital - Patan is a Government hospital managed by a Hospital Development Committee (HDC), Patan hospital is managed by a board that includes representatives from the Government and United Mission to Nepal. TU Teaching Hospital provides services as per the framework of Tribhuvan University of Nepal including human resource development and service provision.

NGOs are mainly involved in using Counselling as their major psychosocial tool to deal with the mental health cases. NGOs providing drug harm reduction programme have developed residential facilities and established day care centres for drug addicts. Out reach services from the institutions were found limited and the clients were approaching the services by themselves or through their guardians. Sustainability of the services is a major concern among the institutions as each case needs continuous follow up, revisits and support from the families and mainstreaming them in the normalcy of life. Institutions were found to charge various fee rates for the services offered and the rationale behind the rates were confusing. The rates for the Counselling session were also varied among the institutions. As did the quality of service, staff responsibility, staff qualification and experience and the environment to provide such services were found divergent among the institutions.

The study highlights the need of a standard mechanism to allocate service rates including a standardization of the services offered. There is a challenge to develop human resources to work in mental health in the country and to sustain the programme.

Poor people excluded from mental health services:

Addressing the needs of poor clients is a concern of the institutions as the demand for free services is high. All the institutions admitted that various options were available to provide services to poor clients.

[1] Tertiary care: sophisticated technology used for the treatment of mental illnesses.

However, the information regarding access to fee waiving facilities were limited thus, hindering development of collaboration, cooperation and referral mechanisms among them.

Coordination among the institutions:

Coordination is done through the telephone, email followed by a phone call and hand delivered letter between the institutions. Coordination also depends upon the institutions' target group as various forums exist for specific target groups e.g. drug users. A few established institutions have easy access to information and resources from other institutions due to their influencing role and close ties with each other. They were found in a privileged position, involved in delivery of services and charging fees. The existing coordination processes were found to be informal. There are examples of good coordination practices as well as where improved coordination is required.

Advocacy for socially inclusive approaches to mental health:

Bringing a positive attitude towards mental illness needs to be addressed through increased social awareness. Additionally a system is required to enable evidence based policy choices this needs to be backed by continuous research on various perspectives of mental illness. The institutions included in the study provided limited gender disaggregated information but could not according to caste, ethnicity or geographical origins. Improved socially inclusive mental health services can only be addressed through the combined efforts and effective coordination of the concerned institutions. Better collaborative practices among the institutions will support advocacy activities to move beyond their present rudimentary stage.

Referrals among the institutions:

The institutions in the study mentioned that an informal referral service existed. Similarly, client's guardian and clients themselves indirectly refer themselves. The follow up of referral cases in most of the cases was needs based, random and ad hoc, however, institutions mentioned that they kept records of all the referred cases in their case register system. Considering the problems in referral services and overcoming barriers in meaningful follow up, the institutions emphasized the need for the development of a proper and systematic referral system among them. The institutions in the study cited various reasons of poor referral problems and their possible solutions to enhance referral services.

Key recommendations:

- Promote collaborative practices to learn with each other experiences and develop trust building.
- Outreach activities should be incorporated along with other routine services.
- Emphasis on awareness and advocacy activities about mental health and mental disorders.
- The link of mental illness needs to be made with other health issues e.g., HIV/AIDS, Safe motherhood as well as with livelihood issues.
- Use of skilled professionals for quality mental health services is needed along side capacity building opportunities
- Widespread gender, caste and ethnic discrimination and pro-poor issues need to be addressed to ensure the social inclusion of people with mental health problems.
- In mutual cooperation of the government institutions, NGOs need to be 'influential' to advocate on mental health issues rather than limiting their role to activities as 'implementer'.

---------- XXXX ----------

CONTEXT:

Mental well - being is a state of mind in which people can realise their full potential, to cope with the stresses of life, and work productively and satisfactorily to make a positive contribution to their communities. Sound mental health is the key to a good quality of life for women, men, boys and girls, and needs be given a more prominent place in the promotion of public health and human rights. Mental health is a major global issue. For example, for the 15 - 44 age groups, in both men and women, mental health disorders account for a larger % population share than HIV/AIDS (WHO 2001). Poverty can also be considered as one of the key factors for the growing problem of mental illness. Relative and absolute poverty contributes to stress, depression and anxiety, indicating the impact that income inequality in a country has on the incidence of mental illness (Chhahari Nepal 2005). Despite the increasing number of people affected, government and international institutions in developing countries have been slow to respond and there are inadequate policies and legislation in place.

Being a developing country, mental health situation in Nepal is a growing concern. It is estimated there are about 3 million people suffer from mental health illness in the country. Among them, 60,000 individuals are suffering from severe form of mental illness (Chhahari Nepal 2005). The existing socio - cultural patterns, poverty, gender discrimination, domestic violence, and the conflict situation are contributing to the escalation of mental health problems, but the little recognition of the problem at the policy level is hindering development of the mental health services. Considering all the facts that are responsible to escalate mental illness, less attention has been given to develop mental health services in Nepal. Anecdotal evidence shows that a limited range of mental health services are available through out the country. Though the need of mental health services are desired widely, the services are concentrated mainly in Kathmandu, the capital city of Nepal. As claimed by the institutions in Kathmandu included in this study, there are a range of mental health services available, however, in the absence of a study it is difficult to establish details about what exactly is available.

Hence, Chhahari Nepal as a project of Saint Xavier's Social Service Centre has commenced work in mental health and has initiated this study as an endeavor to assess the institutions working in support of mental health services in Kathmandu valley and throughout Nepal. The study aims to look at the possibilities to develop collaboration, coordination and establish a workable referral system that works across institutions

2. OBJECTIVES:

The main objective of the study is to provide Chhahari Nepal and the mental health community generally with sufficient information about current institutions and their work to start moving towards the development of a referral system.

The specific objectives of the study were to:

- Obtain a better understanding of the range and nature of institutions currently working in support of mental health.
- Understand the range of services that are on offer and their intended target groups.
- Assess with institutions the extent to which they are already working in coordination with one another.
- Elicit the views of institutions regarding how to enhance coordination and the possibilities for developing a referral system.

3. STUDY DESIGN:

Considering the nature of study institutions providing a range of mental health services were included in the study. These were finalized after discussion with the Chhahari Nepal's Board:

3.1 Selection of the institutions providing the mental health services in Kathmandu and Lalitpur districts. A total of 16 institutions [2] were included in the study are mentioned in table 1:

Table 1:

Richmond fellowship	Saint Xavier Social Service centre	SAHARA Counselling centre	SAATHI
Centre for Mental Health	Friends of Nepali Village [3] (FNV)	Tek Bdr. Rayamanjhi Aarogya Mandir	CWIN
ANTARDRISTI	Transcultural Psychosocial Institutions (TPO)	Mary Knoll Nepal Aasha Deep	Patan Hospital
TU Teaching Hospital	Mental Hospital	Maiti Nepal	Naagrik Aawaz

[2] CVICT – was on the list, but could not access despite several attempts were made by telephone to get time for the study.
[3] FNV - Not agreed initially with Chhahari - Nepal board to include in the study, however, included recognizing providing some forms of mental health services.

Note: 1) CVICT and mental health programme of the Kathmandu municipality was on the study list. Several attempts were made to contact CVICT but not possible to get their time for the interview.

2) Inquiry about the mental health programme run by the Kathmandu municipality has reveled that the programmeme was closed down during the study period. Hence, not included in the study.

3.2 Review of institutions' documents: profile, reports analysis and target population.

3.3 Semi-structured interview with the key informants of the concerned institutions. Emphases were given to hold interview with the senior executive staff/manager/programme coordinator of each institutions. The guiding questionnaire for the interview were tested before application and appropriately modified to obtain the issues identified. (*Annex 2*)

3.4 Case studies: Appropriate case studies incorporated as an example of the good or poor coordination practices among the institutions.

3.5 Workshop with the key stakeholders in order to disseminate the study findings and collect further ideas in group. *(Annex 3)*

4. FINDINGS:

The analytical findings of the study presented below under the sub headings:

4.1 Institutions currently working in support of mental health:

The principles and philosophies of institutional development suggest that sustainability of programmes and activities of any group or organisation largely depends upon the formation of attitudes[4]. Intervention on mental health depicts the realization of the importance of the initiative in the country with more lasting effects and impacts within the community. Hence, a wide range of services were established through the initiation of the institutions. For the ease of the study purposes, institutions providing the mental health services were divided into two categories:

- Service to the adult population, and
- Services for the child/adolescent

The lists of the institutions under each category are given below:

4.1.1 Adult (male/female):

Richmond fellowship, Saint Xavier's Social Service Centre, SAHARA Counselling Centre, SAATHI, Mary Knoll Nepal Aasha Deep, Friends of Nepali Village, TU Teaching Hospital, Tek Bdr. Rayamanjhi Aarogya Mandir, Nagrik Aawaz, and Patan Hospital.

[4] Striking balance: Allen Fowler

4.1.2 Children/Adolescent:

Saint Xavier Social Service Centre (SXSSC), SAHARA Counselling Centre, ANTARDRISTI, CWIN (4–16 yrs), Centre for Mental Health, Friends of Nepali Village, HNI- Transcultural Psychosocial Institutions (< 18 yrs), TU Teaching Hospital, Mental Hospital, Patan Hospital, Naagrik Aawaz and SAATHI.

4.2 Management Committees[5]:

Out of 16 institutions included in the study, 12 were having NGOs status and registered with District Administrative Office and Social Welfare Council as per the existing law of Nepal. Some were affiliated with International institutions abroad and implemented their activities in Nepal. As claimed, they were mainly the non-profit, and non- political institutions. Each NGO is managed by an executive committee that varies in size from 7, 9 and 11 members respectively. The policy level decisions were made in their board meetings and operational level decisions were generally taken in the staff meeting. Executive board members were involved as a programme staff in most of the institutions. Besides NGOs, government and semi government hospitals were involved in providing the mental health services.

TU Teaching Hospital, Mental Hospital, and Patan Hospital were providing tertiary level of curative mental health services. TU Teaching Hospital providing services as per the framework of Tribhuvan University of Nepal. The mental health services were delivered through the Psychiatric Department of the hospital, chaired by a Department head. The hospital contributed in human resource development through running the various academic undergraduate and specialized psychiatric courses such as M. Phil, MD and Bachelor's level in Nursing.

Mental hospital in Patan is a government hospital offering tertiary level of mental health care. The hospital managed by a Hospital Development Committee (HDC) that holds 4 meetings in a year. The policy decisions were taken as per the government norms and the decisions were influenced by the Department of Health Services/MoHP and through the HDC.

Patan hospital managed by a board includes representatives from the government and United Mission to Nepal. The mental health services were provided through the psychiatric department of the hospital. No regular psychiatrists were available in the hospital and the department functioned by the visiting

[5] Names of the NGOs' Executive Board members were mentioned in the annex # 1.

doctors hired by the hospital. The decisions in the department were taken in consent of the Medical Superintendent on recommendations of the department's doctors.

4.3 Range of services available:

Concerning mental health, the work of Sigmund Freud during 20th century has led to generate new concepts in the treatment of the mental illness. Likewise, the introduction of various therapeutic methods have opened up the new techniques in the majority of countries, including developed and developing ones, there is no parity of care for mental and other physical illnesses [6]. Nepal is no exception to the fact that most of the institutions now emphasized on home based care for the mental illnesses. Yet the mental health services emphasis a medical approach rather than combining this with a social approach, however, in some instances hospitals were providing in-patient care for the severe form of mental illnesses for short duration and discharged patients for further home based treatment, care and support.

For the purpose of future programme interventions and for needed further collaboration with the institutions, its worth to mention the types of services exactly available in the study institutions. Therefore, a detail of the services offered by each institution, their respective target group, geographical area coverage, access to services and the staff involved in delivery of the services are mentioned in Table 2:

[6] Park K. (2000): A Text book of Preventive and Social Medicine

Table 2:

Institutions	Service offered	Target group	Geographical coverage	Access to services	Staff
Richmond Fellowship - Nepal	Drop - in -centre, Psycho-social-approach, no substitution drug treatment approach called 'therapeutic community model'. The course is of 4 mths duration. (1 mth. - in centre, 2nd mth. - social integration, 2.5 - 3 mth. - self movement, 4 mth. - trust building with the family)	Alcohol/drug users and their families.	Branch – Ktm. (male), Patan (female), Pokhara, and Damak. - Clients visits from all parts of Nepal, India and Hong Kong.	Cost sharing, 4 mth course, cost - Rs. 6,500.00/mth, - Free - 10% seat, decision on poor clients' taken after consultation with the family and home visit (however, most clients can't pay thus service goes free of cost), - Relapsing rate is higher thus, clients' revisits are high.	12 in # (mostly ex - drug users), - Qualification - Master – 2 (Management and Sociology each, Bachelors- 2 (BSW and art each), Intermediate - 2, SLC/under SLC - 7, Female - 2, Male - 9. - Outside Ktm. - 2 staff in each station).
Saint Xavier Social Service Centre	1) Centre to care homeless boys and men, some are handicapped. One each in Jawalakhel and Nakhipot. 2) Freedom centre - for drugs addiction. 3) Seto Gurans pre-primary school - for the children. 4) Chhahari - Nepal – project for mental illness (establishment process).	Clients and their families.	Mainly Ktm valley, however, open for all, who are marginalized, poor and in need of the services.	-For Drug freedom centre - NRs. 4,800/-/mth, clients may get subsidies too. Client should have basic motivation and need family support. For relapsing cases, some fee waive is available. -Service at Seto - gurans pre primary school charge NRs. 50/-/mth, some parents can pay less and even the service is free for the poor. - Centre for homeless are providing free services to orphans.	1) Nakhipot: Regular 3 (Incharge -1, Kitchen - 1, Night staff - 1). 2) Freedom centre- Regular 7 (Incharge- 1, counselor- 3 (SLC & informal trg.), maintenance - 1, CMA night staff- 2 3) Seto Gurans pre-primary school - 3 (F) (Volunteers from Social

				(In all cases, free service available based on expert staff assessment with the individual and families).	Work Institute, Saint Xavier's college & abroad works in the centres. Their suggestions were assimilated to improve the service).
SAHARA PARAMARSHA KENDRA	1) Psychosocial Counselling (PSC) 2) Counselling manual development - as per the various institutions' need. 3) Provide training on basic Counselling, VCT etc. No outreach services available.	For PSC - adolescents, people having high risk behaviour, Injecting drug users and their families.	For PSC mainly from Ktm valley, for the training purposes, trainees come from eastern, western and central region.	1) PSC - problem in home adjustment and before visiting the doctors. Fee - NRs. 200/-per session. Through the beneficiaries and their network. Referral from other institutions. 2) Manual development, provide Counselling service, and VCT trainings' to individuals and institutions. They can contact SHARA for all the mentioned services.	- Project Coordinator -1, Trg. officer/counselor - 1, Trainer - 1, Financial officer - 1 (M), Admin asst. - 1, Messenger - 2 (M - 1), Psychologist - 1 (M). -Board members are volunteers. Project coordinator and trg. Officer/counselors are professional and trained.
ANTARDRISTI	- Counselling for mental illness and advice for referral. - Counselling for sexually abused minors (4- 19 yrs). No outreach service. - Provide Counselling training of 4 mth, 15 days, 1 day's duration.	- Abused victims and their families. - Organize Training.	Urban/rural areas of Ktm, Bhaktapur and Patan.	1) For Counselling - Fee - NRs. 350/-per session. Follow up NRs. 150/- (per week). Through the beneficiaries and their network. Referral from other institutions. 2) For sexually abused minors and poor clients service is free. Assess client's 'capacity to pay' through the personal communication.	Executive board members are mainly involved in programme implementation. Psychologist -1, counselor - 3, Financial officer - 1, Admin officer - 1 (all female). Counselor has received varied duration of Counselling training

					from various institutions and one received training in Antardristi.
CWIN For Children with Children	**Programmes:** - Child rights protection and awareness - Research and information - Forum creation for the children - Help to the children at risk - Programme for children affected by the conflict (300 children staying in shelter houses, 100 conflict affected children are receiving rehabilitation services, 3000 children got education and emergency services, vocational training to the child above 14 yrs of age, 125 schools received infrastructure aid and teachers from the same schools has received training on child psychology and skills for effective teaching).	Children (4-16 yrs).	- Direct programme intervention in 20 districts. - Children received from rural/urban areas of Nepal.	1) Through the helpline services established in Ktm. and Biratnager. 2) Through referral from various institutions, and programme volunteers.	Executive board members are mainly involved in programme implementation as well. - 160 staff consists 7 trained counselors. - 25 paid volunteers (receive travel and khaja allowances on programme days in return of their service).
Mental hospital, Patan.	Treatment available - - Psychosis (severe type of mental illness) - Drug abuse - Alcohol abuse - Mentally retarded - Epilepsy - **Neurosis** - depression, hysteria, anxiety neurosis. - No outreach service exists.	Male, female of all ages.	Mostly to the Central, Eastern and few from the Western region of the country.	1) OPD registration from 9 - 12 am. 2) Referral cases should also need registration at the OPD. 3) Service is free to the **poor**. The social service unit of the hospital distributes forms and the staff assesses the economic status of the patients.	- Staff recruited through the government and partially through HDC. - Trained staff are limited in number. Actually hospital required psychiatrist nurses, clinical psychologist, child psychiatrist, and trained social workers. So, in absence of

					qualified staff difficult to provide quality service.
Centre for Mental Health and Counselling-Nepal.	1) Community Mental Health Programme - Bhaktapur, Makwanpur, Western Development Region (trg. to health workers & volunteers in management and referral of cases). 2) Child Mental Health - in Dolakha district (intervention in municipality and in few VDCs only). Agreement for programme done with MoE&C and MoH&P in the centre. Partnership at the district level with: -DEO for preventive/promotive aspect of school mental health programme targeted to the teachers and children affected by trauma, conflict and referral of cases to health institution. - DHO for staff training and curative services for the referral cases. 3) Capacity building -INGOs/NGOs and their activities facilitators trained on psychosocial approach, basic	Mentally ill people and affected person, CBOs, and NGOs.	Bhaktapur, Makwanpur, Dolkha, and Western Development Region of Nepal. (supervision is problematic, GOs' staff transfer rate are high)	1) Through referral from various institutions and through the trained personnel who has received training in CMC. 2) Psychiatrist services are available mainly in hospital set up. CMC staff provides services as requested from the hospitals (Patan mental hospital, TU - Teaching hospital, UMN hospital - Palpa). 3) For poor clients various level of fee structure available after being assessed by their trained staff i.e., NRs. 50/-, 100/-, 300/-.	- 9 in no. Six technical 3 administrative. Technical staff consists psychiatrist, psychologist, and Nursing officer. - Executive board members are involved in programme implementation.

	listening, relation building, and Counselling, assessing impact, debriefing conflict impact on project staff. Life skill trg. to secondary school's student to cope stress as per WHO/UNICEF package. Advocacy at all level.				
Maryknoll Nepal/ Aasha Deep. (mansik rogika lagi punarsthapana Kendra)	1) Rehabilitation centre (Sundarijal) - capacity for 40 patients. 2) Day care centre - Established day care centres in Patan, Bhaktapur and Kathmadu. 3) Case studies (home visits) - through outreach programme. Visits to the patients on monthly basis to eastern, mid and western part of Nepal. 4) Awareness - information dissemination, mobile clinic, schools, and streets. 5) Training - provide training opportunities to people received from various institutions.	Mentally ill people.	55 districts. Mobile clinics in 5 districts.	1) Through referral from institutions and individuals. Patients should have the guardian with them. 2) Rehab service - 60% paid seat - clients have to pay at the rate of NRs. 50/- to 250/-/ day as per their economic status. 40% are free seat. In day care centres clients can attend the services for 3, 6, 9 months and 1 year duration. Depend upon their conditions.	20 in no. Mainly with basic social work background. Education wise ranges from SLC to Master level and are experienced in their respective field. Executive board members are involved in programme implementation.
Friends of Nepali Villages	1) Various forms of Counselling services: - Psychological and philosophical Counselling on stress, tension, anxiety, understanding problems, dilemma. - Love & relationship tragedy. - Individual Counselling at Bir hospital to burn patients. - Suicidal Counselling. (Counselling costs NRs. 100/-/session) 2) Conduct training programme on: - Moral discipline & behaviour management for children,	Mentally ill people and the clients who are in need of the services.	Kathmandu valley.	1) Through referral from institutions and individuals. 2) Through personal contact. 3) Service is free for the poor.	Executive board members are involved in programme implementation. - All Board members are Masters in Psychology.

	- Teaching moral values, - Democratic discipline in childhood, - Dispute management - peer mediation method. (Fee negotiable).				
TPO - Transcultural psychosocial Organisation (Bahu Sanskritik Mano Samajik Sanstha)	TPO is recently established and hoping to start its programme formally from August 1, 2005. The programme is based on the initiative of an American psychologist and implemented successfully in few conflict affected countries such as Sudan, Burundi, Indonesia and Sri-Lanka. In Nepal, the programme hoping to establish with little improvements. **Proposed Service:** 1) Community Based Intervention - to rehabilitate the children affected by the trauma encountered as a result of conflict. The process includes involving children in games, painting and in various creative activities to recover them from the effects of trauma. The service also need Counselling for the complicated cases and to have proper community support, expected to involve local traditional healers for psychosocial care.	1) Primary beneficiaries - Children < 18 yrs of age. 2) Other beneficiaries - Parents, teachers and the communities.	13 districts of Far western, mid western and western region of Nepal.	1) Through the partner NGOs. 2) Service is free of costs.	1) 10 in number. 2) 3 are Masters, 4 supervisors having higher secondary to SLC level qualifications. 3 are support staff.
Tribhuvan University -	1) Outpatient - 09:00 am - 01:00 pm. 2) Inpatient. 3) Emergency services - 24 hrs. 4) Evening service - Service includes	All mentally ill patient either referral or primary	All part of Nepal.	1) Through referral from institutions and on individual basis. 2) Fee - psychiatric cases - NRs.	- 5 in number. -Qualified to manage the psychiatric cases.

Teaching Hospital (TUTH)	clinical psychological and EEG lab facility. 5) Alcohol addiction ward - having 10 beds in operation in cooperation of MoHA. 6) Runs Academic courses and training programmes. Services available for all tertiary level of general psychiatric cases such as child guidance clinic, headache and epilepsy, geriatric clinic, drug and alcohol addiction (once/week).	cases.		20/-, follow - up - NRs. 10/-, emergency - NRs. 25/-, and paying clinic- NRs. 200/- only. Alcohol addiction ward that costs NRs. 40/- to 50/-/ day. 3) Poor patients - Need to buy OPD ticket. For free service - on recommendation of department, TUTH director could waive the fee. For research purposes, service is also free. 4) Waiving fee is also available for some alcoholic cases as the grants and money provided by the various NGOs and INGOs to the department. - The average stay in the ward is 10 to 11 days. Emphasis on social integration of the patient, in case if needed long term stay then refers to Aasha - Deep. (15 new cases and 20-25 follow up cases examined in the department each day except the public holidays)	However, not adequate in number. Since department runs various level of psychiatric courses, the residents help in patients' examination and care.
Tek Bahadur Rayamanjhi Aarogya Mandir (Temple of Health)	Service is available for alcoholic, drug addicts and mental illness and people who are terminally ill. 1) OPD - patient check up 2) Indoor service - 25 beds. Usually 17-18 beds are occupied through out the year. (Income generation through the local initiative, personal donations)	Alcoholic, drug addicts and mentally ill people.	Ktm valley.	1) Through referral from psychiatrist. 2) Indoor service: Fee NRs. 300/-/day (covers accommodation, food and treatment). 3) Poor clients: 3-4 beds are free. Staff assess with the clients about their economic status.	15 in no. Technical staff - 6 (3-nurses and 2- part time doctors). 1 - Administrative Incharge. Rests are support staff mostly recruited from the ex - beneficiaries of the centre.

Patan Hospital.	The department mainly offering the psychiatric services to the cases referred from the Medical department of the hospital. They mainly involved in the treatment of mental illnesses and provide brief Counselling services. There is no regular clinical psychiatrist in the hospital and doctors in the department working on part time basis. So, the consultation for OPD cases are non- existed and the patient only seen when referred through the medical department of the hospital.	All mentally ill patients through referral.	Mainly Ktm valley and some are from various part of the country.	Consultation hours- 13:00 - 17:00. Access to the medical department is possible after taking OPD ticket. Considering the need of the depression and anxiety cases for indoor services, the department has made recommendation to the hospital administration to allocate 10 beds in the hospital. However, the recommendation is still under review. Till now all the mental case that needs the indoor services and violent cases generally referred to the Mental hospital.	Doctors' number is not static in the department. Depend upon as hired by the hospital administration.
SAATHI	SAATHI is providing legal Counselling and shelter services in the area of: - Violence against women (VAW) & Girls. - Abused and street children (4-14 yrs). - Awareness raising on VAW, - Social campaign on VAW, - Advocacy at various level, - Research and publications.	Women and children.	To the various parts of the country.	Shelter homes - (for women & children affected by the Violence, conflict, street children and the girls works in the cabin restaurants). - For women - 15 beds capacity, provide skill development training. - For children - 45 beds capacity provide education, homely love and protection. - Day drop in shelter for children to provide immediate needs of shelter, clothing, food, and education. - For girls in cabin restaurant - organise NFE classes and vocational training. - Accesses to the facilities are through the police, NGOs referral and self. The homes and drop in	35- 40 in no. Counselor - 5 having Master degree in psychology. Rests are competent in their approach, skill and work.

				centres are located at various places in Ktm. - Service available free of costs.	
MAITI Nepal.	Providing services in the area of: - Prevention of girl trafficking, - Provide legal protection to e.g., Rape cases, Domestic violence, missing cases, - Care of children (> 5 yrs.) - Care to orphan children, lost and found cases, conflict affected children, and affected by natural calamities. - Awareness rising to all the above issues.	Women and children.	Rural and urban areas of Nepal. – Service provision in cooperation of institutions working in India.	- Women and girls transit homes - 12 in no. - Rehabilitation & Reintegration centre - 4 in no. - Access to the facilities through the police for lost cases, NGOs referral and self. The transit homes are located at various places in Nepal. Service is free of costs. In exceptional cases, few mentally retarded people are getting shelter. - Legal cases of trafficking and torture will take up to 7 years to settle down. So, girls and women stay in the shelter and involve in various vocational trainings.	300 in no.. Staff includes counselor (2), administrator, lawyer and field staff. - Counselors are having Master degree in sociology. Staff are educationally qualified and trained in Maiti and abroad.
Naagrik Awaz	Providing services for peace building. NA is directly working to provide relief to the people affected by insurgency. The service includes: 1) Shanti Counselling centre – for long term emotional & psychological healing for traumatized people. NA is in the process of opening one more Counselling centre in Ktm. 2) Displaced youth volunteers programme- gather youth in a forum for orientation and vocational training programme esp. the training on English language and computer operation. The forth batch of orientation is going on.	Young people, women and children affected by conflict.	People affected by conflict in urban and rural areas of the country.	- Service is open for the youth, women and children. - Cases are referred through the Maoist affected organization (Maowadi Pidith Sangha) and through the NA's network. Service is free of cost.	Permanent staff 6-7. 1-counselor (Received 6 month Counselling training from CVICT). -13-14 are volunteers, who receive travel and snacks allowances for their service. The volunteers go to various locations to get the information about conflict affected persons and refer them for the Counselling and orientation programme.

Descriptions of the service offered by the institutions showed that primary, secondary and tertiary level of mental health services is available. The services appear to be targeted at vulnerable groups suffered due to mental health problems, affected and to the people who need the rehabilitative care.

4.4 Sustainability of the services:

A major issue for mental health services is their sustainability as the cases needs continuous follow up, revisits and support from the families etc. So, long term commitments are needed for proper care of the psychiatric cases for mainstreaming them in the normalcy of life. From the institutional perspective, these remain a challenge to the institutions involved in the mental health services. As reveled, institutions those involved in drug harm reduction programme such as Richmond, SXSSC, TUTH and Aasha Deep has higher number of relapsing cases so, they make provision to waive the fee rather than offering the services free of cost in most cases. Free service structure is also available in all institutions (as claimed) considering the economic status of the clients.

Institutions providing the Counselling services mostly operated through donors' funding. Some of them were offering free Counselling services to their clients such as CWIN, Naagrik Aawaz, and Maiti Nepal. Even for each Counselling session, institutions were charging Rs. 200/- (SAHARA), Rs. 350/- (ANTARDRISTI), Rs. 100/- (Friends of Nepali Village) and Rs. 300/- (CMC) respectively. However, the rates were negotiable and even free, depending on the economic status of the clients. Based upon the verbal communication with the institutions, the reasons given for applying fee were to sustain the programme and to make feel clients and family to value the Counselling sessions. The collected fees generally goes to their fund and used when needed. Keeping in view the sustainability of the programme, institutions were diverting their activities on human resource development.

Human resource development is one of the areas where NGOs such as SAHARA, Aasha Deep, FNV and ANTARDRISTI were running short training courses on Counselling, dispute management, behaviour management, VCT and other relevant courses. Similarly, CMC involved in capacity building of INGO, NGOs and GO's staff by organizing training programme on conflict, and life skill etc. TUTH has offered M. Phil, MD and BN psychiatry courses. The strategy of conducting various level of training contributes in development of human resources needed in the country and sustaining their own initiatives.

4.5 Service for poor clients:

The fee waiving decisions mostly taken after interview with the clients and sometimes with the guardian. Generally staff member were assigned by the institutions to carry out the task. However,

Richmond mentioned that there staff generally made out reach visits to the clients' home and take decision based on their investigation with the clients' family members and the neighbors to decide whether to waive fee or not. TUTH has mentioned about the availability of fund received from various donors for the purpose. However in some instances, the long term dependency addressed through by sharing the resources available in other institutions. For example, average stay of a drug addiction case in TUTH is 10-11 days, in case if a patient does need long term services, they were generally referred to the Aasha Deep. The practices were same in case of mental hospital, CWIN and SAATHI. They all refer cases to Aasha Deep, where 40% seats available free of cost.

4.6 Staff involved in delivery of services:

The role of human resources in caring mental illnesses is crucial. Mental health professionals (Psychologist, Sociologist, Counselors, Social workers, Psychiatrist and Physician) having adequate experience can assist the clients in the recovery process by encouraging independent thinking, treatment, behave them as equals in planning services, giving them freedom to make their own mistakes, listening to and believing what they say, recognizing their abilities, and working with them to find the resources and services they need[7].

Institutions working in harm reduction such as Richmond and SXSSC programme were mainly employed their own recovery clients as the programme staff. As far as Counselling part are concerned, most of the NGOs using Counselling as their major psychotherapy tool for mental illnesses. The counselors' qualification working in the NGOs ranges from having one month Counselling training to 3 yrs graduate and master courses in Counselling and psychology.

Institutions providing tertiary level of mental health services such as TUTH, Patan and Mental hospitals were mainly dependent upon their psychiatric physicians to provide the services. However, the lack of staff was their major constraints in providing the quality services. The respondents were admitted the constraints very openly during the interview. Including regular staff, institutions have access to the volunteers to work in their facilities.

Many people gain a sense of satisfaction and self-esteem by performing volunteerism including parenthood, and by caring for ill or disabled people[8]. Institutions such as SXSSC were providing

[7] Centre for substance abuse services (2003) Work as a Priority: A Resource for Employing People Who Have Serious Mental Illnesses and Who Are Homeless. Available http://www.mentalhealth.samsha.gov/media/ken/pdf/SMA03-3834/workpriority. PDForg/cmhs/emergency service/ccp_pgd3.asp Accessed on July 23, 2005.

[8] Anthony, W. Integrating psychiatric rehabilitation into managed care. *Health Affairs* 11(3): 170, 1995

opportunity to the national and as well as expatriate volunteers, who are conversant and having wider experiences in related fields. Their volunteers' recommendations were assimilated to improve the programme. So, internal policies plays a crucial role in development of services within organisation, on the same way coordination among the institutions are needed for optimum use of resources for client satisfaction and meeting the institutional goal.

5. Coordination practices among the institutions:

Coordination is the orderly synchronization of efforts which lead to achieve the stated purpose of the organisation. Organisation can not survive in water-tight compartments (Singh and Chhabra 1998)[9]. Poor partnership and lack of coordination among the institutions lead to poor care, suffering and inefficiencies. The level of coordination among the institutions working to provide the mental health services were found at the rudimentary stage.

5.1 Method of coordination:

Coordination is mainly working through the telephone, email followed by a phone call and hand delivered letter. However, coordination also depends based upon the institutions' target group. Various forums were found working in the various areas. A glimpse of the forums and their respective activities are mentioned in the Table 3:

Table 3:

Forum	Activities
District Administration Office (DAO), Ktm. *(no specific name)*	- Meet on monthly basis. - Discuss on 'drug harm reduction' issues. - Submit monthly report to DAO.
Working institutions for street children	- CWIN initiated the forum included 50 institutions claimed to work in street children. - An investigation found that just 8 institutions working genuinely.
Voluntary Council and Testing (VCT) forum (to be launched sooner)	- SAAHARA hoping to initiate a forum among the institutions working on VCT services. - Willing to include organisation providing VCT services outside valley.
Kathmandu Psychosocial Forum (KPF)	- CVICT initiated KPF forum. - To discuss mental health issues. - Advocacy. (No meetings were held from the last six months).
National Network Against Girl Trafficking (NNAGT)	- Forum to discuss girl and child trafficking issues. - Advocacy and pressure group.
Forum for Women Law and Development (FWLD)	- Advocacy and pressure group.

[9] Singh and Chhabra (1998) *Essential of Management* Publication Kitab Mahal, Allahabad

Institutions such as Richmond and Aasha Deep meets monthly at the District Administration Office, Kathmandu for drug harm reduction programme generally for the issues emerged around the drug problem and they submit their monthly report. However, the institution such as SXSSC has devoid of opportunity as such forum did not exist in Lalitpur district.

Most of the institutions working in mental health mentioned about "Kathmandu Psychosocial Forum (KPF)" initiated by CVICT. The forum provided opportunity to meet, discuss, share, and advocate on mental health issues. The forum started with high enthusiasm, later on due to various reasons the forum stopped to meet. The reasons cited were the forum not able to meet the high expectations of the participants; NGOs came with vested interests, and after realizing the fact about no room for personal benefits, they shown their unwillingness to participate objectively. The forum came into existence with the initiation of an expatriate involved with CVICT, as he returned back the forum not sustained. Now, from the last six months no meetings were held so far. Since the coordination practices were ad hoc and informal among the institutions, it has carried mixed responses.

5.2 Existing practices of coordination:

Institutions have a mixed response on the coordination practices among them. As responded, established institutions have easy access to the information and resources available to other institutions due to their influencing role and close ties with each other. They were found in a privileged position, involved in delivery of services and charging the fees. As a result clients have benefited from these services. However, only a few institutions are in this position. The practices of a few organisations appear to be blocking the way to develop quantitative and qualitative mental health services in the longer term. All the institutions have emphasized the importance of coordination but expected that others could initiate the process.

The existing coordination system is not formal and involves only a few institutions. Even the coordination processes were found to be informal. As far as best practices are concerned, they carry good feelings among those involved in such practices,

E.G.,

> *"A lady with psychiatric problem visited Aasha Deep and found pregnant on examination. On request of Aasha Deep, the Mental hospital, Patan arranged food and accommodation in hospital ward till her delivery, however in normal circumstances, hospital does not provide bed and food facilities to the patient for long duration"*
>
> *- Respondent at Aasha Deep citing an example of best practices...*

Beside good one's, examples where improved coordination is required were also cited,

E.G.,

> *"SAATHI has referred a case to Aasha Deep's rehabilitation Centre requesting for treatment to one of their poor female clients. The female was kept there for few months and returned back to SAATHI after completion of treatment course. Later on, SAATHI has received a bill of Rs. 13,000/- from Aasha Deep mentioning the cost incurred for the treatment, food and as accommodation charges. Prior to that SAATHI has referred three similar cases to Aasha Deep, however, no charges were taken in the past. Now this has created an immense tension to SAATHI to settle down the issue and mange the fund, the issue not settled yet....."*
>
> *- Respondent at SAATHI*

5.3 Suggestions to improve coordination:

Realising the importance of coordination in mental health services, institutions offered suggestions to develop better coordination practices. The suggestions mentioned are given below:

- Institutions need to improve communication among themselves.
- Need more sharing among the like minded institutions.
- Social Welfare Council should have a coordination role.
- Need government cooperation.
- Trust building among the institutions.
- Promotion of genuine NGOs that follow their Constitution, having regular meeting, team decision making, clear pro – poor, integrated Medical and Social approach, and use qualified/experienced staff for the Quality of Care etc.
-
- Assign a qualified focal person who should liaise with the other institutions.
- Develop inventory (CVs) of the institutions, assess their services, coordinate services, coordinate a referral system with cost sharing and support in capacity building.
- As per the mental health policy of Nepal. A unit at MoH&P [10] is responsible to coordinate the work. The unit needs to be activated for developing coordination system.
- Commitment is needed at the political level to develop the mental health services.
- Coordination will help to develop forum for advocacy.
- NGOs can play a role bridging the service gap between the tertiary care providers and the community.

[10] Ministry of Health and Population, Nepal

6. Referral Services:

Generally referral denotes an established system when a client should be referred to another facility for services, how the clients will get to the referred point, who the client should contact at the referral site and what documentation should be presented by or given to the clients at the referral site (Ghai and Gupta 1999) [11]. The study found that no formal referral mechanisms existed among the institutions providing mental health services in Kathmandu. The study institutions mentioned that an informal referral service existed by means of telephone, email and occasionally through the written letter. Similarly, client's guardian and clients themselves were involved indirectly referring the cases in some extent. The recovered clients advertised verbally to others about the services they received from institutions and thus played a key role in client referral.

6.1 Clients receiving:

Richmond mentioned that 50 -60% of their clients were come from the Kathmandu valley. The outsiders constitute 30 - 40%. The clients were referred from India and Hong Kong as well. SXSSC received their clients from all corners of Nepal. SAAHRA received 90% of their clients from the Kathmandu valley. Antardrishti received 100% cases from the Kathmandu valley. CWIN received 80% of cases from outside of Kathmandu. The children were pouring in from the conflict affected areas. In case of TUTH, the ratios of clients received were approximately 50% each from Kathmandu valley and rest of the country.

Institutions such as Mental hospital, CMC, Aasha Deep, FNV, Aarogya mandir, Patan hospital, SAATHI, Maiti Nepal and Naagrik Aawaz were not sure about the percentage of cases received by geographical region, however, indicated that the clients visited from various parts of the country.

Concerning gender, in majority of the institutions more male than female accessed the mental health services. The reasons cited were the more importance given to the male's health than female, lower socio-economic status of female in the society. They were bound to seek services from traditional healers at first instance, so their access to modern medical facilities are lacking. In contrary to above claim, CMC mentioned that more female clients attended the services, the reasons cited due to the mental retardation, depression and conflict more female were facing the problems related to mental illnesses. No information was available in relation to caste, ethnicity or economic status.

[11] OP Ghai and P. Gupta (1999) *Essential Preventive Medicine*, Vikas Publishing House pvt. Ltd, New Delhi

6.2 Referring Centre:

Referral practices were found varied among the institutions. Types of service available, referral centres and name of the referring institutions given in the Table 4.

Table 4:

Services	Referral Centre	Referred by
Anti Retro Viral treatment	Teku hospital	Richmond Fellowship
Voluntary Counselling and Testing	Youth Vision	"
Medical check up	A-won clinic, Kalimati	"
Vocational training	SPARSH Nepal	"
Counselling	SAHARA	"
Chronic Mental illnesses	Aasha Deep	SXSSC, CWIN, TUTH
Vocational training	Various institutions	CWIN
Drug rehabilitation	Richmond	SAHARA
Laboratory Investigation, CT scan, psychological assessment	TU Teaching hospital	Mental hospital
Neurotic disorders	" "	FNV
Legal purpose	Mental hospital	TUTH
Drug addiction and for rehab services	SXSSC and Youth Vision	"
Psychiatric cases	Nepal Medical College, and Capital Nursing Home	MAITI Nepal
Trauma Counselling	CMC	Nagrik Aawaz
Medical and psychiatric cases	TUTH	"

Institutions not included in the table were found managed the cases internally and occasionally seek the services of private medical practitioners.

As far as number of cases referred were concerned, it was found hard to obtain such data from the majority of institutions. Richmond mentioned that 10-12 cases were received from various sources. In SXSSC, 3-4 cases were received in June. Antardristi received 3-5 cases from the police women cell, Kalimati in the same month. Institutions were found unenthusiastic to provide data regarding the number of child, male and female cases attended the services. The reasons cited that no cumulative record were available during the study period as they compile data normally as per their donor's need and for reporting purposes.

6.3 Follow up of referral cases:

Follow up of the referral cases normally considered to be an integrated part of a referral system including caring, supporting and persuading clients to utilize the available services properly. Similarly, the role of follow up system in developing close bonding with the clients could not be ignored. The existing system of follow up in most of the cases were need based, random and ad hoc, however, institutions mentioned that they kept records of all the referred cases in their case register system. In case of the hospitals, they usually provide appointment dates to the patients and expect them to appear on the given date and time.

As mentioned by most of the institutions, the lost records of cases were not possible to follow up due to lack of resources. Although, Richmond and Aasha Deep mentioned about their on going out reach services through which they made follow up visits to the various geographical region of the country and monitor their clients' progress. Considering the problems in referral services and overcoming barriers in meaningful follow up, the institutions emphasized the need for the development of proper and systematic referral system among them.

6.4 Suggestions to enhance the referral system:

The important role of an agreed referral system can not be ignored in developing a mental health perspective and providing the appropriate services to the clients. The study institutions cited following ways to enhance the referral services:

- Ego problems among the institutions, so Social Welfare Coordination Council's role is important to develop guidance, establishing and enhancing referral system.
- Government institutions are more influential, hence they should contribute to improve the services and enhance cooperation with the NGOs.
- Prepare an inventory of the institutions involved in providing the mental health services in Kathmandu valley.
- Referral system needed with proper documentation.
- Meetings organized among the mental health service providers.
- Support needed for poor clients to provide transport and food costs during the referral process.
- Develop a format for the referral of cases and record the clients' information. So that he/she should not be interrogated repeatedly.
- Regular consultation among the institutions.

7. Problems and learning:

The study had provided an opportunity to look at how the mental health services arranged in Kathmandu valley function. In the course of the study, a few important problems were observed. Some of them seem important to be considered when organizing any form of future study. Actually the study carried out in the month of July that falls in Asar and Shrawan of Nepali months. During these months institutions were found busy in closing down their yearly budget, looking forward designing their activities for next year and involved in staff performance appraisal. These have created problems obtaining the time of senior staff for the interview. Visiting all the study institutions took longer period as need to travel from one place to another and thus, sometimes found difficult to meet the agreed time for the interview.

At the institutional level, most were found ignorant about other institutions' policy, programme and activities. Most of them were found not aware of the mental health policy in Nepal. The other learning observed during the study mentioned below:

- Institutions are working in isolation thus lacks knowledge about other institutions.
- Majority of institutions involved providing services at the personal basis. Awareness raising/ advocacy components were found lacking in their programme.
- Majority of institutions not conducting out reach activities thus follow up of the cases are difficult to maintain.
- Few institutions working in close cooperation with each other thus lack opportunities for sharing or collaboration.
- Varied standard of human resources were found working in the institutions. Their minimum education standard and relevant experiences seem important in developing the mental health programme.
- In the absence of a relevant forum, it seems difficult to develop advocacy activities. Similarly, high chances of duplication of activities and resources could not be ignored.
- Various socio- cultural, economic and other barriers are equally needed to be addressed and have a high influence on maintaining a minimum standard of mental well being. Institutions were quiet on it.
- The policy providing the services to the poor clients' mentioned by all the institutions. How many of them received the services, and accesses on ' fee waiving information' were not clear.
- Clinical psychiatrists showed their suspicion on NGOs' activities and on level of their human resources working in mental health.

- Absence of mechanism to coordinate and monitor the implemented activities by the institutions as well as a lack of supportive supervision system to facilitate professional development.

8. Recommendations:

Key recommendations are made on the basis of the purpose of the study in mental health and in the light of the problem seen, learning, key issues and observations made. These recommendations are expected to contribute towards designing of the programme with clear goal, purpose outputs and activities. Like wise, recommendations could lead Chhahari Nepal developing a referral system that works across partners:

8.1 Enhance better collaborative approach:

With little government support, institutions are trying to provide mental health services. They bear certain expertise to provide services to the needy population. So, better collaboration practices could create an environment to learn with each other experiences and in trust building. An inventory of the institutions working in mental health needs to be developed for collaborative practices and sharing concerns.

8.2 Promotion of out reach services:

Service providers generally look at the services through their own perspective. Since family and society has given least priority to the mental health promotion thus in such circumstances, institutions need to play crucial role in development of services. Out reach activities should be incorporated along with other routine services. This is equally important to follow up of lost cases and raise concerns of the people in mental health. Thus, the role of social work in the delivery of mental health services needs to be explored more.

8.3 Programme focus on mental health awareness:

Emphasis on awareness activities about mental health, mental disorders and the health promotional activities. Awareness activities need to be participatory in approach. Since one way communication limits a person access to information and can marginalize their queries, therefore strategies for two way communications could provide wider opportunities for better understanding of the issue.

8.4 Develop forum for discussion and action:

Socio-economic development of the country influences the mental well being of the people. Mental health is

an ignored development issue. The link of mental illness needs to be made with other health issues e.g., HIV/AIDS, Safe motherhood as well as with livelihood issues. Therefore, mental health and its implications must not be confined within the limits of the health sector alone. Discussion on wider role of various sectors in mental health should be a part of a continuous debate and appropriate action should be taken as per need. Thus, the roles of the institutions are crucial bringing the debate on forums and disseminate lesson learning at wider level.

8.5 Key role of human resources:

Developing the mental health perspective, bringing debate around the issues and maintaining the quality of services is not possible with out the use of skilled professionals. Therefore, the contribution of appropriate human resources should not be ignored. This is important to acquire goodwill, maintaining quality of care and to sustain a referral system.

8.6 Develop client; focus referral system:

A referral system will help institutions and clients to select the best possible options for the services. However, poor referral mechanisms create confusion and annoy the clients and service providers. Based on the mutual understanding, the partnering institutions should need to develop and sign an MOU before going for establishing the referral services. Appropriate use of well designed format with client history could save time in providing and arranging the services.

8.7 Services for the excluded group of the society:

Socially inclusive (gender and equity) issues need to be adopted as an integrated part of the programme. Widespread gender, caste and ethnic discrimination and pro-poor issues need to be addressed through the programme approach. Similarly, addressing the need of terminally ill and chronic mental problems should need to be address through the programme. Staff needs to be aware on such issues and the system of waiving fees should be made transparent to all.

8.8 Advocacy at all level:

To change society's perception on mental illness, advocacy could play an important role. This is also important to bring and amend the existing policies and laws. Hence, importance evidence should not

be ignored to improve the existing policies. In mutual cooperation of the government institutions, NGOs need to be 'influential' to advocate on mental health issues rather than limiting their role as activities 'implementer'.

8.9 Capacity building of the partners:

Investing and sharing of resources on capacity building on those involved in the programme could be a meaningful way to develop the mental health services. Institutions providing tertiary level of mental health services admitted their constraint on lack and short of trained human resources for quality of care. On the other hand, they also lacked skill viewing the various aspects of mental illnesses. Therefore to crate common understanding on the various aspect of mental health, an environment of continuous learning on eminent issues needs to be developed.

8.10 Sustainability of the programme:

Keeping view to sustain the programme function in the long run, some mechanism is essential to consider. Mechanism need to be developed charging some form of fee on the services provided, develop and sell publications and by organizing and conducting training programmes etc.

9. Conclusion:

Mental health and well-being are fundamental to the quality of life and necessary to enable people to experience life as meaningfully as possible and to be creative and active citizens. Considering the immense areas attached to mental health well being, it is imperative to understand that no single institution able to address the issues related to mental health. Institutions' contributions are equally important in providing the services and continually raise the voices of the mentally ill people in the society through the well planned advocacy activities. This could only possibly through the regular meetings of service providers, which should be held in order to review and improve the referral system and to evaluate how the needs of people with mental disorders are being met. Considering the limitations of the specialist mental health service providers they should also need to come out of their boundaries and join hands with the institutions providing some form of mental health services and across all sectors.

---------- XXXXX ----------

Annexes:

Annex 1. Lists of institutions visited name of the executive board members and contact detail:

Organisation 1	**Richmond Fellowship** – Nepal, - Chobhar, Ktm, Tel/Fax 433 2532 (same) Email: sabera@ntc.net.np
Executive Board	11 members. Ivana Lohar (act /Dep. chair), AG Shakya (Treasurer), Kedar Sharma (Sec.), Bharti Adhikari, Dinesh Sharma, Mahesh Sharma, Setan Acharya, Bhola Shrestha, Sunita Malla, Madan Lama. Contact Person: Mr. Bishnu Sharma – Programme Manager.
Organisation 2	**Saint Xavier Social Service Centre** – a branch of Nepal Jesuit Society, Address - Jawalakhel, Lalitpur, Tel/Fax: 5522 126/ 5540024 Email: sxssc@wlink.com.np, Web: www.geocities.com/sxssc
Executive Board	10 members, Norbert D'Souza, David Ekka, S. Arulanandam, Greg Sharkey, Lawrence Maniyar, Bill Robins, Akijiro Ooki, John Locke (treasurer), Martin Coyne (President), Matthew Assarikudy. Contact Person: Father Norbert D'souza.
Organisation 3	**SAHARA Paramarsha Kendra**, Pulchowk, Lalitpur, Tel/Fax: 5529 331, 5525 144 Email: sahara@enet.com.np, Web: under construction.
Executive Board	7 members, Mr. Kedar Raymanjhi (President), Kishori Thapa (Vice chair), Shishir Subba (G. Sec), Members - Yamuna Sharma, Shakuntala Khatri, Minerva Jonchhe, Jeevan Raj Sharma. Contact Person: Ms. Anita Shrestha – Project Coordinator.
Organisation 4	**ANTARDRISTI,** Thamel, Ktm. GPO 1663, Tel/Fax: 4424 107, 4435 207, Mobile: 9810 49576, Email: info@antardristi.com.np, Web: www. antardristi.com.np
Executive Board	7 in no., Binita Adhikari (Chairperson), Yogita Chapagain (V. Chair), Simon Aryal (Treasurer), Vivechana Chapagain (G. Sec), Members - Jyotsana Aryal,Teresa Rai Karki, Dibya Adhikari. (All female) Contact Person: Ms. Binita Adhikari – President.
Organisation 5	**CWIN (For Children with Children)**, Ravi Bhawan, Ktm. GPO 4374, Tel: 4282 255, 4278 064 Fax: 4278 016, Email: madhav@cwin.org.np, Web: www. cwin.org.np
Executive Board	7 in no., - Gauri Pradhan (Chairperson and Executive coordinator), Dhruba Kasaju (V. Chair), Madhav Pradhan (General Secretary and Child protection programme manager) Subodh Shrestha (Treasurer and Finance /Admin Manager), Subala Subba (Member and Gender and girl children Manager), Sumnima Tuladhar (member and Research and Information Manager) Contact Person: Mr. Madhav Pradhan (General Secretary and Child protection Programme Manager).

Organisation 6	Mental Hospital, Patan, - Lagankhel, Patan, Tel: 5521 333, 5521 612.
Executive Board	Contact Person: Dr. Kapil Upadhayaya (Director), HDC member's name not available.
Organisation 7	**Centre for Mental Health and Counselling**- Nepal, - GPO: 5295 Thapathali, Ktm. Tel: 4268 808, 4260 096, Email: cmcnepal@wlink.com.np, Web: www.cmcnepal.org.np Contact Person: Mr. Pashupati Mahat – Child Mental Health.
Executive Board	9 in no., - Dr. Ghanshyam Chapagain (Chairperson - absence), Rebica Sinha (V. Chair now Chairperson), Ram Lal Shrestha (General Secretary) Bishnu Psd. Prajapati (Treasurer), Members - Pashupati Mahat, Basant Thapa, Gyanu Devi Sharma, Krishna Man Shakya, Baby Nakarmi.
Organisation 8	**Mary Knoll Nepal/ Aasha Deep.** (mansik rogika lagi punarsthapana Kendra), GPO: 14174, Til ganga, Kathmandu, Tel: 4488846 808, 4450636, Email: maryknol@mos.com.np Contact Person: Ms. Roshi Mool – Unit Incharge.
Executive Board	9 in no., - Dr. Dhruba M. Shrestha (Chairperson), Dr. Ram Ratan Upadhyaya (V. Chair), Mira Bhattarai (General Secretary) Bidyanath Upadhyaya (Treasurer), Members - Prabhat Pradhan, Shanker R. Pandey, Maggi Shah, Dr. Badri Pokharel, Sabitri Singh.
Organisation 9	**Friends of Nepali Villages (FNV)**, GPO: 15142, Jyatha, Thamel, Kathmandu, Tel: 4256 267 Email: fnv@ntc.net.np Contact Person: Mr. Narayan Psd. Sharma – Trainer and Counselor.
Executive Board	7 in no., - Laxman Timilsina (Chairperson), Padam Psd. Ghimire (V. Chair), Madhu Bilash Khanal (General Secretary) Narayan Psd. Sharma (Treasurer), Members - Kohinoor Karki, Naraya Pradhan, Kishor Thapa.
Organisation 10	**TPO - Transcultural psychosocial Organisation** (Bahu Sanskritik Mano Samajik Sanstha), Lazimpat, Kathmandu, Tel: 4428 439, Email: vani.rana@gmail.com Contact Person: Vani Rajeshwori Shah - General Secretary.
Executive Board	7 in no., Rachana Rana (Act. Chairperson/Dep Chaira), Vani Rajeshwori Shah (General Secretary) Ram Pd. Sapkota (Treasurer), Members – Chrendra R. Satyal, Lok Pd. Silwal, Mukhtar Khan.
Organisation 11	Tribhuvan University - Teaching Hospital (TUTH), Maharajgunj, Kathmandu, Tel: 4420 869, Fax: 4427 684, Email: 1) mhp@healthnet.org.np, 2) rmahendra@healthnet.org.np Web: www.healthnet.org.np Contact Person: Dr. Mahendra Nepal - Dept Head.
Executive Board	Department of Psychiatry & Mental Health - Institute of Medicine. Function under the framework of Tribhuvan University in Nepal.
Organisation 12	Tek Bahadur Rayamanjhi Aarogya Mandir (Temple of Health), Tilganga, Kathmandu, Tel: 4471 817, Fax: 4499 113, Email: 1) pitara10@hotmail.com, 2) pitara100@yahoo.com

	Contact Person: Dr. Pitambar Rayamanjhi – Advisor.
Executive Board	7 in no. Shanta Rana (Chairperson), Rajani Rana (V. Chair), Tara Rawal (General Secretary) Sabitri Acharya (Treasurer), Members - Ravindra Raymanjhi, C.P. Rayamanjhi, 1 – forget ..
Organisation 13	**Patan Hospital**, : Jawalakhel, Lalitpur, Tel: 5522 278, 5522 266 Contact Person: Dr. Krishna Chandra Rajbhandari, Senior Consultant, Neuropsychiatrist.
Executive Board	Department of Psychiatry works under the framework of Patan Hospital as agreed between the UMN and MoH.
Organisation 14	**SAATHI**, Baluwatar, Kathmandu, Tel: 4411 078, 4441 263, Fax: 220390 Email: vaw@saathi.wlink.com.np Contact: Ms. Pramila Shah – Admin/Finance supervisor.
Executive Board	7 in no. Pramada Shah (Chairperson), Bandana Rana (V. Chair), Sajani Amatya (General Secretary) Bijaya KC (Treasurer), Members - Ava Shah, Bhawani Rana, Keshu Shrestha, Honorary member: Pramila Shah, Advisor: Madhuri Singh, Arzu Rana.
Organisation 15	**MAITI Nepal,** Gaushala, Kathmandu., Tel: 4494 816, Fax: 4489 978, Email: maitinepal@wlink.com.np, Web: www.maitinepal.org Contact Person: Ms. Anuradha Koirala – Chairperson.
Executive Board	Ms. Anuradha Koirala (Chairperson), other board members name not available.
Organisation 16	**Naagrik Aawaz,** Ekanta Kuna, Lalitpur. Tel: 5536 048, 5553 809, Fax: 5547 291 Email: naawaz@ntc.net.np, Web: www.nagarikaawaz.org.np Contact Person: Ms. Jyotsana Shrestha – Programme Officer.
Executive Board	10 in no. Ava Darshan Shrestha (Chairperson), Aruna Upreti (V. Chair), Sandhya Bhatta (General Secretary), Bandana Rana (Treasurer), Members - Rohit Ku. Nepali, Bhakta Bdr. Singh, Purna Shova Chitrakar, Rita Thapa, Advisory Committee: Deepak Tamang, Binod Krishna Shrestha.

----------XXXX----------

Annex 2.

Mental Health Study: Kathmandu

Guiding questionnaire for individual institution assessment:

A. Introduction:

1. Name of the organisation:
2. Type of organization, is it a NGO/ business:
3. Is there Management committee (# in management committee)?
4. How did you make decision?
5. Who were involved in decision making?
6. Name of the operational Incharge:
7. Phone number: Fax:
8. Email: Web site:

B. Service offered:

1. Type of services available (OPD/out reach/hospital based social approach)
   1.1What is provided in each of these? (With examples of what is provided and how it's delivered)
2. Target group/clients:
3. Geographical coverage (pls. list the district/s, VDCs - number):
4. Availability of services –
   - 4.1 How does a client access the services? (Free/cost sharing basis.....)
   - 4.2 If free, how one can access the available services?
   - 4.3 How do you address the free service demand of the clients?
   - 4.4 How do you mange the long term care of the clients?
5. Do you have provision of services for the poor clients?
6. Who are the staffs?
   6.1Who provides the services; professional background/gender

C. Coordination:

1. How often do you initiate coordination (discussions/meeting/sharing/letter writing) with other institutions' working in mental health?

2. Does the coordination you have made bring any positive difference/s in your institutional performance?

2.1 If yes, then in what ways .....

2.2 If no, can you give reasons .....

3. Could you pls. suggest the ways to improve the coordination among the institutions working in mental health ..... list them (any three).....

D. Referral services:

1. Where do your Clients come from .....

3.1 KTM - ..... % of clients (average)

3.2 Outside of Ktm - .....% of clients (")

2. How often do you refer the cases? – If yes, where do you refer them .....?

3. How many clients were generally referred in a month .....

2.1 Where did you refer them? Pls. list the institutions .....

2.2 What were the reasons for their referral? (Pls. list major 3.....)

2.3 Could you mention the average number/percentage of male, female and children clients referred from you?

4. How often do you receive the referred cases from other institutions?

4.1 List the institutions that generally make referral to you? .....

4.2 What were the reasons for their referral? (Pls. list major 3.....)

4.3 Did you make follow – up of the referred (in/out) cases?

4.4 Could you pls. mention the average number/percentage of male, female and children clients are referred to you during the last 3 months?

5. What obstacle can you see to develop a proper referral services?

6. Could you pls mention the possible ways to enhance the referral services among the institutions?

7. Willingness to participate with Chhahari to develop a referral system:

------- xxxx -------

Annex 3:

Consultative workshop 28th August 2005

Organisations participated in the 28th August Workshop:

- Centre for Mental Health and Counselling- Nepal
- SAATHI
- Naagrik Aawaz
- Maiti –Nepal
- Sahara Paramarsha Kendra
- Antardristhi
- T.U. Teaching Hospital
- Richmond Fellowship
- Friends of Nepali Villages
- Tek Bahadur Rayamanji Aarogya Mandir

Following the presentation of the findings of the study the participants in small groups discussed "*How to build trust and overcome ego problems between organisations to ensure effective communication and collaboration."*

Recommendations and suggestions from the groups are:

Developing a forum of related organisations to share with focus on:

- Regular information, exchange and maintaining transparency
- Spirit to share resources, resource sharing
- Developing Code of Conduct
- Developing a common understanding
- Broad issue based discussion, so that the institutions do not feel THREATENED.
- Identification of like minded partners
- Provide information of each partner organisation. A Strengths Weaknesses, Opportunities and Threats (SWOT) analysis considered useful to sort out ego problems and for trust building. Emphasis on providing honest and trustworthy information that should include the programme and budget details.
- Know the partners better this could be achieved by rotating meeting at their respective locations
- Invite concerned Government body to be a partner
- Initiate News letter for sharing information

Focus on mental health as a rights issue

- Awareness rising among people (general population and professional groups) about civic rights in mental health.
- Establishment of an effective coordination body for effective advocacy

Building on Experiences

- Avoid duplication of programmes
- Stress needed on Professionalism
- Focus needed on follow up of existing services

"TRUST IS SOMETHING, THE MORE YOU GIVE THE MORE YOU GET"

Agreement of next steps amongst the participants

Recognition was made to the existing forums in mental health and their limitations, participants suggested forming a small group of like minded institutions that can take forward issues while working on trust building between the organisations. It was agreed that, 'Chhahari Nepal' will initiate a further meeting of the 'like minded' organisations following the distribution of the study report. To begin the process of information sharing Chhahari Nepal agreed to send a copy of its log frame to all the participants.

------- XOXOXOXO --------