

MESSAGES

FROM CHAIRPERSON



*M*ental health and psychosocial wellbeing is essential part of every person and community. Yet mental health and psychosocial wellbeing is least discussed issue in both social and developmental context.

Person with lived experiences of mental health and psychosocial issues are often stigmatized, discriminated and isolated in almost all aspect of community participation due to derogative laws, provisions and policies as well as lack of availability of proper services. All these factors combined with lack of awareness, sensitization and concerns of both community and the state, increases severity of the problem and forced person to lose significant amount of productive life. This not only effect the person in terms of productivity but also the family, community and the whole nation.

As a person with lived experience of mental health and psychosocial disability, I am aware the importance of rights advocacy and accessibility to proper services. Since 2008 KOSHISH is leading organization in the field of right advocacy of person with psychosocial disability and making mental health and psychosocial services in the community.

I would like to express my sincere gratitude to all the individuals and organizations who have contributed in the field of mental health and psychosocial disability and wellbeing.



Shiva Ram Achhami
Chairperson

FROM EXECUTIVE DIRECTOR



I have been passionately working in the field of mental health and psychosocial disability for the last one and half decades. For last ten years, I worked as Founding Chairperson for the establishment of KOSHISH and now I have taken up my responsibilities as an Executive Director. Initially my journey progressed on emotional ground rather than professional, but now I am trying to merge both the emotional and professional parts while moving forward.

I feel proud to some extent as KOSHISH is able to raise voices and install hope for people who have similar experiences of mental health and psychosocial issues and I would like to thank the Executive Members, Members, staff, partner organizations and well-wishers for their contribution towards KOSHISH to reach where we are. But there is still a lot to be done and achieved for which your support will be important.

At last, I am always and will be committed to take forward KOSHISH actively as a responsible organization where ever there is mental health and psychosocial issues.



Matrika Prasad Devkota
Executive Direcot

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LIST OF ABBREVIATION/ACRONYMS

| | |
|-----------|-------------------------------------------------------------------------------------|
| ANM | Auxiliary Nurse Mid-wives |
| CBMHPSS | Community Based Mental Health and Psychosocial Support Project |
| CBO | Community Based Organization |
| CBR | Community Based Rehabilitation |
| CEDAW | Convention on Elimination of All Forms of Discrimination Against Women |
| CMHP | Community Mental Health Program |
| CPSW | Community Based Psychosocial Worker |
| CSO | Community Social Organization |
| DICBMHPSS | Disability Inclusive Community Based Mental Health and Psychosocial Support Project |
| DPO | Disabled People Organization |
| DPAC | District Project Advisory Committee |
| FCHV | Female Community Health Volunteers |
| HA | Health Assistant |
| IEC | Information Education and Communication |
| MHPSD | Mental Health and Psychosocial Disability |
| MHPSS | Mental Health and Psychosocial Support |
| MHPSW | Mental Health and Psychosocial Wellbeing |
| NFDN | National Federation of Disabled Nepal |
| NGO | Non Government Organization |
| NHEICC | National Health Education Information and Communication Center |
| NHRC | National Human Right Commission |
| OPD | Out Patient Department |
| SHG | Self-Help Groups |
| UNCRPD | United Nation Convention on the Rights of Persons with Disabilities |
| WHO | World Health Organization |



Pic. 1. Self-help group members and KOSHISH's staff celebrating 'World Disability Day - 2018' with theme of 'Count me, Include me'

ORGANIZATIONAL PROFILE

BRIEF HISTORY

Mental health and psychosocial well-being is a very new paradigm in Nepal. There has been very less focus on mental health services and rights of persons with mental health and psychosocial disability. In last decade of 20th century, strong voices of persons with disabilities started in Nepal through self-advocacy movement so is the initiation in the field of mental health and psychosocial wellbeing. Until 2008 there was neither organization led by persons with psychosocial disabilities nor any organization advocating for the right of persons with psychosocial disabilities. KOSHISH began as an organization to respond to these issues by creating a platform for persons with lived experiences and professional to come together and work for promoting the rights of persons with and who are at risk of psychosocial disabilities through strategic advocacy and making services available in the communities.

ABOUT KOSHISH

KOSHISH is a national self-help organization working in the field of mental health and psychosocial wellbeing in Nepal. The word "KOSHISH" means "making an effort". KOSHISH follows a twin-track approach; advocacy and direct service delivery. Koshish is affiliated with, Social Welfare Council under Ministry of Women, Children and Social Welfare (Affiliation No. 25676) and registered in District Administration Office, Kathmandu (Registration No. 086/065) in 2008. Since 2008, advocacy for inclusion and dignity of people with mental health and

psychosocial issues and transforming lives of people living in vulnerable conditions has been at the forefront of KOSHISH's goals with UNCRPD, 2006 at its core. KOSHISH works in synergy of persons with lived experienced of mental health and psychosocial issues and professionals dedicated towards making an impact on this sector. KOSHISH seeks to mainstream the mental health and psychosocial wellbeing and aims to create a replicable model of mental health and psychosocial support in the communities itself.

PURPOSE

“KOSHISH's purpose and relevancy is in order to ensure persons with psychosocial disabilities are able to live independently with inherent dignity and being included in the community on equal basis as others”

VISION

“Mental health and psycho-social well-being for all”

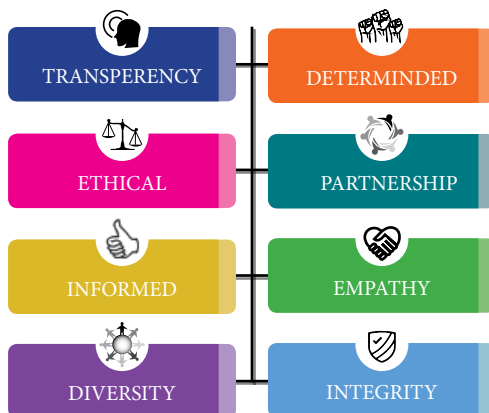
MISSION

KOSHISH seeks to ensure dignified life for people with psychosocial issues through improving and implementing policies and legislation and expanding community-based mental health and psychosocial support.

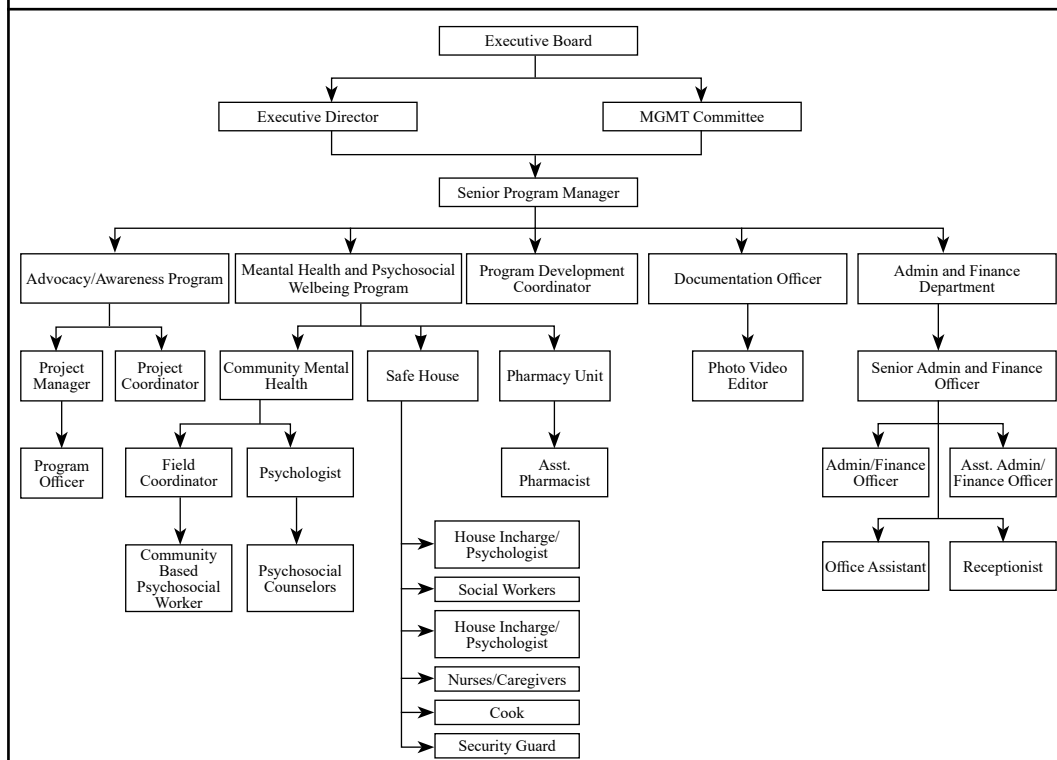
GOALS

Quality of life of people living with psychosocial problems is improved.

CORE VALUES



KOSHISH, National Mental Health Self-Help Organization ORGANOGRAM - 2019





Pic. 2. Hon'l Govinda Sharma Paudel, NHRC addressing Interaction program on 'Mental Health and Human Rights'

ADVOCACY AND AWARENESS PROGRAM

Advocacy and awareness program seeks to advocate for laws and policies regarding mental health and psychosocial disability to be in line with and implemented by the government as per the Constitution of Nepal and international human rights standards. Working in both the top down and bottom up approach, the program is working towards capacity building, collaboration, partnership, networking, lobbying, media mobilization, laws and policies review and dissemination. It has helped raise awareness and sensitized government stakeholders, bureaucrats, constitutional body members, media personnel, CSOs, rights holders and public on issues of mental health and psychosocial disability.

PROMOTION AND PROTECTION OF HUMAN RIGHTS OF PERSONS WITH MENTAL HEALTH PROBLEM THROUGH SELF-ADVOCACY PROJECT

The overall objective of the project is to ensure that 'the government has increased national budget to the need of mainstreaming mental health into general health'. It emphasizes on advocacy and awareness of human rights of persons with mental health problems in order to promote equal human rights and to

reduce all forms of barriers against them.

Through dialogues, workshops and interaction in regard to mental health issues with line ministries¹ and

¹ Line Ministry: Ministry of Health and Population; Ministry of Women, Children and Senior Citizen; Ministry of Law, Justice and Parliamentary Affairs; Ministry of Finance; Ministry of Education



Pic. 3. Celebration of World Suicide Prevention Day, 2018 stakeholders², this program is working towards sensitizing the state officials and actors on rights of persons with mental health issues. Moreover, through capacity building of persons with mental health issues, this program is seeking to develop self-advocates for effective engagement of the right holders in the advocacy efforts by KOSHISH.

A total of 21 programs were organized in 2018 and some of the major activities were: 1) Interaction on the developed 'Community Mental Health Care Package', 2) Representation of psychosocial disability in the 367th and 368th CRPD meeting which considered initial report of Nepal, 3) Drafting of CEDAW shadow report, 4) Sharing of concluding observation by the CRPD committee to Nepal, 5) Interaction program on Suicide Prevention, 6) Interaction on status of human rights of persons with mental health issues and 7) Face to Face programs with ward officials in regard to plans and programs to be developed on mental health and psychosocial issues.

QUANTITATIVE ACHIEVEMENTS

- **28 members of line ministries and**

2 Key stakeholders: Members of Parliament, political parties, constitutional bodies (National Human Rights Commission, Women Commission; Election Commission), NFDN and organizations working in the field of mental health, CSOs, health workers, media personnel, self-advocates and human right defenders



Pic. 4. Marking World Mental Health Day, 2018 with street awareness program

stakeholders provided verbal or written commitments to reform, adopt and implement state laws, policies, plans and programs that comply with international human rights standards for mental health and psychosocial disability

- 37 like minded organizations expressed solidarity to influence state laws, policies, plans, programs and budget for improvement in mental health program, provisions and policies.
- 394 representatives of line ministry and stakeholders (133 females and 261 male) participated in workshops and interaction programs on mental health and psychosocial wellbeing/disability.
- 4000 copies of the organization newsletters with information regarding mental health issues, activities related to advocacy and service delivery and good practices from around the world related to mental health were distributed.

QUALITATIVE ACHIEVEMENTS

- Inclusion of issues of persons with psychosocial disability in the recommendation of UNCRPD

committee to Nepal

- **Verbal commitments from Line agencies**
 - To make legal provisions disability friendly
 - Allocation of budget for mental health and psychosocial wellbeing by Local government officials (wards)
 - Implement the recommendations of the CRPD committee by government
 - Development of suicide prevention strategy by government
 - Allocation of budget to commemorate national and international days as suicide prevention day and world mental health by National Health Education Information and Communication Center (NHEICC) in Federal, Provincial and Local Level
 - Request feedback in plans and programs developed on mental health by government from organizations working in mental health and psychosocial wellbeing/disability.
- **Self-advocates are raising their voices for electoral rights, civil rights, UNCRPD and basic human rights**



Pic. 5. Self-advocates participating in capacity enhancement program



Pic. 6. Interaction Program on Mental Health & Human Rights

through dialogues and delegation.

- **Training manual for empowerment of SHG members is prepared**
- **Identification of gaps in laws and policies from policy review on issues such as adolescent, youth and mental health; mental health in the workplace; migration and mental health; electoral rights of persons with mental health issues for future advocacy.**

STRENGTHENING STAKEHOLDERS CAPACITY FOR FORMULATION, IMPLEMENTATION AND ADOPTION OF PSYCHOSOCIAL DISABILITY RIGHTS LEGAL FRAMEWORK

The project was implemented from April 2018 with focus on the protection and promotion of rights and dignity of persons with psychosocial disability through advocacy, and implementation of policy and legislation for the improvement of the quality of life of persons with psychosocial disability. This project specifically advocates and focuses upon fulfillment of Nepal's human rights obligation towards persons with psychosocial disability, in line with the UNCRPD along with the Constitution of Nepal.

The objective of the project is to strengthen capacity of the duty bearers to formulate, implement and adopt legal framework which ensure rights of persons with psychosocial disability.

The project sensitize stakeholders³ to contribute in development and implementation of legal frameworks that are in compliance with UNCRPD. The major activities of the project include conducting lobbying meetings, follow-up meetings, workshops/seminars and orientation/interaction programs with each stakeholders.

QUANTITATIVE ACHIEVEMENTS

121 duty bearers were directly involved in workshops/seminars and orientation/interaction on protection and promotion of rights and dignity of persons with psychosocial disability. As this project does not have direct beneficiaries as right holders, the number of rights holders that were directly involved in this project was minimal.

QUALITATIVE ACHIEVEMENTS

The activities conducted so far have been able to inform and aware the duty bearers regarding the issue of psychosocial disability which will contribute in making the legal framework of Nepal, psychosocial disability friendly and in line with UNCRPD.

PROGRAM IN A GLANCE IN 2019

The advocacy efforts of KOSHISH will be focused on mainstreaming mental health and psychosocial disability in governmental plans and programs and the laws and policies to be mental health

and psychosocial disability friendly as per the Constitution of Nepal and international human rights standards. KOSHISH will also sensitize the public regarding mental health and psychosocial issues through radio programs, PSA and development and distribution of IEC materials. Moreover, with the forthcoming census in mind, KOSHISH will advocate for disaggregated data to be collected on persons with psychosocial disability across Nepal as well. Likewise, KOSHISH will follow up on the commitments made by the government stakeholders.



Pic. 7. Information Sharing and Collaboration Meeting with Constitutional Body Members.



Pic. 8. Chairperson of NFDN raising issues of psychosocial disability at Seminar with Members of Parliament



Pic. 9. Seminar with Judiciary on psychosocial issues of Nepal.

3 Project Stakeholders: Members of Parliament, Judges, Bureaucrats and Constitutional Body Members



MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING PROGRAM

CMHP of KOSHISH is an inclusive right based approach with emphasis on mainstreaming Mental Health and Psychosocial Well-being at community level as per need and preference of community people through accessible recovery focused promotive, preventive, curative and rehabilitation services using local resources, empowering local stakeholders and ensuring quality participation of person with psychosocial disability. All community programs of KOSHISH are referenced to WHO Quality Right Tool Kit. Keeping article 19 of United Nations Convention on Right of Persons with Disability (UNCRPD), at its heart CMHP works to make environment in community for persons with psychosocial disabilities to live independently and being included in the community.

DISABILITY INCLUSIVE COMMUNITY BASED MENTAL HEALTH AND PSYCHOSOCIAL PROJECT (DICBMHPSS)

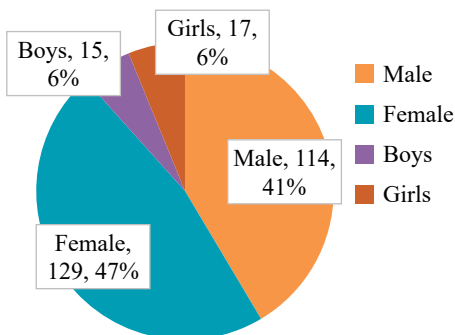
DICBMHPSS project is an extension of the emergency response program implemented in support of CBM with the overall objective of "Improved mental and psychosocial well-being of individuals affected by earthquake and person with disability". The project was implemented in Bhaktapur, Lalitpur and Kavre from April 2016 to December 2018. The specific objective of project was to increase access of individuals and person with disability to mental health and psychosocial support services in earth-quake affected districts. The project was developed and implemented in coordination with and through local stakeholders for addressing long term need of Mental Health and Psychosocial Support Services.

MAJOR ACTIVITIES

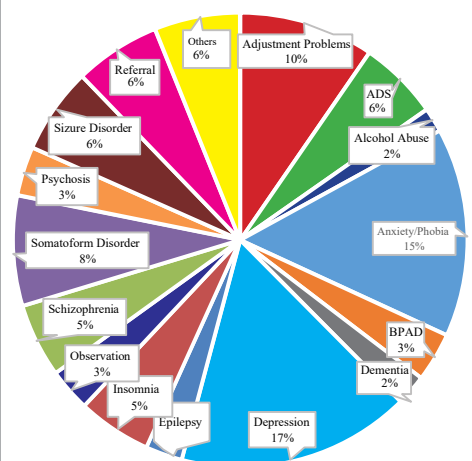
- Mental Health and Psychosocial Services
- Capacity building of community stakeholders
- Empowerment of Self Help Groups
- Coordination and lobby for mainstreaming MHPSS services

QUANTITATIVE ACHIEVEMENTS

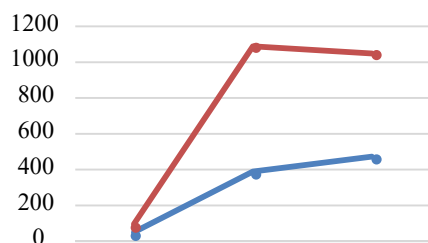
Mental Health and Psychosocial Services



Distribution of Mental Health Problems

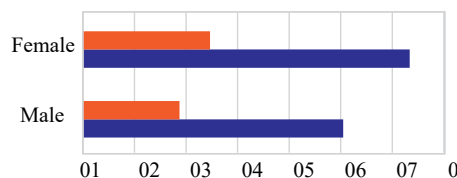


School Mental Health Initiatives



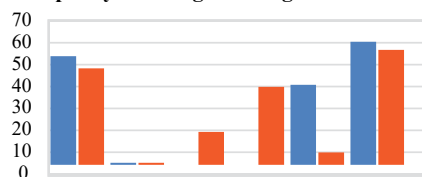
| | Event | Boys | Girls |
|-----------------------|-------|------|-------|
| Motivational Programs | 46 | 708 | 583 |
| Literacy Program | 30 | 373 | 457 |

Self-Help Group (SHG)/Livelihood



| | Male | Female |
|--------------------|------|--------|
| Livelihood linkage | 19 | 25 |
| SHG Members | 51 | 64 |

Capacity Building Trainings on MHPSS



| | Teachers | Pre-scribers (Doctor/HA) | Non-pre-scribers (Nurses/ANM) | FCHV | Orientation to Community Stakeholders including DPAC | Social Audit |
|--------|----------|--------------------------|-------------------------------|------|------------------------------------------------------|--------------|
| Male | 53 | 1 | 0 | 0 | 39 | 60 |
| Female | 47 | 1 | 16 | 38 | 6 | 56 |

QUALITATIVE ACHIEVEMENT

- Persons enrolled in mental health services increased which signifies improvement in service seeking behavior among the community people for mental health problems.
- Panauti and Bhaktapur Municipality had initiated efforts for sustaining Mental Health OPD
- Konjosom Rural Municipality had proposed for partnership in MHPSS.
- Godawari Municipality has allocated budget for psychiatric medication.
- Identification, management and referral of mental health and psychosocial problems through community people, trained FCHVs, trained health professional and teachers increased.

LEARNING

- CMH program should consider how it is going to support persons with severe mental health condition who are abandoned or subjected to human right violation
- It is very important to involve stakeholders especially who could be benefitted from the project from very beginning of the project. This develops ownership of the issues among stakeholder and ultimately contributes for the sustainability of the project.
- Even in very good project plan reassessing objectives and result is very important. It can be done by putting strong monitoring and evaluation plan in place.
- Care for Care Giver should be

planned in MHPSS interventions



Pic. 10. School Mental Health Program (Lalitpur)



Pic. 11. Marking World Suicide Prevention Day, 2018 (Kavre)



Pic. 12. Social Audit (Bhaktapur)

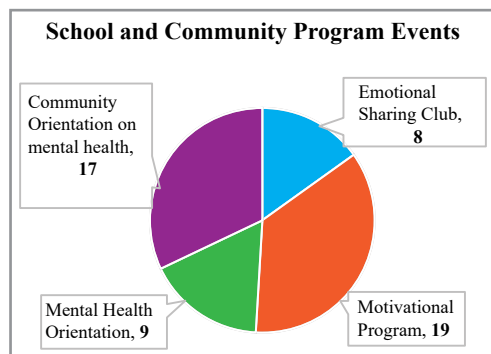


Pic. 13. Mental Health OPD (Bhaktapur)

COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

“Community based Mental Health and Psychosocial Support Project” is implemented in Kavrepalanchowk and Sindhupalchowk districts from April 2017 to April 2019. Overall goal of the project is to improve the mental health and psychosocial wellbeing of the persons with psychosocial problems affected by earthquake. The ongoing project has four major areas of intervention;

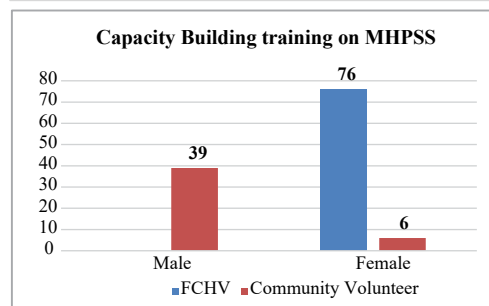
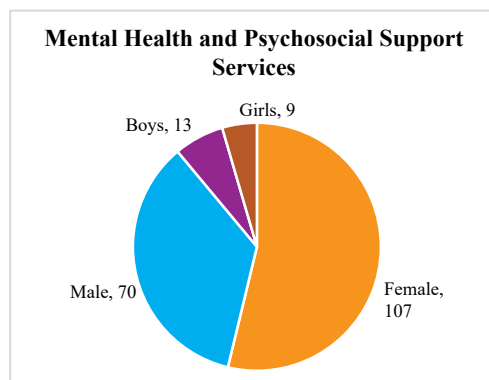
- Awareness on mental health and psychosocial issues
- Capacity building of community stakeholders on mental health and psychosocial support
- Making mental health and psychosocial services available in community
- School mental health initiatives.



QUANTITATIVE ACHIEVEMENTS

Project implementation has produced significant changes in the community, as a result, community people have realized that mental health and psychosocial problems are treatable and can be managed through proper care and support. Likewise, health professionals

trained in the project are supporting in early identification and referral in the community. The intervention in schools served in creating awareness among students and teachers. In addition, the school based intervention helped in the importance of incorporating mental health and psychosocial well-being in the regular programs.



Pic. 14. Counselors sharing case studies in case conference

MAINSTREAMING MENTAL HEALTH AND PSYCHOSOCIAL DISABILITY PROJECT

Mainstreaming Mental Health and Psychosocial disability (MMHPSD) project focuses on integrating mental health services into primary health care in reference to Community Mental Health model and empowerment of the persons with psychosocial disability through Community Based Rehabilitation (CBR) model of World Health Organization (WHO) in Tanahun district. The project is being implemented from 2015 to end of 2019 with overall objective of “Persons with psychosocial disabilities obtain mental health services from integrated primary health service in Tanahun district.”

The project has three phases which includes (i) Introduction of mental health and psychosocial services in existing health system, (ii) Capacity Building of Primary Health Workers and members of community social support system on Mental Health and Psychosocial Support through mhGAP and MHPSS intervention and (iii) Rehabilitating of the persons with psychosocial disability in their own community through Self Help Group Initiatives and CBR model of World Health Organization.

QUANTITATIVE ACHIEVEMENTS

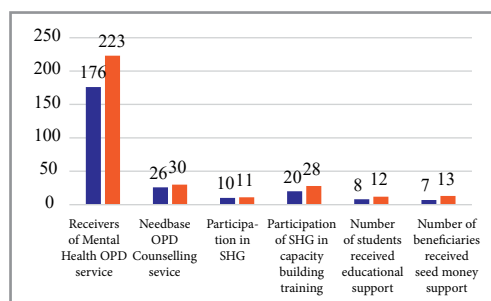


Fig. 1. Person with Psychosocial Disability celebrating World Disability Day 2018, (Tanahun)



Pic. 15. Person with Psychosocial Disability celebrating World Disability Day 2018, (Tanahun)

QUALITATIVE ACHIEVEMENTS

Psychosocial Disability is being discussed in cross disability forums and meetings in Tanahu district in regards to availability and accessibility of mental health and psychosocial services. Byas municipality has committed to continue Mental Health Outpatient Department which was previously facilitated by the project at District Hospital, Damauli with the allocation of budget in fiscal year 2075/076.



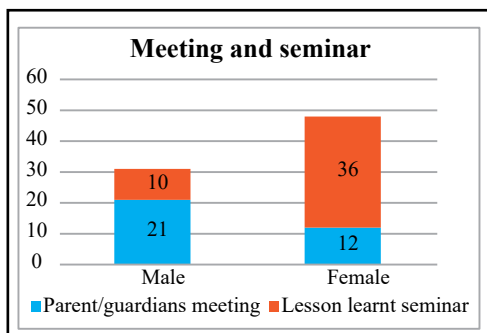
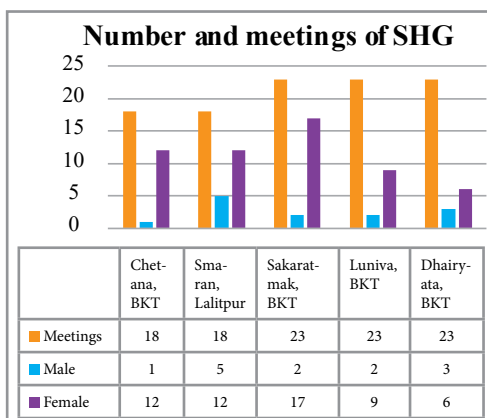
Pic. 16. Psycho-education in community on MHPSW, (Tanahun)

PEERSUPPORT PROGRAM

Peer-support program is a platform which facilitate the empowerment and organization of persons with lived experiences of mental health and psychosocial disability through sharing, sensitization, skills trainings and self advocacy for combating the stigmas and misconception to improve over all quality of life and ensure “Nothing about us, without us”. Specific objectives of the Peer Support Program are:

- To provide the platform where persons with psychosocial issues can come together, share their feeling and support in their mental health/psychosocial health recovery
- To develop self-advocates to support Koshish¹ in their advocacy efforts with concerned stakeholders
- Major activities undertaken in the program are Self Help Group Meeting, Voices of KOSHISH Meeting, exposure visit in ministry, constitutional bodies and local stakeholders, family members/guardian meetings², advocacy/awareness campaign, learning sharing workshops³ and home visits. Five Peer Support Groups are functioning in Peer Support program in Bhaktapur and Lalitpur district.

QUANTITATIVE ACHIEVEMENTS



- 1 Voices of KOSHISH: Voice of KOSHISH is a group of leaders of five SHG under Peer Support Program came together to enhance the knowledge on advocacy and discuss on advocacy, awareness and lobbying in their community and local level stakeholders.
- 2 Parents/guardians meetings: Parents/guardians meetings are organized to sensitize parents/guardian of persons with lived experiences of mental health and psychosocial disability on issues and rights of persons with mental health and psychosocial disability.
- 3 Lesson Learnt Seminar brought together SHG group members for sharing their practices as SHG with each other.

Note: Self Help Groups under Peer Support Program meet on periodic basis.

QUALITATIVE ACHIEVEMENTS

- Attitude of community people toward person with psychosocial disability in project area became supportive and inclusive
- Self-help groups finalized and

started operating independently based on the operational guidelines.

- Members of SHGs have developed insight regarding right to health and other basic rights.
- Participation of the persons with psychosocial disabilities in the community activities are increased along with delegation and day's celebration (world mental health day, suicide prevention day and world disability day)
- Empathetic understanding and listening among group members
- Increased interest of parents/guardians on mental health issues and recovery of persons with psychosocial disability
- Members of peer support programs started follow up of persons with psychosocial disabilities on their own.
- Members of self help groups are increasingly engaged in community awareness programs

LEARNING

- Access to livelihood support increases the sustainability of peer support programs

- Involving guardians and families in peer support program benefit overall program
- Regularity in meetings plays important in improvement of functioning level of persons with mental health/psychosocial condition
- Exposure of peer support groups with similar practices and relevant stakeholders are best learning opportunities for leadership development
- A common and precise goal supports development of ownership among the group members
- Awareness program about mental health and psychosocial issues is essential for reducing stigma and discrimination
- Motivation for engagement in community/family activities

"My husband had never gave permission to go out in the past, but now he support and appreciate my participation in the self-help group program as well as other community awareness program.", said Sunita Tyata.



Pic. 17. SHG Meeting at Chyamasing



Pic. 18. Voices of KOSHISH Meeting, (Kumaripati)

RECOVERY AND REHABILITATION OF PERSONS WITH MENTAL HEALTH AND PSYCHOSOCIAL ISSUES

Recovery and Rehabilitation of Persons with Mental Health and Psychosocial Issues program provides holistic mental health and psychosocial support services to persons who are chained, locked or abandoned due to severe mental health problems. The program also emphasis on reintegration of the beneficiaries in their own families and communities.

The objectives of the program are: -

- To provide the comprehensive mental health and psychosocial services to the persons living with mental health and psychosocial issues who are chained, locked or abandoned.
- To improve the quality of life of persons living with mental health and psychosocial issues who are chained, locked or abandoned through treatment and reintegration in their family/community.

Besides, this program conduct series of psycho-education campaigns and lobby and advocacy with local stakeholders in community level for addressing issues of stigma and discrimination on mental health and psychosocial issues.

ACTIVITIES

Rescue persons with mental health problem

Persons with mental health and psychosocial problems who are locked, chained or abandoned are rescued in coordination with government organizations, non-governmental organizations, families and individuals. This activity echoes our alignment with “no one left behind.”



Pic. 19. Rescuing women with mental health problem for rehabilitation

Residential Rehabilitation Support

Specialized and holistic care including psychiatric treatment, psychosocial counseling, nursing care, medication as well as food and accommodation are provided under this activity. The beneficiaries are involved in various recreational and therapeutic activities for accelerating recovery.

Reintegration of recovered persons back into their families and communities

Following recovery, upon the consultation of the psychiatrist, the persons are reintegrated back into their families and communities. In cases, where the families are not identified, such persons are rehabilitated into other organizations that provide long-term care and support.

Psycho-education and Follow-ups

At the time of rescue and following reintegration in the community, psycho-education was conducted for the family

and community members to sensitize them on the issue of mental health and to make them aware on commonly held misconceptions toward mental health and mental health problems. The beneficiaries are followed up in periodic basis.

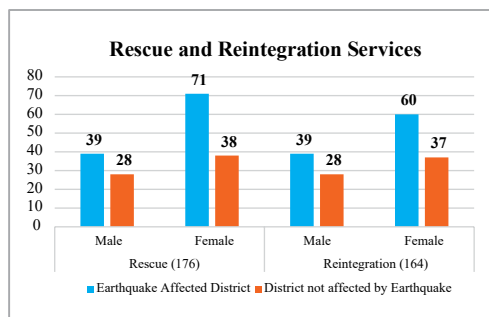
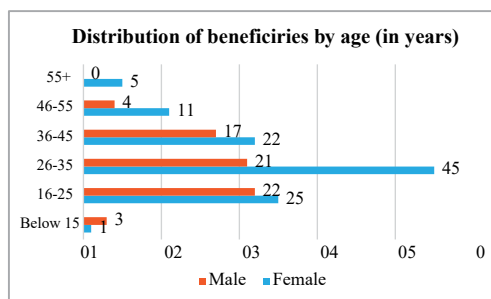
Livelihood support

Assessing the economic condition, capacity to use the resources in the proper way, possibility and accessibility of the market, knowledge to handle the support are the main factor to handover the livelihood support. The support is provide in different areas as goat keeping, bee keeping, poultry farming, animal husbandry depending upon the assessments. The support is provided for the income generation to make beneficiaries able to buy medicine and empower them for leading independent life.



Pic. 20. A beneficiary feeding goats in her farm. KOSHISH provided a goat with two kids as livelihood support, and since then they have multiplied into seven..

QUANTITATIVE ACHIEVEMENTS



QUALITATIVE ACHIEVEMENTS

Recovery of the person who were chained, locked or abandoned due to mental health and psychosocial issues and their reintegration back to their family and community helps to establish the notion “mental health problem is treatable”. It has helped to counter prevalent stigma toward mental health problem. Coordination with government agencies in rescuing, receiving and reintegrating is contributing towards the sustainability of the services. Government of Nepal has developed Rehabilitation Guidelines for persons with mental health and psychosocial issues. Local governments are prioritizing mental health after series of lobby and advocacy as well as positive changes of MHPSS programs in community.



Pic. 21. Ramila running own shop with livelihood support (Tanahun)

BUDGET VS. EXPENDITURE - 2018

| SN | Name of Projects | Donors/Partners | Budget | Expenditure | Budget Utilization Ratio (%) |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|-------------------|------------------------------|
| 1 | Disability Inclusive Community Based Mental Health and Psychosocial Support Project | CBM International Nepal | 8,353,654 | 7,724,644 | 92 |
| 2 | Mainstreaming mental health and psychosocial disability in Nepal | CBM International Nepal | 2,824,852 | 2,756,568 | 98 |
| 3 | Disability inclusive Distar Risk Reduction Project | CBM International Nepal | 849,926 | 849,926 | 100 |
| 4 | Recovery and Rehabilitation of Persons living with mental health problems affected by earthquake through specialized care and support | Mennonite Central Committee Nepal | 10,281,777 | 8,289,682 | 81 |
| 5 | Reintegration of Marginalized People with Mental Illness | Mennonite Central Committee Nepal | 2,765,533 | 2,350,227 | 85 |
| 6 | GBV Prevention and Response project | Apeiron | 1,488,500 | 1,355,633 | 91 |
| 7 | 'Voices of KOSHISH' - Support self help capabilities for people with mental illness in Nepal | DepFor | 1,225,100 | 1,113,209 | 91 |
| 8 | Strengthening Stakeholders capacity for Formulation, Implementation and Adoption of Psychosocial Disability Rights Legal Framework in Nepal | Felm Nepal | 3,720,372 | 3,084,289 | 83 |
| 9 | Healthcare and Support for Abandoned Persons | Give2Asia | 2,452,799 | 2,452,890 | 100 |
| 10 | Promotion and Protection of Human Rights of Person with Mental Health Problem through Self- Advocacy | HimalPartner | 7,260,000 | 6,899,703 | 95 |
| 11 | Community Based Mental Health and Psycosocial Support Project | Malteser International | 9,873,409 | 6,895,049 | 70 |
| 12 | Recue, treatment and community based rehabilitation program for people having mental/ psychosocial disability | Ministry of Women, Children and Senior Citizen | 1,500,000 | 1,498,280 | 100 |
| 13 | Emergency Reintegration for the Mentally Distressed | Samaritan's Purse - Canada | 3,244,960 | 2,238,050 | 69 |
| | Total | | 55,840,882 | 47,508,150 | 85 |

CASE STORIES

Case 1

Mental Health Laws & Policies - Time for change

Persons with psychosocial disabilities face structural inequalities, systemic discrimination and widespread violation of human rights in Nepal.¹ Persons with psychosocial disability face daily barriers due to inhumane treatment, discrimination and exclusion in the society, which is aggravated due to the legal framework. In this regards, KOSHISH carried out a study² in 2017 which found that 43 acts out of 325 acts, 5 rules out of 120 rules and 3 bills out of 40 bills were inconsistent with the provisions of the Constitution of Nepal and UNCRPD. These provisions has legally stigmatized and violated constitutional right of persons with psychosocial disabilities to live with dignity. Findings also suggested that policy level intervention through high level stakeholders are essential for changing the existing scenario and protection and promotion of the rights of persons with psychosocial disability.

The main stakeholders identified after the study for policy interventions were the Members of Parliaments, Judges, Bureaucrats and constitutional bodies. These stakeholders were sensitized and provided information regarding the issues. These initiation are aimed to ensure the rights of persons with psychosocial disability in line with the Constitution of Nepal and UNCRPD.

After participating in the events, stakeholders shared to have realized

they have special responsibility to protect and promote vulnerable groups like the persons with psychosocial disability. A discussion is launched among the MPs, Judges, Bureaucrats and Constitutional Bodies towards bringing about positive changes in the Disability Act and in formulation of rules, plans and policies that are psychosocial disability friendly.

Case 2

Combating Stigma through Community Mental Health Program

Sita Ojha was brought up in a rural village of Tanahun. She dropped her schooling after primary education. She was happily married for about 5-6 years. With the passage of time, her husband developed alcoholic dependency which became primary source of her distress along with knowledge of history of mental health problem in her husband's family. She visited Gandaki hospital, Pokhara and started her medication for mental health problem which added more economic burden to her.

Meanwhile, she got to know about orientation program on mental health organized by KOSHISH from her neighbor. The two days program was focused on the prevailing myths, stigma and perception about these mental health issues.

The program helped her to feel encouraged and motivated. She realized, she was not the only one suffering because of the mental health issues. She joined Self Help Group facilitated by KOSHISH. Now, the self help group has become a common platform for her to share her feelings.

"By sharing, we feel relieved from any

1 Nepal's Legal and Policies Provisions inline with Constitution of Nepal 2015 and UNCRPD 2006 in the Context of Persons with Psychosocial Disability Study Report, 2017

2 IBID

kind of panic situation. We discuss about stigma, changing perception of people over time. The perception and behavior of community toward persons with mental health problems has changed now."

"We never imagined such improvement is possible in persons with mental health problems. We are surprised to see change in Sita." Jeeva Raj, a neighbor of Sita

"My family faced great troubles due to mental health problem. KOSHISH's played important role to unite my disaggregated family. We invested a lot of money with no improvement in my mother's condition but with mental health support from KOSHISH finally, my mum's recovered." Sita's son

Case 3

UNCRPD concluding observations to Nepal from psychosocial disability perspective

Nepal ratified the UNCRPD and its Optional Protocol without reservations on the 27 December 2009 and was given UN approval on 7 May 2010. The Convention brings together all the basic human rights and recognizes its importance for disabled people. As a State party, Nepal is obligated to ensure entitlement of rights of persons with disabilities on an equal basis with others through awareness and implementation of the UNCRPD. Nepal is obligated to submit regular reports to the committee on how the rights are being implemented. Following the submission of the report, the UNCRPD committee considered state report by Nepal on 19th and 20th February 2018 with participation from government stakeholders and representatives from DPOs and CSOs. There was participation from KOSHISH as well who put in a strong voice advocating for rights of persons with disability including psychosocial disability to be protected by

the state.

Following the sessions, UNCRPD committee made concluding observations in relation to the initial report of Nepal at its 382nd meeting held on 1 March 2018. Some of the recommendations are presented below:

- Pay particular attention towards marginalized groups of children with disabilities in rural and mountainous areas, in particular children with intellectual and/or psychosocial disabilities and those from indigenous groups
- In collaboration with representative organizations of persons with disabilities, develop and implement public awareness-raising and education programmes on the rights as well as the situation of persons with disabilities, including through sensitization of the media, public officials, judges and lawyers, the police, social workers and the general public, in order to foster a positive image of persons with disabilities as autonomous holders of human rights.
- Revise its legislation in order to recognize the full legal capacity of all persons with disabilities, notwithstanding their impairment, on an equal basis with others, and introduce supported decision-making mechanisms in line with the Committee's general comment No. 1 (2014) on equal recognition before the law.
- Provide training, in consultation and co-operation with persons with disabilities and their representative organizations, at the national, regional and local levels for all actors, including civil servants, judges and social workers, on the recognition of the legal capacity of persons with disabilities and on the principles of supported decision-making.
- Investigate, prosecute and punish cases of chaining, detention in private homes, and forcible placement and treatment in psychiatric facilities.
- Take appropriate measures to protect persons with disabilities from exploita-

tion, violence and abuse both within and outside the home.

- Develop measures to ensure comprehensive access to health services for persons with disabilities, particularly sexual and reproductive health services, maternal and child health centres, psychosocial services, and intensify the provision of comprehensive community-based rehabilitation services including in rural and remote areas.
- Take appropriate measures to gather data including undertaking a comprehensive evaluation of these jobs in terms of quality, and the extent to which persons with intellectual and/or psychosocial disabilities, have benefitted from this quota against those who remain unemployed
- Take necessary measures to ensure that persons with disabilities throughout its territory have access to community-based rehabilitation services and adequate social protection programmes that are oriented towards social and community inclusion.

Nepal will submit its combined second, to fourth periodic reports by no later than 7 June 2024, and to include therein information on the implementation of the present concluding observations. KOSHISH will take a close look at the developments and follow up on the commitment.

Case 4

Confidence through self-expression

"Her husband refused to believe that she has mental health problems. Through self-help group, she looks very happy and confident. Nowadays, she suggests other people to have positive thinking for joy and happiness."

Rama Bhujel, 36 years of age, is a mother of two smart and well-disciplined daughters,

a supporting husband, was living a happy life. The problem started when she had to undergo child abortion as her husband threatened to leave her otherwise. She wanted a son but her husband did not want any more children.

Post abortion she used to cry, feel depressed, avoid interactions and stayed indoors. She was taken to a mental health camp at her village where she was diagnosed and given medicines. Her husband did not believe it and refused to continue the medication. She started behaving indifferently. Her husband was suggested to get her to Mental Health OPD of KOSHISH.

She received psychiatric consultation services, counselling and medicine support from the very first day. Improvement was slow but progressive. She was informed about SHG program of the project. She attended SHG meeting regularly where she became one of the active members of SHG. Her husband became more sensitive toward her problem and started feeling the hardship she went through after the abortion.

Now she looked very happy and self-confident. She is proud to be a part of SHG, where she can learn about mental health. Nowadays, she suggests other people to have positive thinking for joyful and happy life. She is also involved in income generation through farming. She looks after daily house hold and takes care of her two daughters.

"I used to feel very depressed following abortion. It was always darkness around my eyes. I even didn't use to do anything in home. My husband always used to feel distressed seeing all that. After support from KOSHISH and joining SHG, I am changed now. I feel happy to come to meeting. I am able to do my house hold chores. Though the loss I have after abortion cannot be overcome but it will not hold me back to live a beautiful life with my two daughters."

Case 5

A poet with shortest poem

Akkal Bahadur Thokar a boy was living a happy life in his village. At the age of seven, he moved to Kathmandu with his father for his further studies. Soon he had to return back to his village following maoist insurgency. He experienced mental health problems for the first time when his father was forced to go in hiding following brutality of police.

After that, tantrum and bullying from his friends increased. He remembers one such incident when he was returning back from school, his friends abused him saying 'mad' and 'ghost'. He had to play and walk alone. After completion of School Leaving Certificate (SLC), he joined a school as a teacher. However, he could not continue his job because of increased severity of mental health problem.

For treatment he was taken to the hospital and started medication. According to him, he was given up to 33 tablets of psychiatric drugs per day in the name of controlling his aggression and keeping him in a stable condition. As every day passed in the hospital, he was suffering and falling deeper into depression.

KOSHISH came to know about the condition of Akkal and rescued him. As of Akkal, he received proper medication, involvement in therapeutic activities and socialization opportunities through KOSHISH staff.

Akkal in his own words telling about the change said "I am living a better life now. I work as treasurer in Executive Board of KOSHISH. I am happy. I have good intimacy with my colleague. I write poetry and stories of my experiences. I have five published poetry. I am known as a 'poet with shortest poems' and have received a number of rewards and honor for that".

Case 6

A mother across the Border

Thirty eight years old Salma (we have put her name) is a national of Bangladesh. Now she is living in a safe house after getting the mental health treatment in KOSHISH. She has a boy, aged 5 months. She is happy with her baby. She wants to return back to her own country but she does not have any legal document to prove her nationality.

Previously, she was rescued by police who found her roaming in the streets of Nawalparashi, near by police station with an infant in her lap and attached umbilical cord. Police brought her in the nearby hospital and treated her accordingly. The doctors found her with severe mental health problem and referred to the KOSHISH's rehabilitation services for the treatment. The baby was reared by police for the time being. After getting the holistic mental health treatment in KOSHISH, her mental health condition improved. During conversations it was found that she has 7 daughters back in home. Her relation with her husband was not good as he had abused her rudely for not having son.

She did not have any clues of how she came to Nepal but she knew that she has a baby boy. KOSHISH coordinate with Bangladesh embassy for locating her address in Bangladesh and responded positively. After rehabilitation services, she was reunited with her son and she is currently living in safe house with her son. The inquiry regarding her return back to Bangladesh is going on with the embassy. The embassy appreciated the efforts of KOSHISH in helping Salma despite her being from across the border.