



Narrative Report On 'Mental Health Screening and Referral Service Program'

Introduction of the organization

Trishuli Plus, a community action group established in 2006, is a community-based non-profit, politically non-aligned, non-governmental organization (NGO) led and run by and for people living with HIV (PLHIV) and affected by TB to provide HIV and TB prevention, care, support and treatment services. TP is a women led organization 100% of the executive member are women living with HIV and TB. Trishuli Plus fosters meaningful involvement of communities in health policy development in Nepal through their participation as executive board and general members of key country decision-making platforms and in health promotion and prevention activities through mobilization of PLHIV and TB affected communities as outreach staff and peer speakers. In the course of implementing its positive prevention programs, community care centers, prevention program among migrants and their spouses, TB community mobilization and awareness raising activities, Trishuli Plus emerged as one of the leading agencies for HIV-related activities in Nuwakot and Rasuwa districts and has been able to serve more than 200 PLHIV - all of whom are from migrant community - for improving health and well-being as well as reducing HIV related stigma and discrimination (S&D). Since 2020, Trishuli plus field office has been established in Kathmandu and dhangadhi for the HIV prevention program among migrant and spouse in Kathmandu valley and to contribute national TB goal through outreach, BCC and case notification among risk population of TB in Sudurpaschim province. Trishuli Plus also has very strong and functional relationship with the District Health Office (DHO), District coordination Committee (DCC), District AIDS Coordination Committee (DACC) and other district level and local level government authorities and non-governmental stakeholders.

Background

The pandemic of COVID-19, overwhelm health systems and further worsen the scenario for health system of Nepal. While priority is given to physical health, mental health is often neglected. Even prior to the COVID-19 outbreak, country statistics on mental health conditions were already bleak. An ongoing, long-standing issue is that mental health- has always been heavily underfunded. Countries spend on average only 2% of their health budgets on mental health. Given the increased long-term needs caused by the pandemic, this is the time to address inequity and organize affordable community-based services that are effective and protective of people's human rights as part of any national COVID-19 recovery plan. A significant proportion of mental health needs in the country is unmet, and this has substantial effects on the social ecology and economic stability of communities. Key, vulnerable, and marginalized communities especially PLHIVs with layered

social and economic vulnerabilities are at the center of these synergistic epidemics, or syndemics, which have interacting effects that amplify disease burden in the populations they affect.

However, the pandemic has also brought discussions and awareness of mental health to the forefront. This is especially crucial for a country like ours - where stigma, taboo and discrimination still heavily surround mental health - we are at an opportune moment to normalize the narrative of mental health. The pandemic presents a critical opportunity to reimagine mental health care. Positive coping mechanisms and good practices are reported to be emerging in different provincial governments and communities. Actions are being taken and organizations are introducing innovative initiatives to help overcome challenges and working to help meet mental health needs during these extraordinary times. However, to sustain this and to reduce overall stigma regarding mental health will require sustained effort over months and years as the full impact of the pandemic is felt by communities across the country.

While health is the complete state of physical, mental, and emotional well-being and not merely the absence of disease (WHO definition), health responses in the country have mostly been ignoring mental health - policy frameworks, in programming, in budget allocations. The same has been true for the most part even in community and CS-led health interventions. We across the Trishuli Plus Community Action Group partnership recognized the above as an issue. We also know that for PLHIV, key, vulnerable, and marginalized communities, and additionally in a pandemic context, there are special considerations and challenges that emerge and that need to be addressed. Otherwise, we fail our communities and a big component of their health needs. While there has been more noise/attention to the issue of mental health in the last years, there has been a dearth in community-centered and -led discussions to identify the scope and range of issues around mental health of KVP communities to contribute to the framing of the issue and identifying short-term and long-term responses needed from different stakeholders to address these (including on the side of communities and civil society and how we embed mental health on our work on broader health issues).

Rationale

Mental health issue among People living with TB and HIV are emerging due to infection itself, side effects of the medicine, socioeconomic factors like, livelihood, stigma and discrimination. Considering the unavailability of such services, Trishuli Plus through the support of Global fund national grant has initiated the countries first mental health screening and referral service. The initial objective of the intervention is to establish a center and to coordinate with national partners for full fledge mental health intervention among people living with TB and HIV.

Objectives

- To establish a community based mental health counselling and referral center in Kathmandu.
- To provide mental health counselling and screening services to the client by using standard tools developed by the WHO.
- To refer the clients to mental health expert depending upon the nature of problem.

Activities

- **Activity 1:** Establishment of screening and referral center in Kathmandu
- **Activity 2:** National coordination strategy meeting with WHO and implementing partner to review and plan intervention in current mental health program.
- **Activity 3:** High level panel discussion on “Interlink: Mental Health and Substances Abuse.”
- **Activity 4:** Interaction and Orientation with Community Health Workers and Health post In-charges on Suicide Prevention
- **Activity 5:** Advocacy meeting with Local Government on Mental Health
- **Activity 6:** Sensitization workshop on COVID and mental health with CHBC worker and peer navigator

Description of activities

Activity 1: Establishment of screening and referral center in Kathmandu

An office has been set up in Kathmandu as the screening and referral center in Manamaiju, Kathmandu after the contract amendment with Save the children (PR, Global fund national grant). The organization cost was shared by Trishuli Plus for house rent and other office set up. The office has been successfully in operation since august 2022. All the necessary commodities have been arranged and an office support staff was hired.

Activity 2: National coordination strategy meeting with WHO and implementing partner to review and plan intervention in current mental health program.

A strategy meeting with the World Health Organization (WHO) and implementing partners was organized on September 26, 2022, at Sky Restaurant, Samakhusi. It was a collaborative meeting to bring together key stakeholders involved in the current global fund program (TB and HIV). The meeting reviewed the progress made in the program so far, identified gaps and challenges, and designed a plan to build interventions that are tailored to meet the specific needs of the target population. The meeting also reflected on the ongoing programs and the need to develop evidence-based intervention plans that are aligned with WHO guidelines and standards. The meeting was summarized by the necessity of mobilizing available resources to implement the intervention effectively and sustainably. An hour-long strategy meeting was facilitated by Mr. Achut Sitaula, and the recommendations of the meeting were documented for advocacy purposes. To conclude, a

strategy meeting with the WHO and implementing partners was organized to ensure that the intervention plan of the global fund program is well-designed, evidence-based, and effectively implemented to achieve the desired outcomes.

Activity 3: High level panel discussion on “Interlink: Mental Health and Substances Abuse”

A Panel discussion on “Interlink: Mental Health and Substances Abuse” was held on 26th September 2022 at sky restaurant, Samakhushi after the coordination meeting. The discussion was conducted to bring attention to the significant interplay between mental health and substance abuse. The discussion aimed to highlight the importance of addressing both mental health and substance abuse issues together, as they often co-occur and can have a significant impact on an individual's overall well-being. The agenda for the discussion was mainly focused on Understanding on Interlinkage between mental health and substances abuse and Pattern of Mental health care seeking behavior among drug users and identified barriers. The panelists for the discussion were invited based on the expertise, experience of panelists and the diversity of themes that mental health and drug abuses can be interlinked. The discussion had participants from government bodies, INGOS, County co-ordination mechanism (CCM), National association of people living with HIV/AIDS, community based social organizations, and people who use drugs activists. The discussion was facilitated by Mr. Achut Sitaula, Executive Director of Trishuli Plus.

Activity 4: Interaction and Orientation with Community Health Workers and Health post In-charges on Suicide Prevention

On the occasion of World Suicidal Prevention Day, with the theme “Creating Hopes through Actions”, a interaction and orientation with the community Health Workers (FCHVs) and Health post in charge of Tokha Municipality was conducted on 10th Sep 2022 at OBC cafe, Manamaiju, Kathmandu. A total of 23 Community Health Workers and Health post In-charges were oriented on the program. Suicide prevention requires a multi-sectoral approach and involves identifying risk factors, promoting protective factors, and intervening at various levels. Community health workers and health post in-charges are crucial frontline healthcare workers who are often the first point of contact for individuals who may be at risk of suicide. They play a critical role in identifying individuals who may be at risk, providing support, and referring them for further assessment and treatment. Thus, identifying this, we provided an orientation on suicide prevention to community health workers and health post in-charges, to develop the necessary skills and knowledge in them so they can identify individuals at risk of suicide and provide appropriate support and referrals.

The orientation focused on Suicide, its causes, risk factors, fatality and preventive measures of suicide and mental disorders. National and international data, its symptoms, and treatment were also shared. Besides, Brainstorming was done to assess the participant’s knowledge and the situation of community and perception of people on mental health and psychological disorders. The orientation also helped to reduce the stigma associated with suicide and mental health issues, promoting a more supportive and understanding community.

Activity 5: Advocacy meeting with Local Government on Mental Health

A follow up meeting was held with Tokha municipality on 16th September to advocate, plan and prioritize mental health as one of the priority programs of the municipality. It was organized as a follow up meeting after the orientation meeting with Community Health worker and health post in charges on World Suicidal Prevention Day. The meeting focused on developing an action plan for further activities on mental health, through discussion with the participants. The total number of participants of the event was 24 and the leaders of the municipality including Mayor, Ward Chairperson, Representatives of Health Section of municipality attended and addressed the program. The advocacy meeting led to policy prioritization on mental health. It has also convinced them to identify issues related to mental health screening and services at the municipality. The meeting has also improved collaboration with local government officials and has been the starting point for ongoing communication and collaboration, leading to more effective and coordinated efforts to address mental health issues in the community.

Activity 6: Sensitization workshop on COVID and mental health with CHBC worker and peer navigator

A Sensitization workshop on COVID-19 and mental health was conducted in Dhnagadhi and Chitwan with CHBC worker and peer navigator to increase awareness on mental health among them. The workshop highlighted the necessity of integrating mental health into TB and HIV screening and treatment. The affected communities are at high risk of developing mental health problems, after they get diagnosed/while they are in treatment. Thus, the sensitization workshop was successful in creating awareness among field workers that assessment of mental health of clients should be done before enrolling them in service or while, providing the course of treatment or referring them for needful intervention, such as providing psychosocial counseling if needed. A total of 65 participants (35 at dhangadhi and 30 at Chitwan) have been sensitized till now.

Conclusion and Achievement

The Mental health screening and referral program, thus, so far has been learning phase for us. We are currently in the trial phase of our project, we have been understanding the community scenario, testing the feasibility and effectiveness of our approach in identifying individuals at risk of mental health issues and connecting them with appropriate resources and support. Six major activities as proposed have been successfully implemented and have been planned to expand further. The project was successful in working with government at local level, working with them, and implementing activities to promote advocacy and mental health services.

The mental health screening and referral center has so far screened, counselled, and provided cognitive behavior therapy to more than 100 individuals (including HIV infected, TB affected, Drug users) since august to December 2022. The services have been provided for 5 months in the year 2022. Along with this, depending upon the nature of the problem, more than 20 individuals

have been referred to TU Teaching Hospital and Patan Hospital for further diagnosis of the problem.

Month	Number of individuals (service provided)
August	20
September	20
October	30
November	35
December	20
Total	125

Challenges

As the data on mental health among key and vulnerable population is scarce, it was a challenge in the beginning to plan for the program. While we moved forward it was challenging to implement as Mental illness is often stigmatized, and many people are still reluctant to disclose their mental health concerns. This made us difficult to identify individuals who need mental health support. In addition to this, it is still challenging to convince field workers and people working at the community level the importance and the appropriate technique of screening mental health issues among key and vulnerable population as it has been hardly into practice. Also, the resources and the tools to intervene mental health issues are scarce, leaving low resources for mental health screening and referral programs. Another challenge for us has been identifying intervention areas despite the commitment of government bodies to prioritize mental health, they are clueless about where and how to start.

Ways forward

We look forward to expanding and further strengthening the activities across the seven different provinces. In the coming year, we aim to focus on

- Generating data by using existing mechanisms like CCC, CHBC, prevention partners and government health facilities. (As it doesn't require additional resources, we can use some checklist, adding with CHBC dairy, outreach dairy, as tools to generate the data among PLWD TB and HIV.
- An assessment or research among key and vulnerable population like PLWD
- Initiating Hot line service focusing key and vulnerable population like PLWD across the country
- Expanding sensitization workshop on mental health with CHBC worker and peer navigator at seven different provinces
- Frequent advocacy meeting with Local Government on Mental Health
- Hiring of Psycho-social counsellor

Annex

Annex 1: Photos



Advocacy meeting with Local Government on Mental Health



High level panel discussion on "Interlink: Mental Health and Substances Abuse."



Interaction and Orientation with Community Health Workers and Health post In-charges on Suicide Prevention



Sensitization workshop on COVID and mental health with CHBC worker and peer navigator