

MENTAL HEALTH AND DEVELOPMENT SCALING UP



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BasicNeeds 2010 Annual Impact Report

BasicNeeds
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Chris Underhill interacting with a user from Uganda

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Cover picture: *Mariama, from Yendi, Ghana suffered from schizophrenia from her teens. She used to wander, ramble incoherently and expose herself. Her loving family cared for her for 10 years until she found treatment through BasicNeeds' outreach work a month before this image was taken. She is responding well to treatment, and is polite and lucid, though she still has occasional lapses. She is weak and has headaches from the medication, but is proud that she is now well enough to fetch water from the well.*

DIRECTOR'S MESSAGE

Dear Friends,

We are extremely proud and grateful to share with you BasicNeeds' accomplishments as the largest international organization serving the basic needs and rights of people with mental illness and epilepsy in the developing world. Over the past year, we have dedicated ourselves to the sustainable scale-up of services by strengthening existing systems of care and by adding new systems of care in under-served areas.

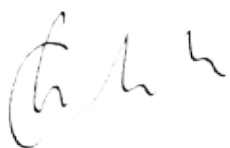
BasicNeeds' accomplishments in 2010 include reaching 44,494 people with mental illness and epilepsy, improving their health, financial well-being, and social acceptance. Sixty-two percent of those people have gained the capacity to work productively or continue their education. In addition, 20,714 recovering individuals and care givers are members of 735 self help groups. In 2010, we also started operations in Vietnam and initiated feasibility studies in China, Pakistan, Haiti, and the United Kingdom.

The life transformations that we witness daily are our inspiration - transformations that are driven by self-determination, hope, and recognition of individual human rights. BasicNeeds is committed to bringing hope to millions of people living in a world of poverty, stigma, and isolation, with no option for effective mental health treatment.

Building on ten years of success in mental health and development, this year BasicNeeds has focused on scaling up mental health services. Our goal remains unchanged: to bridge the gap between the few who have access to mental health services in developing countries, and the vast majority who do not. However this year, we deliberately evaluated BasicNeeds' Mental Health and Development Model in this light, and began implementing a 'business strategy' that will enable large-scale implementation. The creation of a social franchise is central to the strategy.

We are fortunate to be buoyed in our endeavours by the respect of our partners in the global mental health community, and by international attention on the mental health treatment gap. BasicNeeds' approach fits squarely in the World Health Organization's mhGAP Programme which addresses scaling up care for mental illness, neurological disease, and substance abuse in low- and middle-income countries. With a strong presence in nine countries and having served 85,308 users since 2000, BasicNeeds is at the forefront of this initiative. We are grateful to be in a position to share our insights on the important scale-up questions that are being discussed internationally. In this report, we share those insights and our excitement about the future of mental health and development.

Please join me in renewing our commitment to closing the mental health treatment gap with effective, sustainable, community-based mental health services.



Chris Underhill
Founder Director, BasicNeeds

OVERVIEW OF 2010 IMPACTS

Transforming Lives

With holistic, community-based services

Daoudi has schizophrenia. He lives in poverty in a rural village in Kenya. He is well dressed, all smiles and talks about his plans to get a cow and use it to earn an income. He has plans for his life and a supportive group of people who are going to help him achieve his goals. He is a completely different person than the violent, dirty, hopeless young man that BasicNeeds found living in isolation, ostracized by his community. Like so many of the people participating in BasicNeeds programs, Daoudi's life is transformed, as are the lives of his family and community members.

Served 44,494 people with mental illness or epilepsy.

63% Reduced Symptoms




62% Working

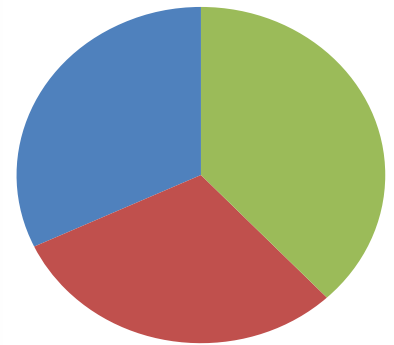
Supported 37,486 care givers.

Livelihoods



Abiba Sulemana
from Accra, Ghana
recovered from
Schizophrenia and
with support from
BasicNeeds she
now produces
and sells
kenkey,
a local
maize
meal.

- Earning (32%) 
- Productive Work (30%) 
- Unable to work (38%) 



Maximizing Impacts

Through capacity building

BasicNeeds' programme in Nepal operates in the remote mountainous districts of Baglung and Myagdi. In partnership with the regional hospital in Pokhara (50 kilometres away), district hospitals, and LEADS (a local NGO), we have trained primary health care workers to recognize and provide appropriate community-based care for mental illness and epilepsy. As partners, we leverage one another's resources and build the capacity of the public health system to meet the rapidly increasing demand for services. Where not long ago there was little awareness or understanding of mental illness, a complete lack of mental health services, and no trained mental health professionals, now there are integrated mental health services available in the communities.

Partnered with 81 organizations to strengthen capacity and deliver services.

Extended reach to 9 Countries and 74 districts working within existing public health systems.

£2.3 Million Expenses
44,494 People Served = **Fifty Pounds per person**

Dr. Odonkor,
Consultant
Psychiatrist from
Ghana consulting
a patient during an
outreach clinic in
Lawra in the Upper
West Region of
Ghana



BASICNEEDS

"I am able to help my family with housework. I am able to go to the temple and talk to old friends. I feel more calm and peaceful, not afraid any more of people taking my stuff. I'm now a new person." **Mun Angvatsa, Lao PDR**

BasicNeeds believes that mental health is a right, not a privilege. For millions of people who are living in poverty, this is not the case. For them, mental illness is a world of isolation, fear, abuse and neglect. Everyday life can be devoid of compassion when affected individuals and their families also struggle to cope with poverty. BasicNeeds was founded in 1999 to transform lives of people living with mental illness and epilepsy in the world's poorest communities. We succeed by providing community-based access to integrated health, social, and economic services. In the process, we empower individuals, involve families and communities, and partner with other organisations to expand our reach and influence public opinion and government policy. Since 2000, BasicNeeds has reached 85,308 people with mental illness or epilepsy, addressing the right to life, health, work and dignity.

Our Purpose

Our purpose is to enable people with mental illness or epilepsy to live and work successfully in their own communities.



Bung On Mun Khong from Sikhottabong District, Vientiane Capital in Lao PDR, recovered from severe Schizophrenia through the support of BasicNeeds. She is now back to wrapping cigarettes for sale.

Our Approach

Our approach is holistic and explicitly links mental health and development. BasicNeeds recognizes that the only way to bring about and sustain positive change for poor people with mental illness and epilepsy is to concurrently address related health, social, and economic concerns. Therefore our Mental Health and Development Model consists of five inter-related modules:

Capacity building. Building the capacity of partners, including self help groups (SHGs), NGOs, government health workers, and community-based workers.

Community mental health. Mobilizing psychiatric clinicians from the public sector and health workers from the community to coordinate mental health clinics in community health centres.

Sustainable livelihoods. Supporting individuals with mental illness or epilepsy, their families, and SHGs in engaging in productive activities, by linking them to employers and/or micro-financing.

Research. Bridging the gap between policy and practice by conducting research on programme outcomes and promoting mental health policy reforms.

Management and administration. Managing partnerships, human resources, accounts, and information systems to inform programme evaluation and planning.



IMPROVING QUALITY OF LIFE

In 2010 BasicNeeds worked with 44,494 users and their families from nine countries to help them access mental health treatment, contribute to household productivity, and gain social acceptance. Our integrated, community-based approach to mental health and development focuses on self-development and enables program participants to significantly improve their own quality of life.

Transformed Lives

“I used to think I was useless. I would attend the clinic at the hospital, even the fellowship meetings and say nothing. I would just listen to people talking. I didn’t believe I had anything to offer. But my life has now changed. Not only have I understood my illness, I have no symptoms now. I am a member of a self help group that cares for me. We have been able to start working and improving our lives and this is the greatest gift. The response from the community has given us a lot of hope. They now want to associate with us.” **Resty, recovering from Bipolar Disorder, Masaka District, Uganda**

Mental health and neurological conditions commonly seen among BasicNeeds’ users vary widely and by country. Program participants with epilepsy constituted 46% of all users in 2010. These users are concentrated in Ghana, Uganda, and Tanzania, and half of them are adolescents and children. Schizophrenia and psychosis are the next most common diagnoses at 11% and 10%, respectively.

BasicNeeds is increasingly targeting programs to vulnerable children. Overall, almost 30% of users in 2010 were adolescents and children. In Tanzania, we are working with 3,307 children who are either orphans or their parents are suffering from terminal disease. In Sri Lanka, we have a programme for 3,559 vulnerable children who are war victims, orphans, or from broken homes. Additionally, BasicNeeds is supporting 357 young carers - adolescents and children who are caring for family members with mental illness.



Children from Teso Region in Uganda drawing their experiences with mental illness during a field consultation.

2010 IMPACTS	
Users:	44,494
New in 2010	9,316
Reduced symptoms	63%
Earning income	32%
Doing productive work	30%
Carers:	37,486
Self Help Groups:	735
Total members	20,714
Users	65%
Care-givers	35%

2010 PARTICIPANTS	
Country	Participants
Kenya	5,903
Uganda	7,447
Tanzania	4,001
Ghana	17,720
Sri Lanka	4,552
Lao PDR	829
India	3,858
Nepal	184
Total	44,494

In 2010, 63% of users experienced reduced symptoms, and 62% are now earning income or engaged in other productive work or education. In addition, 20,714 recovering individuals and carers are members of 735 self help groups.

While the statistics provide a sense of the scope of BasicNeeds impact, it is the stories that are the most powerful indicators of the programmes' successes. Everyday we witness simple, but life-changing, quality of life improvements resulting from reduced symptoms and increased functional capabilities for both users and carers.

Access to Treatment and Care

"I used to walk from Acowa to Soroti to get medicines for my two children with epilepsy. I had no money to take public transport so I would start the journey early in the morning. Sometimes I would be forced to sleep on the way if it got too late. Many times I got to the Soroti Hospital and there were no medicines. I wouldn't have money to buy from the private drug shops. I would feel very discouraged for wasting this time but what else can I do for my children? I thank God now my life has changed. My children now get treatment near our home." **Oketele Sam Acowa, Uganda**

Gaining access to treatment and care is a key factor in improving quality of life for BasicNeeds' programme participants. Working with local government health facilities, BasicNeeds strives to bring services closer to those in need. We do this through hospitals, health centres, dispensaries, community clinics, and government community support centres. With the exception of some hospitals, these facilities had no mental health services prior to their involvement with BasicNeeds. In 2010, the distance from programme participants' homes to mental health services ranged from 1 to 10 kilometres, which is manageable for most participants. BasicNeeds also uses community health workers for follow-up home visits.

Considerable progress has been made in increasing access to services, but shortages of medicines remains a problem, particularly at this scaling-up phase when our programmes are experiencing exponential growth in demand for mental health services. When BasicNeeds starts a programme in a new location, we supply the medicines. As the programme progresses and governments take more ownership, medicines come through the government supply system. However, reliably keeping up with increased demand is a significant challenge for government systems.



A Psychiatrist consulting mental health service users at a BasicNeeds supported clinic in Lao PDR

Meaningful Contributions

Bandula, from Southern Sri Lanka, was working overseas when he was diagnosed with schizophrenia and sent home. Although he was treated at the hospital in Karapitya, Galle, he did not take his medicines regularly, and his condition worsened. His wife and two children left him, and Bandulla returned to his home town. It was in this rural village that he got involved with BasicNeeds. The programme encouraged him to take his medicine regularly and enlisted his parents' support. In due course, Bandula found employment in a bicycle repair shop, gaining the confidence and skills needed to start his own business. BasicNeeds assisted him in buying tools, and now he works independently as a mechanic, earning about 7000 Sri Lankan rupees a month.

For persons recovering from mental illness, gaining (or regaining) ability to work and contribute positively to household productivity is essential to sustained recovery. Livelihood support is an explicit element of BasicNeeds' approach. We work with individuals and groups to realize their earning potential, providing training and "seed" funds for a wide range of activities, often related to farming or skilled trades.

Country	Average Income earned by participants
Ghana	£15.00 (\$24) to £60 (\$97) per month
Tanzania	£62.00 (\$100) per month
Sri Lanka	£2.80 (\$4.5) to £84 (\$236) per month
India	£13.60 (\$22) to \$137 (\$221) per month
Lao PDR	£0.62 (\$1) to £5 (\$8) per day

In particular, BasicNeeds supports community enterprise building through self help groups. SHGs in all countries are very effective conduits for collective work that not only provides income for its members, but also builds their confidence and entrepreneurial skills. BasicNeeds typically guides the groups through a series of activities to establish their collective livelihood activity. In the end, the groups are well-equipped to independently manage their businesses.

In addition, our work with children aims to increase school attendance. Across BasicNeeds' programmes, 2,971 children of 8,465 total are now in school. In Tanzania, of the 109 young carers involved in a special project, 87 are attending schools, 17 are doing productive work, and five are in vocational training.



Woman from Sri Lanka recovering from mental illness

¹ This range is the same across all programmes except Lao PDR where distances can be up to 30 kilometres

Social Acceptance and Inclusion

“I used not to be greeted let alone asked to contribute to any discussion. They made me feel I never existed anytime they were having their discussions. Now, members of my family don’t only inquire after me but ask my opinion about ongoing discussions.” **Awinbono, Ghana**

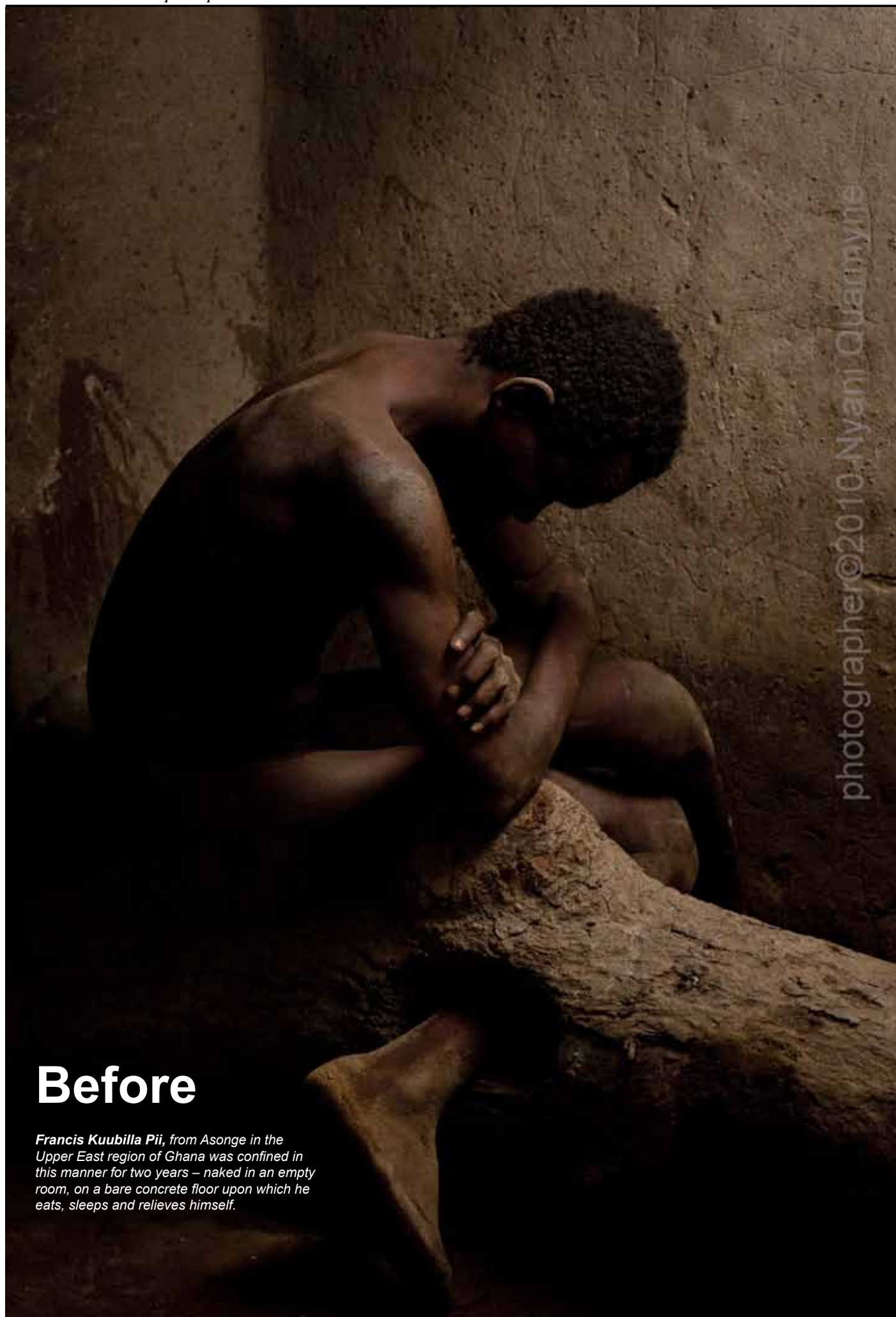
BasicNeeds’ users routinely report that being able to participate in family and community activities is their most desired change, and we find that such inclusion is paramount to their recovery. In the countries where BasicNeeds works, there are strong social expectations placed on men and women to fulfil responsibilities of their gender roles. In these cultural settings, inability to meet expectations can result in blame, disrespect, abuse, and abandonment. According to BasicNeeds’ programme participants, one of the strongest impacts is the ability to fulfill household responsibilities.

BasicNeeds works principally through community-based SHGs. At their heart, these groups provide simple, informal, psychosocial support. They encourage and capacitate people with mental illness and their families to take charge of their lives. For people who have experienced exclusion for many years, the impact of being part of an accepted and supported group can be transformational. The SHG meetings and activities bring visibility to the group and its members, helping to demonstrate their ability to participate in group activities and do gainful work. This, in turn, earns them recognition in the community and self-confidence.



Community members of Mukuuni in Meru South District in Kenya sharing their views on mental illnesses during a community animation meeting.

The empowerment of SHGs also takes the experience of inclusion beyond family and community to regional and national levels. In Kenya, 1,200 users obtained voter identity cards and were able to participate in a referendum that ushered in Kenya’s new constitution. In Ghana, 980 users were able to get health insurance coverage.



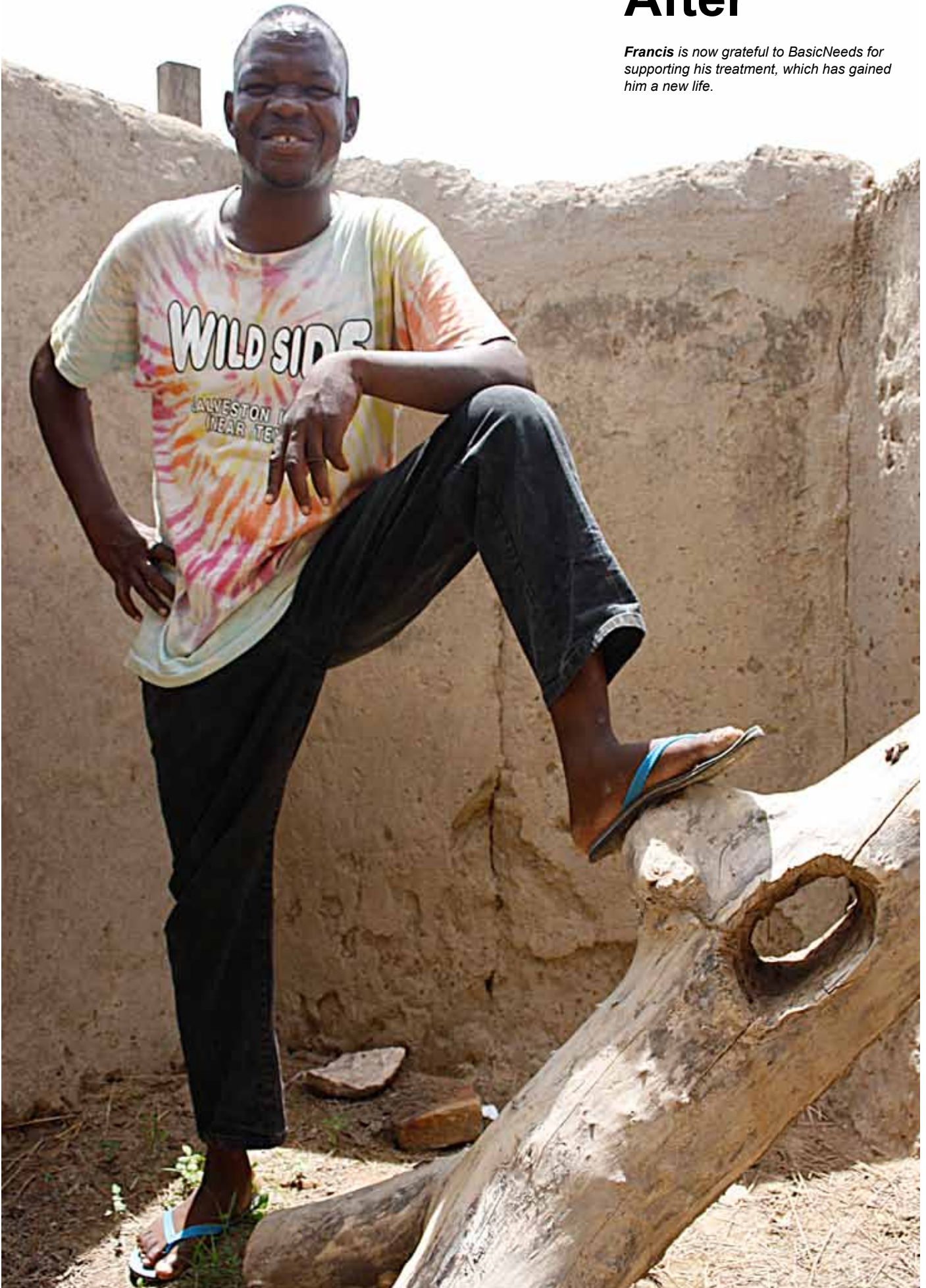
photographer©2010-Nyani Quarantyne

Before

Francis Kuubilla Pii, from Asonge in the Upper East region of Ghana was confined in this manner for two years – naked in an empty room, on a bare concrete floor upon which he eats, sleeps and relieves himself.

After

Francis is now grateful to BasicNeeds for supporting his treatment, which has gained him a new life.



INFLUENCING SYSTEMS OF CARE

Mental health systems of care throughout the developing world are made up of multiple and diverse stakeholders, institutional structures, models of practice, and existing policies. The BasicNeeds' Mental Health and Development Model works throughout the system addressing all interrelated aspects.

Mental Health Practice

“Although the country has a widespread primary health care system, most government service delivery mechanisms do not link with it or use it effectively. However, BasicNeeds has used this structure well to improve services on mental health.” **Secretary of the Sri Lanka Ministry of Health**

All BasicNeeds' programmes work in close partnership with the existing public health systems and local NGOs, mobilizing financial and staff resources to address mental health in situations where services were previously non-existent. Over time, the infrastructure, service opportunities, access, and staff skills have improved dramatically, such that the poor now have an option for mental health care.

For example, BasicNeeds programme in Nepal operates in the remote mountainous districts of Baglung and Myagdi where previous to BasicNeeds' programme, there was little awareness or understanding of mental illness, a complete lack of mental health services, and no trained mental health professionals. The nearest mental health service was 50 kilometres away at the regional hospital in Pokhara. In partnership with the regional hospital, district hospitals, and LEADS (a local NGO), BasicNeeds held field consultations and mental health camps which brought 184 people with mental illness or epilepsy to the programme in the first five months of operation. They were examined by a psychiatrist and received appropriate treatment and medications. This initial success led to a rapidly increasing number of users at subsequent camps, as well as the need for follow-up clinics at health posts and district hospitals. BasicNeeds and its partners responded by expanding training of primary health care staff in the districts. We also arranged for remote, real-time coaching and supervision for newly-trained health personnel, via cell phone, from the psychiatrist at the regional hospital. For the first time, rural health facilities and district hospitals are now providing mental health services in Baglung and Myagdi.



This is an outreach clinic started by BasicNeeds that became self-sustaining in 2010 with the help of a grant by Kenya Power & Lighting Co. Ltd.

In all nine countries where BasicNeeds works, we experience similar situations and are able to provide access to mental health services for the poor, collaborating not only with primary health services, but also with other government departments, community leaders, traditional healers, and private businesses. These partnerships help us to leverage resources. In particular, our partnerships with economic development departments and local businesses, allow our programmes to tap into development resources that support livelihood opportunities for programme participants.

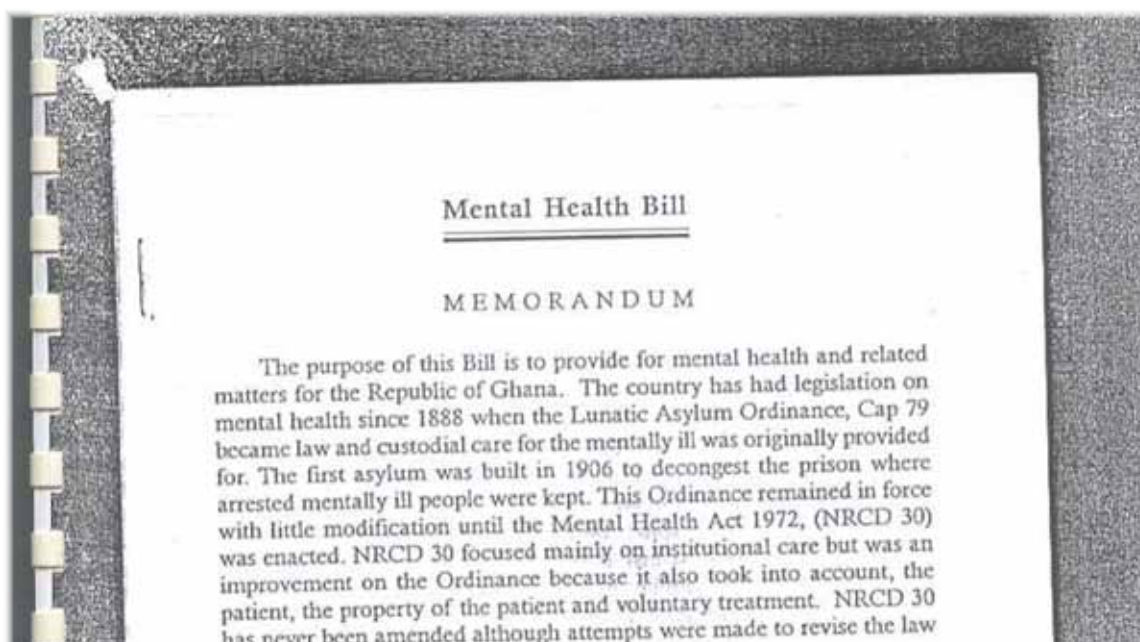
Mental Health Policy

At a recent event launching BasicNeeds' photographic essay, entitled Ghana – A Picture of Mental Health, Ghana's Minister of Health, Joseph Yiekeh, attested to how the pictures in the essay illustrate the poor state of mental health in Ghana. The minister used the opportunity to explain the pending mental health bill, which BasicNeeds was instrumental in drafting, and he pledged his Ministry's support of its passage.

Demonstrating the effectiveness of community-based mental health services and implementing programmes in close partnerships with government not only influences mental health practice, but also influences policy makers. BasicNeeds programmes have played significant roles in national mental health policy reforms.

For example in Uganda, BasicNeeds was instrumental in developing the *National Strategy on Mental Neurological Substance Abuse Disorders Policy*. We brought 300 users and carers from SHGs together in a review of the draft mental health bill and policy. In Kenya, 28 civil society leaders from disability, health, and social development sectors joined BasicNeeds to form a lobby for the implementation of the *Mental Health Policy and Legislation*. In addition, BasicNeeds supported users in their contribution to the development of the draft *Kenya Social Protection Policy*. In Tanzania, BasicNeeds organized a one-day, national community mental health review meeting to discuss the improvement of mental health care in Tanzania with policy makers. In Ghana, BasicNeeds' was closely involved with the select committee of Parliament for Health in passage of the *Mental Health Bill*. In Sri Lanka, BasicNeeds was invited by the Directorate of Mental Health to prepare a manual for carers of mental health service users. In Lao PDR, BasicNeeds' was invited by the Ministry of Health to a consultation meeting on the establishment of provincial mental health teams in the central and southern provinces. In Nepal, BasicNeeds' partner, LEADS, was invited to the government's health performance review workshop to present the *Mental Health and Development Model*.

In order to build a wide base of support for these and other mental health policy reforms, BasicNeeds' programmes have strategically linked into existing civil society networks and a range of stakeholders both within and outside of psychiatry.



A draft mental health bill currently before the Parliament of Ghana.

Advocacy

I was working in my office one day last month, when my secretary told me I had guests from a group of persons with mental disorders from Obalanga. They wanted to talk to me personally. I was both amused and confused not knowing what to expect. They came in and presented their problem. Over 200 of them were at a clinic waiting for treatment and the health centre had no medicines for them. They were very serious and knowledgeable but also polite. I had to instruct the Amuria Health Centre IV to deliver whatever medicines they had to Obalanga right away. You see the community are also our eyes and ears. If all people were empowered like these, then maybe the health workers would take their work seriously. **Stephen Malinga, Chief Administrative Officer, Amuria District, Uganda**

Empowered by success in their communities, many SHGs are expanding their influence as they grow into user movements advocating for their rights at district and national levels. In Uganda, 36 representatives of 29 SHGs attended planning meetings at district and subcounty levels, advocating for community health workers, mental health funding, psychotropic medicines, mental health outreach clinics, and inclusion in poverty reduction programmes. BasicNeeds also brought together 13 civil society organizations to form the first Ugandan advocacy coalition on mental health, Mental Health Advocacy Forum. In Kenya, SHG group members in Nyandarua South served on the district health stakeholder committee to monitor mental health service implementation. Their participation will increase access to resources in primary care. In Ghana, users from BasicNeeds' SHGs joined forces in the Alliance for Mental Health and Development, which is comprised of BasicNeeds' partners, Ghana Health Services and other civil society organisations. Together as the Mental Health Society of Ghana (MEHSOG), 8,900 users and carers are raising their collective voice to promote the well-being of people with mental illness and epilepsy, and to advocate for the advancement of mental health.

BasicNeeds' SHGs are also forging links with other large national and international mental health user movements, including Pan African Network of Users and Survivors of Psychiatry (PANUSP), Mental Health Uganda, the Ghana Federation of the Disabled, and the Lao Disabled People Association. User movements supported by BasicNeeds are linking into a global network of users and carers.



The Mental Health Society of Ghana (MEHSOG)

MEHSOG is a Ghanaian-registered NGO with a membership of 8,900 users and carers. MEHSOG brings together users from 183 BasicNeeds' supported SHGs and 43 District Associations with the Ghanaian chapter of the international user network, MINDFREEDOM. MEHSOG's three-tiered structure is a platform for civic engagement of people with mental illness and epilepsy, and for cross-fertilization of ideas.

In 2010, MEHSOG's members engaged in high level, public discussions with Ministry of Health officials on issues faced by women with mental illness. They also took part in a radio programme addressing issues of stigma, discrimination, the supply of psychotropic medicines, and registration of people with mental illness or epilepsy in national health insurance.

International Alliances

“... you are certainly doing great work; I don't know of any other NGO working on mental health so contted to research and evidence!” **Paul Bolton, Associate Scientist, John Hopkins Bloomberg School of Public Health**



Shoba Raja, BasicNeeds

Field operations continue to provide a strong foundation for BasicNeeds' advocacy work. However, BasicNeeds' influence goes beyond the countries in which we work, to reach the international spotlight where our policy, research, and knowledge programmes are highly regarded.

BasicNeeds invests seriously in developing research-based evidence and the knowledge to inform mental health policy, and we draw from a decade of experience in nine countries. By linking research closely with programme operations, BasicNeeds is producing evidence-based knowledge that is influential in international mental health policy, practice, and planning. We collaborate closely with well-reputed academic and research institutions throughout the world on studies of medical and socio-economic interventions for mental health, and we work through influential global channels to motivate evidence-based change.

In 2010, BasicNeeds expanded its involvement in international networks, such as the Global Forum for Community Mental Health, the Movement for Global Mental Health, and British Overseas NGOs for Development (BOND). We also participated with the World Health Organization in developing the ground-breaking mhGAP Intervention Guidelines. Several of our Programme Managers are members of the US National Institute of Health's Scientific Panel for Grand Challenges in Global Mental Health, and our Director is a Special Advisor to the World Psychiatric Association's Task Force on Involving Users and Carers in Advocacy.

SCALING-UP

“BasicNeeds has established an innovative way of working with poor people with mental disorders called the Model for Mental Health and Development. Through its model BasicNeeds has proved that by working with people with mental disorders and their families in a holistic and participative way, their mental health can be improved and their levels of poverty reduced.”

Jeffery Sachs, Director, the Earth Institute, Columbia University



The Global Call

In global mental health circles, the current focus is on bridging the large treatment gap between the few who have access to mental health services in low- and moderate-income countries and the vast majority who do not receive needed services. The debate converges on the need for scaling-up care for mental, neurological, and substance abuse disorders. The discussions therefore seek to determine what ingredients go into scale-up, how can these be mustered together, how much will it cost, and how can it all be made to work together to efficiently deliver effective, affordable, mental health services on a large scale. BasicNeeds' impressive global presence, experience, and influence are being brought to bear in answering these questions.

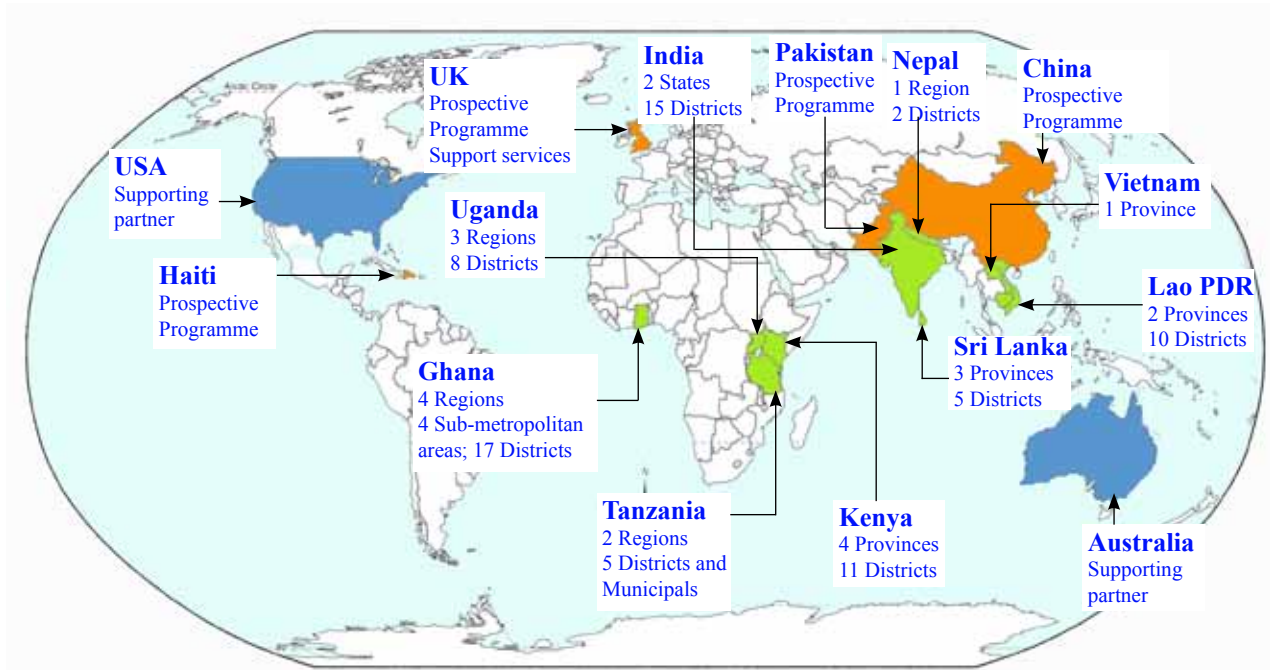
In our view, scaling-up has two important dimensions: (1) adding power to existing systems of care, and (2) adding new systems of care in under-served areas. Both are needed to increase the impact of successful mental health interventions so as to benefit more people, and to foster policy and programme development that sustains scale-up. BasicNeeds' systems-based thinking and focus on sustainability are consistent with the World Health Organization guiding principles and recommendations for scale-up.

BasicNeeds' Approach

BasicNeeds' *Mental Health and Development Model* is designed for sustainability and scale-up. Its multi-stakeholder implementation builds capacity of community health workers, self help groups, partner organizations, local health authorities, and civil society organizations to effectively address mental health. The increased capacity of these partners fuels scale-up. Adding power to existing systems occurs both on the demand side (users and families) and the supply side (service providers). The scale-up process starts on the demand side, in community consultations with users and carers, progressively developing through SHGs, federations and national user associations. On the supply side, BasicNeeds has successfully integrated mental health into primary care, increasing the competence of primary health care providers in diagnosing and treating mental health disorders. This, in turn, has informed government ministries and policy makers. In each of our country programmes, we are steadily expanding the stakeholder base. Larger NGOs, growing networks of users, more professionals involved in advocacy, newly formed alliances, and burgeoning user movements, all offer immense potential for both adding power to existing systems of care and adding new systems of care in under-served areas.

BasicNeeds' Reach

When it was created in 2000 the BasicNeeds' Mental Health and Development Model was an innovation that brought development theory and practice to community-based mental health interventions. BasicNeeds' strategy for scale-up is being driven by the demonstrated success of the model in providing comprehensive services to large numbers of people suffering from mental illness and epilepsy. Based on 10 years of experience and learning, we have now adapted and applied the model in 74 districts in nine countries – India, Sri Lanka, Ghana, Tanzania, Uganda, Kenya, Lao PDR, Nepal, and Vietnam.



We are currently doing feasibility studies in China, Pakistan and Haiti. In addition, we will soon be starting a programme in Gloucestershire UK. Our base of operations is in Leamington, UK, and we have partner organisations in the U.S. and Australia which provide technical, administrative, advocacy, and programme support. Our strong international presence and broad reach make BasicNeeds the largest global operator in mental health.

BasicNeeds' Strategic Plan incorporates scale-up plans that strive to reach 150,000 users and their families by 2013. Central to the strategy is the creation of a 'social franchise' for implementation of BasicNeeds' *Mental Health and Development Model*. This approach to scale-up takes advantage of partnership opportunities with the many local NGO's operating to address the needs of vulnerable people throughout the world. Any organisation interested in adding a mental health component to their services can establish a franchise with BasicNeeds to operate the model. Franchisees will be trained and receive BasicNeeds' Operations Manual and Training Tool Kit. Underpinning the social franchise is a Quality Assurance System that will ensure compliance with high quality standards.

Emerging Lessons for Scale-up

BasicNeeds' ten-years of growth, expansion, and learning, together with our new business model for scale-up, offer lessons, ideas and potential answers to the scale-up questions that are being discussed in the field of global mental health. Below, we list some of the most important lessons that we bring to the table.

- Respect for human rights is the fundamental principle guiding scale-up.
- Related rights-based advocacy is an important ingredient in adding power to existing systems of care and in adding new systems of care in under-served areas.
- Community-based, accessible services are the only way to reach poor people needing services in low- and middle-income countries.
- Integrated, holistic services – medical, social, economic – are important to the effectiveness of mental health interventions.
- Working in partnership with existing government health and development programs, and within existing public health systems, is essential for growth and sustainability.
- Public health systems' limited supplies of psychotropic drugs constrain scale-up, as demand for mental health services increases.
- Rigorous, evidence-based evaluation studies must be built into scale-up plans to ensure effectiveness and quality of care.

As BasicNeeds looks ahead, we envision a world that builds on these lessons from the past to bring high quality mental health care to all. Poverty, geography, cultural beliefs, and stigma will no longer be impediments to this basic human right.



DONATION FORM



Please consider supporting the work of BasicNeeds if you possibly can.

Regular gifts are particularly valued because they enable us to keep our administrative costs extremely low (currently administrative & governance costs are 3% of total expenditure with the cost of fundraising being a further 3%, which means that 94% of your donation is spent directly on our projects).

Regular Giving form for the U.K:

Instruction to your bank/building society to pay by bankers order in the U.K.

To the manager of bank/building society

Bank/Building society address

Postcode

Name of account holder(s)

Sort Code __ __ __ Account number:

Please pay the sum of £ on date __ __ __ __

And on the same day each month/quarter/year (please delete as appropriate)

Signature

Date

[BasicNeeds' bank details: CAF Cash Ltd, Kings Hill, West Malling, Kent, ME19 4TA.

Sort Code 40-52-40 Account number: 00007560]

Single Gift form:

I cannot commit to a regular gift but would like to donate £

And enclose a cheque payable to BasicNeeds

OR please debit my card _____

Start date..... Expiry date

Issue number Security Code (last three digits on reverse of card)

Gift Aid Declaration

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