TPO Nepal
PEACE OF MIND

Annual Report
2017

Introduction

Transcultural Psychosocial Organization Nepal (TPO Nepal) is one of Nepal's leading psychosocial organizations. It was established in 2005 with the aim of promoting psychosocial well-being and mental health of children and families in conflict affected and other vulnerable communities. TPO Nepal is a knowledge-driven, innovative organization working in areas disrupted by violence and poverty. We strive to develop local psychosocial, mental health and conflict resolution capacity and systems that promote community resilience, quality of life and self-reliance through education, research, service delivery and advocacy.

Vision

We envision conflict-resolved, resilient communities where local populations have adequate access to multi-dimensional mental health and psychosocial care systems.

Mission

We promote psychosocial well-being and mental health of children and families in conflict affected and other vulnerable communities through the development of sustainable, culturally-appropriate, community-based psychosocial support systems.

Photo: TPO Nepal team in 2017

TPO Nepal Annual Report 2017

बहुसाँस्कृतिक मनोसामाजिक संस्था नेपाल (टि.पि.ओ. नेपाल)
Transcultural Psychosocial Organization Nepal (TPO Nepal)

Message from the Chairperson

I am delighted to present TPO Nepal's annual report for the year 2017. This report gives an overview of the projects and activities implemented during this one year period as well as some key achievements brought upon by these activities. I am pleased to announce that 2,800 people were involved in capacity building activities, 6,631 received various mental health and psychosocial support services, 330 locally elected representatives were involved in advocacy related events and more than 35,000 people benefitted from awareness raising activities this year.

TPO Nepal has been continuously working since 2005 for the promotion of mental health and psychosocial well-being in Nepal. Its initial focus was on promoting psychosocial well-being and mental health of children and families in conflict affected and other vulnerable communities, such as survivors of HIV and AIDS, trafficking and torture. TPO Nepal now has an added focal area of integrating mental health into primary health care and protection system. Considering the federal structure of the country, TPO Nepal will strive for the promotion of mental health and psychosocial well-being at local, provincial and federal levels of the primary health care and protection system through research, service delivery, capacity building and advocacy.

The year 2017 was remarkable in achieving significant progress in this area through policy development and extension of community-based interventions. These achievements would not have been possible without the motivation and commitment from Ministry of Health and Population and its subordinate authorities, Ministry of Women, Children and Senior Citizen and its subordinate authorities and Social Welfare Council. I would thus like to acknowledge their tireless and unwavering support in making this progress. Furthermore, I would also like to thank all of our supporting agencies without whom we could not have reached the envisioned destination of improved mental health and psychosocial well-being in Nepal. Most importantly, I would like to express my sincere gratitude to service users, participants, and community members who have always cooperated and supported us in our journey. We, as a collaborating agency of the Government of Nepal, are committed to structure and develop our programs within the policy and provisions of the government and continue our contribution for the promotion of mental health and psychosocial well-being of people in the country.

Finally, I would like to acknowledge the great efforts and dedication of the Executive Manager and his entire team, General Members, Technical Advisors and Board Members, whose relentless efforts helped us achieve the organization's objectives in 2017. Similarly, I would also like to thank Mr. Pitambar Koirala, Ms. Mallika Chaulagain and all other colleagues for their valuable contributions in preparing this report.

Manju Adhikari
Chairperson

List of abbreviations

AIDS	:	Acquired Immune Deficiency Syndrome	KII	:	Key Informant Interview
AVP	:	Alternative to Violence Program	MHCP	:	Mental Health Care Package
CAP	:	Counseling for Alcohol Problems	mhGAP-IG	:	mental health Gap Action Programme-Intervention Guide
CBI	:	Classroom Based Intervention	MHPSS	:	Mental Health and Psychosocial Support Services
BPCB	:	Community Based Psychosocial Capacity Building	MoHP	:	Ministry of Health and Population
CFC	:	Care for Care Givers	NGO	:	Non-Governmental Organization
CIDT	:	Community Informant Detection Tool	NIMH	:	National Institute of Mental Health
CPSS	:	Child PTSD Symptom Scale	NMS	:	National Minimum Standards
CPSW	:	Community Psychosocial Worker	OCMC	:	One-stop Crisis Management Center
CTIP	:	Combating Trafficking In Persons	OPAL	:	Optimizing Provider Attitudes and competence in Learning mental health systems
DFI	:	Data in the Fight against Impunity	PFA	:	Psychological First Aid
DFID	:	Department for International Development	PGD	:	Prolonged Grief Disorder
DoHS	:	Department of Health Services	PHCRD	:	Primary Health Care Revitalization Division
DKU	:	Duke Kunshan University	PHQ	:	Patient Health Questionnaire
DSRS	:	Depression Self Rating Scale	PM+	:	Problem Management Plus
EESB	:	Early Exposure to child Sexual Behavior	PRIME	:	PRogramme For Improving Mental health CarE
EMERALD	:	Emerging Mental Health Systems in Low and Middle Income Countries	PTGI	:	Post Traumatic Growth Inventory
FCHV	:	Female Community Health Volunteers	PTSD	:	Post-Traumatic Stress Disorder
FGD	:	Focus Group Discussion	RESHAPE	:	Reducing Barriers to Mental Health Task Sharing: Stigma Reduction in Primary Care
GHRI	:	Group Harm Reduction Intervention	SGBV	:	Sexual and Gender Based Violence
GICAM	:	Group Intervention for Conflict and Anger Management	SOP	:	Standard Operating Procedures
GWU	:	George Washington University	TPO	:	Transcultural Psychosocial Organization
HAP	:	Healthy Activity Program	TRE	:	Tension and Trauma Release Exercise
HBCW	:	Home Based Care Worker	UNHCR	:	United Nations High Commissioner for Refugees
HIV	:	Human Immune-Deficiency Virus	UNICEF	:	United Nations Children's Fund
IASC	:	Inter-Agency Standing Committee	USAID	:	United States Agency for International Development
IDP	:	Internally Displaced Population	VDC	:	Village Development Committee
INGO	:	International Non-Governmental Organization	WCO	:	Women and Child Office
IMC	:	International Medical Corps	WHO	:	World Health Organization

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TPO Nepal profile (2005 – 2017)

TPO Nepal started its journey of promoting mental health and psychosocial well-being in 2005. During the initial three years, we mostly focused on the conflict-affected population. From 2008 to 2010, TPO Nepal actively worked in humanitarian settings and with other vulnerable populations such as refugees, victims of gender-based violence and HIV affected population. Since 2011, we have also been working on the integration of mental health services into the primary health care system and the promotion of psychosocial well-being among community members. Between 2005 and 2016, 75,865 people have received psychosocial support, 88,306 people have benefitted from psychosocial programs conducted in humanitarian settings, 1,29,604 people were exposed to awareness campaigns for the issues of psychosocial and mental health and 12,172 people were involved in capacity building activities.

We have conducted programs and research in 58 districts to date, out of which 14 are affected by the 2015 earthquake. We have conducted various studies in psychosocial and mental health issues and published 78 articles in international peer reviewed journals and 5 books. We have also successfully contextualized the IASC guidelines and mental health Gap Action Program version 2 (mhGAP-v2) in Nepal and provided technical support to the Government of Nepal for the development of policy documents such as (i) National Minimum Standards (NMS) and Standard Operating Procedures (SOP) for care and protection of trafficking survivors, (ii) Mainstreaming psychosocial guideline for Children Affected by AIDS, (iii) Standard Treatment Protocol for Mental Health services into the Primary Health Care system, and (iv) Community Mental Health Care Package. These policies have been implemented in the government system. We also provided technical support to National Health Training Center for the publication of various modules for mental health and psychosocial training (training and reference manuals). We have developed, adapted, and contextualized many innovations such as the Community Informant Detection Tool (CIDT), psychosocial group healing, Classroom Based Intervention (CBI), Tension/Trauma Release Exercises (TRE), and Common Threads. We have also validated several research instruments and tools in Nepal, such as Patient Health Questionnaire-9 (PHQ-9), Post Traumatic Growth Inventory (PTGI), Prolonged Grief Disorder (PGD), Depression Self Rating Scale (DSRS), and Child PTSD Symptom Scale (CPSS). We published various training manuals and publications on psychosocial aspects which have been widely used by relevant stakeholders.

Photo: An activty of empowerment on Common Threads project

Key projects

Table 1: Details of key projects

Name of the project and supporting agency	Objective of the project	Project period and geographical coverage
Provision of psychosocial support and substance abuse prevention support to refugees from Bhutan - UNHCR	To improve psychosocial well-being and reduce psychosocial distress among the Bhutanese refugees	*2008-2017* Jhapa and Morang
Combating Trafficking in Persons (CTIP) - USAID/The Asia Foundation	To promote psychosocial well-being amongst survivors of trafficking and sexual/gender based violence	*2010-2017* Kanchanpur, Banke, Kathmandu, Kavrepalanchowk, Makwanpur, Sindhupalchowk,, Ramechhap, Dolakha, Lalitpur, Nuwakot, Dhading and Rasuwa
PRogramme for Improving Mental health carE (PRIME) - DFID-UK / University of Cape Town, South Africa	To generate world-class research evidence on implementation and scaling up of treatment programs for priority mental disorders in primary health care contexts in low resource settings	*2011-2019* Chitwan
Emerging Mental Health Systems in Low and Middle Income Countries (EMERALD) - European Commission/ King's College London	To develop and evaluate strategies to strengthen the mental health care system in Nepal	*2012-2017* Kathmandu
The Data in the Fight against Impunity (DFI) - IRCT	To combine reliable and effective data to create powerful evidence based approaches	*2014-2017* Kathmandu
Jumla Mental Health Project - Heartmind International	To provide mental health services and conduct mental health research in Jumla	*2014-2019* Jumla
Integration of mental health and psychosocial support services in primary health care facilities and community settings in the post-earthquake context - International Medical Corps	To promote mental health and psychosocial well-being through integration and co-ordination of MHPSS into the existing primary health care system	*2015-2017* Gorkha, Sindhuli and Dhading

Reducing Barriers to Mental Health Task Sharing: Stigma Reduction in Primary Care (RESHAPE) - George Washington University (GWU) and National Institute of Mental Health (NIMH)	To understand the feasibility and acceptability of a supplemental training module to improve attitudes toward and social engagement with persons with mental illness	*2015-2019* Chitwan
Support WCO to establish community based psychosocial support centers and psychosocial support to six flood affected districts - UNICEF	To provide technical support to strengthen psychosocial support centers conducted by women cooperatives promoted by Women and Children Office	*2016-2017* Kathmandu, Bhaktapur, Nuwakot, Okhaldhunga, Rasuwa, Dolakha Sindhupalchowk, Bardiya, Banke, Rautahat, Sarlahi, Mahottari and Dhanusa
Community Based Psychosocial Capacity Building (CBPCB) - Americares/ IsraAid	To improve mental health and psychosocial resilience and coping capacity of earthquake affected communities	*2016-2018* Sindhupalchowk, Nuwakot and Dolakha
Psychosocial support to Internally Displaced Populations (IDPs) - Cordaid	To restore psychosocial well-being and enhance resilience through Psychosocial support for Internally Displaced Populations (IDPs)	*2016-2017* Rasuwa
Provide psychosocial support to community to prevent suicide in Sindhupalchowk – Australian Aid	To provide psychosocial support for people with suicidal ideation and their families and increase awareness	*2016-2017* Sindhupalchowk
Optimizing Provider Attitudes and competence in Learning mental health systems (OPAL) - George Washington University (GWU) and NIMH	To develop an intervention package for OPAL	*2016-2018* Chitwan
Problem Management Plus (PM+) - World Health Organization (WHO), Geneva	To adapt, evaluate the feasibility and acceptability and test the effectiveness of the locally adapted version of Group PM+ in Nepal.	*2016-2019* Sindhuli
Feasibility of a digitized community information detection tool (mCIDT) for mental health - Duke Global Health Institute	To digitize and test feasibility and acceptability of CIDT to detect mental illnesses	*2017* Sindhuli
Feasibility Assessment of Invigorating grassroots primary Healthcare for cardiovascular prevention and management in low-resource settings in Nepal (FAITH) - Duke Kunshan University (DKU)	To investigate the prevention and management of cardiovascular disease in primary healthcare settings in Nepal and gain an understanding of the associations between depression and alcohol abuse with cardiovascular disease	*2017* Sindhuli and Kailali

Major activities

In 2017, TPO Nepal conducted activities around integration of mental health and psychosocial services into the primary health care system, capacity building, service delivery, advocacy and research.

Integration of Mental Health and Psychosocial Support Services (MHPSS) : In 2017, TPO Nepal collaborated with the Ministry of Health and Population (MoHP) to integrate Mental Health and Psychosocial Support Services (MHPSS) into primary health care centers in Chitwan, Ramechhap, Dolakha, Sindhuli, Gorkha, and Sindhupalchowk districts. Primary mental health services were delivered through the community health facilities by trained health workers.

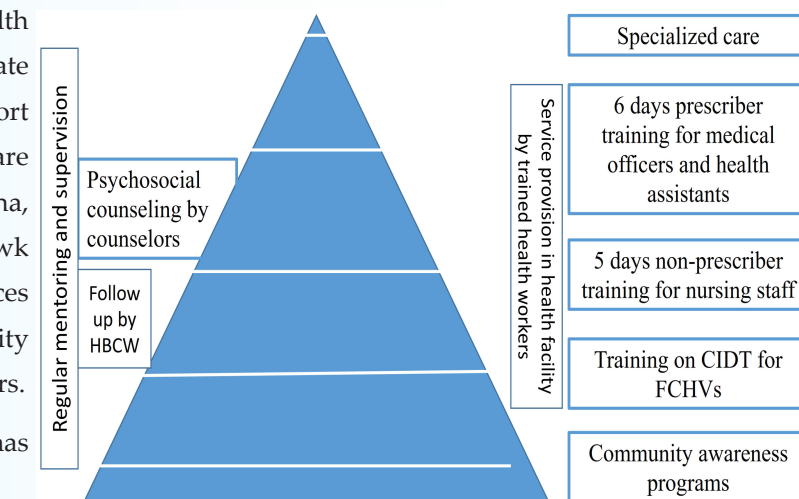The modality of integration of MHPSS has been illustrated here (Figure 1).

Figure 1: IASC pyramid / Modality of integrated MHPSS

Table 2: Number of health workers who received mental health and psychosocial training

Activities	Male	Female	Total
Mental health training to prescribers (mhGAP)	50	17	67
Psychosocial training to non-prescribers	99	179	278
Psychosocial/CIDT training to FCHVs	0	1187	1187

We trained 67 prescribers (Health Assistants and Medical Officers) on mhGAP, 278 non-prescribers (Auxiliary Nurse Midwives and staff nurses) on basic psychosocial support, and 1187 Female Community Health Volunteers (FCHVs) on CIDT.

Continuous supervision of trained health workers is an instrumental component of MHPSS integration. Thus, clinical supervision for prescribers was provided by psychiatrists, for non-prescribers by clinical supervisors, and for FCHVs by psychosocial counselors. The number of participants under each supervision structure is demonstrated in Table 3.

Table 3: Number of health workers under supervision

Activities	Male	Female	Total*
Prescribers supervision	407	122	529
Non-prescribers supervision	1	251	252
FCHVs supervision	0	1309	1309

The number of health workers supervised exceeds the number of health workers trained owing to repetitive participation and inclusion of previously trained health workers.

Photo: Prescriber training in Ramechhap

Table 4: Number of people receiving MHPS services from primary health care system

Activities	Male	Female	Total
Primary mental health treatment received from prescribers	758	724	1482
Psychosocial support from non-prescribers	134	163	297
Detection and referral through FCHVs	999	1009	2008

In 2017, 2,008 cases have been referred by FCHVs to community health facilities, among whom only 297 cases received psychosocial support from non-prescribers and 1,482 cases received primary level mental health treatment from prescribers.

Photo: Non-prescriber training in Chitwan

Capacity building : This year, we conducted various skill-based trainings, ranging from 3 days to 6 months. Health workers, teachers, police personnel, frontline workers, and One-stop Crisis Management Centers' (OCMC) staff participated in these trainings. We provided six months of psychosocial counseling training to 35 psychosocial counselors. In total, 1,268 people were trained this year.

Photo: OCMC training in Kathmandu

Table 5: Number of participants in capacity building activities

Activities	Male	Female	Total
Early Exposure to child Sexual Behavior (EESB) training for parents, people with disabilities, and community based organizations	75	125	200
Sanjeevani intervention training	6	8	14
Three to five days psychosocial training to front line workers, staff of OCMC, and others	0	376	376
Care for Care Givers training to police personnel and psychosocial workers	73	100	173
CPSWs level training	14	174	188
Six months psychosocial counseling training	5	30	35
Specialized training to counsellors (HAP, CAP, art healing, Common Threads, self-help, social skill and others)	77	165	242
3 days supervision and refresher training to community level health workers and others on psychosocial care and support	0	40	40
Photovoice training to service users and caregivers	10	15	25

Service delivery : A total of 4,370 people received individual counseling this year. Majority of the individuals also received multiple psychosocial support services. Among them, 1,482 cases received psychosocial services from Women and Children Office (WCO) counseling centers technically supported by TPO Nepal.

Table 6: Number of people who received TPO Nepal services

Activities	Male	Female	Total
Individual psychosocial counseling	1311	3059	4370
Family psychosocial counseling	147	271	418
Group psychosocial counseling	12	86	98
Other specific psychosocial interventions (GHRI, SGBV, GICAM)	90	44	134
Classroom/Community Based Intervention (CBI-Sanjeevani)	96	101	197
Tension/Trauma Release Exercise (TRE)	4	44	48
Specialized mental health care (rehabilitation support, severe cases referred to psychiatrist and clinical psychologist)	56	59	115
Group healing intervention	16	36	52

Regular supervision was provided to psychosocial counselors for quality assurance. More than 20 supervision meetings and consultation workshops occurred in 2017.

Psychosocial counseling and helpline service : TPO Nepal has been providing in-person counseling services on a regular basis at the central office as well as via phone through helpline. Individuals seeking psychosocial services can contact the hotline number *1660 010 2005* from Monday to Friday between 9:30 am to 4:30 pm. In 2017, 74 people approached TPO Nepal for phone counseling through the helpline number where 151 sessions were conducted, and 179 people visited TPO Nepal office for in-person counseling services where 624 sessions were conducted.

Community awareness and sensitization programs: Several community awareness activities were organized to raise awareness about psychosocial and mental health issues, with the aim of facilitating service seeking, service enrolment, and self-care. 38,790 people participated in orientations on Psychological First Aid (PFA), gender-related issues, suicide prevention, and MHPSS.

Photo: Community sensitization program in Sindhuli

Table 7: Number of participants in community awareness and sensitization programs*

Activities	Male	Female	Total
Community orientation on psychosocial well-being, stress, and gender-related issues	5953	22821	28774
International Day against Drug Abuse and Illicit Trafficking, Anti-Trafficking Day and other special days celebration through psychosocial issues interaction program	3933	3611	7544
Psycho-education	145	119	264
Distribution of publications and discussion with community people	369	631	1000
PFA orientation	204	249	453
Orientation on suicide prevention	60	22	82
Discussion with different stakeholders (teachers, frontline workers, community based organizations) about psychosocial and mental health	328	345	673

*Same individuals may have participated in multiple programs.

Radio programs : TPO Nepal developed and aired radio programs on suicide prevention, mental health and psychosocial awareness, and available services in Gorkha, Sindhuli, Ramechhap, Jumla, Jhapa and Sindhupalchowk districts through local FM stations.

Advocacy and other activities : Since the country has transitioned into a federal structure, this year we prioritized advocacy events with different levels of the government (local, provincial, and federal). The advocacy events emphasized integration of MHPSS at local level, development and harmonization of policies on MHPSS, management of psychotropic medications, and continuation of counseling centers. We held both formal and informal dialogues and discussions with locally elected representatives and

Photo: Advocacy event in Chitwan with senior goverment official

observed their commitment for the promotion of mental health and psychosocial in some of the munici-palities. In 2017, 330 locally elected representatives participated in these events.

In 2017, TPO Nepal also conducted other activities, such as rehabilitation services for refugees, social events by recovering substance users, effective parenting classes, female empowerment activities, and self-motivation exercises. A total of 2,259 participants benefited from these activities. These activities aimed to empower and improve the psychosocial well-being of the participants.

Table 8: Number of participants in activities

Activities	Male	Female	Total
Rehabilitation services	50	42	92
Social events by recovering substance users	45	26	71
Effective parenting classes	29	74	103
Women empowerment activities	0	98	98
Case management related meetings	141	106	247
Psychosocial healing and recreational activities	606	637	1243
Self-motivation exercise	20	54	74

Additional psychosocial interventions

1. Group healing intervention : Group healing intervention is a process of restoring psychosocial well-being and hope. A set of intervention activities helps the group to create a safe, nurturing, and accepting environment in which painful feelings and experiences can be shared. This intervention is conducted for seven days in 3 phases with different themes and activities: safety and self-awareness in Phase I (days 1 and 2), self-care and support in Phase II (days 3, 4, and 5) and harmony, co-ordination and clos-

Photo: Group healing intervention in Rasuwa

ing in Phase III (days 6 and 7). In 2017, 52 participants benefitted from this intervention.

2. Common Threads : Common Threads is a unique and effective group recovery program, inspired by ancient cultural practices and validated by current neuro-scientific understandings of trauma. It takes its inspiration from the ancient art of making story cloths. Common Threads Project infuses this practice with evidence-based trauma therapy, psycho-education, and mind-body work. It is currently being implemented in four countries - Ecuador, Nepal, Bosnia and Herzegovina, and the Democratic Republic of Congo. In 2017, more than 50 people, of whom ma-jority were females, were involved in Common Threads and ex-

Photo: Presenting Common Threads story cloth

perienced improvement in trauma-related symptoms their traumatic events.

3. Tension/Trauma Release Exercise (TRE) : Developed by Dr. David Berceli, PhD, TRE (Tension/Trauma Release Exercise) consists of a set of six specific exercises that stimulate the psoas muscle so the body can release sometimes long-held muscular contractions and achieve greater relaxation in the body and mind. TRE is a body-based (somatic) process which, when delivered properly by a cer-tified TRE provider, can allow the individual to discharge tension

Photo: TRE session in Kathmandu

from the body, without necessarily "revisiting the story" (i.e. verbally describing or talking about the traumatic experience). In 2017, more than 100 people, of whom majority were working in various organizations, participated in TRE.

4. Sanjeevani/CBI : Sanjeevani/Classroom Based Intervention (CBI) is designed with the purpose of helping children who have psychosocial problems. The CBI is a 5 week, 15-session classroom- or community- based intervention, involving a series of structured, trauma sensitive, expressive-behavioral activities. The aim of CBI is to significantly reduce stress reactions, anxiety, fear, and depressed moods by allowing and guiding children to do what they do best: playing, learning, and creative problem-solving. This year, 197 children participated in this intervention.

Photo: Sanjeevani program in Rasuwa

5. Healthy Activity Program (HAP) : This intervention is based on Behavior Activation. Originally, this intervention has three phases which are delivered in 6 sessions by psychosocial counselors. However, TPO Nepal has developed a brief version of HAP that is delivered in minimum 3 sessions by trained health workers. The intervention helps the clients to understand their problems, encourages the commitment to treatment, facilitates behavioral activation and problem solving, and prepares them for the future well-being. In 2017, 74 people received this intervention.

6. Counseling for Alcohol Problems (CAP) : Counseling for Alcohol Problems (CAP) is based on Motivational Interviewing. Originally, this intervention has three phases and is delivered by counselors. However, TPO Nepal has developed a brief version of CAP that is delivered in 3 sessions by health workers. The intervention helps the client to understand their drinking problem, encourages the commitment to treatment, increases motivation to change, facilitates problem solving, and prevents lapse/relapse. In 2017, 29 people received this intervention.

7. Care for Caregiver (CFC) workshop : Service providers are highly susceptible to burn-out when they continuously work with people suffering from mental health problems or other daily life upsets. In order for service providers continue their profession in a healthy way, they themselves may need self-care. Therefore, there is a need for intervention facilitating stress-management and avoiding burn-out. In 2017, TPO Nepal provided technical support for CFC workshops at organizations within the protection system. More than 100 people participated in CFC workshops in 2017.

8. Alternatives to Violence Program (AVP) : AVP is an intervention that helps participants to learn about techniques on handling potentially violent situations. It is an intensive, three to five days of learning experience which teaches interpersonal conflict resolution skills through step-by-step processes. The intervention draws on the shared experiences of participants, using interactive exercises, discussions, games, and role-plays to examine the ways we respond to aggressive behavior and violence. More than 200 service providers were involved in AVP in 2017.

Major research

Many important studies on mental health and psychosocial issues were carried out by TPO Nepal in 2017. Research projects such as Programme for Improving Mental health carE (PRIME), Emerging Mental Health Systems in Low and Middle Income Countries (EMERALD), Feasibility Assessment of Invigorating grassroots primary Healthcare for cardiovascular prevention and management in low-resource settings in Nepal (FAITH study), and Feasibility of a digitized community information detection tool (mCIDT) for mental health were conducted this year. Apart from these projects, two important studies on labor migration and assessment of mental health and psychosocial status and needs of earthquake-affected communities were conducted.

Seventeen peer-reviewed papers were published by TPO Nepal in international journals in 2017. The title and citation information of these papers are listed below. The abstracts are available at the links:

1. Elucidating adolescent aspirational models for the design of public mental health interventions: a mixed-method study in rural Nepal

   Cited as: Rai S, Adhikari SB, Acharya NR, Kaiser BN, Kohrt BA. Elucidating adolescent aspirational models for the design of public mental health interventions: a mixed-method study in rural Nepal. Child and adolescent psychiatry and mental health. 2017 Dec; 11(1):65.

   http://tponepal.org/elucidating-adolescent-aspirational-models-for-the-design-of-public-mental-health-interventions-a-mixed-method-study-in-rural-nepal/

2. Evaluation of outcomes for psychosis and epilepsy treatments delivered by primary health care workers in Nepal: a cohort study

   Cited as: Jordans MJ, Aldridge L, Luitel NP, Baingana F, Kohrt BA. Evaluation of outcomes for psychosis and epilepsy treatment delivered by primary health care workers in Nepal: a cohort study. International journal of mental health systems. 2017 Dec;11(1):70.

   http://tponepal.org/evaluation-of-outcomes-for-psychosis-and-epilepsy-treatments-delivered-by-primary-health-care-workers-in-nepal-a-cohort-study/

3. Improving detection of mental health problems in community settings in Nepal: development and pilot testing of the community informant detection tool

   Cited as: Subba P, Luitel NP, Kohrt BA, Jordans MJ. Improving detection of mental health problems in community settings in Nepal: development and pilot testing of the community informant detection tool. Conflict and health. 2017 Dec;11(1):28.

   http://tponepal.org/improving-detection-of-mental-health-problems-in-community-settings-in-nepal-development-and-pilot-testing-of-the-community-informant-detection-tool/

4. Situational analysis to inform development of primary care and community-based mental health services for severe mental disorders in Nepal

   Cited as: Angdembe M, Kohrt BA, Jordans M, Rimal D, Luitel NP. Situational analysis to inform development of primary care and community-based mental health services for severe mental disorders in Nepal. International journal of mental health systems. 2017 Dec;11(1):69.

   http://tponepal.org/situational-analysis-to-inform-development-of-primary-care-and-community-based-mental-health-services-for-severe-mental-disorders-in-nepal/

5. Service user and care-giver involvement in mental health system strengthening in low- and middle-income countries: A cross-country qualitative study

Cited as: Lempp H, Abayneh S, Gurung D, Kola L, Abdulmalik J, Evans-Lacko S, Semrau M, Alem A, Thornicroft G, Hanlon C. Service user and caregiver involvement in mental health system strengthening in low-and middle-income countries: a cross-country qualitative study. Epidemiology and psychiatric sciences. 2018 Feb;27(1):29-39.
http://tponepal.org/service-user-and-care-giver-involvement-in-mental-health-system-strengthening-in-low-and-middle-income-countries-a-cross-country-qualitative-study/

6. Resilience among Nepali widows after the death of a spouse: "That was my past and now I have to see my present"

Cited as: Hendrickson ZM, Kim J, Tol WA, Shrestha A, Kafle HM, Luitel NP, Thapa L, Surkan PJ. Resilience Among Nepali Widows After the Death of a Spouse:"That Was My Past and Now I Have to See My Present". Qualitative health research. 2018 Feb;28(3):466-78.
http://tponepal.org/resilience-among-nepali-widows-after-the-death-of-a-spouse-that-was-my-past-and-now-i-have-to-see-my-present/

7. Treatment gap and barriers for mental health care: A cross-sectional community survey in Nepal

Cited as: Luitel NP, Jordans MJ, Kohrt BA, Rathod SD, Komproe IH. Treatment gap and barriers for mental health care: A cross-sectional community survey in Nepal. PloS one. 2017 Aug 17;12(8):e0183223
http://tponepal.org/treatment-gap-and-barriers-for-mental-health-care-a-cross-sectional-community-survey-in-nepal/

8. Current situations and future directions for mental health system governance in Nepal: findings from a qualitative study

Cited as: Upadhaya N, Jordans MJ, Pokhrel R, Gurung D, Adhikari RP, Petersen I, Komproe IH. Current situations and future directions for mental health system governance in Nepal: findings from a qualitative study. International journal of mental health systems. 2017 Dec;11(1):37.
http://tponepal.org/current-situations-and-future-directions-for-mental-health-system-governance-in-nepal-findings-from-a-qualitative-study/

9. Proactive community case-finding to facilitate treatment seeking for mental disorders, Nepal

Cited as: Jordans MJ, Kohrt BA, Luitel NP, Lund C, Komproe IH. Proactive community case-finding to facilitate treatment seeking for mental disorders, Nepal. Bulletin of the World Health Organization. 2017 Jul 1;95(7):531.
http://tponepal.org/proactive-community-case-finding-to-facilitate-treatment-seeking-for-mental-disorders-nepal/

10. Service user and care giver involvement in mental health system strengthening in Nepal: a qualitative study on barriers and facilitating factors

Cited as: Gurung D, Upadhyaya N, Magar J, Giri NP, Hanlon C, Jordans MJ. Service user and care giver involvement in mental health system strengthening in Nepal: a qualitative study on barriers and facilitating factors. International journal of mental health systems. 2017 Dec;11(1):30.
http://tponepal.org/service-user-and-care-giver-involvement-in-mental-health-system-strengthening-in-nepal-a-qualitative-study-on-barriers-and-facilitating-factors/

11. Persistent Complex Bereavement Disorder and Culture: Early and Prolonged Grief in Nepali Widows

Cited as: Kim J, Tol WA, Shrestha A, Kafle HM, Rayamajhi R, Luitel NP, Thapa L, Surkan PJ. Persistent complex bereavement disorder and culture: Early and prolonged grief in Nepali widows. Psychiatry. 2017 Jan 2;80(1):1-6.
http://tponepal.org/persistent-complex-bereavement-disorder-and-culture-early-and-prolonged-grief-in-nepali-widows/

12. Suicidal ideation and behaviour among community and health care seeking populations in five low- and middle-income countries: a cross-sectional study

Cited as: Jordans M, Rathod S, Fekadu A, Medhin G, Kigozi F, Kohrt B, Luitel N, Petersen I, Shidhaye R, Ssebunnya J, Patel V. Suicidal ideation and behaviour among community and health care seeking populations in five low-and middle-income countries: a cross-sectional study. Epidemiology and psychiatric sciences. 2018 Aug;27(4):393-402. http://tponepal.org/suicidal-ideation-and-behaviour-among-community-and-health-care-seeking-populations-in-five-low-and-middle-income-countries-a-cross-sectional-study/

13. Prevalence and correlates of hazardous alcohol use and co-occurring mental health problems in Nepal following the 2015 earthquakes

Cited as: Kane JC, Luitel N, Jordans MJ, Kohrt BA, Greene MC, Tol WA. Prevalence and correlates of hazardous alcohol use and co-occurring mental health problems in Nepal following the 2015 earthquakes. Drug & Alcohol Dependence. 2017 Feb 1;171:e98. http://tponepal.org/prevalence-and-correlates-of-hazardous-alcohol-use-and-co-occurring-mental-health-problems-in-nepal-following-the-2015-earthquakes/

14. Partnerships in mental healthcare service delivery in low-resource settings: developing an innovative network in rural Nepal

Cited as: Acharya B, Maru D, Schwarz R, Citrin D, Tenpa J, Hirachan S, Basnet M, Thapa P, Swar S, Halliday S, Kohrt B. Partnerships in mental healthcare service delivery in low-resource settings: developing an innovative network in rural Nepal. Globalization and health. 2017 Dec;13(1):2. http://tponepal.org/partnerships-in-mental-healthcare-service-delivery-in-low-resource-settings-developing-an-innovative-network-in-rural-nepal/

15. Mental health and psychosocial problems in the aftermath of   Nepal earthquakes: Findings from a representative cluster sample survey

Cited as: Kane JC, Luitel NP, Jordans MJ, Kohrt BA, Weissbecker I, Tol WA. Mental health and psychosocial problems in the aftermath of the Nepal earthquakes: findings from a representative cluster sample survey. Epidemiology and psychiatric sciences. 2018 Jun; 27(3):301-10. http://tponepal.org/mental-health-and-psychosocial-problems-in-the-aftermath-of-nepal-earthquakes-findings-from-a-representative-cluster-sample-survey/

16. Suicide in Nepal: a modified psychological autopsy investigation from randomly selected police cases between 2013 and 2015

Cited as: Hagaman AK, Khadka S, Lohani S, Kohrt B. Suicide in Nepal: a modified psychological autopsy investigation from randomly selected police cases between 2013 and 2015. Soc Psychiatry Psychiatr Epidemiol (2017) 52: 1483. https://doi.org/10.1007/s00127-017-1433-6

17. A Cultural Adaptation of Dialectical Behavior Therapy in Nepal

Cited as: Ramaiya MK, Fiorollo D, Regmi U, Robins CJ, Kohrt BA. A Cultural Adaptation of Dialectical Behavior Therapy in Nepal. Cognitive and Behavioral Practice. 2017 Nov; 24(4): 428-44 https://doi.org/10.1016/j.cbpra.2016.12.005

Other research publications

1. Labour Migration : Psychological and Socio-cultural Impacts

Cited as: Koirala P, Gautam K, Regmi U, Sharma N, Koirala S. Labour Migration: Psychological and Socio-Cultural Impacts, Kathmandu, Nepal : Transcultural Psychosocial Organization. 2017 May. http://tponepal.org/labour-migration-psychological-and-socio-cultural-impact/
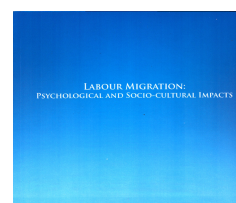
2. Hidden Aftershocks : An Assessment of the Mental Health and Psychosocial Status and Needs of Earthquake-Affected Communities in Rasuwa, Nuwakot, and Makwanpur Districts

Cited as: TPO Nepal & American Red Cross (2017). Assessment of Mental Health and Psychosocial Status and Needs of Earthquake-Affected Communities in Rasuwa, Nuwakot, and Makwanpur Districts. Kathmandu: American Red Cross/IFRC.
http://tponepal.org/wp-content/uploads/2018/04/Hidden-Aftershock_ARC_Long-Report.pdf

Other publications

1. Group psychosocial support manual : TPO Nepal developed this manual based on experiences and international standards and practices. The entire process was led by Project Coordinator Mr. Pitambar Koirala and has been reviewed by the clinical team of TPO Nepal which consists of psychiatrists, psychologists, and academicians. It was published in May 2017 through the generous support of USAID and The Asia Foundation.

Cited as: Koirala, P., Balami, A., Shrestha, S., Shrestha, B., Lama, R.M., Subba, S., Bhattarai, S., Gautam, K. Group psychosocial support manual. Kathmandu, Nepal; Transcultural Psychosocial Organization Nepal. 2017 May.

http://tponepal.org/group-psychosocial-support-manual/
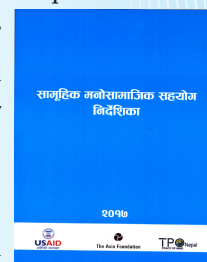
2. Reading Material for "6 months Psychosocial Counseling Training" Psychosocial and Mental Health Support Training (C): "Basic psychosocial support training manual (C)" was prepared for the ease of trainers and participants of psychosocial counseling trainings. It was prepared as a reading material for participants based on practices in the field of psychosocial support training. This manual has been designed for the participants of 6 months psychosocial counseling training. It is also relevant to students of Post Graduate Diploma in Counseling Psychology and other courses related to psychology. This manual was published in February 2017 through the generous support of International Medical Corps.

Cited as: Koirala, P., Balami A., Rai, J., Shrestha, B., Dhakal, A.K., Lama, R.M., Maharjan, J., Subba, S. Gautam, K. Basic psychosocial support training manual C. Kathmandu, Nepal; Transcultural Psychosocial Organization Nepal. 2017 Feb.
http://tponepal.org/basic-psychosocial-training-manual-c/
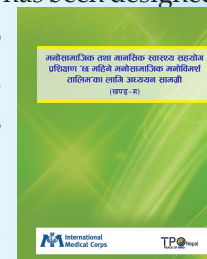
Observed Days

Anti-trafficking Day : Under the leadership of the Ministry of Women, Children and Senior Citizen, a rally was organized on the occasion of World Day against Trafficking in Persons in Kathmandu and other districts. TPO Nepal was in charge of managing the rally at the event.

Photo: Anti-Trafficking Day celebration in Kathmandu

International Day in Support of Torture Victims : On June 26, 2017, TPO Nepal celebrated International Day in Support of Torture Victims by organizing a signature campaign which pledged to unite against all forms of torture. An awareness program was conducted at TPO Nepal followed by a press release.

Photo: Celebration of International Day in Support of Torture Victims at TPO Nepal

World Mental Health Day : An interaction program was held at TPO Nepal central office in Kathmandu on October 10, 2017, on the occasion of World Mental Health Day. In line with the theme "Mental health in the workplace", the interaction program focused on positive workplace culture and mental health and well-being of staff. Twenty three staff of TPO Nepal were present at the event, which lasted for three hours. Video demonstration and interactive games and sessions were organized by the staff of TPO Nepal. An interaction program was conducted at Chautara, Sindhupalchowk as well. The program was organized by the Sindhupalchowk District Health Office with technical and financial support of TPO Nepal office in Sindhupalchowk. Similarly, a rally was organized by Sindhuli District Public Health Office on the same day, with the technical and financial support from TPO Nepal office in Sindhuli. The rally in Sindhuli lasted for about 15 minutes and was followed by an interaction program for district stakeholders, such as District Public Health Officer, mental health focal person, NGO/INGO staff, and media representatives.

Photo: Celebration of World Mental Health Day in Sindhupalchowk

World Health Day : On April 7, 2017, TPO Nepal celebrated World Health Day. The theme for this year was "Depression: Let's Talk". TPO Nepal, along with various agencies and government representatives, celebrated this day by organizing a mass awareness program at Basantapur Durbar Square. The program included poster exhibition, experience sharing, street drama, presentations, poetry session, and face painting.

*Photo: World Health Day celebration in Kathmandu*

TPO Nepal's 12th anniversary : TPO Nepal celebrated its 12th anniversary on June 6, 2017. 120 participants including staff and guests were present at the event. The 'Group Psychosocial Support Manual' was formally launched on this occasion by Mr. Mohammad Daud, Director of PHCRD, and Prof. Dr. Shishir Subba from Tribhuwan University. 'Best employee of the year' was awarded to six best employees of TPO Nepal. A blood donation drive and cultural program were also held to mark the 12th anniversary.

Photo: TPO Day celebration in Kathmandu

Major contributions to Ministry of Health and Population in 2017

Ministry of Health and Population, Department of Health Services (DoHS), Primary Health Care Revitalization Division (PHCRD) led the development of Community Mental Health Care Package (MHCP) Nepal, 2074 to facilitate the implementation of community based mental health programs. In addition, PHCRD translated and contextualized WHO's mental health Gap Action Programme version 2 (mhGAP-V2) as a reference material for training health workers for the primary level mental health treatment. For both documents, TPO Nepal provided technical support, and WHO Nepal country office provided financial support.
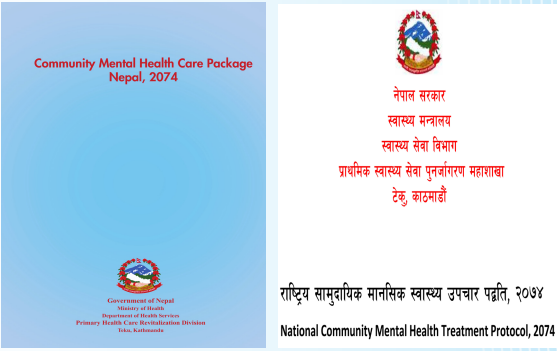
Financial status

Total Grant Received (in NPR) :	**155,008,320**	
Human Resource	31,783,408	24%
Program	47,759,493	36%
Research	35,321,510	27%
Publication	1,576,368	1%
Training/Capacity Building	4,839,042	4%
Administrative	10,588,636	8%
	131,868,457	
Advance Grant (Surplus/Deficit for the FY)	**23,139,863**	**15%**

Analysis/Description of Financial Situation

* Based on BS 2073/74 (2016-2017)Audit Report

Geographical coverage

In 2017, TPO Nepal worked in 24 out of 77 districts directly, and other additional districts through partner organizations. TPO Nepal's center office is located in Baluwatar, Kathmandu, Nepal.
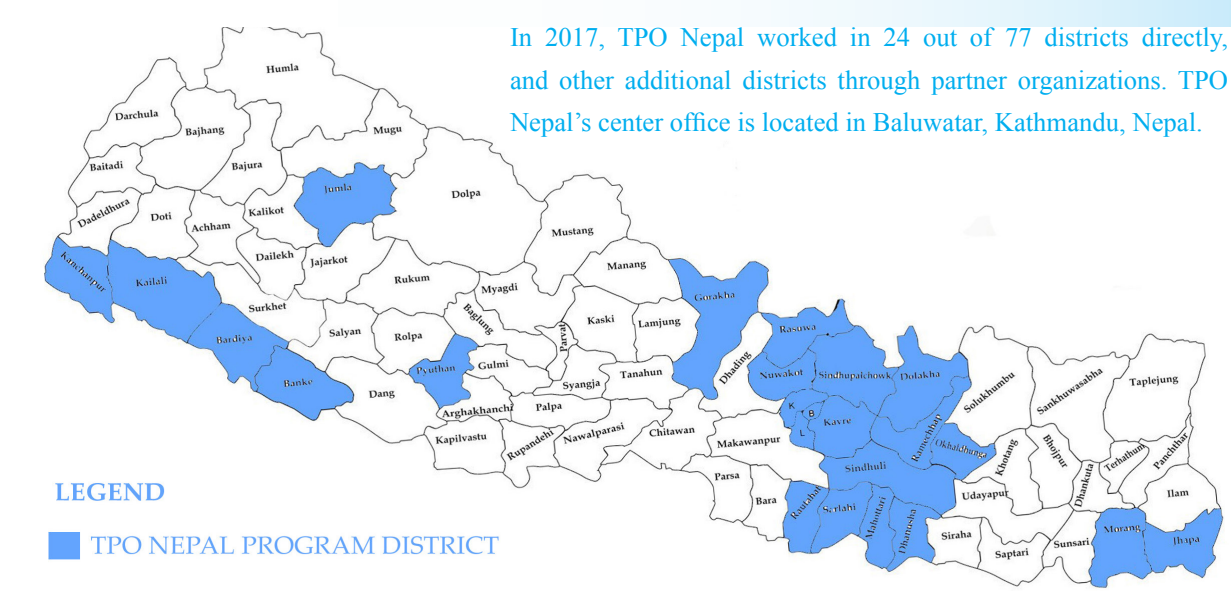
LEGEND

TPO NEPAL PROGRAM DISTRICT

Photo: Geographical coverage in 2017

Team

Executive Board

Ms. Manju Adhikari (Chairperson)

Mr. Nabin Lamichhane (Vice-Chairperson)

Mr. Krishna Bahadur Karki (Treasurer)

Ms. Salita Gurung (General Secretary)

Mr. Trilochan Pokharel (Member)

Mr. Satish Chandra Aryal (Member)

Dr. Mita Rana (Member)

Technical Advisors

Prof. Mark Jordans, PhD, (Senior Technical Advisor)

Dr. Brandon Kohrt, MD, PhD, (Senior Technical Advisor)

Prof. Shishir Subba, PhD, (Senior Technical Advisor)

Dr. Rishav Koirala, MD Psychiatry, PhD scholar (Technical Advisor)

Management Committee

Mr. Suraj Koirala (Executive Manager)

Dr. Kamal Gautam (Deputy Executive Manager)

Mr. Raam Katwal (Finance Admin Manager)

Ms. Jamuna Maharjan (Clinical Manager)

Mr. Pitambar Koirala (Program Coordinator)

Ms. Ambika Balami (Sr. Psychosocial Trainer)

Ms. Parbati Shrestha (Project Coordinator)

Ms. Dristy Gurung (Project Coordinator)

Staff

In 2017, there were 130 staff (55% female and 45% male) working in different districts. Among them, 50 were in clinical services, 27 in project management, 28 in research, 19 in admin finance, and 6 in training.

Some glimpses

Photo: IRCT meeting with international delegates in Kathmandu

Photo: HE Peter Budd, Australian Ambassador to Nepal visited TPO Nepal office, Kathmandu

Photo: DFI review meeting, Kathmandu (IRCT Team from left to right: Mr. Victor Madrigal-Borloz, Secretary-General, Mr. Jorge Aroche, President, Mr. Suraj Koirala, General Member, Mr. Pradeep Agrawal, Executive Committee Member)

Photo: Best employees of the year 2016/17

Photo: Dissemination of EMERALD project in Chitwan

Photo: A meeting about suicide prevention with Mechi zonal Police in Jhapa

Photo: Senior goverment officials visit to Chitwan to observe TPO Nepal's program