



Annual Report *2013*

Trancultural Psychosocial Organization (TPO) Nepal

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Vision and Mission

TPO Nepal aims to support peace, reconciliation and local capacity by improving psychosocial and mental health care in areas of chronic crises and (post) conflict situations. We believe healthy people, including mental health and psychosocial well-being, are a condition for social healing and poverty reduction. We envision a future of conflict-resolved, resilient communities in which local populations have adequate access to multi-dimensional health, mental health and psychosocial care systems.

TPO Nepal is a knowledge-driven innovative organization working in areas disrupted by violence and poverty. Together with local people, communities and health institutions, we strive to develop sustainable mental health and psychosocial care and support capacity and systems that promote community resilience, quality of life and self-reliance.

Affiliation

TPO Nepal is affiliated with HealthNet TPO , an Amsterdam based international organization that works in conflict and disaster setting, with the aim of re-establishing and improving public health and mental health care system.

TPO Nepal, Annual Report 2013

Published by	:	TPO Nepal
Publication date	:	February, 2014
Copies	:	500
©	:	TPO Nepal
Cover Photo	:	World Suicide Day Celebration, Damak, Jhapa (By TPO Nepal, Jhapa)
TPO Nepal Publication No.	:	04/070
Design & Layout	:	Durga Gurung
Printed @	:	Annapurna Printing Press Samakhushi, Baikunthapuri, Kathmandu Tel: 01-4388806

Letter from the Executive Manager



Since its establishment in 2005, Transcultural Psychosocial Organization (TPO) Nepal has been working actively in psychosocial and mental health field through several activities ranging from community support to policy making. Within a short period of time it has been able to establish itself as one of the leading Nepalese psychosocial and mental health organizations. In this occasion, I would like to thank all the service users, Government of Nepal, national and international donors who have financially and technically supported us as well as other organizations, friends and people who have always helped and supported us in our endeavors. Today I am happy to present the annual report for the year 2013 which highlights major activities and achievements.

I would also like to thank Ministry of Health and Population, Ministry of Women, Children and Social Welfare Nepal, National Health Research Council and Social Welfare Council for monitoring our programs and project activities and providing valuable suggestions. This year, TPO Nepal received financial and technical support from USAID through The Asia Foundation (TAF); UK's Department of International Development (DFID) through University of Cape Town, UKaid through Enabling State Programme (ESP); Grand Challenges Canada (GCC) through Makerere University, Kampala; European Union (EU) through King's College, London; United Nations (UN) agencies: United Nations High Commissioner for Refugees (UNHCR) and United Nations Children's Fund (UNICEF) and HealthNet TPO, the Netherlands. I would like to express my gratitude to all the funders as well as to all the other agencies that have collaborated with TPO Nepal for promotion of psychosocial and mental health field in Nepal. We have been able to successfully fulfill our objectives not single-handedly but through the support and cooperation of different organizations and agencies that are associated with us. Hence, I would like to take this opportunity to thank all of them without which our endeavors would have been incomplete.

Like in previous years, this year too, the organization contributed in the field of psychosocial and mental health through psychosocial support, counseling services, community orientation and mental health researches. At last, I would like to thank all the staffs of the organization whose tireless effort resulted in successful completion of the organization's objectives in 2013. Similarly, I would also like to thank Mr. Pitambar Koirala, Mr. Sattish Aryal and Mr. Nawaraj Upadhaya, and all the other colleagues who supported in preparing this report.

A handwritten signature in black ink, appearing to read 'Suraj Koirala'.

Suraj Koirala
Executive Manager
TPO Nepal

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Introduction

Transcultural Psychosocial Organization (TPO) Nepal is a non-governmental organization established in 2005 with the aim of promoting mental health and psychosocial wellbeing through development of sustainable, culturally appropriate and community based psychosocial and mental health support systems. We provide mental health and psychosocial services, design culturally appropriate interventions, conduct research, develop human resources and advocate for the promotion of mental health and psychosocial wellbeing. Our services include individual, family and group counseling, problem focused therapies, psycho-education and care for caregivers sessions. Since, 2010, in collaboration with the Ministry of Health and Population and District Public Health Offices, we are providing treatment to patients visiting primary health care centers. Likewise in partnership with Ministry of Women, Children and Social Welfare, we provide psychosocial support to shelter homes and one stop crisis centers.

Our interventions include Classroom Based Psychosocial Intervention (CBI), Child Led Indicator (CLI), Alternative to Violence (AVP), Effective Parenting (EP), counseling and Tree of Life. Many people, including conflict affected children, former child soldiers, children affected by HIV/AIDS, trafficking survivors, survivors of sexual and gender based violence, refugees, internally displaced people and the people affected by man-made and natural disasters, have benefited from our services. The researches in TPO Nepal range from psychosocial and mental health needs assessment to longitudinal studies on effectiveness of interventions. The findings of our studies have been published in international peer reviewed journals. The capacity building is one of the major components of TPO Nepal. We conduct a range of trainings starting from a few days basic psychosocial orientation to 6 months counseling training. Other modular trainings such as Behavior Activation (BA) for depressive clients and Motivational Interviewing (MI) for alcohol problems are also offered. In addition to these, tailor made training packages are offered to national and international organizations. Acknowledging the cross-cutting nature of psychosocial and mental health issues, TPO Nepal is involved in multi-sectoral advocacy, from community campaigns, radio programs to the national level networks and working groups.

The above mentioned services, trainings and advocacy activities are carried out by a group of dedicated staffs stationed in central office Kathmandu and 8 field offices located in Kanchanpur, Banke, Pyuthan, Chitwan, Makwanpur, Kavrepalanchowk, Sindhupalchowk and Jhapa. In 2013, more than 2800 people benefited from psychosocial interventions, more than 16000 community members participated in awareness activities and more than 900 people received different capacity building trainings on psychosocial and mental health issues and relevant national policies.

Our Key Projects in 2013

Table 1: Projects Details

Name of the Project	Funded by	Objective of the project	Geographic Coverage/Area of Study
Capacity Building of Staff/ Focal Persons Working for the Protection of Survivors of Gender Based Violence	Department for International Development (DFID)/ Enabling State Programme (ESP)	To enhance the psychosocial capacity of staff/focal persons working for the protection of the survivors of gender based violence in Nepal	Participants from 24 districts: rehabilitation homes, service center and One-stop Crises Management Centers (OCMC)
Child Soldiers in Nepal: Mole Analysis of the Long –Term Biological Impact	Emory University, Atlanta, USA	To identify the changing dynamics of Children Affected by Armed Conflict (CAAC) and their unmet needs to improve their overall situation	Participants from, Kapilvastu, Rupendehi, Chitwan, Dhading, Kathmandu, Makwanpur, Sindhuli, Dolkha, Dhankuta districts
Combating Trafficking in Person (CTIP)	United States Agency for International Development (USAID)/ The Asia Foundation (TAF)	To promote psychosocial well-being of trafficking survivors and survivors of S/GBV	Kanchanpur, Banke, Kathmandu, Makwanpur, Kavrepalanchowk & Sindhupalchowk districts
Emerging Mental Health Systems in Low and Middle Income Countries (EMERALD)	European Commission(EU)/ King's College, London	To develop and evaluate strategies to strengthen the mental health care system in Nepal	Kathmandu district
Mental Health Beyond Facilities (mhBeF)	Grand Challenges Canada(GCC)/ Makerere University, Kampala, Uganda	To develop and evaluate a mental health care package for severe mental disorders and epilepsy to integrate within primary health care settings	Pyuthan district
Program for Improving Mental health Care (PRIME)	Department for International Development (DFID) /University of Cape Town, South Africa	To generate world-class research evidence on the implementation and scaling up of treatment programs for priority mental disorders in primary and maternal health care contexts in low resources settings	Chitwan district
Psychosocial Support to Bhutanese Refugees	United Nations High Commissioner for Refugees (UNHCR)	To improve psychosocial well-being and reduce psychosocial distress among the Bhutanese refugee population	Bhutanese refugee camps in Jhapa & Morang districts
Reintegration of Children/ Youths Formally Associated with Armed Forces & Armed Groups(CAAFAG) and Children Affected by Armed Conflict(CAAC)	United Nations Children's Fund (UNICEF)	To facilitate social reintegration of Verified Minors and Late Recruits (VMLR) through the promotion of life skills, community-based peace building and reconciliation activities	Kathmandu district
Scoping Review of the Literature on Suicide in South Asia	HealthNet TPO , the Netherlands	To review the suicidal phenomena in Nepal	Kathmandu district

Besides the donor funded projects, the organization through its own initiatives has been providing support for individual counseling, community school programs and various short term trainings to Community Based Organizations (CBOs) and Non Governmental Organizations (NGOs).

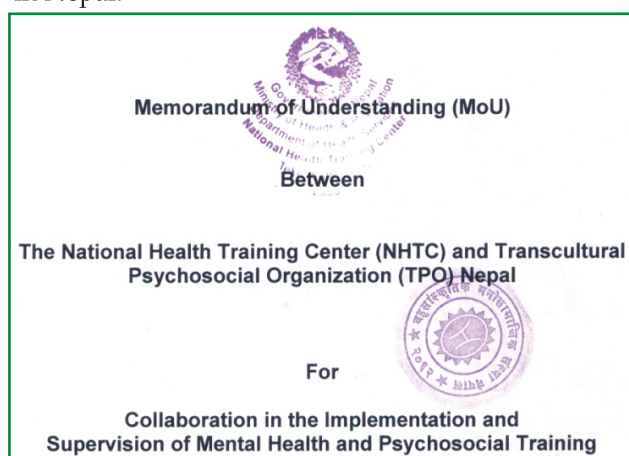
Key Initiatives and Achievements

Increased involvement of key policy makers on mental health and psychosocial initiatives in Nepal: In 2013, TPO Nepal organized different programs and workshops where key policymakers from government organizations/ministries and delegates from various national and international non-government organizations participated and shared their experiences, challenges, findings and way forward in areas related to psychosocial and mental health in Nepal. We hope that the continuous involvement of such key stakeholders in mental health and psychosocial discussions will positively influence policy formation and contribute in promotion of mental health in Nepal.



Participations of National Workshop on "Promotion of Mental Health and Psychosocial Support in Nepal"

Expanded collaboration with Government of Nepal: In 2013, the organization continued its collaboration with Ministry of Health and Population (MoHP), Department of Health Services and District Public Health Offices (DPHO) through a revised Memorandum of Understanding (MoU) which emphasized on integration of mental health into primary health care services. It expanded its collaboration with government agencies by establishing working relationships with Mental Hospital and signing a separate MoU with National Health Training Center (NHTC) for the promotion of mental health training in Nepal.



Expanded international and national collaboration: In addition to TPO Nepal's ongoing participation in three international consortia: Program for Improving Mental health CarE (PRIME), South Asia Hub for Advocacy, Research and Education on mental health (SHARE) and International Rehabilitation Council for Victims of Torture (IRCT) ; in the year 2013 it started the implementation of two other multinational research projects namely Emerging Mental Health Systems in Low and Middle Income Countries (EMERALD) implemented in 6 countries (Ethiopia, India, Nepal, Nigeria, South Africa and Uganda) and Mental Health Beyond Facilities (mhBeF) which covers Liberia, Nepal and Uganda.

Nationally, TPO Nepal continued its active involvement in National Mental Health Network Nepal, an alliance of different national level organizations working in psychosocial and mental health issues and entered into the collaborative relationship with Mental Hospital and National Health Training Center (NHTC).

Increased involvement of people in awareness campaigns:

Mental health and psychosocial issue is a highly stigmatized and less explored subject in Nepal. Majority of people still do not have knowledge and skills to deal with these issues. Under this backdrop, in 2013 TPO Nepal intensified its drive to create psychosocial and mental health awareness among general



Awareness program on Suicide Prevention Day, Damak, Jhapa

populations through various community based awareness and orientation programs. These programs imparted knowledge on how to identify and respond to psychosocial and mental health problems, reduce stigma, connect to available services and make appropriate referrals.

Major Activities

In 2013, TPO Nepal's major activities included psychosocial support and care to needy people, community sensitization, advocacy, capacity building and researches on the issue of psychosocial and mental health. These activities were carried out in a holistic approach with multi-stakeholder participation ranging from community people to policy makers.

a. Psychosocial Interventions /Service Provision

TPO Nepal provided psychosocial support and clinical services to in-risk and vulnerable population like refugees, survivors of gender based violence and trafficking, women, children and conflict affected people through several therapeutic interventions like counseling, psychotherapies, support groups, psychiatric consultation and connected for other legal, educational and vocational supports. As part of counseling interventions individual, couple, family and group counseling was provided whereas psychotherapies included Emotional Freedom Technique, Behavior Activation Therapy, Cognitive Behavior Therapy, Group Therapy, and Motivational Interviewing for Alcohol disorder and Relaxation Therapies. People also received psychosocial support through psycho-education, peer support groups, harm reduction group intervention, women empowerment group intervention, group intervention for anger and conflict management as well as Classroom Based Intervention (CBI) for school children. In 2013, altogether 2889 people benefited from the services provided by the organization. The details are presented in table 2 below.

Table 2: Psychosocial support

Type of service	Total	Male	Female
Individual Psychosocial Counseling	661	273	388
Family/Couple Counseling/Group Counseling	371	244	127
Classroom based intervention (CBI)	606	332	274
Psychiatric Consultation	148	65	83
Peer Support	25	11	14
Group Intervention/ Group Harm Reduction Intervention /Women Empowerment Group/ Group Intervention for Conflict and Anger Management/ Effective Parenting/Alternative Violence Program	1078	464	614
Total	2889	1389	1500

b. Capacity Building Activities

Developing knowledge, skills and capacity in psychosocial and mental health issues has been an integral part of TPO Nepal's activities. Continuing to this trend, in 2013, the organization produced 6 months trained counselors, one month trained senior community psychosocial workers and provided one to two weeks capacity building trainings to primary health care staffs and social workers. A total of 848 participants received trainings on issues related to psychosocial and mental health support, service delivery and referral mechanisms. Table 3 below provides the detail breakdown of trainings provided by the organization.



Workshop on Standard Operating Procedure (SOP) at Hetauda, Makwanpur

Table 3: Capacity Building Activities

Type of Trainings	Type of participants	Total	Male	Female
Six Months Psychosocial Counseling Training	Bhutanese Refugee/ Host community/ Social workers in Jhapa & ilam	48	18	30
30 days, Community Psychosocial Workers' Training	Staffs of Shelter home & service Centers / Bhutanese Refugees/ Host community in Jhapa Kavre & Kanchanpur	52	08	44
One Week to Two Weeks Psychosocial Care and Support / Mental Health Issues Training	Health Professionals (Prescriber : Health Assistant, Community Medicine Assistant,) & Social workers in Chitwan & Jhapa	29	16	13
Two to Five Days Basic Psychosocial Training/ Basic Mental Health Support Training/ Training on Policy Documents	Health Professionals (Female Community Health Volunteer, Axullary Nurse Midwife, Axullary Health Worker), Social worker in Jhapa, Makwanpur, Chitwan, Banke, Kanchanpur, Kavre & Sindupalchowk, Staffs of service center, shelter home and government officials, Staffs of one-stops crisis management center	719	230	489
Total		848	272	576

c. Research

Table 4: Research

Research Title	Research Objective	SA: Study Area, TG: Target group, SS: Sample Size PS: Present Status of the research	Major/Preliminary findings
Developing and Evaluating Family Based Intervention for Children with Behavioral Problems in Rural Nepal	To develop and evaluate a family-based intervention for children with behavioral problems in Nepal.	SA: Chitwan district TG: Children, ages 8-15 years, SS: 30 Key Informant Interviews (KIIs) and 4 Focus Group Discussions (FGDs)	<i>Preliminary findings:</i> The major behavior problems seen in children were; substance abuse, playing cards, not paying attention to studies, aggressiveness, disobedience and stealing habits. The major causes behind these problems were unfavorable family, community and school environment and peer pressure. The major impacts of the problem were conflict with family, community, friends and teacher, school drop outs and frequent failure in exam.
Suicide in South Asia: A scoping review	To establish a foundation for future decision-making on further research, policy and/or response to address the problem of suicide in South Asian countries	SA: Afghanistan, Bangladesh, Nepal Pakistan, India and Sri Lanka Source: Secondary data	There is a paucity of data on suicide incidence rates in South Asia, especially data that is of national level and of highest quality. There is an urgent need to establish comprehensive national suicide data collection system in the South Asian countries. Compared with other countries, suicide rate is higher in Sri-Lanka.
Formative study on Mental Health beyond Facilities (mhBeF)	To study the feasibility of mental health service in Pyuthan district.	SA: 17 village Development Committees in Pyuthan TG: Community key stakeholders; health workers, service users, teachers, and Female Community Health Volunteers (FCHVs) SS: 64	Preliminary findings: Health workers were found to be interested to participate in the mental health service package. Mental health services were being provided through some private clinic but not through government health facilities. Community awareness on mental health issues was found to be very low.
Development and pilot-testing of a Community Informant Detection Tool (CIDT) in Nepal	To develop a tool to facilitate access to mental health care by using an innovative screening/case detection procedure.	SA: Chitwan TG: Adult SS: 164	The community informants were found to be comfortable with using the CIDT tool (an instrument to facilitate pro-active case finding of people with probably mental health problems by people in the community) in their daily activities; however, they were more critical about the feasibility of actual referrals of people with mental illness to the health post after identification.
Validation of Patient Health Questionnaire (PHQ9) in Nepal	To assess the cross-cultural equivalence of the PHQ9 in Nepal.	SA: Chitwan TG: Adult SS: 125	Assessed the cross-cultural equivalence of the instrument, following five steps. Translation; Review of translation by a bilingual mental health expert; Focus Group Discussion; Blinded back translation; and Piloting. It was found that the Nepali PHQ9 had good properties, with diagnostic sensitivity of 0.88 and specificity of 0.87 (Positive Predictive Value of 0.52) with a cut-point of 12 and higher, to be recommended for epidemiological studies.

Research Title	Research Objective	SA: Study Area, TG: Target group, SS: Sample Size PS: Present Status of the research	Major/Preliminary findings
Community survey	To know about the people's perception, attitude, knowledge and their treatment seeking behavior on mental health problem	SA: Community people of western Chitwan TG: Age group 18+ SS: 2040 PS: Report writing in progress	<i>Preliminary findings:</i> There is lack of knowledge about mental health problems in the community. People hide their problems due to stigma attached with mental illness.
Validation of Community Informant Detection Tool (CIDT) in Nepal	To identify the accuracy of the CIDT tool to detect/identify people having priority mental disorders (depression, psychosis, alcohol dependence, epilepsy and behavioral problems) in the community.	SA: Chitwan TG: Adult and children SS: 195	The CIDT has a positive predictive value of .64 (.68 for adults only), positive likelihood ratio of 2.71 (2.79 for adults only) and a sensitivity of .92 (.91 for adults only).
A qualitative study of lay idioms for mental illness in Nepal	To identify terminologies used to know specific mental disorders.	SA: 12 Village Development Committees in Pyuthan TG: Community key stakeholders; traditional healers, service users and their family, Female Community Health Volunteers (FCHVs), and teachers SS: 30 PS: Report writing in progress	<i>Preliminary findings:</i> The participants identified several colloquial phrases such as Ujheli Adheri, Ausi Purni and Bonjhu that were being locally used to refer mental disorders.

On going research

Research Title	Research Objective	SA: Study Area, TG: Target group, SS: Sample Size
A perspective study on supply chain management of psychotropic drugs in Nepal	To analyze the procedures and mechanisms for psychotropic drug demand, supply, delivery, prescription, administration and uses system in Nepal.	SA: Kathmandu, Chitwan, Pyuthan & Kavre TG: Service providers; service users; policy makers & government staffs, producers, promoters and distributors SS: 81
Service users' involvement in mental health system strengthening in Nepal	To explore capacity-building needs to enable service users' participation in mental health system strengthening.	SA: Kathmandu, Chitwan TG: Service users and family members. SS: 20-30
Economic impact of mental disorders on households in Chitwan district of Nepal	To assess the impact of inadequate mental health service access on household consumption and production, as well as the economic consequences of improved access to appropriate care in Nepal	SA: Chitwan TG: Service users households SS: 750
Institutional, legal and policy contexts that contribute or constrain mental health system strengthening initiatives in Nepal	To identify the institutional, legal and policy level contexts, and system level processes for the implementation of mental health services in Nepal.	SA: Kathmandu, Chitwan TG: policy makers and planners SS: 20-30
Exploration of best system level practices that support help seeking, identification, referral and follow-up for recovery of patients with mental disorders in Nepal	To identify best system level practices to support improved help seeking, identification, referral and follow-up for recovery of patients with mental disorders in Nepal	SA: Chitwan TG: Health facility in charge SS: 20
Facility Detection Survey	To identify the coverage and diagnosis of depression and alcohol use disorder in the primary health care setting,	SA: 10 VDCs in western Chitwan TG: People above 18 years of age and visiting health facility for the treatment of their health problems. SS: 1472

d. Community sensitization/ Awareness program

TPO Nepal conducts different awareness raising and community sensitization programs on psychosocial and mental health issues through activities like community orientation, cultural programs, interaction programs, publications, posters, brochures and other Information, Education, Communication (IEC) materials. In 2013, the organization



Community Sensatization program In Chitwan

was able to reach 16059 community people through awareness activities, aired 24 episodes of radio program on psychosocial and mental health issue and published and disseminated 2000 copies of Gender Based Violence and Psychosocial support - booklet.

A Radio program on psychosocial form Pathivara FM, Damak, Jhapa.

"I would like to welcome you all on the psychosocial awareness radio program produced by Transcultural Psychosocial Organization (TPO) Nepal with the support of UNHCR.

This program is broadcasted on Pathivara FM 96.3 Megha Hertz on Friday from 7:30pm to 8:00pm in every 15 days.

On today's program we are going to shed light on the group which is actively involved in community level awareness campaigns in Bhutanese Refugee Camp, Damak, Jhapa. All the members of this group are Bhutanese refugees and they are volunteering their time for the good cause. They are the best persons to identify and understand the problem of their community and recognize people with stress and depression related problems. Let us listen to their experiences on their own words....

e. Policy Advocacy

TPO Nepal is involved in both public as well as policy advocacy. In the beginning years of its establishment the focus was on public advocacy whereas since last couple of years it is actively involved in policy advocacy. In 2013, the organization conducted different programs and workshops with policy makers and key stakeholders on psychosocial and mental health issues with the aim of sensitizing them about the issues,



Hon. Minister of Women, Children and Social Welfare Riddhi Baba Pradhan addressing the program

addressing the current policy and service gap and mainstreaming these issues in the government's plans and policies. A total of 100 policy level participants representing different government, non-government and bilateral organizations participated in three national and regional level programs conducted by the organization.

Admin and Finance Status

Table 5: Statement of Financial Activities, 2013

Annual grant/expenses	Amount (NRs)
Total grant received	50,404,496
Expenses	
Human resources	12,601,124
Program expenses	12,551,423
Research expenses	8,293,429
Publication	278,361
Training/Capacity building expenses	8,182,783
Administrative expenses	5,811,996
Advance grant(surplus/deficit for the FY)	2,685,380

In 2013, there were altogether 103 staffs (49.5% male and 50.5% female) working throughout the organization's different centers. Among them 9 were working in Admin/Finance, 42 in research, 37 in clinical services and 15 in different project activities.

Executive members of TPO Nepal:

Ms. Manju Adhikari
Mr. Nabin Lamichhane
Mr. Sunil Shankar Shrestha
Mr. Krishna Bahadur Karki
Mr. Trilochan Pokharel
Mr. Sanjib Dhungel
Ms. Ratna Maya Lama

Management Board of TPO Nepal:

Mr. Suraj Koirala (Executive Manager)
Mr. Raam Katwal (Finance Admin Manager)
Mr. Nagendra Prasad Luitel (Research Manager)
Ms. Jamuna Maharjan (Clinical Manager)
Mr. Bijaya Sharan Acharya (Program Officer)
Ms. Jananee Magar (Assistant Research Officer)
Mr. Saligram Bhattarai (Senior Project Coordinator)
Dr. Mark Jordans (Senior Technical Advisor, HealthNet TPO)

Way Forward

Increase advocacy for promotion of mental health and psychosocial well-being: TPO Nepal will advocate with different government agencies and other related stakeholders from community to national level to ensure integration of psychosocial and mental health support into primary health care.

Continuation of psychosocial support, training, awareness & research: The ultimate goal of TPO Nepal is to promote psychosocial well-being of people and community. In order to achieve this, the organization will continue to provide psychosocial support to different needy and vulnerable population, deliver capacity building trainings to different stakeholders and conduct various awareness and sensitization programs. The focus will also lie on providing other forms of support like vocational training, legal aid, education and shelter support, which will ultimately compliment the basic psychosocial support provisions. Several research programs on various aspects of psychosocial and mental health issues will be conducted in close collaboration with national and international agencies.

Integration of psychosocial issues in community development initiatives: Since psychosocial issue is a neglected field in Nepal, TPO Nepal will focus its attention on integrating psychosocial component into community based support systems. The organization will advocate for the inclusion of mental health and psychosocial issue in school curriculum and will lobby for multi-stakeholder (service users, care givers, service providers and community structures such as youths clubs, women groups, cooperative groups and traditional healers) participation for the promotion of mental health and psychosocial well-being in Nepal.



TPO Nepal - Kathmandu Family / टी. पी. ओ. नेपाल - काठमाण्डौ परिवार

Publications in 2013/२०१३ मा टी. पी. ओ. नेपालका प्रकाशन

- लैङ्गिक हिंसा र मनोसामाजिक सहयोग हाते पुस्तिका (दोस्रो संस्करण) २०६९, २००० प्रति -Handbook on Gender Based Violence and Psychosocial Support, TPO Nepal, 2013, 2000 copies.)
- Betancourt, T. S., Borisova, I., Williams, T. P., Meyers-Ohki, S. E., Rubin-Smith, J. E., Annan, J., & Kohrt, B. A. (2013). Research Review: Psychosocial adjustment and mental health in former child soldiers - a systematic review of the literature and recommendations for future research. *Journal of Child Psychology and Psychiatry*, 54(1), 17-36.
- Hanlon C, Luitel NP, Kathree T, Murhar V, Shrivasta S, et al (2013) Challenges and Opportunities for Implementing Integrated Mental Health Care: A District Level Situation Analysis from Five Low- and Middle-Income Countries. *PLoS ONE* 2014, 9(2): e88437.
- Jordans MJD, Luitel NP, Tomlinson Mark, Komproe ID IH (2013) Setting priorities for mental health care in Nepal: a formative study. *BMC Psychiatry* 2013 13:332
- Jordans MJD, Tol WA, Susanty D, Ntamatumba P, Luitel NP, et al. (2013) Implementation of a Mental Health Care Package for Children in Areas of Armed Conflict: A Case Study from Burundi, Indonesia, Nepal, Sri Lanka, and Sudan. *PLoS Medicines* 10(1): e1001371.
- Kohrt BA (2013) Child Mental Health in Low and Middle Income Countries. *International Child Health Group Newsletter Summer 2013*.
- Kohrt, B. (2013). Social ecology interventions for post-traumatic stress disorder: what can we learn from child soldiers? *British Journal of Psychiatry*, 203, 165-167.
- Luitel NP, Jordans MJD et al (2013) Conflict and mental health – Cross sectional epidemiological study in Nepal. *Social Psychiatry Psychiatric Epidemiology* 2013, 48:183–193
- Luitel NP, Jordans MJD, Murphy A, Roberts B, McCambridge J (2013) Prevalence and Patterns of Hazardous and Harmful Alcohol Consumption Assessed Using the AUDIT among Bhutanese Refugees in Nepal. *Alcohol and Alcoholism Vol. 0, No. 0, pp. 1–7, 2013*
- Morley, C. A., & Kohrt, B. A. (2013). Impact of Peer Support on PTSD, Hope, and Functional Impairment: A Mixed-Methods Study of Child Soldiers in Nepal. *Journal of Aggression, Maltreatment & Trauma*, 22(7), 714-734.
- Reiffers, R., Dahal, R.P., Koirala, S., Gerritzen, R., Upadhaya, N., Luitel, N. Bhattarai, S. & Jordans, M.J.D. (2013). Psychosocial support system for Bhutanese refugees in Nepal. *Intervention*, 11, 2 169-180.
- Upadhaya N, Luitel NP Clarke K (2013) Improving Children's Mental Health in Nepal: documenting the work of TPO Nepal. *International Child Health Group Newsletter Summer 2013*