



# Annual Report 2018

## 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 the 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 2018*

## TPO Nepal Annual Report 2018

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

### Message from the Chairperson

With immense pleasure, I am sharing this annual report of 2018. This report is an overview of the activities conducted by TPO Nepal in the area of Mental Health and Psychosocial Support (MHPSS).

As one of the leading MHPSS organizations in Nepal, we have constantly been putting our collective effort to implement various programs on mental health and psychosocial promotion and development. We are pleased that our contribution particularly on policy revision/development and quality assurance has been well-recognized and appreciated by the government and external partners.



The year 2018 was an important year for the implementation of new research projects especially on using sensing technologies and initiating biological research on mental health in Nepal. Both concepts were new but very exciting for us to explore new scope and opportunities of research on mental health. We are also very glad to share our formal collaboration with the Institute of Medicine (IOM), Department of Psychiatry and Mental Health and Karnali Academy of Health Sciences (KAHS). The MoU has initiated collaboration with academia and universities for joint research projects which I believe will increase opportunities on mental health research in the country.

From an intervention perspective, we reached out to people and their families who were distressed and had mental health problems, through our psychosocial workers, counsellors, clinical psychologist, and psychiatrist. Overall 1,492 individuals received psychosocial counselling and 167 were enrolled in specialized services. A total of 114 individuals with 232 calls contacted our helpline for support. As a part of TPO Nepal's ongoing efforts, representatives from local, provincial and federal governments were invited to various meetings/dialogues, workshops and training which helped to prioritize mental health and integrate into health and protection systems in the federal context of Nepal.

Several orientations were conducted in the community. More than 16,000 people were reached through community-level awareness and sensitization programs. Similarly, health professionals, social workers, cooperative groups, teachers, journalists and police officials were trained intensively on the issues of mental health and psychosocial support. A total of 1,530 individuals benefited from different types of training, clinical mentoring and supervision as part of capacity building initiatives.

I am thankful to all the individuals who participated in our programs and research in 2018. All the achievements would not have been possible without their cooperation and support. Furthermore, I am also grateful to all the government agencies, donors, partners, relevant stakeholders and organizations who have been supporting and empowering us to implement mental health programs.

Finally, I would like to express my gratitude to all our staffs for their tireless effort and dedication towards the organization. Last but not the least, I am equally thankful to colleagues in the executive board, management team and advisory groups for their guidance and valuable inputs in our endeavors.

Manju Adhikari  
Chairperson



## List of abbreviations

AMDA	: Association of Medical Doctors of Asia	MRC	: Medical Research Council
CBI	: Classroom/Community Based Psychosocial Intervention	NGO	: Non-Governmental Organization
CBPCB	: Community Based Psychosocial Capacity Building	NHSSP	: Nepal Health Sector Support Programme
CIDT	: Community Informant Detection Tool	NHTC	: National Health Training Center
CPSW	: Community based Psychosocial Worker	NIMH	: National Institute of Mental Health
DFID	: Department for International Development	NWC	: National Women Commission
DoHS	: Department of Health Services	OPAL	: Optimizing Provider Attitudes and competence in Learning mental health systems
ESSENCE	: Enabling translation of Science to Service to ENhance Depression CarE	PHCRD	: Primary Health Care Revitalization Division
FCHV	: Female Community Health Volunteer	PhD	: Doctor of Philosophy
FM	: Frequency Modulation	PM+	: Problem Management Plus
GATE	: Global Anti-Torture Evidence	PRIME	: PRogramme for Improving Mental health CarE
GWU	: George Washington University	PSA	: Public Service Announcement
HMI	: Heart Mind International	RESHAPE	: REducing barriers to mental health task SHARing: stigma reduction in Primary carE
ICCAMH	: International Conference on Child and Adolescent Mental Health	STP	: Standard Treatment Protocol
IDEA	: Identifying Depression Early in Adolescents	TPO	: Transcultural Psychosocial Organization
INGO	: International Non-Governmental Organization	TRE	: Tension and Trauma Releasing Exercises
IOM	: Institute of Medicine	TUTH	: Tribhuvan University Teaching Hospital
IRCT	: International Rehabilitation Council for Torture Victims	UNHCR	: United Nations High Commissioner for Refugees
JISP	: Japan IsraAID Support Program	UNICEF	: United Nations Children's Fund
KAHS	: Karnali Academy of Health Sciences	USA	: United States of America
KCL	: King's College London	UW	: University of Washington
KMC	: Kathmandu Metropolitan City	WACP	: World Association of Cultural Psychiatry
mhGAP	: Mental Health Gap Action Programme	WCCP	: World Congress of Cultural Psychiatry
MHIRa	: Mental Health Integration in Ramechhap district	WCO	: Women and Children Office
MoU	: Memorandum of Understanding	WHO	: World Health Organization

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## Project summary

*Table 1: Details of key projects*

Name of the Project	Timeline	Funding Agencies	Thematic Area
Community Based Psychosocial Capacity Building (CBPCB)	November 2015 to May 2018	IsraAID	Program
E-mhGAP Intervention guide in Low and middle-income countries: proof-of-concept for Impact and Acceptability (Emilia)	October 2018 to September 2021	King's College London (KCL)/ Medical Research Council (MRC)	Research
Enabling translation of Science to Service to ENhance Depression CarE (ESSENCE)	July 2017 to May 2022	Harvard University/National Institute of Mental Health (NIMH)	Research
Global Anti-Torture Evidence (GATE)	December 2017 to September 2019	International Rehabilitation Council for Torture Victims (IRCT)/Ministry of Foreign Affairs of the Netherlands	Program
Identifying Depression Early in Adolescence (IDEA)	July 2018 to May 2020	George Washington University (GWU) and KCL/ MRC and MQ Foundation	Research
Improvement of Community-based Disaster Risk Management and Post-Disaster Psychosocial Care for Socially Vulnerable People in Nepal	March 2018 to March 2019	Japan IsraAID Support Program (JISP)	Program
Integrated Platform for Gender Based Violence Prevention and Response (Sambodhan)	November 2017 to October 2019	National Women Commission (NWC)/ World Bank	Program
Jumla Mental Health Project	January 2014 to December 2019	HeartMind International (HMI), GWU	Program
Mental Health Integration in Ramechhap district of Nepal (MHIRa)	December 2017 to June 2019	Americares	Program
Optimizing Provider Attitudes and competence in Learning mental health systems (OPAL)	July 2016 to June 2018	GWU/NIMH	Research
Problem Management Plus (PM+)	September 2016 to August 2019	World Health Organization (WHO)	Research
PRogramme for Improving Mental health carE (PRIME)	May 2011 to April 2019	DFID (Department for International Development)/ University of Cape town	Research
Provide Psychosocial Support to Community in Dealing with Suicide in Sindhupalchowk	January 2018 to November 2018	Australian AID	Program
Provision of Psychosocial and Substance Abuse Prevention Support to Refugees from Bhutan	January 2018 to December 2018	United Nations High Commissioner for Refugees (UNHCR)/ Association of Medical Doctors of Asia (AMDA) Nepal	Program
Provide Psychosocial Support to Vulnerable Communities in Sindhupalchowk	March 2018 to April 2019	Caritas	Program
REducing barriers to mental health task SHARing: stigma reduction in Primary carE (RESHAPE)	June 2015 to June 2019	GWU/NIMH	Research
Study to Adapt Adolescent Interpersonal Therapy In Nepal (SAATHI)	September 2018 to August 2020	KCL/ MRC	Research
Sensing Technology to personalize Adolescent materNal DepreSsion TReatment in lOW resource settiNGs (StandStrong)	May 2018 to November 2019	GWU/Bill & Melinda Gatets Foundation	Research
Strengthening of the Psychosocial Support Mechanisms in the Earthquake Affected and Disaster Prone Area	February 2018 to December 2018	UNICEF	Program

## Geographical coverage

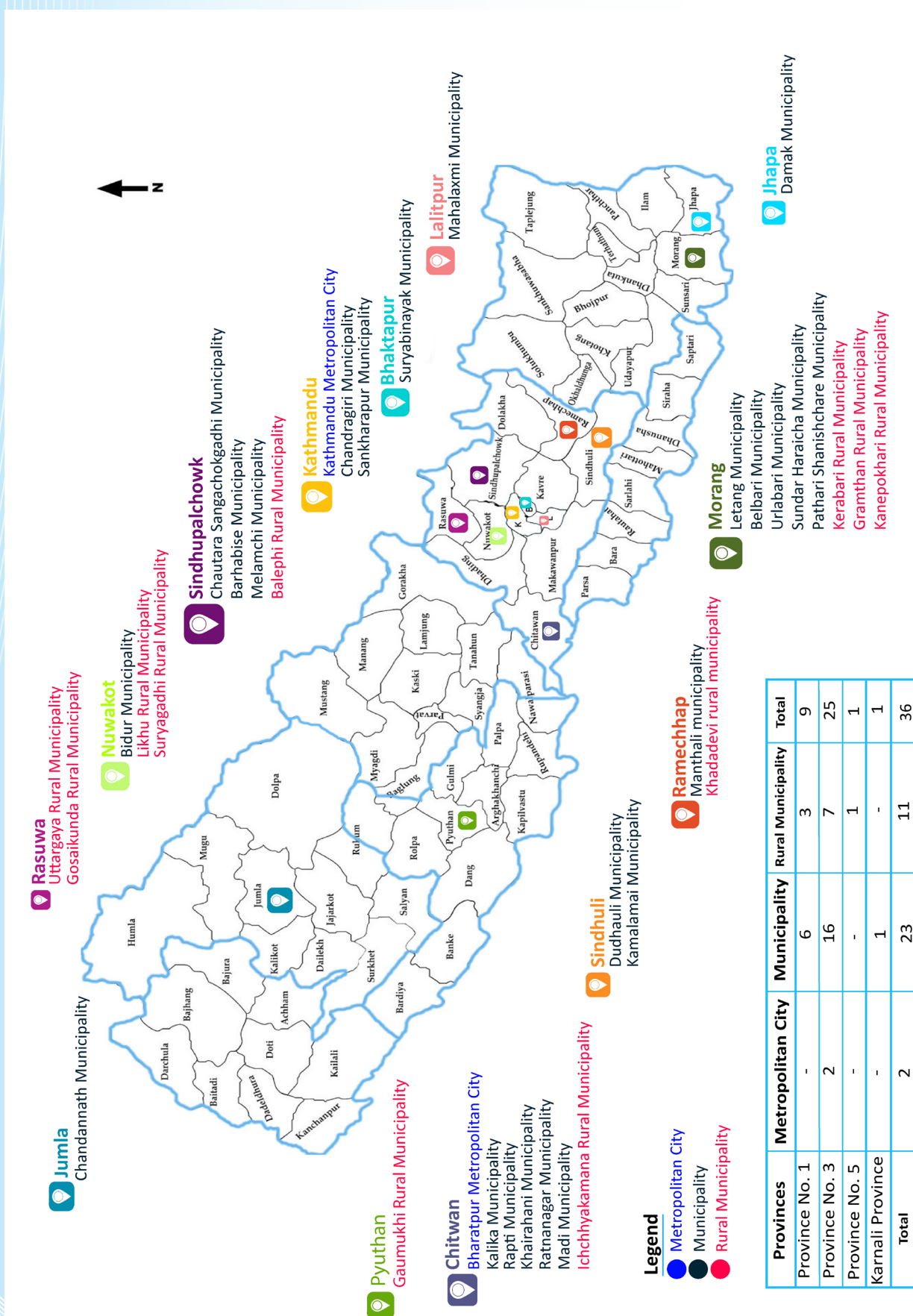


Photo: Geographical coverage in 2018



## Achievements at a glance

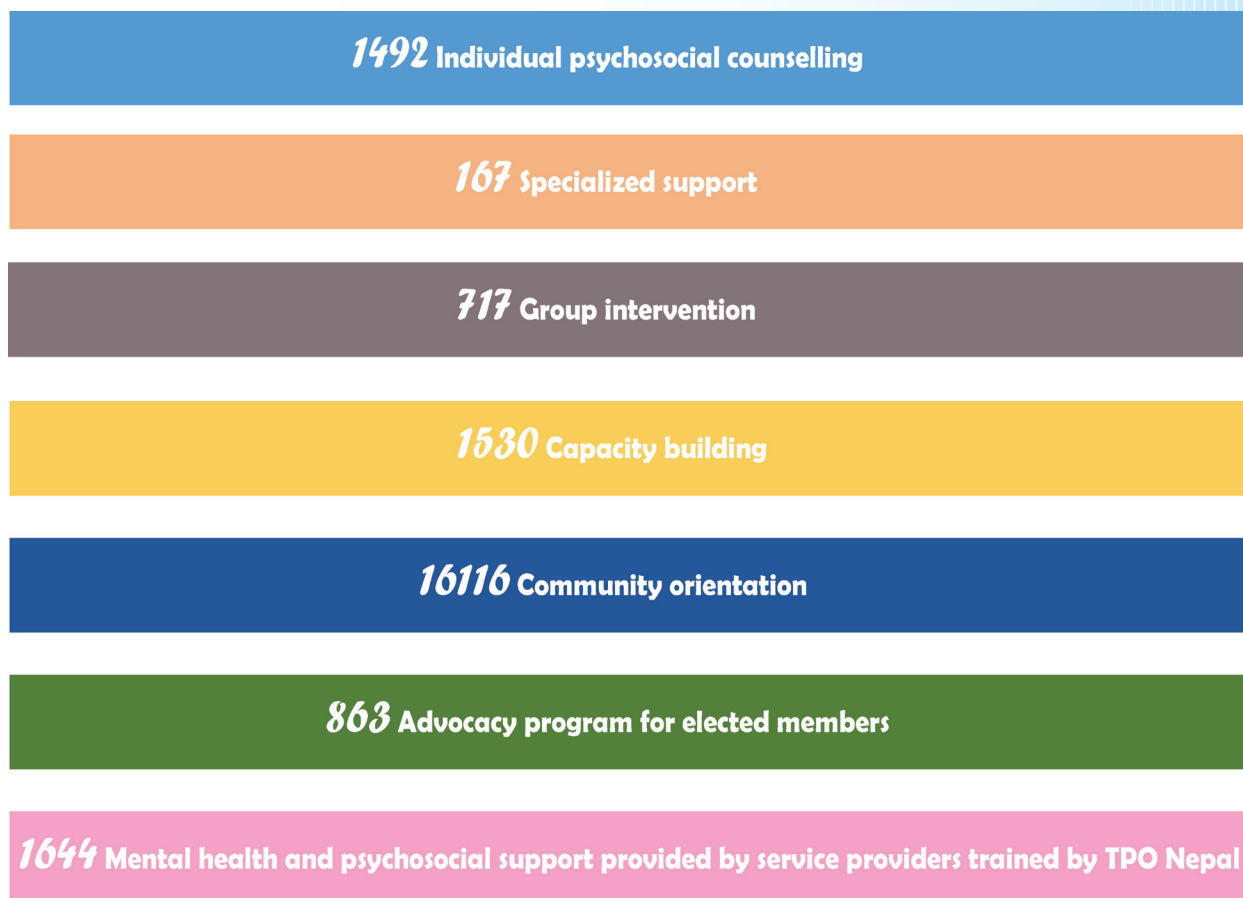


Figure 1: Program achievements in 2018

## Service Delivery

Mental health and psychosocial support provided by service providers of TPO Nepal

One of the major areas of focus for TPO Nepal is psychosocial support. This includes psychosocial counselling, community based psychosocial support, helpline services and specialized care. Psychosocial counselling services have been provided by trained counsellors and therapists based in Kathmandu and in communities. Specialized mental health support was provided through clinical settings in Kathmandu and outreach health camps organized in rural settings. A total of 1,492 (male 487, female 1005) individuals received psychosocial counseling and 167 (male 74, female 93) individuals received specialized support in 2018.

Helpline services were provided through a toll-free number 1660 010 2005 between Monday to Friday every week from 9:30 am to 4:30 pm. Two hundred thirty two calls were received in the helpline service from 114 (64 male, 50 female) individuals. From the trend analysis, hotline services were predominantly used for queries related to mental health and psychosocial support, setting appointment for counselling session and specialized care.

A range of group interventions was conducted. Group interventions have been found to be effective in communities. Tension and Trauma Release Exercise (TRE), group healing, group and family counselling and

Common Threads were some of the group interventions being delivered. A total of 717 (male 214, female 503) individuals benefited from group and family support. Care for care givers program and Alternative to Violence workshops were organized for care givers.



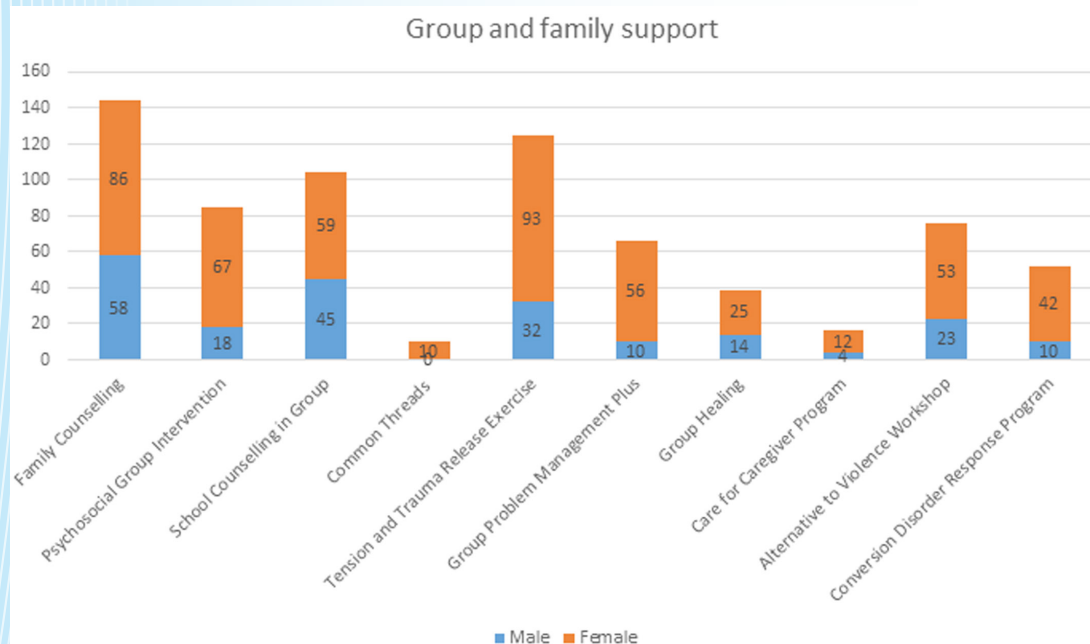


Figure 2: Number of people receiving group and family support

### Mental health and psychosocial support provided by service providers trained by TPO Nepal

Primary healthcare workers, psychosocial counselors, CPSWs and FCHVs trained by TPO Nepal provided mental health and psychosocial support to 1,644 people in the health facilities, psychosocial support centers as well as in communities.

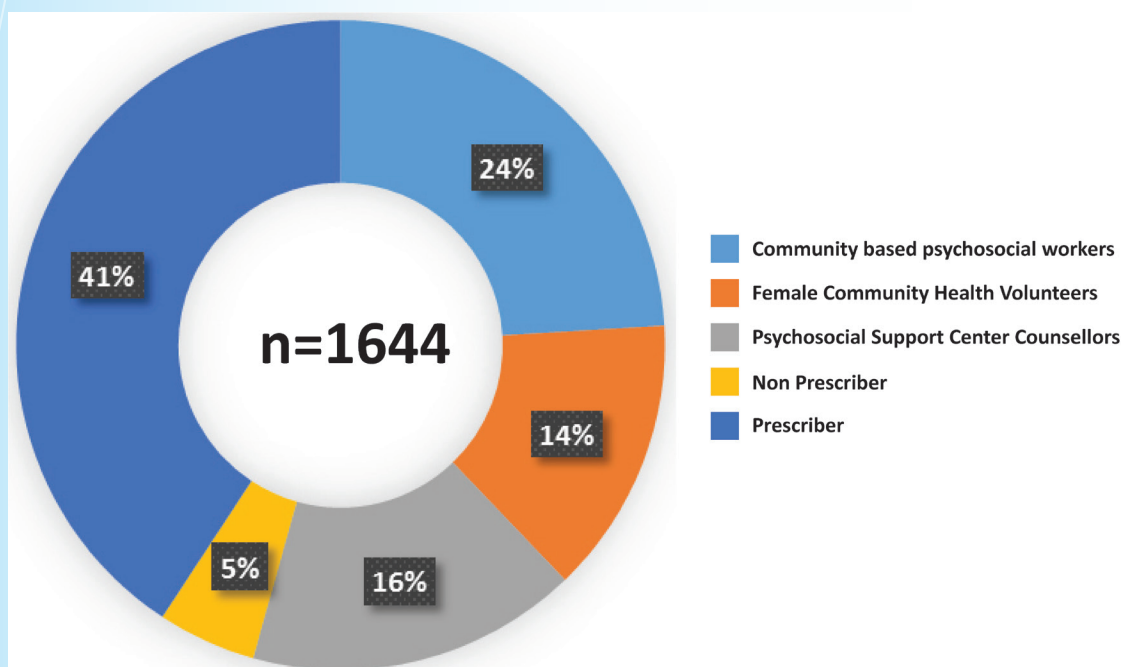


Figure 3: Number of people receiving mental health and psychosocial support through trained service providers

### Community Orientation

A total of 16,116 individuals participated in community orientation programs, including mass awareness and specific orientation programs.

#### Mass awareness programs

Mass awareness programs like street drama, orientation on MHPS issues in communities and schools and radio programs were conducted. A total of 15,921 individuals participated including

14,247 individuals in mass awareness program and 1,674 people in the suicide prevention awareness program. A weekly radio program on suicide prevention named “Banche Sansar Jitinchha” was broadcasted from four local radio stations in Ramechhap and Sindhupalchowk districts. “Manko Shanti”, a radio program about mental health was broadcasted from Radio Karnali, Jumla.



Photo: Forum drama on mental health and psychosocial support

Specific orientation programs

Four types of specific orientation programs were conducted this year in which 195 individuals participated. These included orientation to police and journalists on suicide prevention, orientation to traditional healers (Dhami and Jhankri) on psychosocial issues and referrals, and orientation on conversion disorder to teachers, parents and students.

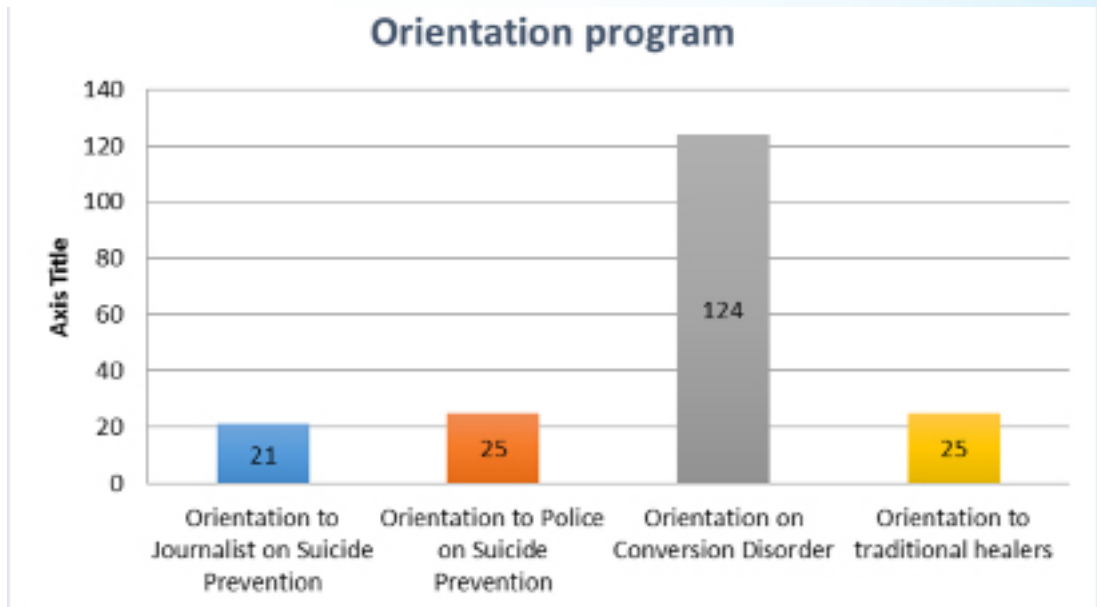


Figure 5: Number of participants in orientation programs

Training and Capacity building

Capacity building is yet another thematic area of TPO Nepal. A range of capacity building activities was conducted to various cadres of service providers. A total of 1,530 individuals were reached through capacity building activities. Based on the WHO intervention pyramid, trainings were provided in three different tiers.

First tier: Training on CIDD (NHTC Module 4) was provided to FCHVs followed by periodic supervision and mentoring.

Second tier: CPSW training, CBI training to social workers and teachers, non-prescriber training and supervision, basic psychosocial and disaster management training were the major capacity building activities in the second tier.

Third tier: Prescribers' (medical officers and health assistants eligible for prescribing psychotropic medications) training on Module 2 of NHTC and their clinical supervision, non-prescribers' (AHW, ANM and staff nurse providing psychosocial support only) training on maternal depression (Healthy Activity Program) and 6 months' psychosocial counseling training were conducted in this tier.

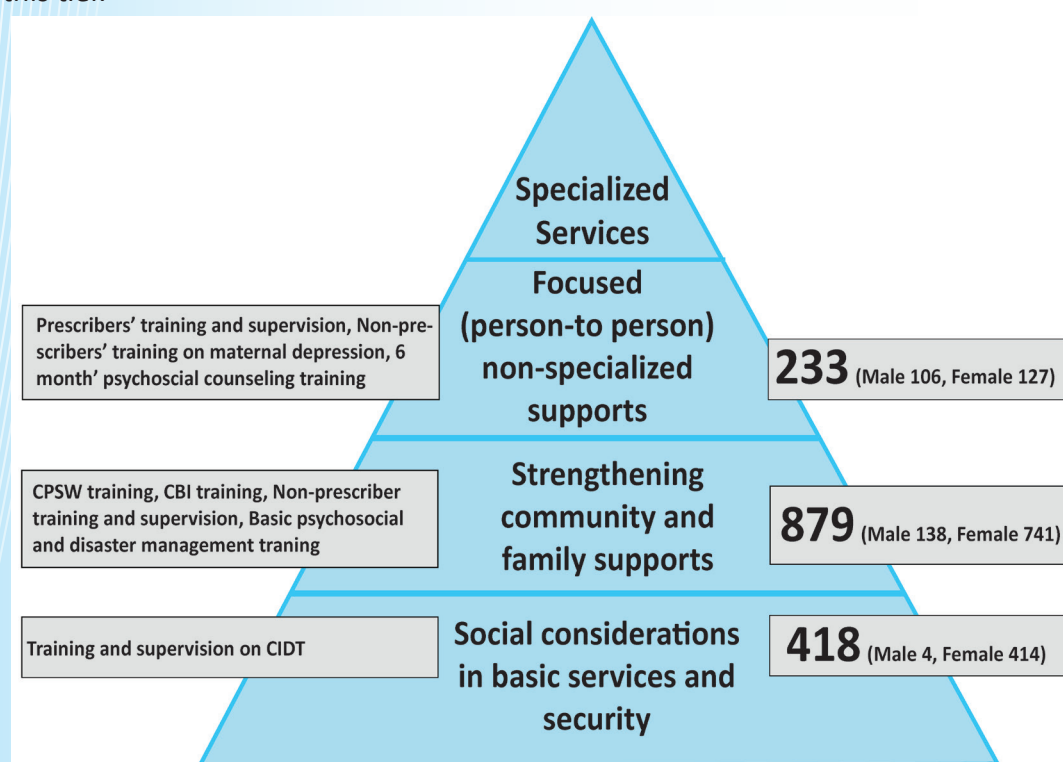


Figure 4: Number of participants in capacity building activities

## Capacity building of staff

A number of staff have been enrolled in fellowships, academic degrees and other capacity building activities:

Table 2: Details of capacity building activities of staff

	Name of Training	Staff	Duration	Organization/University
1	Advanced TRE training	Ms. Jamuna Maharjan	7 <sup>th</sup> -11 <sup>th</sup> November, 2018	TRE Indonesia
3	ESSENCE Media Fellowship: to develop an online mental health course for media personnel	Ms. Mallika Chaulagain	15 <sup>th</sup> November, 2018-15 <sup>th</sup> October, 2019	Harvard University, USA
4	ESSENCE Service User Fellowship: to develop an online mental health course for service users and caregivers	Mr. Manoj Dhakal	15 <sup>th</sup> November, 2018-15 <sup>th</sup> October, 2019	Harvard University, USA
5	International Diploma on Mental Health, Human Rights and Law	Mr. Anup Adhikari	October 2017- November 2018	College of Indian Law Society, Pune India
6	Advanced training in bio-psychosocial chronic pain rehabilitation	Ms. Indira Pradhan	April 2018-February 2019	Retrain Pain Foundation, New York, USA
7	Master of Philosophy in Public Mental Health	Mr. Nagendra Luitel	February 2018-till date	University of Cape Town, South Africa



8	Monitoring and evaluation training	TPO staff (N=14)	6 <sup>th</sup> and 7 <sup>th</sup> May, 2018	TPO Nepal
9	Curriculum development workshop	TPO staff (N=10)	22 <sup>nd</sup> May, 5 <sup>th</sup> July and 25 <sup>th</sup> December, 2018	TPO Nepal
10	Data security and management training	TPO staff (N=10)	22 <sup>nd</sup> May, 2018	TPO Nepal
11	Training on supervision of psychosocial counselors	TPO staff (N=17)	17-19 <sup>th</sup> , 24-26 <sup>th</sup> April, 2018	TPO Nepal
12	Workshop on understanding pain	TPO staff (N=8)	1 <sup>st</sup> May, 2018	TPO Nepal
13	Workshop on Cluster Randomized Control Trial (CRCT)	TPO staff (N=19)	24 <sup>th</sup> April, 2018	TPO Nepal
14	Health Service, Health Systems and Implementation Research in Mental Health	Mr. Nagendra Luitel	11 <sup>th</sup> -13 <sup>th</sup> July, 2018	King's College London

## Advocacy

Advocacy with relevant stakeholders for the promotion of mental health in the federal context was the major focus in 2018. Different levels of government officials and political leaders were sensitized on resource allocation, capacity building of service providers, planning and implementation, adaptation of policies and training curricula, ensuring adequate supply of psychotropic medications and deployment of psychosocial counselors at municipal/rural municipal levels. A total of 36 events comprising of meetings, interaction programs and workshops were conducted in various regions where 863 individuals participated. Among them, 411 were locally elected representatives. Involvement of service users in advocating for their issues such as stigma and discrimination, inadequacy of available services, availability of psychotropic medications and including their perspectives in fiscal year plan of municipalities/rural municipalities was also a distinct advocacy program this year.



Photo: Interaction program with locally elected representatives

## Research and publications

A total of 13 peer reviewed articles were published in the international journals in 2018 mainly focusing on integration of mental health into existing health system, cultural adaptation and validation of research tools, evaluation of psychological interventions, research protocols and service user involvement in mental health care.



## Articles published in international peer-reviewed journals

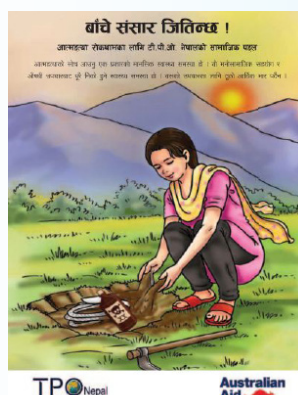
- 1) Breuer E, Subba P, Luitel N, et al. **Using qualitative comparative analysis and theory of change to unravel the effects of a mental health intervention on service utilisation in Nepal.** *BMJ Glob Health* 2018;3:e001023. doi:10.1136/bmjgh-2018-001023
- 2) Rathod, S., Luitel, N., & Jordans, M. (2018). **Prevalence and correlates of alcohol use in a central Nepal district: Secondary analysis of a population-based cross-sectional study.** *Global Mental Health*, 5, E37. doi:10.1017/gmh.2018.28
- 3) Burkey MD, Adhikari RP, Ghimire L, Kohrt BA, Wissow LS, Luitel NP, Haroz EE, Jordans MJD. **Validation of a cross-cultural instrument for child behavior problems: the Disruptive Behavior International Scale – Nepal version.** *BMC Psychol.* 2018 Nov 3;6(1):51. doi:10.1186/s40359-018-0262-z
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- 5) Rathod SD, Roberts T, Medhin G, et al. **Detection and treatment initiation for depression and alcohol use disorders: facility-based cross-sectional studies in five low-income and middle-income country districts.** *BMJ Open* 2018;8: e023421. doi:10.1136/bmjopen-2018-023421
- 6) Welton-Mitchell C, James LE, Khanal SN, James AS (2018). **An integrated approach to mental health and disaster preparedness: a cluster comparison with earthquake affected communities in Nepal.** *BMC Psychiatry.* doi:10.1186/s12888-018-1863-z.
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- 8) Sangraula, M., Hof, E.V., Luitel, N.P., Turner, E.L., Marahatta, K., Nakao, J.H., Ommeren, M.V., Jordans, M.J., & Kohrt, B.A. (2018). **Protocol for a feasibility study of group-based focused psychosocial support to improve the psychosocial well-being and functioning of adults affected by humanitarian crises in Nepal: Group Problem Management Plus (PM+).** *Pilot and feasibility studies.* doi:10.1186/s40814-018-0315-3
- 9) Rai, S., Gurung, D., Kaiser, B. N., Sikkema, K. J., Dhakal, M., Bhardwaj, A., Kohrt, B. A. (2018). **A service user co-facilitated intervention to reduce mental illness stigma among primary healthcare workers: Utilizing perspectives of family members and caregivers.** *Families, Systems, & Health*, 36(2), 198-209. doi:10.1037/fsh0000338
- 10) Luitel N, Baron E, Kohrt B, Komproe I, Jordans M. (2018). **Prevalence and correlates of depression and alcohol use disorder among adults attending primary health care services in Nepal: A cross sectional study.** *BMC health services research.* doi:10.1186/s12913-018-3034-9.
- 11) Baron E, Rathod S, Hanlon C, Prince M, Fekadu A, Kigozi F, Jordans M, Luitel N, Medhin G, Murhar V, Nakku J, Patel V, Petersen I, Selohilwe O, Shidhaye R, Ssebunnya J, Tomlinson M, Lund C, De Silva M. (2018). **Impact of district mental health care plans on symptom severity and functioning of patients with priority mental health conditions: The Programme for Improving Mental Health Care (PRIME) cohort protocol.** *BMC Psychiatry.* doi:10.1186/s12888-018-1642-x.
- 12) Upadhaya N, Jordans M, Gurung D, Pokhrel R, Adhikari R, Komproe I. (2018). **Psychotropic drugs in Nepal: Perceptions on use and supply chain management.** *Globalization and Health.* doi:10.1186/s12992-018-0322-4.
- 13) Kohrt B, Jordans M, Turner EL, Sikkema K, Luitel N, Rai S, Singla D, Lamichhane J, Lund C, Patel V. (2018). **Reducing stigma among healthcare providers to improve mental health services (RESHAPE): Protocol for a pilot cluster randomized controlled trial of a stigma reduction intervention for training primary healthcare workers in Nepal.** *Pilot and Feasibility Studies.* doi:10.1186/s40814-018-0234-3.

## Conference presentations

TPO Nepal presented oral and poster at different national and international conferences. The presentations covered topics like integration of mental health into existing health system, maternal depression, m-Health, ethical considerations for biological psychiatric research and mental health status after the earthquake. These conferences were (i) International Mental Health Conference Nepal, (ii) International Conference on Child and Adolescent Mental Health Nepal (iii) 5th World Congress of Cultural Psychiatry (WCCP) at Columbia University, New York, (iv) GW Stigma Grand Rounds at George Washington University, Washington DC, (v) World Association of Cultural Psychiatry (WACP), New York and (vi) International Marce Society Conference on Perinatal Mental Health at Bangalore, India. Ms. Sita Maya Thing Lama from TPO Nepal was awarded the best poster exhibition titled “Radio program as an awareness tool in suicide prevention” at the International Mental Health Conference Nepal.

## Other publications

**Common Threads booklet:** Common Threads is an art based psychotherapy that helps to deal women with traumatic experiences in a structured manner and also helps them return to normal life gradually. This booklet contains the story cloths prepared by survivors based on their traumatic experiences .

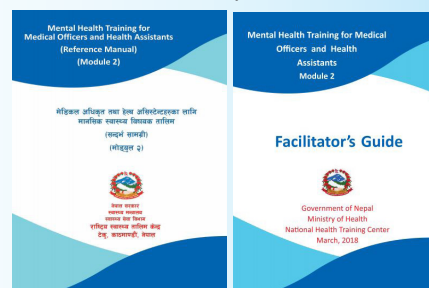


**Flipchart on suicide prevention :** This flipchart named ‘banche sansar jitinchha’ is intended to be used for conducting orientation programs on suicide prevention in community.

**Leaflet on suicide prevention:** This leaflet is used to raise awareness on suicide prevention targeting the front line workers in the community.

## Contribution of TPO Nepal to policy

**NHTC Module 2:** NHTC Module 2 (Reference Manual and Facilitator’s Guide) titled “Mental Health Training for Medical Officers and Health Assistants” was developed by the National Health Training Centre (NHTC) under technical support of TPO Nepal. These documents are based on ‘Standard Treatment Protocol (STP) for Mental Health Services into the Primary Health Care System’ developed by PHCRD and ‘WHO mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health setting Version 2.0’.



**Mental health self-help group operating guideline:** This guideline was prepared by the Primary Health Care Revitalization Division (PHCRD), Department of Health Services (DoHS), Ministry of Health and Population (MoHP) for the involvement, better care and protection of right holders/survivors under the technical support of TPO Nepal. The draft version has been finalized through the dissemination workshop held on 27<sup>th</sup> June, 2018. However, government endorsement is under process.



**mhGAP operations manual:** WHO Geneva has included psychiatrists' case conference modality and deployment of community counseling (adapted by TPO Nepal) as best practices in the WHO mhGAP Operations Manual.

## Major events

**Research report dissemination event:** A research report dissemination event of "Hidden Aftershocks: An assessment of the Mental Health and Psychosocial Needs of Earthquake Affected Communities in Rasuwa, Nuwakot and Makwanpur districts" was held in Kathmandu on 26<sup>th</sup> January, 2018. The research was conducted after 18 months of the 2015 earthquake and highlighted the severity of mental health and psychosocial problems among the affected population.

**International Mental Health Conference:** International Mental Health Conference 2018 was held in Kathmandu, Nepal on February 16 and 17 with the aim of bringing together institutions, individuals and other concerned stakeholders in a common platform to discuss the development of mental health under the theme "Coming Together for Mental Health". This conference was organized by Primary Health Care Revitalization Division (PHCRD), Department of Health Services, Ministry of Health in collaboration with several partners and organizations working in the field of mental health. TPO Nepal represented in the conference through participation in organizing committee, scientific sub-committee, souvenir sub-committee, policy discourse sub-committee, terminology translation sub-committee and hospitality and event management sub-committee. A 9-point declaration was unveiled by the Hon. Minister for Women, Children and Senior Citizens Tham Maya Thapa in the conference.



**TPO Nepal's 13th Anniversary:** TPO Nepal organized a formal program and blood donation event at central office, Baluwatar on June 7, 2018. The formal program consisted of presentation of TPO Nepal's major achievements in 2017/18, award distribution to TPO staffs and token of love distribution to guests. Sixty one people participated in the blood donation program which was followed by a staff retreat.



**National Anti-Human Trafficking Day:** The 12<sup>th</sup> National Anti-Human Trafficking Day, 2075 was observed in Kathmandu on September 5, 2018. Ministry of Women, Children and Senior Citizens organized a rally to mark the day, where staff of TPO Nepal participated. The event was also observed at project sites of TPO Nepal in solidarity with the day.



**World Mental Health Day and World Suicide Prevention Day:** On September 10, 2018, various

organizations came together for the celebration of 16<sup>th</sup> World Suicide Prevention Day. The theme for this year was “Working Together to Prevent Suicide”. A rally was organized by Epidemiology and Disease Control Division, Department of Health Services, Ministry of Health and Population to celebrate the day, in which TPO Nepal participated actively. An essay competition and a radio talk program were organized in Chautara Sangachowkgadhi municipality, Sindhupalchowk on the theme.



TPO Nepal also participated in an event organized by the Epidemiology and Disease Control Division on 9<sup>th</sup> October, 2018 on the occasion of World Mental Health Day. The theme for this year was “Young People and Mental Health in a Changing World”.

**Disaster response kits handover ceremony:** A formal ceremony was organized to handover 265 disaster response kits to the health facilities, government schools and ward offices of Kathmandu Metropolitan City (KMC) on 26<sup>th</sup> October, 2018. The event was attended by the heads of different departments of KMC, representatives from urban health facilities of Kathmandu and other organizations.



**International Conference on Child and Adolescent Mental Health Nepal:** “International Conference on Child and Adolescent Mental Health Nepal” (ICCAMH Nepal 2018), was held from 2-3 November, 2018 in Kathmandu at Hotel Shanker. The theme for this conference was “Mental Health for All Children and Adolescents”. The conference envisioned for improved mental health of children and adolescents through engagement of concerned stakeholders on the urgent attention and investments needed in child and adolescent mental health and psychosocial support. TPO Nepal was one of the members of the organizing committee in this conference.



**Dissemination of PRIME results in national and international forums:** A series of dissemination workshops on ‘Integration of mental health services into primary health care settings in Nepal: Results from PRIME Studies’ were organized at DFID headquarters London and The London School of Hygiene and Tropical Medicine and nationally in 6 municipalities/ rural municipalities in Chitwan and EDCD of the Department of Health Services, MoHP. Similarly, the effectiveness of CIDT, community counseling and psychiatrist case conference were also presented in the WHO mhGAP forum in Geneva and South Asia Policy Makers Workshop in New Delhi.





## Strengthening collaboration with academia and universities in Nepal

**MoU between Institute of Medicine (IOM) and TPO Nepal and Karnali Academy of Health Sciences (KAHS) and TPO Nepal:** A Memorandum of Understanding (MoU) was signed between Tribhuvan University, Institute of Medicine (IOM), Department of Psychiatry and Mental Health and Transcultural Psychosocial Organization Nepal (TPO Nepal) on 12<sup>th</sup> October, 2018. Similarly, another MoU was signed between Karnali Academy of Health Sciences (KAHS) and TPO Nepal on 18<sup>th</sup> December, 2018. The purpose of this MoU was to define the co-operation, collaboration and partnership in strengthening of mental health system and services in Nepal through education, research, service delivery and advocacy.



## Monitoring visit from government officials

The monitoring team of Social Welfare Council (SWC) conducted monitoring and evaluation of UNICEF funded 'Strengthening of the Psychosocial Support Mechanisms in the Earthquake Affected and Disaster Prone Area' project and DFID funded 'PRogramme for Improving Mental health carE' project. Additionally, representatives from Ministry of Health and Population, member of the provincial parliament and locally elected members visited various project sites. These visits have provided us valuable suggestions, guidance and energy in successful implementation of community based mental health programs.

## Visit of international delegates

**Dr. Pamela Collins:** Dr. Pamela Collins, Professor of Psychiatry and Behavioral Sciences and Global Health at University of Washington (UW) and Director of the Global Mental Health Program at UW visited TPO Nepal on 25<sup>th</sup> April, 2018. Following a brief presentation on TPO Nepal's work and achievements, the team talked about how they have been integrating mental health care in primary health care settings in Nepal and empowering mental health service users to reduce mental health stigma. Dr. Collins mentioned that she had heard about TPO's work, primarily through international research collaborations and was delighted to visit the team.



**Dr. Joshua Gordon:** Joshua A. Gordon, M.D., Ph.D., Director of the National Institute of Mental Health (NIMH), the lead federal agency of USA for research on mental disorders, visited TPO Nepal on 30<sup>th</sup> November, 2018. Dr. Gordon was pleased with the work of TPO Nepal and remarked that it is contributing in the field of mental health not only in Nepal, but globally, by sharing through research articles how things are done. Dr. Gordon also visited TPO Nepal's project implementation site Chitwan. After the visit, Dr. Gordon wrote a blog on NIMH website titled 'Around the World and Back Again: Global Mental Health Efforts', detailing the experiences he had at TPO Nepal and Chitwan.



**Australian Ambassador to Nepal:** Australian Ambassador to Nepal, His Excellency Peter Budd, visited Sindhupalchowk district on 19<sup>th</sup> and 20<sup>th</sup> September, 2018 to attend an event held to observe the World Suicide Prevention Day and visited one of the schools in Chautara Sangachokgadhi municipality. His Excellency also interacted with the project staff and teachers to learn more about the activities carried out by TPO Nepal on suicide prevention.



## Case study

### Community-based suicide prevention program in a rural setting: A case study

Suicide is a serious public health concern globally contributing to about 1 million deaths every year. In Nepal, 7,144 people committed suicide over a period of 16 months during the fiscal year 2074/75 and 2075/76, according to Nepal Police data. Nepal sustained a major earthquake followed by repeated aftershocks in 2015 following which mental health and psychosocial problems including suicide rates have increased. Thulo Sirubari and adjoining areas of Sindhupalchowk faced a drastic increase in suicide rates in post-earthquake setting according to the District Police report. A community based suicide prevention program was then implemented in the region to demystify the concept of mental illness and suicide and to provide support to the families and individuals who had suffered or had been going through its impact. The program applied a holistic approach to suicide prevention engaging relevant stakeholders, community and the survivors of suicide. The program consisted of activities at three levels:

**Community based activities:** A radio program entitled “Banche Sansar Jitinchha” was broadcasted through local radio stations every week especially focusing on mental illnesses and suicide to raise awareness in the community. Similarly, the survivors of suicide in the community were accessed through active outreach and screened for psychosocial problems including thoughts or attempts at self-harm. Periodic orientation programs on suicide prevention were organized at schools and community and a suicide flipchart was developed and used to disseminate information on suicide prevention through community-based psychosocial workers. Psychosocial support was rendered to the affected individuals and families in the community by trained psychosocial counsellors. Meanwhile, those individuals with thoughts or attempts at self-harm and risk of suicide were provided with basic psychosocial support and then referred to health facilities for diagnosis and adequate treatment. Community stakeholders, such as youths and vendors selling means of suicide (e.g. rope, pesticides, etc.), were oriented on early suspicion and referral of individuals with suicidal intent for appropriate support and confirming the intended use before sale.

**Health facility level activities:** MBBS doctors and health workers were trained on WHO mhGAP IG version 2.0 for assessment, management, follow up and referral of individuals with risk of suicide. A two-way mechanism was ensured to refer the cases from the community to the health facilities for treatment and then rehabilitate and reintegrate the individuals from the facility back to the community.

**Organization level activities:** Since media and police are major stakeholders in disseminating information on suicide and documenting/legally proceeding on suicidal acts, orientation to journalist on reporting news on suicide and orientation to police on preventing suicide, sale of means of suicide and rescue of individuals with suicidal thoughts/attempts were conducted. A Mental Health and Psychosocial Group was formed at the level of municipality to actively scrutinize and regulate mental health and psychosocial support activities in the municipality. In addition, capacity building of psychosocial support centers in the project site was done to link community people with the psychosocial counselors in the centers.

The program incorporated evidence-based suicide prevention strategies. Qualitatively, the program has contributed to community awareness and sensitization on mental illnesses including suicide and quantitatively, a significant reduction in completed suicide and suicidal attempts has been reported by data available through police. It can thus be derived that community based suicide prevention programs, culturally adapted to align with the local context, can have an immense potential to mitigate suicide in community.



## 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)

### Management committee

Mr. Suraj Koirala (Executive Manager)  
Dr. Kamal Gautam (Deputy Executive Manager)  
Mr. Raam Katwal (Admin & Finance 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 (Research Coordinator)

### Technical advisors

Prof. Mark Jordans, PhD  
Dr. Brandon Kohrt, MD, PhD  
Prof. Shishir Subba, PhD  
Dr. Rishav Koirala, MD Psychiatry, PhD scholar

### Staff

A total of 188 (M62 F126) staff were enrollment in 2018, by the end of the year there were 146 staffs (M42 F104). Out of 146 staff total of 28 (M6 F22) were in Clinical department, 42 (M9 F33) were in research, 14 (M10 F4) were in program, 16 (M10 F6) in Admin/ Finance department and 46( M7 F39) were Community Informants and Community Based Psychosocial Workers(CPSW).

## Statement of financial status

Amount In NPR		
<b>TOTAL GRANT RECEIVED:</b>	<b>91,740,359</b>	
Human Resource	20,074,061	25%
Program Cost	20,683,910	26%
Research Cost	29,309,601	36%
Publication	840,910	1%
Training/Capacity Building Expenses	2,946,812	4%
Administrative Cost	6,448,120	8%
<b>TOTAL EXPENSES</b>	<b>80,303,415</b>	
<b>Advance Grant</b> (Surplus/Deficit for the FY)	<b>11,436,944</b>	

Based on Audited Financials for the Fiscal year 2017-2018 (2074-2075)

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