BasicNeeds: Mental Health and Development

Programme Manager
BasicNeeds Kenya
6th – 9th December 2015
The Issue

• An estimated 13% of all disease is attributable to mental disorders
• 75% of those with mental illnesses live in low and middle income countries
The Issue

• Mental health is hugely under-resourced whilst stigma and poverty prevent people from accessing the few services that do exist.

• Poverty brings with it heightened stress, social exclusion, malnutrition, violence and trauma, all of which contribute to mental illness.
**BasicNeeds**

Founded in 2000 by Chris Underhill

**Mission:** “to enable people with mental illness or epilepsy and their families to live and work successfully in their communities”

**Vision:** “the basic needs of all people with mental disorders throughout the world are satisfied and their basic rights are respected.”
BasicNeeds Model for Mental Health and Development

- **Livelihoods**: Creating opportunities for affected people
- **Research**: Generating and applying real-world evidence
- **Community Mental Health**: Developing accessible services
- **Capacity Building**: Equipping people to work on mental health issues
- **Collaboration**: Forging partnerships to improve mental health provision
Identifying, mobilizing, sensitizing and training mental health and development stakeholders:

- Doctors, Nurses, Clinicians;
- Community Volunteers, Social Workers, Teachers;
- Law enforcement agents;
- Traditional & Faith healers;
- Carers and patients
Community Mental Health

Enabling effective and affordable community oriented mental health treatment solutions

• Facilitate health camps,
• Specialist outreach clinics,
• Static mental health clinic and
• Integrated clinics at Primary Care level
Livelihoods

Facilitating opportunities for affected individuals to gain or regain ability to work, earn and contribute to family and community
Research

Generates evidence and knowledge to improve mental health practice and inform policy
Collaboration

Facilitates a systems approach to managing MHD programmes through partnerships and relationships with stakeholders:

- Government
- Civil Society
- Academia
- Self Help Groups
- Corporate
- Youth Organizations and Faith Based Organizations
### Scale and Impact

BasicNeeds works in 12 countries through programmes and partners

<table>
<thead>
<tr>
<th>Number of beneficiaries</th>
<th>Current (June 2015)</th>
<th>To date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affected people</td>
<td>36,124</td>
<td>126,086</td>
</tr>
<tr>
<td>Carers</td>
<td>28,793</td>
<td>100,632</td>
</tr>
<tr>
<td>Family members</td>
<td>120,293</td>
<td>419,866</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>185,210</strong></td>
<td><strong>646,584</strong></td>
</tr>
</tbody>
</table>

78,940 people in Kenya since 2005
Scaling Up the BasicNeeds Model: The Social Franchise Approach

Empower and support other organisations to take on the independent delivery of the BasicNeeds Model in their territory
Scaling up the BasicNeeds Model: Social Franchise

- **Proven Model:**
  - addresses poverty & stigma, improves treatment and access, works across systems
- **Successfully works in low resource settings through effective partnerships**
- **Reached 646,584 beneficiaries in 12 countries**
- **Launch of social franchise:**
  - integration of social, scientific, technological, and business innovation
- **Growth through regional hubs**
Training of Social Franchise Partners – Archdiocese of Nyeri Caritas -Kenya
For a small franchise fee, BasicNeeds provides:
• comprehensive training on the Model and its implementation;
• access to an international quality assurance and impact assessment system;
• access to international peer practitioner, research and policy networks;
• association with the BasicNeeds brand and profile.
Occupational therapy session for women with mental illness and carers
Youth Mental health interventions
Mental health advocates
Sports Therapy in South Sudan
Thank you

www.basicneeds.org