



EXECUTIVE SUMMARY OF RESEARCH STUDY TITLE

A qualitative analysis of Chhahari Nepal for Mental Health's (CNMH) social model approach as an effective social care support model for low-income men and women experiencing mental health problems in the Lalitpur District, Kathmandu, Nepal

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RESEARCH PROBLEM AND RATIONALE:

Mental health has traditionally been understood and treated using the biomedical model, worldwide. Despite decades of research having failed to confirm biomedical explanations for mental illness (Middleton, 2013; Thomas, 2013), the biomedical model still prevails, and dominates both the nature of mental health services, as well as the research paradigm of evidence-based treatments (Faulkner, 2015). A social model for mental health approach, however, proposes that mental health problems can be addressed using social approaches (Beresford et al., 2010). This model stresses the importance of holistic care, human dignity, mutual respect, trust, unconditional acceptance, and equality, and is underpinned by the fundamental concept that children, young people and adults are equal, competent and resourceful agents (Beresford et al., 2016).

Mental health in Nepal has long been neglected, and follows the global trend of almost exclusively emphasising biomedical interventions (Robertson, 2001). The causes of mental illness and distress, as well as the needs of sufferers, are largely ignored. One of the main reasons for this, amongst cultural and spiritual beliefs, is due to the stigma associated with having a mental illness, or having a family member with mental illness (Robertson, 2001). As a result of this, people suffering from a mental illness or distress are largely rejected by their families and communities, and often end up homeless and on the streets (Robertson, 2001). In addition to this, there are no laws in Nepal that specifically protect the rights of the mentally ill (Robertson, 2001). CNMH, however, in contrast to the prevailing trend, uses a social model of care and support with their clients and carers, that emphasizes a person-centered approach in dealing with mentally ill and distressed individuals, focusing specifically on the establishment of support structures in families and communities.

Research was needed, however, to assess how CNMH uniquely implements its social model for mental health care approach, as well as how staff members, clients and carers experience this approach.

RESEARCH QUESTION:

How does Chhahari Nepal for Mental Health's (CNMH) social model provide sustainable social care support for low-income men and women experiencing mental health problems in the Lalitpur district of Kathmandu, Nepal?

Sub-Questions

- What specific activities does Chhahari Nepal for Mental Health (CNMH) implement daily to facilitate a social model for mental health approach?
- How do Chhahari Nepal for Mental Health (CNMH) staff members, clients and carers experience their social model for mental health approach?

METHODOLOGY:

A qualitative phenomenological approach was used for the research study, as it was an examination of CNMH's staff, clients and carers lived experiences of, and activities related to, their social model for mental health approach. In order to obtain the research data, participant observation, a focus group, and semi-structured interviews were conducted during a two-month period, from 1 May, 2017-31 June, 2017, in Kathmandu, Nepal.

DATA ANALYSIS:

Once the research data had been collected through participant observation, a focus group discussion and semi-structured interviews, the recordings were transcribed, and then analyzed using thematic analysis.

RESULTS:

Results indicate that CNMH's social model is an ethical, person-centered, relationship-based, rights-based, activity-based, process-oriented approach. It facilitates referral to, and support for assessment and pharmacological intervention where necessary; weekly Welcome Centre sessions; home visits; client and carer support groups; and involves research, advocacy and awareness-raising for the mentally ill and distressed at community, and policy level. Staff, clients and carers experience CNMH's social model as one that encourages social support, inclusion, and 'professional' love. It is deemed by Staff, Clients and Carers to be an effective model of care.

SIGNIFICANCE OF STUDY:

This research study contributes to the global debate regarding a more holistic treatment of mental illness and distress (Tew, 2011). More specifically, it attempts to address the gap that currently exists as to what such a social model looks like in practice, and which particular social model approaches and activities are effective. As the social model used by CNMH was analysed, it also adds to the current body of knowledge of mental health approaches being used in Nepal, where mental health is not prioritized, and is characterized by stigma and neglect (Hall et al., 2016). This research study can be used by mental health practitioners and activists in Nepal to motivate for the prioritization of mental health, and the inclusion of social approaches in treatment, thereby increasing the current offering (Hall et al., 2016).

RECOMMENDATIONS:

It is recommended that future research studies examine the sustainability and replicability of CNMH's social model in other communities throughout Nepal, other low-income countries, as well as developed contexts.