

# WHO ARE WE?

KOSHISH is a pioneering National Mental Health Self-help Organisation based in Kathmandu, Nepal. We have been working tirelessly since 2008, with the aim to make mental health and psychosocial support more accessible and acceptable across a country that still put sufferers in cages due to lack of information and stigmatization.

We seek to ensure a dignified life for people with psychosocial problems, through improving and implementing policies and legislation education, breaking the stigmatization surrounding mental illness and expanding community-based mental health and psychosocial support.

Suicide is the number one cause of death for women aged 15-49 in Nepal

Up to 85% of people suffering mental health issues receive no treatment

20% - 25% of people will experience mental health issues in their life

KOSHISH is the only pioneering charity offering free, holistic treatment to those suffering

Sufferers are often chained up or exiled due to stigmatization



# WHY NEPAL NEEDS HELP

# HOW

# WE

# HELP

In the entire country of Nepal, there is only one mental asylum, which sadly doesn't offer any kind of therapeutic treatments, it is purely medicine based. Which is for the majority, not successful in the long term for sufferers. It is also based in Kathmandu and can be extremely unaffordable, leading to those who desperately needing treatment being unable to access any form of help.

KOSHISH strives to provide holistic treatment by giving psychotropic drugs/medication and psychosocial counseling, furthermore KOSHISH looks to provide love, proper care, occupational skill and a supportive community environment. Their team of experts also travel out to the rural districts and across the country to rescue those in need.

Besides this treatment, they are offered recreational and therapeutic activities, like jewelry making, Nepali handicrafts, diary making, yoga, dance therapy, growing small kitchen gardens etc. These activities help to build resilience, develop concentration, train in teamwork, skill building, refine motor skill development, reduce social anxiety and depression, prevention in social isolation and increase social engagement.

Room and board, and nursing care is also provided in the emergency residential centers. One of the main functions that KOSHISH aims for through this initiative, is to make sure 'no one is left behind', by an inclusive approach, not discriminating against gender, caste, sexual orientation, religion.

KOSHISH also aims to reintegrate their clients back into their societies so they can lead independent, happy, fulfilling lives.

## VISION

Mental health and psycho-social well-being for all.

## MISSION

KOSHISH seeks to ensure a dignified life for people with psychosocial problems through improving and implementing policies and legislation and expanding community-based mental health and psychosocial support.

## GOAL

Quality of life of people living with psychosocial problems is improved.  
All Clients reintegrated into their communities & Destigmatize mental illness in Nepal.



# AFTER CARE

**So far, KOSHISH has been able to reintegrated 447 people back into their communities and families.**

## REINTERGRATION

Following recovery the persons are reintegrated back into their families and communities, if possible, if not possible KOHSIHS wither helps local another suitable town, or refers them to another housing service that provides long term service. Furthermore during and after reintegration, KOSHISH conducts psycho-education programs for family and community members, for sensitization of issues and to minimize the commonly held misconceptions about mental health. These follow ups also provide a chance to understand how the beneficiaries are coping in their current situation, at their home and what their family's response is towards them.

These programs give the community ownership, through awareness, promotion and community participation. In addition working with the local level government representatives, is extremely important to the community ownership and to make this program sustainable. This has helped communities to differentiate between myths and facts regarding psychosocial issues.

## CAPACITY BUILDING

Furthermore KOSHISH engages in capacity building of health staff in five districts, that are working in existing health facilities of the government. The aim is to reduce the wrong diagnosis of problems due to lack of proper identification skills and knowledge of these health staffs. In addition KOSHISH gives counseling support at community level.

KOSHISH gives trainings to people who have experienced mental health and psychosocial problems as well. This has helped them become more open with their issues in public and take local level initiatives. Which include participating in international day programs, formation of self-help groups and awareness and promotion of mental health and psychosocial disability.

## SELF HELP GROUPS

The self-help groups are based on an empowerment model that acknowledges the strengths of people who cope skillfully and successfully with major mental illnesses and who can serve as valuable resources to others experiencing psychosocial disabilities. This is based on the belief that everyone involved recognizes that participants are capable of being an integral part of their own recovery process. They are made aware of their rights and encouraged to speak up for them.

They have sharing sessions, games, meditation and exercise sessions, therapies (dance, music, art). They explore and learn to understand how to combat shame and stigma together. Members of the self-help groups have developed their confidence and leadership skills and have enhanced their self-esteem and self-efficacy. Their mental wellbeing has been restored,

It has been an important platform for reducing psychological distress as participants are able to express their feelings and learn from experiences of other members, making the beneficiaries able to speak up and demand openly.

# ADVOCACY & FIGHTING FOR LEGAL EQUALITY



Existing laws and policies of the government are the major hurdles for the enjoyment of human rights of people who have mental and psychosocial issues, because their participations in the public affairs are notably compromised. For example, a person cannot run for any government party if they have any history of mental illness.

KOSHISH, has been fighting against this scenario, and has been conducting advocacy projects in a variety of ways. By encouraging more and more self advocates to come out with their problems openly and to become involved in advocacy for their rights. The goal and emphasis of this program, is to promote and protect rights of persons with mental health and psychosocial issues through increased awareness among policy makers. KOSHISH analyses if the laws, policies and program of the government on mental health and psychosocial perspective are in line with international human right standards. Furthermore, KOSHISH gives guidance and support to the government of Nepal on their policy on mental health and has contributed to the committee for the revision of the existing mental health policy.

Furthermore for advocation and awareness, KOSHISH also publishes information about mental health including the following: documentaries, booklets, newsletters, training manuals and radio programs. Through these tools KOSHISH mobilizes the media to advocate and raise awareness for mental health.

Less than one percent of health care expenditures by the government is directed towards mental health

There is no human rights review body with the authority to inspect mental health facilities and impose sanctions on those facilities that persistently violate patients' right

There has been the establishment of a Mental Health Focal Division under the National Mental Health Policy 1996. Furthermore the interactions and lobbying by KOSHISH with the Ministry of Health, contributed in the establishment of Mental Health Care Center in government hospitals. While collaborating with other NGOs, KOSHISH was able to assist in revising the budget allocation to mental health and increase the sum attributed for mental health sector continuously over the years.

The strong follow up and advocacy with respective focal persons of the health department and of major political parties, resulted in a verbal commitment to include mental health and psychosocial disability in their local, federal and provincial election manifestos. (Congress, UML and Maoist Centre). With self-advocacy and awareness program being rigorously organized by KOSHISH and other institution working in mental health issues, the government of Nepal formulated and brought in and implemented an updated National Health Policy in 2014 after 23 years, by completely rewriting its former National Health Policy of 1991.

In addition KOSHISH was included in the steering committee formed to draft the Disability Right Act – 2017 adopted after 35 years. After working together with other members throughout the drafting process, there are separate provisions for persons with mental health and psychosocial disability, regarding additional services and support. Furthermore, Clause 36 mentions that persons with mental health and psychosocial disability will not be imprisoned in the name of treatment or protection, regardless of what has been mentioned in prevailing laws. Being in need of a comprehensive survey on needs of people living with mental health and psychosocial issues, KOSHISH initiated and played a key role in formation of a steering committee for comprehensive National Mental Health Survey in Nepal for the first time.