

## **Abstract**

The impact study of western region community mental health program (WRCMHP) aimed to evaluate outcomes of the community mental health service that has been operating for more than eleven years in selected districts of western region of Nepal. The study followed experimental-control study design and used both quantitative and qualitative approach to analyze data. Information was collected from healthworkers, mental patients and their relatives and community people. A control group was selected for all informants except mental patient and their relatives. Purposive sampling technique was used for the health workers population while patients were randomly taken from Health post / Primary Health Center registers except in Kaski district where all available patients were interviewed. Community focus groups were purposively selected following selection criteria developed for the study. The control group sample was selected from the HP / PHC and community where community mental health services are not available. It was assumed that the current program of WRCMHP had no influence both in service and awareness area of mental health in these areas. Sample population ratio for health workers between experimental and control group is 51:49.

Healthworkers in both groups were firstly given a demographic information sheet followed by a mental health training evaluation questionnaire, case evaluation form and attitude questionnaire form. The participants wrote information in the questionnaire form. The patient interview form was used to interview mental patients visited at the health post / primary health center. Patient relatives were also interviewed where available. The psychiatrist, following patient examination form, evaluated patients. The community focus group discussions were conducted with the use of a structured questionnaire. Following collection, the data was analyzed using SPSS software version 10.0 for the descriptive study. Qualitative methods were used to categorize and conceptualize attitude related information. Findings were compared between two groups i.e. control and experimental.

Findings revealed that the difference in work experience, total scores in mental health training evaluation questionnaire and the scores on the case evaluation form were highly significant when compared with the control group. It indicated that trained health staff were able to maintain mental health knowledge and skills effectively. Individual case profile scores on the case evaluation form revealed that trained health workers were more efficient in diagnosing and treating each case than the control group, except in the case of epilepsy. Since this condition is included in the curriculum of health workers, there was no significant difference in knowledge and skill for the diagnosis and treatment in the two groups. The diagnosis and treatment pattern of health workers in the experimental group had a high degree of agreement with psychiatrist regarding diagnosis and treatment, which further proved the effectiveness of training to health workers.

Patient sample analysis revealed a wide dispersion in duration of illness before attending a health post, duration of treatment from health post, travel distance from health facilities to home and waiting time to consult health workers in health facilities. Majority (61%) patients were female, with housewife as major occupation. Qualitative information from patients revealed that mental health service in health post was effective as they were getting service at cheaper rate in their own community. There is evidence of decreasing stigma against mental illness and increased attitude of service seeking from local health facilities (HP / PHC) among the community people.

Qualitative information from healthworkers revealed that mental health services are effective in strengthening capacity of healthworkers, increasing availability of mental health services in community and in reducing the stigma of mental illness. However, health workers reported facing problems such as lack of regular medication supply, lack of trained health workers in mental health, no integration of mental health services into existing health service system (such as separate mental health clinic in particular day of a month, separate recording system than modifying existing reporting system (HMIS) and exclusion of psychotropic drugs in essential drug lists). The sustainability of current community mental health services is crucial because of lack of adequate support and motivation in HMG. Implementation of the findings and its recommendation can be a key issue in answering the questions regarding the sustainability of community mental health service in the western region.