

ASSESSMENT OF THE MENTAL HEALTHCARE MODELS OPERATED BY NON-GOVERNMENTAL ORGANISATIONS IN VIETNAM



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SUMMARY

INTRODUCTION. This research aims to explore mental healthcare (MHC) models designed and conducted by local and international non-governmental organisations (NGOs) in Vietnam. There were several key research questions including the following: What is extent of MHC and rehabilitation services for people living with mental disorders which are provided by NGOs in Vietnam? What specific services are available? What is the quality of these services? How sustainable are they? And what lessons have been learnt from NGO experiences that could be used by Ministry of Labour, Invalids and Social Affairs (MOLISA) in order to develop a national strategy to consolidate social protection and community based care for people with mental disorders in the period of 2011 – 2020, which have a concern to provide specific services to serve children.

METHODOLOGY. This study was designed as a project at Ministry level, reviewed by the Research Scientific Committee MOLISA and implemented in the collaboration between Department of Social Protection and Research and Training Center for Community Development (RTCCD) under Vietnam Union of Science and Technology Associations (VUSTA). Sampling process included screening of a total number of 80 organizations, of which 7 were considered to have MHC services. Only 6 organizations out of these met the criteria for providing these services in Vietnam. Applying cooperative research approaches, this research recruited NGO leaders, implementation staff, and service users to be key informants. The leaders were asked about management systems, in-depth interviews were applied to the implementation staff and service users, and quantitative forms to assess organization's activities were self-administered by NGO leaders. The models were analyzed using LOGFRAME and SWOT formats. However, most information used in this evaluation came from verbal interview of the project officers or the organization leaders as the routine information system set up for mental health in those organizations are not available. Information of MHC activities has not updated in the organizations' websites frequently.

CONCLUSIONS. The research study provides 10 conclusions across three areas: (1) Scale and types of services provided by NGOs; (2) The creativity, the response to community needs, and the appropriateness of these initiatives in the Vietnam context; (3) Quality, sustainability and potential development of the provided services.

Conclusion 1. There were only 8% (7/80) of surveyed NGOs providing mental health services, where six of them are based in Hanoi and one is based in Ho Chi Minh city. Although the scale of services provided is limited, the types of services, which include research, training, policy advocacy, intervention to reform MHC system towards integrating MHC into primary healthcare system (outpatient services for people with common (neurotic) mental disorders, is considered to be relatively diverse. In particular, the target clients of services provided by these NGOs are children, pregnant women, the elderly, people suffering from stress, and people living with HIV (PLHIV).

Conclusion 2. There are major differences in the services provided by INGOs and VNGOs:

- There are only two INGOs conducting activities in MHC, and both of them developed collaborative projects with local stakeholders focusing on provincial healthcare system reform. Both projects were pilot models, and had overseas development assistance. The first model coordinated by VVAF in Da Nang and Khanh Hoa provinces in order to integrate MHC activities into commune health stations. The model focuses on mental illnesses (schizophrenia and epilepsy) that were already managed by the national community-based

MHC program plus other common mental disorders such as anxiety and depression. The second model is a joint research between FHI and RTCCD which has been implementing in Van Don (Quang Ninh), Dong Anh (Hanoi), District 1 and 10 (HCMC) to integrate MHC into outpatient clinics (OPC) for PLHIV under the existing HIV/AIDS management system.

- Four VNGOs have established their MHC services with fees paid directly by patients. The primary clients are children, and services include preventative counseling, screening, treatment, and rehabilitation education. The organizations such as Morning Star and TuNa clinic also provide consultation services for INGOs and the Government regarding MHC development. RTCCD has developed the *Duong Sinh TuNa*, a practical method to prevent and treat mental disorders at the primary healthcare level. RTCCD is the VNGO who has conducted epidemiological studies to identify mental disorder burden in the community, particularly in the subgroups of women and children. It has also provided consultancy services and assessment studies on MHC activities during the last 10 years. In addition, RTCCD offers technical assistance to INGOs to conduct their projects. RTCCD is also a training body to provide training services on MHC promotion at the primary care level in Vietnam.

Conclusion 3. Although being in very limited scale, the creativity and flexibility of VNGO activities during the recent years in the MHC area has had positive influences on the development of the MHC system in Vietnam. Their intervention offered have met common and basic needs of MHC of general population, particularly in the areas where the public health system does not cover. These VNGOs show in practice the intervention approaches that are appropriate with the prevention and early intervention strategies for mental disorders in community-based MHC, by focusing on screening and counseling for pregnant and postpartum women, children, PLHIV and children with intellectual disabilities.

Conclusion 4. Several NGOs (VAAF, FHI, RTCCD) now provide a source for obtaining the necessary research data to identify the burden of mental disorders, mental illnesses and the needs of the general population. They also play a proactive role in policy advocacy for MHC system reform in Vietnam towards community-based and in promoting preventative, early detective, and early treated activities at primary health care level.

Conclusion 5. NGOs concern about policy advocacy, which include their attendance at both international and national conferences, and their provision of technical consultation to government agencies (including the Communist Party and the National Assembly) and international organizations in Vietnam. During the period of 2005-2010, there were over 20 articles in reference to MHC in Vietnam published in the international and national journals by the NGOs.

Conclusion 6. While the sustainability of INGOs' activities depends mostly on American funds (for example, the two pilot projects managed by VAAF and FHI were funded by the Atlantic Philanthropies (AP) and USAID), the financial sources for VNGOs' (New Moon, N-T, TuNa) activities in this area are largely reliant on service fees paid by service users. Research activities of RTCCD and Morning Star center come either directly from the INGOs project grants or indirectly for technical consultancy to government agencies.

Conclusion 7. VNGOs also provide qualified national expertise in MHC, especially in regards to community-based care. These experts are key persons of the VNGOs, who are responsible for the organizational strategic development in the field of MHC, directly provide technical consultancy and training courses to other organizations, as well as MHC services to the users. However, the young generations of these organizations have not yet been developed in both quantity and quality to meet the development needs of the organizations themselves.

Conclusion 8. Direct funding for NGOs to develop MHC in Vietnam was estimated to be no larger than US\$5 million in the past ten years (2000-2010). 90% of this amount was for INGOs through the VAAF and FHI projects, and it was estimated that 90% of the funding came from AP.

Conclusion 9. Total funding for VNGOs for the development of MHC activities was estimated to be no larger than US\$500,000 over the past ten years (2000-2010). 80% (approximately US\$400,000) of this amount came from AP and was paid directly to the Morning Star center to upgrade their physical environment. The remaining 10% was for consultation activities and technical support of VNGOs.

Conclusion 10. There has been a recognition of the role of VNGOs in MHC development from international organizations and the Vietnamese government. However, their use of VNGOs capacity was limited to technical consultation, in addition, they invited some selected experts. There is no existing policies or guidelines to orient the direction of MHC services provided by VNGOs in particular, and by NGOs in general in Vietnam.

RECOMMENDATIONS. The research study provides 5 policy recommendations for MHC development in Vietnam, in which two particular ones for the MHC activities for children and the development of social protection project for people with mental disorders of MOLISA.

Recommendation 1. NGOs, particularly VNGOs, have come to take on a significant role to improve the quality of MHC in Vietnam at both the micro and macro level. The research team recommends a national conference to identify the contribution of NGOs in the development of MHC in Vietnam, and to learn policy-oriented lessons.

Recommendation 2. VNGOs now have an advantage in two areas: primary MHC service provision for general population, and MHC/rehabilitation education for children with mental disorders. MHC services provided by Morning Star center and TuNa clinic are typical activities to meet social demands. These organizations now demonstrate practical methodologies in organizing and maintaining outpatient services, particularly to child patients. A critical review on organization, operation, and maintenance of their services to meet social needs will help the Government and international organizations to have a valuable reference source for the development of primary MHC policy in general, and particularly for children, in Vietnam.

Recommendation 3. VNGOs are providing technical consultation to establish primary MHC services and rehabilitation for people with mental disorders. They also develop research studies to explore community needs, design and implement training courses to set up MHC services at primary level, supervise and mentor (on-the-job training) lay workers to effectively improve their performance on providing MHC services. However, these expertise are based mainly in Hanoi. It is the right time to consider NGOs, especially VNGOs, as a resource for MHC in Vietnam in order to determine a policy to scale-up this resource to nationwide.

Recommendation 4. MHC services provided by VNGOs play an important role in our society, however not proper attention is paid to them by the Government and international organizations during the process of developing policy for MHC in general and MHC in particular for Vietnam. They themselves also could not have capacity to scale up their services as their resource persons have been driven by providing consultancy services for the call of the INGOs or the Governmental institutions. It is now imperative that policy makers consider VNGOs as essential partners when developing MHC in Vietnam. The model having “State funding, VNGOs management and implementation” or direct funds from international organization to VNGOs should be a priority in the coming years.

Recommendation 5. The MOLISA project to develop social protection systems for people with mental disorders, and other community-based MHC projects should utilize available examples (including research, training, and model implementation) raised by VNGOs. The MOLISA project may consider to apply and replicate these models of VNGOs, for example, the community-based MHC model proposed by RTCCD, or the method of Duong Sinh TuNa for the prevention, treatment and rehabilitation for people with mental disorders, and other MHC model designed for the disadvantaged people such as children, pregnant and postpartum women, PLHIV, and the elderly. MOLISA should consider VNGOs as strategic partners to develop social protection and community-based health care systems for people with mental disorders.