Promote - Support - Participate !

SHIFA: "A Community-Based Mental Health Program Model".

Insights and Lessons from the SHIFA Mental Health Project:

1. Mental health is both a Health and Development issue, not just a Health matter.
2. In low-resource settings, beyond heavy reliance on professional care providers, by equipping and engaging grassroots workers in **Task-Shifting role performance**, the mental health burdens on individuals and families can be eased drastically.
3. The Community based Mental Health Program offers significant opportunities to promote and develop local leadership through capacity building and program initiatives, transforming it into a valuable community asset.
4. The Community based Mental Health Program reduces stigma, discrimination, and exclusion while promoting help-seeking behavior and community support, thereby improving the mental health and well-being of affected individuals and families at a very low cost.
5. **Home-based psycho-social care** helps people with mental illness improve daily routines, including taking medicines on time, proper and timely sleep and timely meals, doing household chores, exercising regularly, and seeking counseling support.
6. The Community based Mental Health program, enables larger people in neighborhoods to witness recovery in mentally ill persons, helping all to reduce fear, build acceptance, and spread a positive message within the community.
7. The strong coordination between community organizations and government health and development departments, can enhance mental health outcomes and extend benefits to a larger section of the population.
8. The Community based Mental Health Program help lived-experience individuals and households cultivate self-care skills and habits, transforming into "experts-by-experience" and inspiring enables within their communities.
9. The Community based Mental Health program, provides opportunities for recovered individuals and families to emerge as champions, promoting mental health and well-being in the communities.

10. Alongside psychiatric care, offering tailored economic opportunities matching individual interests and abilities leads to positive outcomes in improving quality of life.
11. Experiences of Mentally-Ill Patients and Primary Care-givers highlight that faith, medication, counselling, family love, treating respectfully, daily support, and community inclusion play vital roles in mental illness recovery.
12. Early interventions like “Parenting” sessions for parents and “Emotional-Resilience” for the holistic development of youth, as part of Mental Health Promotion and Prevention, has proven effective in reducing the increasing burden of mental health problems.
13. A major challenge for the SHIFA Project, arising from the community's low-resource setting, was limited expertise and possible neglect of research; however, timely collaboration with expert institutions and consulting organizations can bridge this gap.
14. Another challenge the SHIFA project sees that depending on grassroots workers' qualification and availability, training, capacity building, demonstrations, and hand-holding-monitoring processes may demand longer duration and greater investment but it is the only sustained pathways.
15. Treatment for mental illness is long-term and can sometimes lead to relapses, making it a challenge to engage the mentally ill and their families in regular treatment, and can also discourage care-givers and local workers.

The project remains on a path of continuous learning and improvement!

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