

Additional details of the project

Name of Project.

Radio-based Mental Health Literacy (MHL) Program to Reduce Stigma and Promote Mental Health Care Seeking Behavior in Nepal.

Goals:

The program's broader goals are to promote mental health awareness and increase mental health help seeking behavior. Radio show components will be aimed towards achieving and maintenance of positive mental health, increasing self-efficacy, gaining information on mental disorders and treatments, addressing stigma, and incorporating rights based mental health care. The project is committed to making the program highly engaging for the listeners and participants.

Specific Goals

- 1) Increase understanding of Mental health, Mental illness, and their treatments
 - Plan- Implementing Radio Based mental health literacy program as described in the project summary and additional details section.
 - Challenges-Reaching out to the marginalized and vulnerable population to disseminate Mental Health information.
 - Plans to overcome the challenges-Expand the reach of the radio-based literacy program by utilizing Networks of FM
 - Measured by-Primary TG Interactive radio listener's group will have 60 % improvement in knowledge of mental health related stigma and symptoms of mental health. This will be assessed pre- and post-intervention by 'Mental Health Knowledge Schedule' scale that comprises domains of evidence-based knowledge in relation to stigma reduction.

- 2) Reduce Stigma related to Mental Disorders
 - Plan- By Implementing Radio Based mental health literacy program as described in the project summary and additional details section.
 - Challenges-Stigma on mental health and illness is one of the most challenging of all universal problems. Despite each radio episode having a significant focus on stigma reduction, it will be hard to measure the changes in stigma level, particularly among the secondary target group of broader population (estimated 300000 people) who will be actively or passively listening to the MHL radio programs. The participatory approach of the radio based MHL is expected to reduce stigma by providing an open space for communication, feedback, questions.
 - Plans to overcome the challenges-The primary target group comprising of the active radio listener's group, who will have direct interaction with the NIOMH Radio MHL team, will receive pre- and post-intervention assessment to measure the changes in stigma
 - Measured by-Primary TG Interactive radio listener's group will have 60 % improvement in knowledge of mental health related stigma and symptoms of mental health. This will be assessed pre- and post-intervention by 'Mental Health Knowledge Schedule' scale that comprises domains of evidence-based knowledge in relation to stigma reduction.

- 3) Increase Mental health care help-seeking behaviors
 - Plan- By Implementing Radio Based mental health literacy program as described in the project summary and additional details section.

- Challenges-Mental health help seeking behavior is dependent on the literacy and availability of resources which is significantly lacking in majority of the areas of Nepal.
- Plans to overcome the challenges-The radio program content will have lay-language explanation of mental health topics and curated list of resources.
- Measure- Primary TG Interactive radio listener's group participants will have 60% increased awareness of the help seeking strategies and mental health resources assessed by semi-structured, open-ended questionnaire.

Project Activities

A) 10 Live Radio episodes of 30 minutes each duration

The Radio program will be aired from an FM station based in Chitwan district. 10 meticulously designed, peer reviewed, mental health awareness content episodes of range of mental health topic will be produced and aired

B) 10 interaction sessions of recorded program of 90 minutes each duration (Integration of interventional component and Measurement of Impact)

Mental Health radio listener's groups will be formed among 2-3 of the following community sites: police station, Female community health volunteers' group, prison, youth group meeting center, primary health center. 10 sessions of recorded episodes will be played to a radio listeners group on bi-weekly basis to engage in a participatory process. Interactive mental health discussion will be held among the participants before and after playing the recorded episode (30 minutes of recording play time and 1 hour of discussion time). NIOMH radio team members will facilitate discussion on topics. The Radio Listener's Group (RLG) participant narratives (after consenting) will be recorded and played at the subsequent aired program, the following week.

Live Radio Program Details:

Details	Description	Remarks
Radio Episodes Time	30 minutes duration each	Live airing of the episode and re-broadcast of the same episode following week

Theme	Common Mental Health topics: Awareness, care seeking behavior, resources	
Format	Magazine format	
Production	Content creation by NIOMH, production by Regional FM station in Chitwan	
Reach out	Depends on the chosen FM station: 8 districts via radio and throughout the globe via radio online	Additionally, will be aired via social media including Facebook and YouTube pages of FM Radio station and will have recordings in NIOMH website
Contact	Listeners will write to us via whatsapp or viber or email at- emailniomh@gmail.com and 9765512660 Mailing address: Integrated Mental Health Center (NIOMH), Next to Shree Harihar temple, Ratnanagar-1, Chitwan, Nepal	For inquiries, comments, feedback

An FM radio station based in Chitwan, with a regional coverage across 2 provinces of Nepal and with some reach to border state in India,, will be broadcasting the Radio MHL program.

Production and airing routine of the program

A total of 10 episodes of radio mental health program will be produced and aired for 5 months duration.

The example scheduling of production and airing of radio program will be in following order:

1st episode produced on Week 0, will be aired on Week 1 and repeat-airied on Week 2

2nd episode (produced in Week 2) Will be aired on Week 3 and repeat-airied on Week 4.

3rd Episode (produced in Week 4) will be aired on Week 5 and repeat-airied on Week 6 and so on

***Duration of episode:** 30 minutes

***Generic Topics for each episode and time break down of 30 minutes**

1. Program Host Narration (6-7 minutes)

Program host delivers Welcome message, list the content of the day's episode, refers to Relevant events (national day/community event) and update: 2-3 minutes

Main Content: Importance of the topic, Risk factors, causes, management (4 minutes)

The content writer will ensure that the content in #1 section will not be repeated in the Guest/Expert section.

Responsibility: Radio Program Content Writer

2. Person with Lived Experience Narrative (2 minutes) Needs voice over

The narratives will be collected from Integrated Mental Health Center (IMHC) , Ratnanagar mental health clinic visit patient feedback and qualitative data collected from health care visits of patients seen by NIOMH-aware volunteers at Health facility, medical colleges psychiatric care clinics.

Responsibility: IMHC Health team and NIOMH-Aware Team members

3. Competition/Quiz/Poll 2 minutes

Responsibility: NIOMH-Aware team to develop quiz questions for each episode

4. Mental Health expert section-8 minutes

Experts in mental health will be invited as a guest commentator in each episode

4 Minutes of describing the bi-weekly topic relevant (can use a case) scenario with some background information on the topic, how individual typically present with the mental health condition, ways to manage and how recovery appears like. The expert will be encouraged to use lay terms as much possible

4 Minutes of question-and-answer session (not to exceed 2 questions)-How can family/community recognize mental health related symptoms? Resources

The questions will be solicited from at least 3 sources- i) Program host researched question ii) Radio listener group recorded session iii) Radio listener's question via email/phone/Social media message to NIOMH address.

5. Myths vs facts on the week's topic -3 minutes

A curated list of accurate, non-ambiguous, researched facts and common myths relevant to the bi-weekly mental health topic

Responsibility: Radio Program Content Research + Translation

6. Creative Space: 4 minutes

Selection of poetry, prose, ghazal and other art forms relevant to the bi-weekly mental health topic of the week, submitted by participants of prior NIOMH organized competition, training programs or public meetings. This will be narrated by the program host/ or the content writer themselves.

7. Filler music, FM advertisements 3-4 minutes

Episode Names:

Episode	Content
1	Introduction to Mental Health Common Mental Health Issue
2	Anxiety
3	Depression
4	Alcohol Use Disorder
5	Psychotic Disorders
6.	Suicide
7.	Bipolar disorder
8.	Psychosocial aspect of mental wellbeing
9.	Autism spectrum and neurodevelopmental disorder
10.	Perinatal Mental Health Conditions

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Timeline and impact assessment

Phase 1: Team building and engaging Stakeholders

Month 1-2: Team Building of MHL radio team to include NIOMH staff, content developers, advisory team, broadcasting technical team.

Month 2-3: Focus group discussion will be conducted among the stakeholders including representatives from target groups, people with lived experience (PWLE), community leaders, public health officers to review needs and refine content. Project awareness building sessions will be conducted to describe gaps addressed by the program, components, and interventions.

Month 2 onwards: Mental Health Topic Development:

Phase 2: Broadcasting Mental Health Awareness program and engaging listener's group in interactive session, program evaluation

Month 5-9: 30 minutes long (each episode with themed mental health topic) radio show aired every 2 weeks for 5 months.

a) Radio broadcast program will be designed in a magazine format. The content will include interviews with mental health experts' narratives from PWLE, answering questions from Primary TGs, creative work narration, myths, and facts on mental health topics. Off-air Mental health topic discussion and participation will be encouraged by quizzes.

b) Mental Health radio groups will be set up and MHL radio team members will be present with the active listener's group to facilitate discussion on topics (5 months)

Month 10-11: post-intervention assessment, program evaluation

Indicators of Success:

The ultimate impact will be an overall improvement in mental health awareness, well-being, and resiliency of primary and secondary TGs.

Impact Assessment: The ultimate impact will be an overall improvement in mental health awareness, well-being, and reduction of stigma among primary and secondary TGs.

The impact of the interventional component will be measured by the following outcome indicators.

a) Primary TG Interactive radio listener's group will have 60 % improvement in knowledge of mental health related stigma and symptoms of mental health. This will be assessed pre- and post-intervention by 'Mental Health Knowledge Schedule' scale that comprises domains of evidence-based knowledge in relation to stigma reduction.

b) Primary TG Interactive radio listener's group participants will have 60% increased awareness of the help seeking strategies and mental health resources assessed by semi-structured, open-ended questionnaire

Scalability and subsequent phases of the program planning will be enhanced by efforts in continuous measurement of cost & effectiveness of program, adaptive integration in community and adoption and support by multiple sectors.

Month 12: Report Completion

Broader Impacts

The broadcast is expected to reach broad regional and national audience. Nepal's dominant mountainous

terrain poses challenges of efficient communication and radio presents as an effective method to transcend geographical barriers and reach to the marginalized community. MHL radio program has stronger relevance in Nepalese setting, where a sizable population is rural and with lowered literacy. The proposed program incorporates approaches outlined by WHO Mental Health Action Plan that includes promotion of integrated and evidenced based practice in community-based settings. The program will help create building blocks towards achieving Universal Health Coverage and rights-based health care. By enhancing mental health awareness and dialogue, further demands for and utilization of mental health services will be achieved. Sustainability of the project will be enhanced by program's aim of multi-sectoral collaborations and social mobilization by interactive methods of public engagement.