Social entrepreneurship and mental health in low- and middle-income countries

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ABOUT THE AUTHORS

This guide was created by the Social Entrepreneurship for Mental Health working group in Toronto (www.porticonetwork.ca/web/semh). SEMH was founded in 2011 to better understand how the principles of social entrepreneurship can be applied to mental health care, transforming innovative ideas into effective services. Our goal is to learn from exceptional people. Their service models, and the implications of their work for policy development, can teach us new ways to address the health disparities that are pervasive in low-and middle-income countries.

This guide and the research that informed it were supported by a grant from Grand Challenges Canada. The project was led by **Sean Kidd**, PhD, a clinical psychologist at the Centre for Addiction and Mental Health (CAMH) in Toronto, and an associate professor of psychiatry at the University of Toronto. He has worked and published extensively in the sectors of hospital and community mental health, with a particular focus on youth homelessness and on psychiatric rehabilitation for people with psychosis.

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Allen Hammond, who wrote the foreword to this guide, is director of the Global Health Program at Ashoka. He helped to launch the base of the pyramid (BOP) movement that transformed how the international development community and, increasingly, major companies address poverty. Dr. Hammond has served as a consultant to the White House science office, as well as to the United Nations and major corporations and private foundations. He holds degrees in engineering and applied mathematics from Stanford and Harvard Universities.

FOREWORD

Since the early 1980s, Ashoka has formally recognized that a new idea in the hands of a social entrepreneur is the most powerful source of social change. Social entrepreneurs are passionate, personally driven and strategic in how they go about creating bold, scalable solutions. Not everyone will be a social entrepreneur, but everyone can—and in fact must be—a changemaker. Each individual must practise the skills of empathy, teamwork, leadership and creative problem-solving to see problems and generate solutions in the world around them. It is not enough for us to rely on others to lead the charge; each of us has a role to play.

This is no more true and needed than in the field of mental health. In communities around the world, there are intense resource limitations and stigma attached to mental illness, and there is great opportunity to make a major difference in the lives of those affected. Stepping forward as a changemaker and applying the passion, creativity and strategy that is social entrepreneurship, there is a role for you to play in becoming a part of the global mental health movement making inroads in this area, which in turn is part of the larger global transition toward care that is focused on overall physical and mental well-being.

This guide highlights patterns and gathers insights from Ashoka Fellows Chris Underhill (BasicNeeds), Monira Rahman (Acid Survivors Foundation), Vandana Gopikumar (The Banyan), Maha Helali (ADVANCE Egypt) and Efrén Martínez (Fundación Colectivo Aquí y Ahora). It communicates these ideas simply and effectively, sharing features common to these social entrepreneurs.

The approaches of these organizations range from providing plastic surgery to survivors of acid violence, to providing counselling for mental illness, to co-ordinating advocacy through the legal system. The approaches may differ, but all are driven by a deep sense of empathy, an unwavering drive to scale their impact, and an understanding of how to creatively mobilize resources.

I hope this guide will spur your inner changemaker, inspire your sense of self-definition and give you some tools to take your work further. We must all be part of the movement to effect social change at a systemic level. We must all be changemakers.

Allen Hammond
Director, Global Health Program
Ashoka

INTRODUCTION

This guide is intended to help people who are developing interventions to reduce rates of mental illness, as well as its consequences for individuals, families and communities. Despite the broadness of that objective, the methods recommended by the SEMH team in this guide are quite specific. Our ideal target audience consists of practitioners who are working to develop a strategy that—directly or indirectly—addresses the issue of mental illness.

One of the fundamental problems in community mental health is that all too often, effective ways of working appear—and then disappear again, leaving no record of what was done. The leaders of this work seldom write down the information or otherwise have a chance to share it with others outside of their immediate network. The result is that enormous amounts of energy are frequently put into reinventing the wheel—in an area that is often chronically underserved, and where there are few resources to waste.

This guide is a modest effort to document some best practices. Specifically, it focuses on low- and middle-income countries (LMICs)—settings where the gap between the burden of mental illnes and the limited resources available to address it is magnified.[1,2,3] Although people working in higher-income settings may also find this information helpful, it focuses primarily on LMICs. We have tried to keep the guide short and to-the-point, because we know that this audience—people trying to tackle enormous problems in complicated settings with few resources—is a busy one.

This guide is based on the principles of social entrepreneurship: the strategy of using business principles to generate solutions to social problems. Such visionary individuals and groups are very effective at furthering their social, cultural and environmental goals. They tend to share certain characteristics:

- They identify and develop solutions to address unmet needs.
- They focus on innovation, modification and action.
- They are "relentless" in their efforts to make a difference, and are not thwarted by adverse conditions.
- They are deeply embedded in the communities they work in.
- They generate social capital.
- They develop sustainable and transferable solutions.[4,5]

We believe that this type of person, and this way of working, has the most potential for making a difference on mental illness in LMICs. And in preparing this guide, we were very fortunate to have the opportunity of learning from some of the most internationally prominent people working in the field of mental health.

This issue has been called a "wicked problem"[6]—one that has many determinants, ranging from social (poverty, war) to biological (genetics). Mental illness is widely seen as a symptom of other problems, which can occur at many levels. In LMICs, despite a few unique opportunities to address the problem, the general reality is one of few resources and overburdened infrastructures. Addressing such a wicked problem, in such settings, requires flexible and innovative strategies—ones that mobilize communities, and that produce large impacts in proportion to the dollars (or other resources) invested. In this territory, social entrepreneurship becomes the most relevant form of action.[7,8]

The strategies we recommend here, based on the best available evidence, are drawn primarily from the experience of Ashoka, an international organization that recognizes and supports exceptional examples of social entrepreneurship worldwide (www.ashoka.com). Its Fellows work in a range of contexts, attempting to find system-changing solutions for urgent social problems.

For this guide, Ashoka Fellows from the field of mental health worked on five in-depth case studies, spending weeks interviewing a wide range of people: staff and leaders, key partners, beneficiaries, and their families and communities. Across these five sites we interviewed just over 150 people, observing their activities and visiting service settings. (For a description of study methods, see Appendix A.)

The five organizations selected for the case studies are described below (also see Appendix B).

BasicNeeds, Vietnam and Ghana (www.basicneeds.org). This international organization is one of the most widely scaled interventions in LMIC contexts. Their approach includes a range of psychosocial rehabilitation, peer support, social enterprise and therapeutic elements.

Acid Survivors Foundation, Bangladesh (www.acidsurvivors.org). This organization provides services, ranging from plastic surgery to psychosocial rehabilitation, for people who have survived acid violence.

The Banyan, India (www.thebanyan.org). This organization provides services for homeless people with severe mental illness. Through its sister organization, the Banyan Academy of Leadership in Mental Health, it also engages in research, education and advocacy.

ADVANCE, Egypt (www.advance-society.org). This organization provides specialized services for children and adolescents with autism-spectrum disorders, and supports their social integration.

Fundación Colectivo Aquí y Ahora, Colombia (www.colectivoaquiyahora.org). This organization addresses youth addiction using an approach that focuses on personal meaning, with engagement at the family, school, workplace and public levels.

These diverse initiatives share several common features. All have had major impacts on the lives of people and communities; all are established organizations that have lasted for many years; and all demonstrate the principles of social entrepreneurship. And as our analysis of these sites revealed, all share some similar approaches.

These five intensive case studies were augmented by online surveys of other Ashoka Fellows working in the field of mental health, and by a systematic review of the research literature.[9] This effort focused on collecting and organizing the best available information for this guide.

However, this guide does not do certain things, as outlined below.

It does not describe the specific operations of the organizations involved in the case studies. We were more interested in the processes they use to develop their interventions. Our goal is to share these processes, so that you can adapt them to your own specific settings and problems.

We do not describe the merely **competent**,[10] preferring instead to focus on the **exceptional** in terms of operating a not-for-profit organization.

We do not go into great detail about the **problems** of this sector, which are widely known; we concentrated more on **solutions**. Such problem areas include:

- lack of resources, such as quality medications and access to health professionals
- government abdication of responsibility
- the difficulty of reaching rural areas
- the stigmatization of mental illness.

After this narrowing of scope, what is left? A document that (we hope) is efficient, focused and helpful enough to best serve readers who are interested in the way social entrepreneurship works. By sharing the experiences, suggestions and opinions of some of the most effective professionals in the field of mental illness—people we grew to admire greatly in our time with them—we hope that you too will be prompted to think about some of the concepts and ideas presented here.

You'll notice that each chapter ends with a series of discussion questions, which you can use to help assess your skills, attitudes, policies and behaviours. We encourage you reflect on the ideas covered in these chapters as they connect to your work, and to examine your progress in the areas—perhaps considering some ways you could improve.

You'll also notice that this report makes use of many direct quotes from people we talked to in our research. We feel it's important to share with our readers the thoughts of the dedicated people—the staff, clients, partners and leaders —who work to combat mental illness in LMICs. (These quotes are uncredited, since anonymity in interviews was part of our agreement with the people who gave their time to this endeavour.)

With respect to terminology, this report uses the concepts of individuals and organizations somewhat interchangeably. This reflects the fact that in such committed enterprises, individual and group actions and roles are closely aligned with one another. As well, we prefer to speak of beneficiaries or clients, rather than patients or service recipients.

Despite the wealth of information we learned from the organizations that shared their experiences with us, our brief exploration of the field still left

some questions unanswered—some areas we would have liked to explore in greater depth. For example:

- What are the benefits and limitations of formal research into mental illness?
- How do organizations make use of new technology, such as social media?
- How do they handle successorship when key people move on? Does their culture have the momentum to keep going until it can be rebuilt by the next generation?
- How much more effective and sustainable are organizations that engage in social entrepreneurship compared to those that are competent but not exceptional?

Above all, of course, we hope that this information will help you, and your colleagues and communities, to make a real difference in the lives of people with mental illness.

Chapter 1

Addressing mental illness

> *"They did not act like typical founders. They cleaned the bathrooms, mopped the floors, went for rescues, served food, and did so many things from the ground level up. They really understood what clients needed, and how to make the work client-oriented."* – Staff member

There is currently a lively debate in the international mental-health community about how best to address problems in low-income settings.[1] The issue boils down to two different perceptions of mental illness and its treatments. Some people believe that ideas held in high-income countries are being imposed on people and cultures where they are not relevant. The concern is that this can lead to both increased stigmatization of people with mental illness, and to treatments that are ineffective for their settings. Others argue that not all mental illnesses are equally severe, and that some (such as schizophrenia) benefit from medicines and interventions developed in high-income countries.

This issue is an important one in dealing with LMICs. At its heart it is about understanding how the problem of mental illness interacts with specific cultures and contexts, and what services and resources people need to move forward with their lives. The people we interviewed for this report were intensely engaged with those they served, as well as with their families and communities. This depth of engagement leads to a sensitive and nuanced understanding of needs that takes into account the cultural realities of LMICs.

Understanding problems and solutions

The social entrepreneurs who contributed to this study share a deep understanding of mental illness, born of intensive engagement with the people, cultures, communities and issues they work with. As one founder expressed it, such understanding is based on respect and empathy:

> *"I asked myself, if I was attacked with acid, what would I want? First, I would need medical help, including psychological and emotional support. Second, I would need rehabilitation, help in re-establishing my life. And third, I would want justice to deal with the attacker. So we developed four strategies: medical aid, which involved psychological support, emotional support; legal rehabilitation; and legal and prevention campaigns."*

Practitioners described going to great lengths to *understand the problems* they work to address. They sat with, ate with, and even lived with the people they serve, as well as with their families and communities. When they witnessed or read about some terrible injustice (such as a woman with severe burns on her face from an acid attack, or a young man with schizophrenia found naked, malnourished and chained to a pole), their initial shock, horror and distress impelled them to delve deep into the underlying issues. Some drew this understanding from their own lives, perhaps when family members could not get the services they needed. This valuing of a deep understanding was cultivated among staff, and sought out in the partners they chose to work with.

Engaging complexity

When organizations focus in depth on the needs of beneficiaries, their families and their communities, this leads to recovery-oriented solutions.[2] Our respondents know that narrow approaches cannot adequately address such complex needs and problems. "One size fits all" strategies do not work; so interventions need to be flexible and tailored to the individual needs of people, families and communities. Many service providers, despite their different settings, told a common story of *an array of interventions* required to address needs. The goal of these multipronged approaches was to build

family and community alliances, reduce the social stigma of mental illness, and build resources and partnerships.

One staff member described the rescue of homeless people with severe mental illness, acknowledging the complexity of the problem:

> *"We bring them here and stabilize them medically. Then we evaluate their psychiatric status, and initiate an acute-care intervention for the high-dependency phase. Once the person recovers they go to a medium-dependency place, and then to low dependency. Simultaneously, we do other kinds of psychosocial interventions—vocational training, socialization, rehabilitation, recreation, even pet therapy. The process reconstructs where people are from, in order to send them back to their own community."*

Another key consideration in responding to complex problems is the concept of *leverage*: a term derived from the mechanics of moving a heavy object with the least amount of effort. This strategy is essential to social entrepreneurship, particularly in under-resourced settings where there is finite time and resources to deal with complex problems—and where inefficiency leads to failed, short-lived efforts. In such contexts, interventions need to be both comprehensive and leveraged.

The social entrepreneurs we talked with are masters at leverage, testing many options to find a flexible set of interventions to produce maximum impact on the lives of the people they serve. They excel at discovering the leverage potential of every organization, client or staff member, and at identifying community partners and collaborators who can help to generate resources and impact. And when making key decisions, they ask themselves, "Where is the leverage here?"

Discussion questions

1. How do we understand the nature of the problem of mental illness, and the interventions needed to address it at a systemic level? Is our understanding deep enough? Have we spent enough time with clients, families, community members and other stakeholders to be optimally informed? Is our knowledge current enough, taking into account any recent developments? Try to be creative and open-minded, and engage others for ideas.

2. Are we meeting enough of our clients' needs to have the impacts we hope for? How do we address major issues such as outreach, crisis management, engaging families and communities, stable housing, employment, leisure, spirituality, social and community involvement, citizenship and prevention?

3. What are the boundaries of our service—by problem, by type of person or by geographic location? In what areas do we need to form strategic partnerships with other organizations? What can we do to ensure that we can make a collective impact? How can we prevent ourselves from getting over-extended or losing focus? How do we not turn people away who need help?

4. What do we know about leverage in the area we want to address? Where do interventions or changes have the greatest impact?

5. A good exercise is to map out the causes of the problem, including past and current factors that make the problem worse or better. Create a grid of interventions (see Appendix C, Worksheet #1), plotting low, moderate and high cost or effort against low, moderate and high potential impact. This will separate interventions that can be quickly and easily performed from those that are more suitable to the longer term. As you identify promising strategies, think of low-cost experiments that you could use to test them. For each, ask what you would need, and what would need to happen, to make the intervention possible.

6. Are our services individualized enough? What mechanisms are in place to provide flexible services that meet the different needs of individuals and groups? (Examples might be assessments that guide client-centred planning, or developing new services as new needs arise.) Are we too focused on providing optimal services to a small group, while the needs of others are not met? Do we need to build more capacity in this area or find a partner organization to cope with those people or problems?

Chapter 2

Offering vision and leadership

> *"The key to success is understanding people and treating them equally; being non-judgmental, down to earth and open-minded; striking a balance between the rational and the emotional; being a strategic thinker and a good communicator; setting examples; being a team builder; and mobilizing people and resources."* – Founder

The issue of leadership is a particularly important one in the field of social entrepreneurship, because addressing mental illness in LMICs requires extensive collaboration and teamwork within, and across, services and sectors.[1] Not surprisingly, social entrepreneurs often make exceptional leaders. When addressing social problems, they have an unusual degree of drive, determination, ambition, charisma, leadership, and the ability to communicate their vision and inspire others.[2] This description was borne out by many of our conversations with professionals in LMICs. This chapter examines how these characteristics of social entrepreneurship are demonstrated in practice.

One key trait of our informants was, as one service provider put it, a "dogged determination to work in a field that, frankly, most people don't want to work in." Because of the nature of mental illness, many interviewees described the work as requiring an unusual combination of persistence, patience and confidence. One founder declared: "I'm a fighter. I don't give up easily. I have a vision, and I work toward my vision."

That dogged determination is founded on a value system of social justice. The values important to many people included passion, sincerity, courage and positivity in responding to social injustice. They believe in the value of

each human being, and have faith in what individuals and communities can accomplish. As one founder expressed it:

> *"As a human being it's my duty, my responsibility, my obligation to society to believe in humanity, to believe that there are good people, and to mobilize them."*

Organizations tend to grow out of, and reflect, their founders' core values.

Cultivating trust

A key characteristic of effective social entrepreneurs is often their personal charisma, which can be an important element in terms of engaging others. However, this quality needs careful and nuanced use: often different groups of people require very different approaches. For example, in some cultures, showing ambition or energy for a social cause is an engaging trait; in other cultures, it's considered vulgar. So for the social entrepreneur, it's essential to have:

- integrity
- a highly developed sense of empathy
- the ability to understand social contexts and modes of communicating
- the ability to cultivate trust
- a robust understanding of the importance of culture.

Social entrepreneurs with these qualities are remarkable for their success not only in getting into the offices of the senior people whose help they need, but also in effectively engaging a wide range of people. This goes beyond developing one-on-one relationships; these people are also skilled at developing what might be termed "conscientization." This is the process of activating clients and other stakeholders' awareness of the challenges (both individual and systemic) that confront people with mental illness, and communicating their ability to help address those challenges. The organizations have a clear vision of the best possible outcome of their mission and are able to share that vision effectively. This creates credibility and trust, cultivates cultures of alignment and shared agendas, and flattens hierarchies. One founder spoke of the organizational culture she developed:

> *"Everyone was equal. It did not matter if you were an executive director or a ward boy. We were all equal, and we all had a contribution to make. That was very different from the country's culture."*

Of such a culture, a senior staff member observed that the founder's personal influence is a powerful force:

> *"She's very positive, and makes others feel positive. You don't feel negative in her presence. She also has X-ray eyes: she can diagnose your efficiency or hidden talent and bring it out so you can contribute to the world."*

A common characteristic of these charismatic leaders is the belief that everyone on their teams has something valuable to contribute. They actively encourage others to get involved and to recognize their full potential. This creates the maximum benefit both for the individual and for the organization: a highly leveraged approach. One staff member recalls how the founder pushed her staff to take courses in reading, writing and occupational therapy:

> *"She helped us improve our knowledge, gave us information about special needs. She really is the one who pushed me to get a master's degree."*

People describe this approach as combining risk-taking and strategy with compassion. One senior staff member said of the founder's strong personal interest in clients:

> *"She doesn't let go of people easily. If she rehabilitated somebody ten years ago, she wouldn't see her as just the 160th woman to be reintegrated. It's not just numbers for her, but the personal meaningfulness she derives."*

Acting strategically

While passion is important, the social entrepreneur must balance it with strategy. Neither quality is effective without the other. Being strategic, decisive and efficient are necessary attributes when working with few resources, in what can often be an adversarial context. One staff member commented that the organization's founder had all the qualities of a businessperson:

> *"Strategically, she is excellent. She foresees a lot of things, she's excellent at public relations and fundraising. She has all the corporate virtues."*

But if risk-taking goes wrong, there's little room for wasted resources or effort. One founder said that there was no original blueprint for the initiative:

> *"The idea wasn't to grow big. It was not a strategic effort, but a passionate outburst. The plan was to work in a very low-profile way, reaching out to a small group of people. We would make a difference and then exit."*

Our respondents view failure as part of the process of growth and innovation. The most effective strategy is considered to be "low-cost, low-risk experiments" that allow an organization to fail, learn and grow again—without completely undermining all the gains made to date.

Our study suggests that social entrepreneurs in LMIC mental health are the people most likely to have the personality, experience, decision-making ability, dogged persistence, good timing—and good luck—to consistently deliver impressive results: to move major initiatives forward in very challenging settings.

Discussion questions

1. Do we have a clear vision of the best possible outcome of our work? Does our day-to-day thinking keep this outcome in mind? What about our activities?

2. Are we making enough of the right kind of connections across all stakeholder groups? Do we speak to them in a way that allows each group to understand what we're doing about the problem? Are we proposing solutions that make sense to them? Do we have credibility in their eyes? How could we get better? Could we enhance our skills or engage with other groups that have them?

3. A good exercise here is to map out strengths and gaps in this area, and make notes on how to build on strengths and address gaps. (See Appendix C, Worksheet #2.)

4. Have we been both systematic and creative in considering the potential contributions we might expect from everyone we come into contact with? Does everyone have, and believe that they have, a strong voice in what we're doing? (See Appendix C, Worksheet #3.)

5. How is our balance of passion versus strategy? Passion without strategy can lead to mistakes or missed opportunities; strategy without passion can leave people uninspired. If the balance is off, what can we do about it? Do we need to rekindle passion or consider our strategies more carefully? Do we need more passionate people or more strategic people?

Chapter 3

Addressing livelihoods

> *"For many mentally ill people in the developing world, treatment is secondary to survival."* – Founder

> *"Being on the farm, being able to go to work, restores status and visibility. It gives us an increased sense of pride. We work together. We are seen."* – Beneficiary

An entire field of literature is devoted to theory and research about how to solve complex problems. Two key considerations in generating solutions are *connections*—how pieces of the problem interact—and *dynamics*: how those pieces affect one another over time.[1] So solving a complex problem requires understanding what actions (and inactions) affect a system, and how. A key concept in this understanding, as mentioned in the previous chapter, is the use of leverage: getting the most impact for the least effort; a critical point of leverage is livelihood. For individuals to have the means to secure life's necessities is a vital part of a wide range of health interventions.

In fact, livelihoods are a key component of the WHO's recommendations for community-based intervention.[2] Any community programs for rehabilitation and skills development that do not address livelihoods are necessarily incomplete, and have limited sustainability. Social entrepreneurs understand the pivotal role of livelihood in addressing mental illness in LMICs. They recognize that attention to this key factor delivers many benefits; and that conversely, interventions have much less impact if they do not consider it.

Focusing on livelihood is important in a number of ways. Impoverished people naturally consider treatment for mental illness less important than basic survival. At the global policy level, it makes sense to prioritize strategies that address the overall burden of mental illness. But on an individual level, for

people struggling to put food on the table, the big-picture benefits of prioritizing mental health can seem unclear.

Among the many challenges of treating mental illness in LMICs, an important factor is that clients and families often worry about both the difficulty and cost of accessing care. This can be a serious barrier for many people and families, and immediate stressors for them—even if treatment promises to ease their burden in the long term. One staff member observed that for clients who had been reintegrated into the community, even a "nominal" amount of disability allowance helped families a lot, and increased the use of treatment services. The program helped to cover the cost of travel, "a very important factor."

Another significant barrier to seeking help for mental health problems is social stigma. The isolation and shame of mental illness affect a person's ability to work, or to contribute to the family in other ways. One beneficiary recalled her experience:

> *"I was 22 years old and had mental illness, and nobody understood what was wrong with me. It shamed my parents: I was unmarriageable, and a burden to their house."*

The benefit of helping a person with mental illness to become more productive is that productivity leads to other benefits. Not only is it easier for families to support beneficiaries; it also helps to reduce the stigma of mental illness by increasing the person's involvement in the community. Those outcomes illustrate the intertwined concepts of leverage, connectivity and dynamics.

Social entrepreneurs recognize that careful attention to livelihood is key to addressing that whole system of interconnected problems at once. One beneficiary, who had lived with mental illness for 20 years, spoke movingly of changing her life by learning to make brooms at the vocational training centre:

> *"I asked the teacher to gather the materials so I could sew. But I was too shy to show my work—I hid it, I thought it wasn't good enough. When I did show the teacher, I was told it was very good. I was very happy. It's good that I can make an income now, even though it's very low [about $1 a day]. I sell the brooms to people in the village. They feel sympathy*

and buy from me. I'm no longer a person who just eats and does nothing. I am useful, and can do something that has value."

The woman's father also spoke of the many benefits the work had brought to her:

"It was satisfying to see her find a useful purpose. She is not forgotten in society now. She has money to buy food to eat. She can go out and participate in the community life. This helps her to relieve stress, and deal with her thoughts. The illness is decreased and her health is better."

Social entrepreneurship thrives in the contexts of livelihoods.[3] The people we spoke with have a deep understanding both of individual strengths and challenges, and also of local needs, markets and contexts. This enabled them to generate sources of income in ingenious ways, ranging from formal social enterprises to informal activities. Developing sustainable livelihoods was a key component of all the service models examined. This task engages the full skill-set of the social entrepreneur: assessing needs, identifying market gaps, assessing feasibility, developing businesses with clients, creating social capital and cultivating community markets for products. One service provider, for example, described the process of engaging beneficiaries in business opportunities:

"We started making candles during a local festival. It was a success, and we made a profit, so the founder said we would buy moulds. That was the first time we had spent money for vocational training. Because of their medicines, many of our clients feel sleepy all the time; so my work was to engage them in an activity. I taught them to make paper, and it sold out. Then we received an order for 1,000 invitation cards for a wedding, to be made with handmade paper, so we started a printing unit. Still, a lot of people were sitting idle. One day I saw some small grinding rocks for sale and bought them. I also brought some flowers to the patients and asked them to grind them—the powder can be used to dye cloth. Many of the people have repetitive behaviours, and don't know how to stop. So this activity converted their illness to an advantage."

Of course there are challenges to finding work for people with mental health problems. Many job markets are competitive, and cannot or will not accommodate them. Nonetheless, addressing the issues of livelihood and income in innovative and sustainable ways is essential to the task of having an impact on mental illness in LMICs, and on other development areas.

Discussion questions

1. What are we doing about the livelihoods of the people we want to help? Have we analyzed their problems thoroughly, looked at all the issues, and come up with some potential solutions?

2. Are our clients and their families concerned about the cost of our service? Do they have the correct information about our costs?

3. Are travel costs also a problem? Is there anything we can do about that?

4. How many of our clients are employed, or involved in education or volunteer activities? Could this number be increased? What do we know about their interest in these areas?

5. Are we helping our clients to become more active, employable and employed? If not, how could we find ways to do this? Who needs to be involved? Do we need partners to help? Who could we learn from or take as examples? If we already help clients to find work, how could we enhance our activities?

6. What are some possible pathways into employment, outside of our services? Do we need to develop job opportunities in the open market? How do we do this? Who can help?

7. Would a social enterprise help us in our work? Should we look at setting one up? If we're not sure how it's done, who can we ask for advice?

Chapter 4

Empowering people

> *"At the beginning, survivors of violence were completely hopeless. They weren't even thinking about surviving, they were thinking about suicide. But when they found that someone understands them, treats them as a human being, respects them, and helps them to express themselves—that helped them more and more. When they started to talk with other survivors who were receiving treatment, that also helped them to grow."*
> – Beneficiary

Creating empowerment

One of the most prominent advocates of mental-health reform is Patricia Deegan. As a young woman she herself experienced the inadequate services and system responses to her schizophrenia, and withdrew socially and psychologically. But gradually she rebuilt her sense of self-worth and personhood, and went on to earn a PhD in psychology. She has become an internationally recognized activist for the rights of people with mental illness.

Deegan's story illustrates the life-changing possibilities of empowerment—which was eloquently described the Brazilian social reformer Paulo Freire:

> *"False charity constrains the fearful and subdued, the 'rejects of life,' to 'extend their trembling hands.' True generosity lies in striving so that these hands—whether of individuals or entire peoples—need be extended less and less in supplication, so that more and more they become human hands which work and, working, transform the world."* (p. 29)[1]

Our respondents embodied Deegan's and Freire's principles, empowering both the people who worked for them and the people they supported. Their founding belief was that mental health services must address the systemic dehumanization of those affected with mental illness. As Deegan said of herself, recovery cannot happen until people take back the power "to become sovereign over our own lives and bodies, to reclaim our right to make choices, and have access to resources to improve the quality of our lives" (p. 11).[2]

One community partner emphasized this active participation, explaining that their task is to "train in advocacy, so that people can understand their human rights and ask for what they need. We don't spoon-feed." This principle came up over and over again in feedback from service leaders and providers: they actively recognized the inner strength and potential of their clients. Empowerment is clearly another essential point of leverage, emerging from an empathetic attitude that focuses on humanizing the people they served. Such work is not easy. Providers work in contexts where most beneficiaries have spent their lives "disempowered because of poverty, low literacy and other problems," as one described the situation.

Engaging potential

Several people invoked the concept of conscientization: helping people to become more aware of their own situation, their needs and their potential to take action—to improve both their own lives and the lives of others. One staff member spoke about how to reduce social stigma:

> *"The assumption is still prevalent that people with mental illness cannot be productive. But we are able to change that perception by bringing faces to the problems people live with. We help people to understand that mental illness happens to people they know. This helps them realize that everybody deserves equal rights."*

An approach that focuses on empowerment allowed communities to experience de-stigmatizing ways of viewing mental illness, especially when people became active advocates for themselves. They showed that they were capable of contributing, and even helping others. Active advocacy could be effective not just against stigma, but also in terms of affecting fundraising and policy.

We did not hear of individuals being "used" to do unpaid work or to raise funds. Instead, the narratives were of organizations that created spaces for people to realize their full potential and make a difference. One consultant spoke of beneficiaries and caregivers moving on to become providers and advocates themselves:

> *"Quite a few of our patients have done that. One or two even run small NGOs focusing on community awareness and advocacy."*

Service cultures of empowerment are profoundly energizing for everyone involved. One staff member described it as "the heart of the work, the most rewarding and inspiring." And the founder of an organization spoke of the importance of recognizing "that we were a family, and everyone in the family worked together—including the survivors":

> *"We engaged the survivors first. They were the most important people in the organization. That culture contributed to the success of the organization."*

Improving services

The principle of empowerment was linked with better quality, relevance and availability of services. One particular strategy that greatly enhanced services was when former clients operated as peer supports. They were able to offer an in-depth knowledge of the mental illness itself, and also of community resources and the local culture. One such peer support worker offered this assessment of what they can offer:

> *"We feel this work is better done by us, because it is we who are sick and should support each other. We are more familiar with the participants in the community, we have a vested interest in the project, we have experience of the treatment, and we are aware of the benefits to participants' lives."*

Another person said that the support group quickly became a small community:

"When a member is not able to come to the group, we visit them at home until they get better. It is our duty to keep track of each other. No one in the community will do that for us."

Discussion questions

1. Does our work, and the places it happens in, create a culture of empowerment? Do clients in all settings consistently make gains in developing and accessing resources to improve their quality of life and that of others? Are they becoming more empowered? Do they feel that their rights are being recognized, that they are making choices for themselves and that they are getting involved in their communities?

2. Think about the best possible outcome here, and grade yourself on your performance at creating empowering settings and interactions. Brainstorm with staff and colleagues ways to improve your rating. (See Appendix C, Worksheet #4.)

3. Have we adequately conscientized the people who receive our services? Do they need better support to understand their situation, their needs and their potential for taking action to improve their own lives and the lives of others? How can we better engage people in ways that are relevant to them? Can we share our success stories?

4. How does our work spread the culture of empowerment? Are our staff and volunteers empowered, and do they empower others? Do we promote hope, common purpose and efficacy? What about other stakeholders: government, partners, families, the public? Do we help them to feel they can be a part of our positive effort to make a difference? Do we show them the way and make the path clear to them?

Chapter 5

Developing a brand

> *"We're a prominent part of the global mental health community. We have a place there, even though sometimes I get ignored at the table. But we're starting to turn that around. People see us as a competent, collaborative presence."* – Founder

Business and marketing communities talk a lot about brands. In the marketplace, these have real value: we buy brands that we believe are better than others, and avoid the ones we consider inferior. One common definition identifies five characteristics that determine the value of a brand, and hence the product it represents.[1] Those characteristics can be framed as questions:

- Is the brand distinct from its competitors? If the brand were to disappear, would what it offers also vanish?
- Is the brand relevant and important?
- How do customers view the brand? Does they feel it fulfills its promises?
- Is the brand familiar? Does it have a clear identity?
- Is the brand innovative and dynamic? Can it address changing tastes and needs?

In our research, branding and marketing emerged as prominent topics. Social entrepreneurs emphasized the importance of strategic branding and were clear on what characteristics determined their brand or reputation. This focus extended not just to the organization itself, but also to its purpose. Both needed to be distinct, relevant, important and clearly identified, with the goal of raising the organization's public profile. As one founder explained, the organization's plan in developing its responses was based less on the social sciences and more on management and branding strategy: "How do I get my team in place, how do I position myself, how do I market the issue?"

A service's brand—its leaders, staff, approaches and the issue it addressed—was developed in various ways. The most common way was to cultivate an ethos and a set of values that stakeholders would consider valuable and admirable. The value came primarily from the fact that all organizations were working in an underserved field, for the benefit of vulnerable people who would not otherwise receive any support. This approach made their brand distinct and contributed to the perception that this valuable work would end if the organization ceased to exist.

Building capacity and reach

All organizations had developed a reputation for helping individuals with challenges that were widely regarded as almost hopeless. Such groups were skilled at engaging large numbers of people across a wide spectrum of reach—locally, regionally, nationally and internationally. This generated broad awareness of, and interest in, the organization, leading to more effective advocacy, staffing (people wanted to work with them) and fundraising. As one founder pointed out, funders tend to respond best when a program reaches a certain critical mass:

> *"When we say we've transformed the lives of several hundred thousand people in a year, we mean it. Funders really appreciate that. Our model of operation is just as much a part of the vision as any other part."*

Organizations also focus on enhancing the prominence of their brands, acting as training sites for learners from a range of sectors. Their reputation in this area is furthered through connections with other internationally recognized organizations. One provider described their partnership with a prominent international organization:

> *"They are the biggest service organization in the world, and they work with government to improve services. Our training is based on their curriculum. They train our staff, then we train local service providers."*

As well as training, which generates exposure and revenue, prominence is also achieved when organizations are connected—at local, regional and global levels—with others that are relevant to their work. These associations enhance

the profile and credibility of their brands. One senior staff member observed that 2004 had been an important year for the organization, when it had started outreach programs as an NGO:

> *"We started with UNESCO as the representative of special education. Then we opened services all over the country, and started to build partnerships and networks—first within the country, then within the region, and then internationally."*

For social entrepreneurs, brand development is one of their more time-consuming activities. The importance of the task is based on the fact that reputation tends to have an exponential, or catalytic, effect: recognition feeds on recognition. As a brand becomes more prominent and widely known, it leads to more prominent partnerships; this enables the organization to generate more resources and scale up its activities; and this in turn creates greater prominence.

Brand recognition can also be transferable between organizations. In some cases, this is done through training programs: if people can say they were trained by a certain organization, this carries an assumption of high standards. In other cases, an intervention may be franchised: exported in its entirety to many different settings. In such an approach, it is essential to monitor fidelity to the model program if the brand is to continue to carry its original cachet.

Discussion questions

1. Is our brand, or the identity of our organization, perceived as distinct or different? Do people believe that if we were to stop, what we offer would no longer be available—since no other body could readily take our place?

2. Do people see our work—including the problem we address—as relevant and important?

3. Are we well regarded by others, such as collaborators, supporters and other groups relevant to our sector? What about the people who use our services? Are we seen to live up to our mandate and fulfill our promises?

4. Are we and our work well known? Do we have a clear identity?

5. Are we seen as innovative and dynamic? Are we able to meet changing needs and contexts?

6. Is our work acknowledged to reach the people we serve and to be effective? Are we reaching as many people as we could? If our work is successful, do we share that fact with key stakeholders in the mental health field?

7. Do we partner with other organizations locally, nationally and globally? Who are they? Does this enhance our brand? Could we improve?

8. Do we provide high-quality training? How could we improve that training and enhance our profile? Do we educate key stakeholders?

9. Considering all these characteristics, how might we assess how well we're doing? What strategies could we brainstorm to enhance any area where there are shortcomings?

Chapter 6

Scaling up

> *"We have definitely demonstrated the scalability of our model in different cultures and regions of the world. That's a requirement for any franchise."*
> – Founder

Unlike the business world, the field of mental health services in LMICs has only recently adopted the concept of "scaling up." But the idea is straightforward, and has been around for hundreds of years in a wide range of contexts. Hundreds of enterprises—including the fast-food juggernaut McDonald's—began as single outlets. They were started by entrepreneurs who grasped the essential principle of how to turn a small business into a large one.

In the area of mental health, one of the most-scaled enterprises of all time is Alcoholics Anonymous (AA). It has more than 1.4 million members in North America, and more than 115,000 AA groups around the world.[1] This is a particularly impressive achievement for an organization run almost entirely by volunteers.

Expanding drives

The complicated topic of scaling up was very much on the minds of our informants, whose urge to expand is often fuelled by the same principles that led them to create their organizations in the first place. As one founder pointed out, in this field you never want to rest on your laurels:

> *"We have done many things: we are a large organization with credentials, we have helped to write the mental health policy, we have brought homelessness into the urban health mission. But we are not happy to sit back, because we still see distress—and that is what drives us to respond to the client's needs. That's how our growth has always been."*

Many people talked about scaling up in terms of models: developing an approach and assessing its relevance and impact before trying to transplant it elsewhere. This strategy often involves a lot of trial and error to find out what works and what doesn't. The goal is to arrive at an approach that holds true to the core values of the organization. This process of testing and refining provides an effective set of minimum standards that can be adapted to other settings. One senior staff member spoke of why their model—transferable across very different settings—is so successful:

> *"It's completely integrated and flexible, according to local needs. There's no rigidity—it suits customs and cultures, and is universally applicable. It's been proven in so many countries."*

Once a model has been proven to be effective, it can be packaged and provided to partners; and then taught, supported and implemented by others. This approach required a certain attention to the infrastructure, in order to monitor the quality of the newly implemented sites. A founder talked about the importance of this kind of control:

> *"We still retain ownership of the intellectual property, but we also have the satisfaction of seeing that ownership dispersed in a controlled way. Our Policy and Practice Directorate collects statistics from our programs and franchisees, and this indicates whether a program should move ahead, or whether it needs further controls. That gives us a reasonable jurisdiction over the property we first designed."*

Other respondents saw capacity building less as a matter of franchising, and more in terms of intensive collaboration and alignment. One founder spoke of the organization's plan to expand:

"We believe that we can share and capacity-build, but not follow the franchise model. We worked with two NGOs and replicated parts of our work, collaborating to focus on scaling up. We are looking at sharing our resources and expertise with these partners. We look at it as a mutual learning exercise."

Balancing levels of intervention

When it comes to scaling, an organization must perform a balancing act. On the one hand, it must foster growth and independence at the local level—providing as much support as it can without straining allegiances and resources. On the other hand, it must also foster national and international growth, without hindering the local initiatives. The structures needed to support expansion were expressed by one staff member, when describing plans to encourage survivors to share their stories:

"We will form 10 to 15 new groups, and we will also try to organize a two-day district-level conference where survivors will interact with government and local authorities. That will create a district-level network. We will also train survivors in basic leadership; and in two or three years, we plan to organize a national conference with all survivors groups, with district committees, national committees, the public prosecutor and police. All meetings will be facilitated by survivors."

Stabilizing alliances

The next phase of scaling up—one that many participants were just beginning—involved stabilizing alliances between organizations. The ideal network would support continued growth, ensure quality of programming and keep people connected. This "second-generation movement," as one leader called it, would become less linear: the intervention approach would begin to move in many directions at once, guided by a variety of partners, rather than being co-ordinated in a "one at a time" manner by a single central office. This is the growth pattern experienced by AA, which has come to have a distinct culture of its own. Despite its challenges, this growth has radically increased the organization's reach and its capacity to help those who depend on it.

Discussion questions

1. How can our model best be scaled up? Have we thoroughly tested all its elements: its feasibility, relevance and impact, and its flexibility in adapting to different cultural, geographic and sociopolitical contexts? What are the steps involved in doing this? How will we measure what is important in each of these contexts?

2. Do we clearly understand the basic standards of our intervention—the aspects of it that are best leveraged and have most impact? Can we separate what is absolutely essential to our intervention from other aspects that are not as important? (These might include what we think is important but might not be needed in every context; and what is nice to have but not completely necessary.)

3. What aspect of our work, exactly, would we like to scale? What are the pros and cons of a franchise approach, versus scaling aspects of our work shared with other organizations or interventions?

4. How might we assess the best sites or partners where scaling will take place? What, specifically, might we look for building on the essential features that BasicNeeds[2] has identified as important?

5. How will we support a scaled operation? What will we need to do to ensure that it can be successfully implemented? How do we make sure it will be faithful to our standards? What resources need to be invested, in terms of fundraising, training, outcomes measurement and communications?

6. What is the vision for the scaling process over the next two years, five years, ten years?

7. How will we manage intellectual property? What do we want to own/brand? How will we manage legalities and monitoring?

8. How will we keep this structure stable over the long term? What would our programs look like, if we were to succeed at the level of Alcoholics Anonymous? How about if our interventions became decentralized and much less linear than formerly? How would we manage and support that change?

Chapter 7

Finding synergies

> *"We're just starting out in South Asia. It's a different socio-economic culture, and I don't think we're in a position to work with organizations with different cultural and value orientations. We're at the stage of transferring our experience to other NGOs; so the transition will be much smoother if the culture is similar to ours. Our approach is very needs-based—so it usually ends up being culturally appropriate."* – Founder

As mentioned earlier, social entrepreneurs address mental illness in LMICs by emphasizing education, developing credibility, establishing an organizational brand—and by cultivating strategic partnerships, particularly in the context of scaling. Indeed, partnerships seem integral to the methods of our respondents, who described themselves as systems thinkers. All these people capitalize on their leverage in terms of both services and scaling, and all recognize that partnerships are essential to "streamline the activities." Well-aligned and structured collaborations are more effective at tackling problems—a phenomenon known as collective impact.[1] When organizations join together to address a problem, the result is often more than the sum of its parts.

Partnerships are particularly crucial in low-income contexts, where the challenges of finding adequate resources, infrastructure and socio-political support make it harder to develop effective interventions. Studies suggest that such problems far exceed the solution capacities of any single organization or group. One study suggested that this situation calls for the "shared efforts of actors throughout all sectors of society, in the form of new configurations of state bodies, market agents and civic parties, from the local to the global level" (pp. 78–79).[2] Indeed, a well-known prototype of a social entrepreneurial organization, the Grameen Bank of Bangladesh, is founded on key partnerships—as are a wide range of social enterprises in LMICs.[3]

In our case studies, partnerships were very common. In fact, the very nature of the interventions—which must be comprehensive and scaled—requires partnership. The Acid Survivors Foundation has partnered with plastic surgeons around the world to provide reconstructive surgery. ADVANCE in Egypt has forged partnerships with school systems to meet the needs of children with developmental disabilities. BasicNeeds has partnered extensively in order to scale up its interventions against mental illness.

One founder described the many benefits of strategic partnership in terms of both tangible and intangible assets:

> *"We didn't understand at first how important partners would be to us. Making our model work really comes down to the abilities of other field-based organizations that are mature enough to stand on their own feet. They bring staff, leadership, a network and a finance infrastructure, and stuff like computers and vehicles. They also bring a hugely important sense of goodwill in that part of the world."*

Making synergies work

The key to successful partnerships is synergy—both in the model of work and in the values that underlie it. Synergies can help to scale up interventions, either as franchises or by transferring approaches to other organizations. But because they're so important, organizations must always carefully assess potential partnerships. One founder described how they identified suitable prospects:

> *"We begin with similar culture and values; but otherwise we consider a broad range of potential partners. We've collaborated with people in the fields of homelessness, poverty, health, and research and education."*

A good example of synergy is the partnership between BasicNeeds and local monasteries in Vietnam. This type of relationship greatly expands both capacity (building upon existing resources) and relevance. A service leader spoke of the readily available points of connection with respect to mental health:

> *"Mindfulness is a way of life in Vietnam. It's at the core of who we are: how we build our homes, cook our food, walk in the street, interact with others. If mental health treatments do not reflect our tradition of mindfulness, beneficiaries will ask, 'What's the point?'"*

Pooling resources

Partnerships also offer the benefit of strengthening advocacy efforts: joint advocacy can more effectively address a broader frame of disability. Partnered organizations find it easier to obtain resources—such as legal help, certifications or educational opportunities—which might otherwise be beyond their reach.

Strategic partnerships also help organizations to maintain their own specific focus and service boundaries, because they can refer clients who don't fit their mandate to partner organizations. This helps them to protect their values and their quality of care. One service provider explained that this kind of networking is necessary:

> *"For example, some people need long-term facilities. Those with an intellectual disability need a different kind of intervention that we cannot offer. So we connect them with organizations who cater to destitute people with developmental disabilities. That is how we work with others."*

Discussion questions

1. Have we thought carefully about whether we need partners, locally, nationally or internationally? If so, who might they be? (See Appendix C, Worksheet #5).

2. Do these potential partners have similar values to ours? Will our organizations be compatible?

3. Will our partner's work complement our own, addressing areas where we have limitations (and vice versa?) Will we collaborate rather than compete?

4. Have we been creative in considering possible partners? They don't necessarily need to work in our own service sector; we might also consider partners who:

   - work with other problems that contribute to our own particular problem
   - work with similar problems in the same context
   - work with problems that our problem is causing.

5. What partners will make us look more credible and effective by association?

6. In our organization, who are the best people to create our strategy, make the initial contacts and launch the partnership development process? Do we need to network with external colleagues/supporters to support these initial contacts?

7. Partnerships, while helpful, require resources to sustain them. How will we do this? Have we performed a cost-benefit analysis of our current and prospective partners? Do some partnerships need to be dropped to create space for others that might be more synergistic and mutually beneficial?

8. Have we given some thought to how we might better use a collective impact framework? Could we work together with partners—on grant applications, advocacy efforts, awareness campaigns, etc.—more effectively than on our own? Can we discuss with our partners who we need to influence and who among us is in the best position to influence other people, organizations or sectors?

Chapter 8

Gaining support

> *"Gradually we are making public opinion against acid violence. In 2002, on International Women's Day, we organized a men's rally to help acid survivors, in collaboration with a development organization and the newspaper. Over 5,000 men, and hundreds of female survivors, participated in the rally. National and international media publicized it, and that created a huge movement in the country."* – Founder

In summer 2014, a remarkable event occurred: The Ice Bucket Challenge. In order to raise money for research into Lou Gehrig's disease (ALS), many people (including a number of celebrities) agreed to be doused with a bucket of cold water—and to make videos of the event. By September, more than 17 million videos had been posted on Facebook, and had been viewed over 10 billion times by more than 440 million people. The campaign raised over $100 million.

The Ice Bucket Challenge was one of the most "viral" health awareness campaigns of all time. The *British Medical Journal* likened its spread to the H1N1 influenza pandemic of 2009.[1] In the service of generating resources for a health issue, the display of social-media muscle was so stunning that the illness seemed almost less important than the PR phenomenon.

This example demonstrates the power of "creating space" to work on a problem. This term is used in the sense of creating social, geographic, cultural and service spaces to expand into. Social entrepreneurs pursue a number of avenues to create resources and spaces for their interventions to grow. For them the rationale is simple: in order to make a difference, an issue has to be considered important or relevant. This is true both for starting a single intervention or scaling globally.

Engaging the media

Our organizations put a lot of effort into building social capital, across a wide range of sectors and levels. In terms of cultivating awareness of an issue, social entrepreneurs understand the role of the media in creating public pressure. As well as educating people, this can also influence policy. A senior staff member of one organization said that most of the media are aware of their work with homeless people who have mental illness:

> *"For social awareness, we used a lot of media initially. All our rescue calls are from the public, and the media have done programs about that. They did interviews with famous personalities who visited here, so the news spread to the public in a very different way. Everybody knows about the organization."*

Most organizations develop relationships with various media outlets that allow them to tell compelling stories about their work, the problem they're addressing, and its successes and challenges. A particularly important and influential element was their clients' personal experiences and strengths. One staff member spoke of the fact that most significant impacts on public perception are based on the stories of their clients' changed lives that the public hears through the media:

> *"They hear these stories and ask, 'How did these people do it? How were they able to resettle, and tell their own stories—after they were chained up? How were they denied by their own people, and then reintegrated? How have they been able to overcome those problems and live with mental illness?'"*

Engaging through education

Many organizations also cultivate awareness and support through education programs. These are usually offered to other groups and organizations whose support can help to expand the organization's impact. Such training is carefully crafted to be relevant and effective, and is typically highly regarded and sought after by recipients. In Egypt, for example, ADVANCE offers free training sessions to staff from the ministries of Education and Social Affairs who deal

with young people with autism-spectrum disorders. The Acid Survivors Foundation, recognizing the importance of engaging the justice system in the dialogue about acid violence, holds annual workshops for lawyers and police. And The Banyan presents educational sessions for the local and state police on the topic of mental illness, for those who have the most contact with homeless people. Often the speakers are current and former clients—presented not as victims of deprivation, but as empowered advocates.

Engaging government

Organizations can seldom do their work without the support of policy-makers and political systems. These institutions can help with a number of aspects: developing helpful policies (and eliminating problematic ones); creating greater exposure (and hence leverage); and generating funding and resources. For that reason, engaging government is absolutely essential. As one founder poinzted out, these people and bodies are likely to be the longest stayers:

> *"The government, in one form or another, will be there now, tomorrow and in the future. They have to at least bless best practices in mental health."*

Another founder, of one of the few international NGOs that works wholly in the field of mental health, observed that government approval is also vital:

> *"You shouldn't enter somebody's country unless they agree to it. It doesn't make sense to march into a country, even like Laos or Vietnam where we work, and possibly Myanmar, without having a proper relationship with the government. In the case of Laos, I waited two years before we got the relationship we wished for."*

Often it's the persistence of organizations that makes a difference at the level of government policy and legal reform. Another founder explained that they push the legal process persistently:

> *"It's very tough, our success in legal cases is only 10–15 per cent. But we continue to push. If the acid control act is there, acid attacks are reduced. We've led the development of many national policies in Bangladesh."*

However, government support can be a double-edged sword. Some people expressed the view that too much reliance on the government led to fewer opportunities "for people to mobilize, organize, sustain their own efforts, and make their own decisions." Others pointed out that such engagement efforts can sometimes be wasted: organizations may succeed in pressuring politicians to develop policies—only to find the policies unenforced when those politicians leave office:

> *"How does a policy translate into action? We put years into it, so many consultations, so much of our time. If all that work is going to just sit on a piece of paper, that's very sad."*

The usefulness of government clearly depended on local cultural and sociopolitical contexts. One founder told an all-too-common story:

> *"Three years ago we had an amazing bureaucrat who developed a policy and saw it through right to the end. Unfortunately, there is a thin line between policy and politics in our country. Often what one government does, the other prevents or undoes. In this case, they didn't do it."*

The organization continued to press the issue, though, and the government did announce that they were going to launch the policy:

> *"We wrote an op-ed, and a few others appeared to pressure the government. We're also in touch with the Secretary of Health, who is a very good man. So let's see what happens. But if it doesn't translate into action, then the policy is useless."*

Efforts to improve policies were most successful when the legal system, the police, and various levels and types of government were all brought on board. Ideally, government engagement connected in a synergistic way with other efforts to engage media attention and involve public support. This strengthened the organizations and created space for them to work. High-profile connections and sources of exposure also made it easier for them to raise funds through sources such as grants, government support and private philanthropy.

Engaging communities

As important as it is for organizations to engage the public and the government, their work would stall if they did not also engage communities at the grassroots level. One staff member spoke of their efforts to educate and raise awareness:

> *"Our approach is to educate the family together, so they will know how to support each other. They will recognize what makes them vulnerable to being exposed to drugs, and to becoming addicted; and they will know how to recover."*

Knowledge of the population is crucial to success. When communities have low levels of education and may live in poverty, it's vital to understand what types of communication and intervention will best resonate with them. Organizations must engage with communities and families at a grassroots level in order to educate them and raise awareness. As one founder explained, organizations tend to face the fewest challenges at the community level:

> *"Rural communities are very receptive. They know the difference between somebody who's trying to work with them and genuinely make a difference and somebody who's talking down to them or trying to exploit them."*

Collaboration and respect are as important when working with communities as with individual clients. Organizations must develop their services based on what they learn from the community. As the founder pointed out:

> *"We have some expertise, and the community has some expertise. We collaborate, and I think they recognize that."*

In terms of *how* to reach communities and families, creativity and flexibility are important. Traditional ways of raising awareness often don't work in impoverished communities where literacy rates are low. Putting up posters and distributing leaflets, for instance, are considered a waste of money when people can't read: the paper mainly gets used for household purposes. A more useful strategy is meeting with key figures in the community, such as local chiefs or spiritual leaders. Loudspeakers and radio advertisements are particularly successful, as one service leader commented:

> *"They tend to come to us because they hear us on the radio. When we present to collaborators and self-help groups, we also use animation, mini-skits, drama and role-playing."*

Engaging communities is not always a matter of *reaching out* to people, however. Often it involves learning from them, and is more a matter of *inviting them in*. Most organizations offer programs and services, open to the community, in areas such as education, sports, culture and vocational activities. One service co-ordinator talked about the ways the community could benefit from the local youth club:

> *"We have free classes for spoken English, and plenty of indoor and outdoor sports in our complex—chess, cricket, soccer, tennis, volleyball, running, catching. It's open to all. Some boys from the club sometimes take our men to the beach and just casually play soccer with them. That helps them to interact and engage with the community; and it also reduces stigma."*

Inviting people in benefits both clients and the community. It reduces stigma and raises community awareness about the organization's work—including how it might help people at risk of mental illness. As well, a better community understanding of the organization and its goals usually translates into more success attracting volunteers and raising funds.

Finally, these organizations are extremely effective at engaging volunteers. Since these people are often influential figures in their communities, they not only help social entrepreneurs to connect with those communities; they also boost the organization's credibility. They play a particularly significant role when government support is limited (as is often the case). One volunteer noted this role:

> *"We were invested in improving our communities. If the government will not provide these services, we need to provide our own, and help with problems at a community level."*

Discussion questions

1. What policies enable our work or hinder it, at both the local and the national level? How can we influence those policies? Who are the people who most need to be convinced—such as government officials, spiritual leaders, business owners, the public)? If we can't reach those people directly, who else can we influence—who might, in turn, be able to influence our top priorities?

2. What resources are available to us now? What resources do we need to develop?

3. What is our main message about what we're trying to accomplish? Is it clear, short, positive, action-oriented and, above all, memorable? Have we tested it on a range of audiences? Do we communicate it consistently, in all available forums? Do we use our brand or logo in all our communications?

4. Do we have a good relationship with the media? Do we know how to communicate with them? Do we know what they want from an organization like ours? Do we have a compelling story that people will want to hear about?

5. Do we know any celebrities or other non-government influential figures who can help us with advocacy or fundraising? If so, have we thought of a strategy for approaching them? Do we have a compelling way of engaging them? Might we prioritize people who might have a personal interest in our field—for example, through a family member affected by mental illness?

6. Do we know which government officials we need to influence? Do we have a list of specific names? Can we map out who they are (see Appendix C, Worksheet #6) according to "alignment with our views" and "degree of influence"? Once we identify the most suitable people, what is the best way to approach them?

7. Do we use education to raise awareness of our organization and its work? Are our training programs reaching the right groups and people? Are they:

   - of high quality?
   - highly esteemed?
   - accessible?
   - relevant to our target audiences?

8. Do we have enough leverage to find the resources we need to engage people and raise awareness of our issue? Are we focusing on areas that are already delivering result or that are likely to deliver results in the future?

9. How have we succeeded in engaging the communities we're trying to reach—such as community leaders, families, potential beneficiaries? Are we effective, relevant and creative at this task? Have we convinced people of our integrity, credibility, relevance, accessibility and respect for them? Have we used a range of ways—such as arts, sports, education events or social enterprise—to invite them to collaborate with us? How do we evaluate our effectiveness in these efforts? Where are we strong and where are we weak?

10. How are we involving communities in our work? Do people from the community:

    - come in to use our space?
    - feel involved with us, and informed about what we're doing?
    - volunteer with us?
    - engage with our clients?

11. If not, what can we start doing better?

Chapter 9

Creating a healthy work environment

> *"Often we're not conscious of our own emotional problems related to the work. But you need to be aware of what you have do to support yourself. You are not separate from the work you do."* – Community partner

Popular narratives about social entrepreneurship, no matter what the sector, typically express a sense of a commitment to the common good. In the field of mental health, after all, people are trying to make a difference in extremely difficult contexts, beset with deeply entrenched problems. In LMICs, particularly, the work is hard; the field is underfunded; and outcomes are often uncertain, since the individuals, families and communities they engage may be facing great adversity.

Despite these challenges, leaders and service providers have a close engagement with their work, an intense drive to improve situations and a fierce commitment to addressing injustice. That's the main reason why these types of interventions work so well, despite all odds. When this passion is well communicated, it helps to encourage the public, the government and other funders to support their work.

But there is a danger that this intensity can frequently lead to unhealthy levels of exhaustion and self-sacrifice. Their commitment may cause service providers to neglect their own health and well-being, and to confuse personal and professional boundaries.[1] They need proper supports in place to help them cope with the everyday challenges and uncertainty, as one founder noted:

> *"With treatment-resistant schizophrenia, for example, sometimes symptoms won't remit, and the person just doesn't get better. That demoralizes you. That's why, in the discipline I come from, it's important to develop your coping systems. If you don't build resilience, you won't take as many risks; and you can't be comfortable in an environment where outcomes aren't clear."*

Overstressed workers may burn out not just from the stress of helping others, but from the danger inherent in the work. Some clients can be aggressive at times. Staff turnover may be high. When this happens, their replacements are not only costly to train, but also often less skilled and experienced; and so the quality of services and resources suffers. This makes self-care for staff an important element of the organization's work.[2]

Social entrepreneurs spend a lot of time thinking about ways to help service providers stay well. Some strategies, such as providing continuous education and actively responding to staff feedback, are known to reduce burnout and turnover. More specific approaches assess staff wellness and monitor vicarious trauma, as one staff member explained:

> *"We have a support group for staff. We have debriefing sessions now and then, and we teach them how to handle violent clients. They can always come to mental health counselling and talk about their personal or professional problems."*

Caring for the health of staff and leaders is vital—both to preserve people's ability to work with focus and energy, and to reduce the time and effort wasted by high staff turnover. Social entrepreneurs must develop ways to support staff so that they are able to maintain the values and humanity they bring to their work, without becoming hardened or exhausted.

Discussion questions

1. How is the current mental health and wellness of our leaders, volunteers and staff? What might their present and future needs be? How might we find out this information? Should their needs be formally evaluated?

2. If our people are experiencing stress, depression or other challenges related to their work, do we understand what is causing it? Might it stem from:

   - simple overwork?
   - trying to help people in desperate situations?
   - systemic challenges that hamper them in doing their jobs?
   - some other factor?

3. Are staff able to keep a proper perspective on their jobs? Do they have a decent work-life balance? Are they spending enough time with their families and in social settings unrelated to work?

4. What structures do we have to address the issue of mental health in our workplace? Should we initiate help strategies such as team meetings, support groups, or internal or external connections with counsellors, psychologists and psychiatrists?

5. On the positive side, is being in our organization engaging enough, supportive enough and "fun" enough? What can we do to enhance this aspect?

CONCLUSION

The people we spoke with for this study, from the various successful socially entrepreneurial organizations and groups, were exceptionally effective. They've been able to make a sustained impact in their fields that has earned them international recognition for their work. Along with their staff, clients and partners, we too were impressed by their skills, and we're pleased to share with you here the experiences, ideas and methods that they shared with us. We hope that you are able to take advantage of these ideas in your own work, to support your efforts to help people with mental illness.

As we noted earlier, such information-sharing is vitally important. All too often, best practices and effective ways of working are not communicated beyond the small group of people where they originate—meaning that they disappear once a person leaves the organization, or the work stops. People in the field must spend a lot of their time and energy re-inventing the wheel—an unnecessary burden in an area where there are so few resources to waste. This is particularly irksome in the context of LMICs. Often such waste happens mere miles away from other work that could provide important examples and help an organization face its challenges more effectively.

It was interesting to note the degree of similarity between organizations in terms of their values, their motivations and their key strategies. Working effectively with mental illness in LMICs requires a style of leadership that excels at assessing problems, opportunities and contexts. It is both individual and social, and consists primarily of connecting with diverse groups of people and resources in order to generate solutions. It also requires deep reserves of personal compassion: people are deeply devoted to this work. They are also adept at strategizing to solve problems, bring people together and generate leverage. The goal of all these individuals and organizations is to make the most efficient use of all available resources—human and financial, at the individual and community level, locally and internationally. They continuously strive to expand their resources and to offer more and better services to people affected by mental illness.

We hope that this guide will help you in your efforts to address both the inequities that underlie mental illness and the social barriers that harm people and communities. Our goal is that this information will contribute to the diverse and desperately needed efforts to help those who need treatment.

An activity for getting more out of this guide

Another way you can explore the ideas we have shared is through a book club. This is a group of people who meet to discuss a book they have read and express their reactions, opinions and ideas. You could use this guide to prompt conversation with your collaborators about how your strategies align and how you leverage resources and impact. Below we provide tips for setting up a book club.

- Think about the ideal number of members (probably more than four people but fewer than 12).
- Think about who will make the conversation interesting and productive. Will you involve people who have various levels of expertise, from different disciplines, organizations (e.g., current or promising partners) and stakeholder groups?
- Who will be the organizer? Where will you meet? Will you serve food and beverages? How often will you meet? The place and organizer might rotate, but it would probably be helpful to meet at least once a month to allow for conversation, people going back to work and thinking and trying things out, and then coming back together without having to start the conversation all over again from the beginning.
- Will you go chapter by chapter through this guide? Will you bring in other reading materials and resources? Will you bring in guest speakers to address specific topics?
- As you generate questions and ideas, where will you take them? Will members be assigned tasks between meetings—to find out answers to specific questions?
- Will you keep notes about your conversations? If so, who will do that and how will you share and use the notes to inform future conversations and actions?

APPENDIX A: STUDY METHODS

The goal of this study was to inform the understanding of a specific issue: how the principles of social entrepreneurship affect the delivery of mental illness services in low- and middle-income countries. The sections below describe how we went about the task of setting up the study and examining the information we found.[1]

Identifying cases

The organizations we studied were all founded by Fellows who work with Ashoka.[2] While Ashoka by no means represents all social entrepreneurs, it's known for identifying both the most promising individuals and organizations, and also the most effective approaches. The network uses an intensive Delphi type of approach[3] to identify potential Fellows, and its selection process is rigorous.

At present, nearly 3,000 Ashoka Fellows work in over 70 countries. Our study identified those working in the field of mental health by consulting with Ashoka staff and by searching the online Ashoka directory (using the keywords "mental health," "mental illness," "psychiatric," "addiction" and "developmental"). This process identified 42 Fellows, whose profiles were reviewed by the investigators. After further inquiry to determine whether the organization was still active and was suitable for this study, five organizations were selected—on the basis of their approach, target population and geographic location—for intensive case studies. Because our focus was on depth rather than breadth, we believed that five sites were adequate to inform the questions of feasibility raised in this project and to reach saturation in the analysis.[4] This sampling strategy was used to enhance the transferability of the findings. Finally, the study was reviewed and approved by an institutional research ethics board.

Collecting data

We collected background information about each organization's operations from sources such as websites and annual reports. Other sources were ethnographic observation and documentation of the organizations' activities

(such as member meetings, public presentations or advocacy activities). This review helped to tailor our plan of inquiry.

However, our primary source of data was multiple semi-structured interviews, conducted in person with a number of people in each organization: founders, leaders and staff members. These took place on several occasions, which provided opportunities to ask follow-up questions as our analysis progressed. We also spoke with some other stakeholders, such as key partners and beneficiaries; these interviews took place on a single occasion. They were conducted between May 2014 and March 2015. All were recorded, then transcribed verbatim; translation services were used as needed.

Our range of sources allowed us to "triangulate" the relationships and actions of each organization. Specific areas of inquiry included an examination of the aims and activities of staff, and a detailed history of each organization's operations. We tracked the trajectories and turning points in its service structures and models, how it implemented its goals and values, how it solicited support, and how it created and maintained relationships with its stakeholders. Underlying our investigation was the concept of the workers' "theories of action"—their understanding of how their activities lead to the outcomes they hope to attain.

We also looked at each organization's relationships to corporate, government and cultural norms; how they positioned themselves; how they achieved (or failed to achieve) leverage; and how information, people and resources flowed into and out of the organizations. This attention to circumstances and contexts is essential in case studies.[5] Finally, we evaluated the impact of each organization's work from the perspectives of all stakeholders: individuals, families, communities and systems.

Analyzing data

Because our collection and analysis of data took place simultaneously, we were able to refine the structure of our findings by more closely targeting our inquiry. We reviewed all transcripts and field notes, using a thematic analysis informed by grounded theory: employing constant comparison and exploring connections between themes.[6] The analysis moved from line-by-line open coding to the refinement of codes and the development of a thematic framework.

Several elements maximized the rigor of our analysis and established the credibility of our findings:

- We had access to a rich variety of data in multiple forms, which we could separate by source (such as our observations, or interviews with staff, leaders or partners) and by type: field notes, verbal descriptions.
- We discussed the emerging categories with participants.
- We used multiple coders to develop the thematic framework, with many rounds of review and revision, and negotiation of different perspectives.

These methods created the thematic structure of this guide. More detail on the methods, findings, research and theoretical contexts of this work will be presented in a forthcoming academic publication.

APPENDIX B: CASE STUDY PROFILES

ORGANIZATION, TARGET POPULATION	LOCATION(S)	SCOPE OF SERVICE	YEAR LAUNCHED, ASHOKA FELLOW
BasicNeeds: people with severe mental illness	Based in the UK; China, Ghana, India, Kenya, Lao PDR, Nepal, Pakistan, South Sudan, Sri Lanka, Tanzania, Uganda, Vietnam	Provides medication and psychosocial support, in partnership with local governments; incorporates self-help groups and social enterprise.	2000, Chris Underhill
Acid Survivors Foundation: survivors of acid violence	Bangladesh	Operates a 20-bed hospital providing burn care services, psychological care, legal assistance and financial support.	1999, Monira Rahman
The Banyan: homeless people with mental illness	India	Provides a range of supports, including medication; psychological, vocational and occupational interventions; and housing supports.	1993, Vandana Gopikumar
ADVANCE: children with autism	Egypt	Offers a multidisciplinary therapeutic program focusing on cognitive and skill development; includes speech and language therapy, and psychomotor therapy.	1997, Maha Helali
Fundación Colectivo Aquí y Ahora: youth with addictions	Colombia	Uses a holistic drug treatment and prevention model in school, family and workplace contexts that focuses on developing personal meaning.	1997, Efrén Martínez

APPENDIX C: WORKSHEETS

Worksheet #1: Assessing interventions exercise

Use the grid below to plot various interventions against their impact on the problem you address—rating each action as low, moderate or high cost or effort. This will help you to identify which strategies can be easily performed, and which are more long-term solutions. (To use this chart for a group exercise, copy it onto an easel-sized sheet of paper or cardboard.)

	LOW COST	MEDIUM COST	HIGH COST
HIGH IMPACT			
MEDIUM IMPACT			
LOW IMPACT			

Worksheet #2: Engaging stakeholders exercise

Use the chart below to map out your strengths and weaknesses in terms of engaging your major stakeholders. Examples might include national and local politicians; partner organizations; the media; communities; influential individuals (such as celebrities); and families of beneficiaries. This exercise will help you to plan strategies to enhance your strengths and address your weaknesses. (To use this chart for a group exercise, make enough copies of the page so that every person has a separate sheet for each stakeholder identified.)

Who is the person or group?
How well do they understand the problem we address?
What can we do to improve their understanding of the problem and to make it important to them?
Does the work we do—our solution to the problem—make sense to them?
What can we do to make our work and our solution more appealing or relevant?
Do we communicate effectively with them?
What can we do to improve our communications, in terms of who and how?
How credible do they consider us?
What can we do to improve our credibility? Might we change our messaging, partner with stronger collaborators or better align with their agenda or areas of interest?

Worksheet #3: Identifying contributions exercise

Use this chart to identify the contributions you receive at present from supporters, including politicians, partners, other organizations, staff, communities, individuals, families of beneficiaries and volunteers. Then examine what other potential contributions you might hope for. If you're not meeting your potential, are there ways you could improve? (To use this chart for a group exercise, copy it onto an easel-sized sheet of paper or cardboard.)

GROUP	CONTRIBUTING NOW	COULD CONTRIBUTE	HOW TO IMPROVE

Worksheet #4: Empowering beneficiaries exercise

Use this chart to assess your success at creating empowering settings and interactions for your clients. To begin with, grade your performance on a scale from 1 ("not at all empowering") to 10 ("extremely empowering"). Then answer the questions below, brainstorming ways to improve your rating. (Put this information on a chart for a group exercise, or make copies of this page for every person.)

What was your score? **Are you satisfied with it?**
Can you enhance your performance by involving beneficiaries in the leadership and governance of your organization or the ways you deliver services to them?
Can you enhance your performance by ensuring that your staff view empowering beneficiaries as a core value of your work and take every opportunity to express it?
Can you enhance your performance by developing interventions for your clients that enhance their personal resilience and agency?
Can you enhance your performance by creating physical settings and work processes that empower clients?

Worksheet #5: Identifying partners exercise

The chart below can help you to decide which people and groups are most likely to be a good fit for your organization. (Put this information on a chart for a group exercise, or make copies of this page so that every person has a separate sheet for each partner identified.)

Who is the potential partner?
Is the level of partnership local, regional, national or international?
Are our potential partners similar to us in their values and approach to addressing the problem?
Will our work complement theirs, and vice versa?
What might the benefits of this partnership be? A place to refer clients who fall outside of our mandate, for example?
What might the risks of this partnership be? Losing our organizational identity, for instance? Having to compete for funding?
How will we know if the partnership is working? What might be some indicators that it's not working?
What resources will we need to sustain the partnership?

Worksheet #6: Mapping government exercise

Use the categories below to decide which government officials you most need to influence, taking into account the two factors of "alignment with your views" and "degree of influence." When you've identified the most suitable people, order the names according to their relative importance to you, and decide who should be approached first. (To use this chart for a group exercise, copy it onto an easel-sized sheet of paper or cardboard.)

High alignment, high influence

High alignment, low influence

Low alignment, high influence

Low alignment, low influence

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