Catalyst Now

# Scaling Mental Health Access: Case Studies and Practices for Public Sector Integration

By Daisy Rosales and Su Balasubramanian
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# Authorship and acknowledgements

## About the authors

### Daisy Rosales

Daisy is the Co-founder and Executive Director of Brio, a nonprofit that partners with community leaders and civil society to build psychological flexibility at scale. Since 2018, Brio has co-created mental health initiatives in Latin America, Asia, and the United States, and aims to reach 4 million people by 2030. Daisy has served on the leadership boards of IDEAS Generation, Catalyst 2030 Mental Health Collaboration, and the Foundry community at Acumen. Her work through Brio has been recognized by Yale University, Poets and Quants, One Young World, Stanford Social Innovation Review, and the Rockefeller Foundation. Daisy was named an Acumen Fellow at TED 2023. She holds a BA cum laude from Harvard and an MBA from Yale.

### Su Balasubramanian

Su Balasubramanian is an international development and clinical mental health professional with over 20 years of experience in applying human-centered design, social behavior change, and commercial marketing approaches for social impact across global health, gender, and consumer sectors. Her work spans HIV, gender-based violence, sexual/reproductive health, and mental health/psychosocial support, with roles including strategy consulting, psychotherapy, and leadership in high-impact programs across Africa, Asia, and Latin America. Su holds a BSE in Computer Engineering from CAse WEstern Reserve University, an MBA in Social Entrepreneurship and Marketing from Duke University, and an MSW from Columbia University.

# About the Catalyst Now mental health collaboration

The Mental Health Collaboration at Catalyst Now brings together more than 130 social innovators across continents and cultures who are addressing mental health at the community and population level. The Collaboration offers ongoing community, training, advocacy and dialogue centered on social innovation in mental health.

# Acknowledgments

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# Foreword by Chris Underhill

I started my journey in the field of mental wellbeing in 1978 when I created Thrive, an organisation that uses gardening to improve the lives of individuals with disabilities, mental or physical health challenges, or those who are isolated or vulnerable. In those early days, Thrive was often the only nonprofit collaborating with the public sector, supporting individuals transitioning from large institutions into the community. A shift in government policy coincided with Thrive's growth, allowing us to benefit from state support. Having the State behind us was like being pushed along by a train! The lesson? If you can align with state policy, you are in for a wild ride!

In 2000 I founded BasicNeeds, a nonprofit working at the intersection of communities, development, and the public sector by empowering people with mental health lived experience, along with their families, to build small businesses and represent themselves. BasicNeeds committed to working alongside national and local government from day one— for example, connecting government-provided medical services with our initiatives to support livelihoods and community development. The lesson for me was that resources need to be harboured carefully and this is best done in coordination with locally elected and appointed officials as well the medical services of the country. Indeed, civil society can work alongside the public sector to the great advantage of both.

These days I have the privilege of co-chairing the Mental Health Collaboration of Catalyst Now, the world's largest network of social innovators. I also mentor those who are working to advance mental health at the community and population level, which is how I first met Daisy Rosales. Daisy has done a remarkable job at the Chief Executive of her organisation: Brio. Working alongside her partner Aaron, they are steadily building up an extraordinary organisation that works at many different levels in society and certainly is completely comfortable with the notion of working with the public sector. Through the Collaboration, I've had the pleasure of working with Sumathi Balasubramanian, whose extensive experience with international NGOs, such as Population Services International and the UN Foundation, has made her into a thorough professional. In addition, however, she has also trained as a mental health practitioner, integrating perspectives required to break mental health out of the siloes it traditionally finds itself in.

Together, Daisy and Su have brought forward a critical question that many mental health innovators are asking: namely, what does it look like for the public sector to integrate mental health initiatives so as to expand access to much-needed support? Equally, when we talk about scaling effectively, what are the models that are being

co-created today? For months Daisy and Su have pored over potential cases and interviewed government and civil society leaders to paint a picture of what is working on the ground in diverse settings. They have gathered perspectives and lessons from individuals working within a variety of government agencies as well as social change leaders who have built the bridge between their communities and the public sector.

I've been thrilled to learn alongside Daisy and Su about extraordinary individuals who are collaborating to bring mental health resources, programs, and services to communities that need it most. Their report features not only 7 case studies from 6 countries representing a wide range of contexts and cultures, but it also offers a framework and practices that any social innovator or public sector leader can use to better bring together the spheres of philanthropy, government, and civil society. I especially hope that those who seek to fund mental health at scale take note of the patterns and practices that emerge from these real-world collaborations, so that we can all work together more effectively toward the vision that compelled me and other early-generation mental health social entrepreneurs many years ago.

Life should be getting easier, but in many ways, it is not, and mental health is critical for all of us to navigate the days and years to come. Making mental health accessible, even in contexts where challenges abound and resources are limited, is not only critical but possible. The stories and ideas illuminated in this report show us how. I'm thrilled that the authors, Daisy Rosales and Sumathi Balasubramanian, are among the next generation of our world's mental health leaders, along with those featured in this report and the members of our Catalyst Mental Health Collaboration. There's nothing more inspiring than seeing them rise up to advance healing and wholeness around the world, and I look forward to seeing how the world is different as a result.

## Chris Underhill
## BSc, MSc, FRSA, MBE

- Founding Chair of the Mental Health Collaboration at Catalyst Now
- Awarded the MBE by HRH the Queen for services to global disability and mental health in 2000.
- Senior Ashoka Fellow, Skoll Foundation Social Entrepreneur Awarded and Schwab Foundation Social Entrepreneur Awarded.

# Introduction: the case for addressing mental health through public sector integration

Globally, mental health disorders have become one of the leading causes of disability and a significant contributor to the global burden of disease. According to the World Health Organization (WHO), depression, anxiety, schizophrenia, and other mental disorders affect nearly one billion people worldwide at a time. A 2023 study released by University of Queensland and Harvard Medical School estimates that 1 in 2 individuals (50% of the global population) will experience poor mental health in their lifetime.

The COVID-19 pandemic exacerbated mental health conditions, with reports suggesting a 25% increase in anxiety and depression globally since 2020 (WHO). The burden is disproportionately felt in low- and middle-income countries (LMICs), where up to 75-80% of individuals with mental health conditions receive no treatment at all (Cambridge University Press & Assessment). Factors such as lack of trained professionals, inadequate funding, and the stigma surrounding mental illness contribute to the vast treatment gap. In these regions, mental health is often overlooked, with resources directed toward infectious diseases or maternal health instead (Cambridge University Press & Assessment). Even in high-income countries, access to care is often fragmented, delayed, or inadequate, leading to poor outcomes, especially for vulnerable populations.

Additionally, suicide remains a stark indicator of global mental health challenges, with nearly 720,000 deaths annually due to suicide, making it one of the leading causes of death among people aged 15-29 years (WHO). This highlights the urgent need for mental health interventions, particularly in young populations.

At the policy level, global investment in mental health remains minimal despite growing awareness. WHO data from 2020 reveals that countries allocate an average of just 2% of their health budgets to mental health, a figure far too low to address the growing burden. Mental health services are often restricted to psychiatric hospitals, limiting their accessibility to a small portion of the population. (Cambridge University Press &

& Assessment) (Mental Health Innovation Network).

In response, initiatives like WHO's Mental Health Gap Action Programme (mhGAP), launched in 2008, aim to scale up services for mental, neurological, and substance use disorders in LMICs by training non-specialists to provide care. This approach is designed to overcome the shortage of specialized healthcare workers and has shown promise in integrating mental health into primary care settings (Cambridge University Press & Assessment).

**Missed Opportunities of Keeping Mental Health in Clinics**

Historically, mental health has been treated in isolation, often limited to specialized psychiatric hospitals or clinics. This siloed approach fails to address the wider social determinants of mental health, such as poverty, housing, and employment. Without integration into broader public services, individuals with mental health conditions are less likely to receive timely support, leading to higher rates of hospitalization, unemployment, and homelessness. By keeping mental health in clinical silos, many communities miss out on early intervention opportunities that can prevent the escalation of mental health crises.

**Broadening Accessibility with Public Sector Integration**

Integrating mental health into public services means moving beyond specialized healthcare settings to ensure people encounter support in everyday life. Public sector integration can include programs in schools, workplaces, healthcare, justice systems, and communities, allowing individuals to access mental health services in non-stigmatizing environments. In this report, interventions demonstrate a wide range in approach, sector, and scope:

- **Diversity of Mental Health Approaches**
  The mental health intervention spectrum (see appendix) categorizes mental health services from promotion and prevention to treatment and recovery. They can also span the Socio-ecological Model (see appendix), considering the policy level, the community level, the interpersonal level and the individual level. At the individual level, using the Transtheoretical Model, or Stages of Change of behavior change (see appendix), mental health programming can be tailored to various stages of an individual's readiness to change. This model advocates for interventions that support individuals through different stages, from precontemplation to maintenance, ensuring that care is responsive to an individual's evolving needs. For instance, promotion and prevention programs might focus on mental health skills and support, while therapeutic interventions address more acute needs.

- **Diversity of Sectors, Not Just Health**
  Effective mental health integration requires cross-sectoral collaboration. Beyondhealthcare, mental health support should be embedded in sectors like education, social services, and criminal justice. Schools can provide early detection and intervention for students, while employment programs can offer support to workers managing mental health challenges. By involving multiple sectors, governments can ensure that mental health becomes a fundamental part of public life.

- **Diversity of Levels, from Local to National**
  Integration efforts must span from the local to the national level. Local governments such as cities and counties can ensure that community-based services are culturally relevant and accessible, while national governments can establish policies and funding mechanisms that support broad access to care. At the state level, leaders and community stakeholders can bridge national policy and funding to local needs and services.

# Bridging the mental health gap: a framework and best practices for public-private partnerships

**Why do we need public-private partnerships?**
Partnerships between philanthropy, civil society, academia and the public sector are critical to addressing population mental health, as they enable a sustainable, equitable, and comprehensive approach from the local to national level. Public-private partnerships for mental health can leverage the innovation and best practices of community-level initiatives to expand access to programs that offer precision, depth and scope. Integration broadens the reach of highly effective programs and interventions, making mental health more accessible especially where resources are scarce. Governments that scale mental health by integrating it into existing systems can also reduce the problem of creating multiple parallel efforts seeking to address the same challenges.

Furthermore, governments play a central role in developing and implementing mental health policies, allocating resources, and ensuring that services reach underserved populations. Integrating mental health into public systems cannot succeed without coordinated governmental efforts at multiple levels—from local municipalities to national ministries of health. Additionally, government involvement is essential for defining and ensuring the rights of individuals with mental health conditions. Effective integration requires governments to establish clear policies and laws that align with international standards and ensure that mental health care is not only available but also affordable and free from discrimination. Governments control large-scale funding mechanisms, such as national health and education budgets as well as international aid. By prioritizing mental health within these funding streams, governments can ensure that mental health services receive the financial support needed for long-term sustainability.

Collaboration between public, philanthropic, and community actors allows for cross-sectoral coordination, wherein mental health programs and services are embedded across various public systems, such as education, employment, community agencies and justice systems. Local nonprofits and community organizations can build

the bridge on the ground by ensuring that programs are attuned to the needs of community members, and that community members are accessing the full range of services. Together, government agencies and mental health-focused organizations can work together to ensure that mental health support is available where people in the community live, work, and learn. It also strengthens the public sector to serve the population's needs long-term, contributing to strong governance and civic engagement.

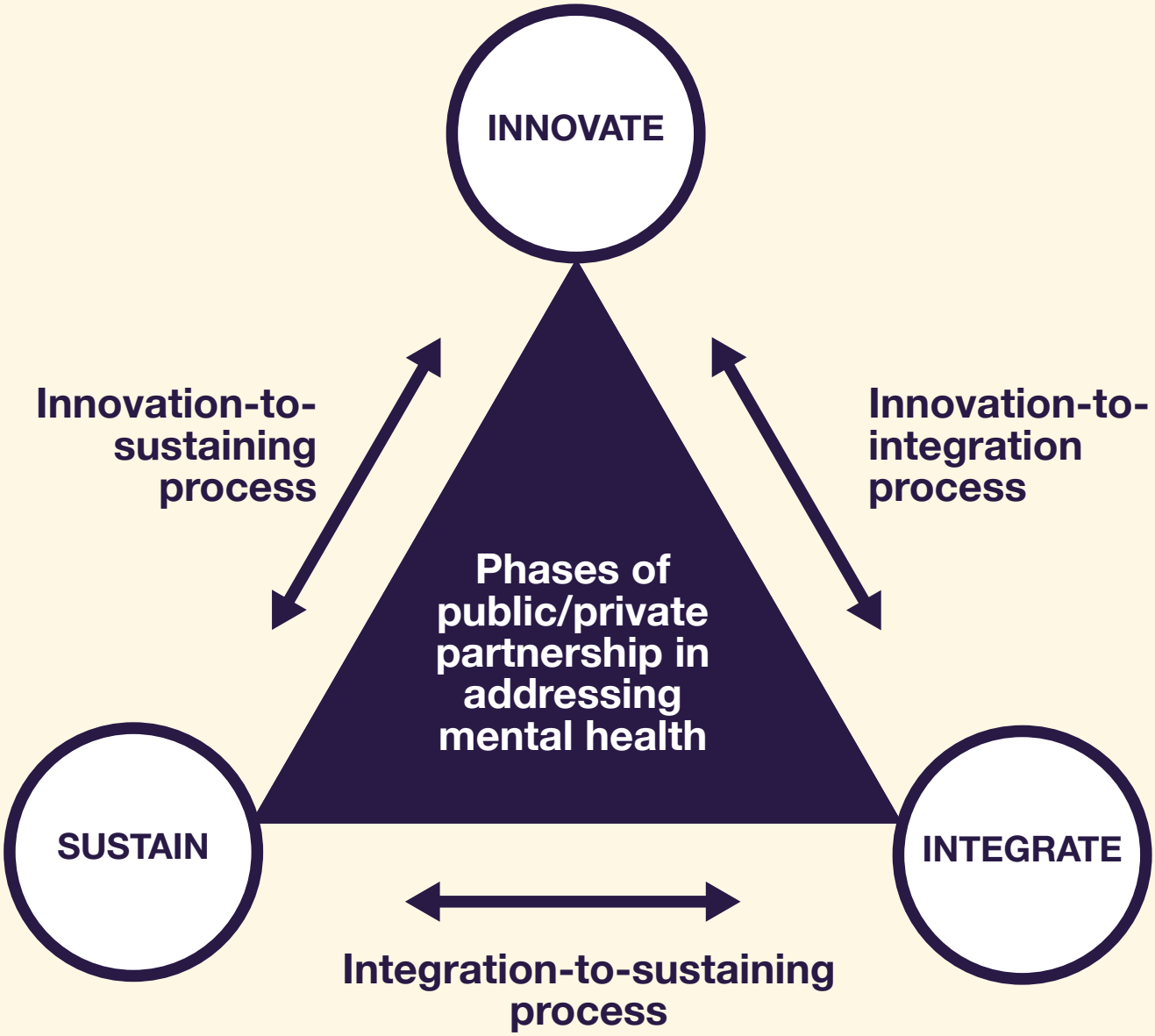
**Innovate, Integrate, Sustain: a collaborative process framework**

Addressing mental health cross-sectorally requires a collaborative process that involves experts, stakeholders, community members and implementers coordinating effectively and consistently. Mental health is unique in the range of expertise and human capacity required to drive effective and worthwhile outcomes. Furthermore, lived experience and contextual factors can determine the best form of mental health support and integration for any given community or population. In fact, the better informed the initiative is at its core by participants, the more effective that initiative is likely to be. Contextualization is more than language translation and finding the least disruptive way to insert mental health into a system. The best collaborations work together deeply to build alignment and efficacy across population needs and government priorities.

It's important to recognize that the process of embedding mental health into various public sectors is relational and dynamic, not one-directional. An innovative initiative may begin in the context of community organizing or academic research, and, with piloting and testing, move toward a public sector integration (e.g., an effective program for children aims to be adopted in local public schools). As the process of integration is complete, there is an ongoing phase of sustaining the program within the public sector with continued resourcing and training.

But, despite common narratives of building, scaling, and exiting, rarely is this a straightforward pathway. In fact, the narrative shift that emerges from real-world examples is that initiatives can move back and forth between stages, sometimes at multiple stages at once. The way that innovators and government leaders partner together must adapt to the needs of the context, and ideally respond continuously to the population served. In other words, public-private collaborations can be long-term.

Successful public-private partnerships recognize that collaboration is a process and not a punchline. Even when an initiative reaches a phase of full public sector ownership and deployment, it is critical to maintain processes for ongoing feedback, learning, training, monitoring, and adapting to continue serving participants and communities effectively.




**Phases explained: Innovate, Integrate, Sustain**

In this three-point framework, each phase and their intervening process capture a spectrum of where a collaborative mental health initiative might be in its development. While this model reflects heuristics based on the case studies contained in this report, it does not perfectly represent every aspect of these case studies nor does it seek to represent the fullness of possibilities that exist.

However, the patterns that emerge may be useful to those who are considering a grassroots-innovation-to-systems-change effort, based on the needs of their context and what is best for their initiative and population served. It's also important to note that, as the relationship between the mental health intervention and public sector adoption is non-linear, the aim of a collaboration may or may not be to reach a particular phase of this model and stay there.

**Innovation phase: designing for mental health needs at the community level**

Innovation is a broad term which in this context is characterized by a few key elements. First, it tends to happen in a smaller subset of the context or community, where a novel approach to mental health is tested. In more organic cases, mental health emerges as a need in the midst of other services or community activities, and the community gathers to address these needs for a period of time before structure or content are introduced to create boundaries and consistency. An entrepreneurial leader or team may spearhead this phase. Innovation can also happen in the form of leveraging evidence-based approaches in a way that works well for a given population, reflecting their experiences, cultural context, and way of life. The facilitator of the innovation can be a public sector leader, grassroots organization, NGO, academic researcher, or other community group. Frequently the innovation is initiated to respond to the emerging needs, experiences and goals of the participants involved. As it is tested, evaluated, and refined, it can become a model or exemplar of what is effective in that context.

**Innovation phase patterns include:**

- Grassroots driven, bottom-up, community-centered approach to intervention design
- Facilitated by government, mission-driven organization, academic/research institute or community group seeking to address a problem
- Arises organically or on the margins, away from a formal control center
- Rapid testing of new ideas, seeking early validation
- Risk capital needed / trust-based or flexible funding
- Expert involvement in design, co-creation, evidence building, initial implementation
- Frequently intrinsically motivated by its creators; dependent on community engagement, organizing, commitment, and effort; "sweat equity" from social entrepreneur or founders to maintain momentum

**Integration phase: reshaping public systems, leveraging incentives, and building capacity**

Integrating a new mental health approach into government systems represents a shift in energy. It is mapping the innovation— programs, practices, narratives, cultures, measures of success— onto existing mechanisms and structures of the public sector. The activities in this phase depend heavily on the intervention itself. The adoption of a school curriculum on mental health might require a massive training and distribution effort across the school system that can take years to build competency. The creation of a new mental health driven approach to the criminal justice system can include setting up offices, cross-training, hiring a new team, drafting policy and protocols, and coordinating across other agencies including housing and law enforcement. In some cases of integration, the “ideal standard” of the original intervention is difficult to hold in tact; government ownership may define success very differently and the negotiation and co-creation of acceptable outcomes, and accountability for those outcomes, is ongoing.

**Integration phase patterns include:**

- Expanding access to effective solutions or approaches through systems-driven adoption; tends to be more top-down than bottom-up
- Institutionalization of practices, norms, and cultures of how the agency or system functions
- Uses the structural incentives of the existing system: regulations, evaluation, key performance indicators, requirements
- Capital intensive at the initial integration and implementation phase; ideally this is time bound and aimed toward government ownership
- System-wide capacity building and knowledge sharing, expertise is brought into the system at strategic points
- Rigorous, stakeholder-based requirements for monitoring, evaluation, and reporting
- Seeks to align with state/national policies or mandates; ownership of the intervention or approach is transitioning from innovator to government agency.

**Sustaining phase: staying responsive, accessible, and relevant**

A misconception about the "post-integration" phase of mental health innovations (or any scaled-up program) is that it is time for the innovator to exit or move on. However, whether the primary shift in the integration phase is the adoption of a new policy, the scaled implementation of a program, the rewiring of public health systems, or the creation of a new workforce training approach, none of these instantly become static fixtures of a government agency functioning optimally. Policy shifts and mandates need to be implemented down to the last mile. Training educators or public health workers across an entire region is an enormous effort. Other forms of public/private partnership designed to support mental health can be created by agreements and MOUs, but the maintenance of this coordination is an ongoing process. Furthermore, local mental health needs, community demographics, and other critical environmental factors continue to shift; the best way for mental health initiatives to stay relevant, accessible, and meaningful is through ongoing resourcing, support, and yes— innovation. The assumption cannot be made that once the government agency holds an initiative, it no longer needs external support; quite the opposite is true. In many cases, the innovator does not exit; they change their relationship with the public sector to be an ongoing source of research, best practice, capacity building and advocacy.

**Sustaining phase patterns include:**

- Ensuring the system continues to function as designed to address the problem: compliance, collaboration, communication across teams and stakeholders
- Consistent budget is allocated to support the system as designed (where possible)
- Adaptation and further integration still possible but not the primary focus; continuous learning on best practices and workforce training
- Ongoing monitoring and evaluation for outputs and outcomes
- Communication about the initiatives to the broader voting population

**Caveats: recognizing the pros and cons of institutionalization, and remaining agile**

Multi-sectoral collaboration is critical to increasing accessibility for mental health support. No single grassroots organization, NGO or institution (public or private) can meet the mental health needs of the population on its own. And yet, public institutionalization— broadly defined here as the codification and structuring of an approach into the public sector— is not unilaterally a boon for everyone. Tradeoffs exist between each of these phases, at times coming at a cost that is greater than the innovator or intervention is able to bear. While a community might embed into an initiative its lived experience, shared hopes, and visions for liberation, the process of institutionalization can only keep a portion of that essence intact. Systems and structures can offer extrinsic motivation for behavior change through rewards and punishments, but they cannot offer intrinsic motivation. Furthermore, perfect fidelity to a tested intervention is difficult to guarantee, given changing circumstances, limited resources, and behavioral variability.

We live in a world where some of the unhelpful or even harmful standards of yesteryear have calcified. The structures and practices that uphold societal functioning are accompanied by norms that no longer serve us today. Therefore, we need to acknowledge that codifying an initiative into public systems comes with the risk of codifying other elements of our cultural moment that will be hard to change in the future. Integrating and institutionalizing any innovations should be conducted with deep humility, recognizing that when we enshrine today's "best practice" we create a rigidity that may not serve every generation that follows us. This is why it's critical to maintain a commitment to learning, collaboration, and continued innovation.

# 10 Best practices from social innovators working with government on mental health

Across the board, leaders shared many similar practices that advanced the productivity and impact of their collaboration with government stakeholders and community partners to advance mental health. Here they are, in summary:

## 1 Approaching Partnership with Openness to Learning and Adaptation

Flexibility and openness are key in building a government partnership, as the landscape often shifts with new policies, leadership, or social contexts. Successful collaborations require partners to adjust their methods and strategies in real-time to meet evolving needs.

**Case Study: BasicNeeds, Kenya**
BasicNeeds, Kenya exemplified this adaptability by continuously adjusting their approach as government policies, such as the introduction of the competency-based curriculum (CBC) in schools, evolved. Initially, Basic Needs sought to integrate life skills directly into the curriculum, but when this proved difficult due to structural changes, they shifted to retraining teachers to deliver these skills through enhanced teaching methods. This flexibility ensured that mental health support continued to be part of the education system, even as the policy environment changed.

## 2 Creating Opportunities for Stakeholders and Government Leaders to Experience the Intervention

When stakeholders, particularly government leaders, experience an intervention firsthand, they gain a deeper appreciation of its value and potential. This firsthand experience can lead to more robust support and faster scaling of programs.

**Case Study: Kshamtalaya and Brio, Rajasthan, India**
In Rajasthan, Kshamtalaya and Brio invited government school teachers and educational leaders to participate in the Hausla program, a mental health and wellbeing initiative for teachers. By experiencing the benefits of psychological flexibility and peer support themselves, these teachers became enthusiastic advocates for the program. Their positive feedback reached senior officials in the Rajasthan State Council for Education Research and Training (RSCERT), which ultimately led to the expansion of the program to a wider audience of educators, showing how direct experience can drive government commitment.

## 3 Leveraging Expertise Productively

Government partnerships are most effective when each party's expertise is used strategically to achieve common goals. Nonprofit partners often bring specialized knowledge that can enhance government capacity, while governments provide the platform for scaling interventions.

**Case Study: King County Mental Health Court, USA**
The King County Mental Health Court, in partnership with All Rise, demonstrates the productive use of expertise across both nonprofit and government sectors. All Rise, as a nonprofit partner, provides specialized training and resources for mental health court professionals, ensuring that the court staff, including judges, prosecutors, and social workers, are equipped with the latest knowledge and best practices for working with mentally ill defendants. This ongoing capacity-building ensures that the court remains effective in addressing mental health-related legal cases while reducing recidivism.

## 4 Advocating with Rigorous Evidence and Feedback Loops

Using data-driven approaches to advocate for policy changes builds credibility and strengthens partnerships with governments. Establishing feedback loops allows both the nonprofit and government partners to adjust programs based on performance and outcomes, improving effectiveness.

**Case Study: Worldbeing, Bihar, India**
Worldbeing (formerly CorStone) used rigorous research, including randomized controlled trials (RCTs), to build evidence around their YouthFirst program, which focuses on building resilience and mental health among adolescents. By presenting robust data to the Bihar State Council on Education Research and Training (SCERT),

they demonstrated the program's impact on emotional resilience and gender attitudes. This evidence-based advocacy led to the program being integrated into the statewide curriculum. The ongoing feedback loop with teachers and students has allowed the program to adapt, ensuring that the intervention remains relevant and effective.

## 5 Gaining Constituent Buy-In and Community Advocacy

Community support and advocacy can amplify the success of mental health initiatives and make government partnerships more sustainable. Gaining buy-in from those directly impacted by the intervention leads to organic advocacy for its continuation and expansion.

**Case Study: WEM Institute, Costa Rica**
The WEM Institute's positive masculinity program, supported by local municipalities, focused on addressing toxic masculinity and gender-based violence. Men who participated in the program became advocates, sharing their personal success stories with other communities and municipalities. This grassroots advocacy, driven by participants' testimonials of improved behavior and relationships, built widespread community support, which in turn encouraged local government to continue funding and expanding the program. Constituent buy-in became a powerful tool for gaining government backing and scaling the initiative.

## 6 Building Trusted Relationships Across Agencies and Partners Based on Shared Values

Trust and shared values are the foundation of lasting government partnerships. By building relationships across multiple levels of government and aligning around common goals, partnerships become more resilient and collaborative.

**Case Study: People Keeping Well (PKW), Sheffield, UK**
The PKW program in Sheffield exemplifies how building strong, trusting relationships between local government and community organizations leads to effective collaboration. PKW and its nonprofit partner SOAR worked together to build a system of social prescribing, connecting people to health-supporting resources in the community. By aligning around shared values of improving health and wellbeing, PKW and its community partners were able to foster lasting relationships, ensuring that the social prescribing initiative remained relevant, accessible, and responsive to the community's evolving needs.

## 7 Creating Formal Agreements to Ensure Prioritization

Formal agreements, such as Memoranda of Understanding (MOUs), are crucial for securing government commitment and ensuring that mental health initiatives are prioritized within public systems. These agreements solidify partnerships and provide accountability.

**Case Study: Gede Foundation, Nigeria**
Gede Foundation's long-term collaboration with Nigerian government agencies was formalized through MOUs that ensured the integration of mental health into public health systems. These agreements were critical in securing government commitment to Gede's advocacy efforts, culminating in the passage of the 2023 Mental Health Act. The MOUs helped to ensure that mental health remained a priority and provided a framework for Gede and the government to work together on implementing the Act and related services.

## 8 Respecting Government Structures and Processes

Successful partnerships respect the complexity and constraints of government systems, recognizing the importance of navigating bureaucracy and following formal processes to gain approval and ensure the long-term success of interventions.

**Case Study: Basic Needs, Kenya**
Basic Needs demonstrated a deep understanding of government processes by carefully navigating Kenya's bureaucratic systems to integrate mental health services into public health and education structures. They engaged multiple ministries and went through extensive vetting processes, such as presenting their school mental health curriculum to the Kenya Institute of Curriculum Development (KICD) for approval. By respecting and working within the government's existing frameworks, Basic Needs successfully embedded mental health into national policies, ensuring long-term sustainability for their programs.

## 9 Thinking Carefully About the Nature of Government Collaboration

Successful government partnerships don't always require full integration into government systems. In some cases, maintaining a hybrid model, where the nonprofit

retains control over specialized expertise while the government funds or supports the initiative, can be more effective.

**Case Study: WEM Institute, Costa Rica**
In the case of the WEM Institute's collaboration with the local government in Costa Rica, both parties recognized that full integration of the program into government structures would dilute the expertise that WEM brought to the table. Instead, the municipality funded the program while allowing WEM to maintain control over its operations, ensuring the initiative's quality and success. This arrangement allowed the government to address community needs without overburdening its own limited resources, while still supporting critical social interventions.

## 10 Ensuring Continuity and Commitment

Long-term success depends on sustained engagement with government stakeholders, especially through leadership changes or shifting priorities. Maintaining relationships at all levels of government can safeguard the partnership from disruptions.

**Case Study: Gede Foundation, Nigeria**
Gede Foundation's 32-year commitment to mental health advocacy in Nigeria underscores the importance of persistence in government partnerships. The foundation worked across decades, ensuring continuity despite numerous leadership changes. By engaging various stakeholders from grassroots organizations to federal policymakers, they ultimately succeeded in passing the Mental Health Act in 2023. Gede's continuous advocacy kept the issue on the agenda, demonstrating the importance of commitment in achieving systemic change.

# How government stakeholders can support the collaborative process

Government stakeholders play a crucial role in the success and sustainability of mental health initiatives. Below are key areas where government involvement strengthens these collaborations:

**Providing Logistics (Including Venues) and Marketing**
Governments often provide logistical support for implementing mental health interventions. In Rajasthan, India, the local government helped Kshamtalaya secure venues for teacher training programs, while in Nigeria, the Gede Foundation worked with the government to host workshops and advocacy campaigns.

**Taking Ownership of Intervention Delivery**
Several cases demonstrate how governments take ownership of program delivery after nonprofits initiate pilot programs. For instance, Basic Needs Kenya's mental health program, which started as a small pilot, was adopted by the Ministry of Health and Education, leading to national-level implementation.

**Leading Monitoring and Evaluation (M&E) with Beneficiary Feedback Loops**
Governments have also led monitoring and evaluation efforts, incorporating feedback from beneficiaries. The People Keeping Well initiative in Sheffield, UK, regularly collects data from local organizations and constituents, using this feedback to refine the social prescribing services delivered through government healthcare providers.

**Integrating Interventions into Government Strategy**
Integrating mental health support into broader government strategies is key to sustainability. The Gede Foundation in Nigeria mainstreamed mental health into the national HIV strategy, demonstrating how mental health can complement and strengthen existing public health programs.

**Leveraging Wide Networks of Government Stakeholders to Collaborate**
The King County Mental Health Courts partner with both public agencies and local nonprofits to ensure that participants are supported throughout their journey of treatment. This includes consistent coordination with stakeholders in housing and transportation, food and health programs, and other community services.

# Recommendations and future opportunities

## Innovators and Implementers

- **Listen to Community Needs:** Focus on the lived experiences of individuals and communities to understand values, pain points, external factors and behavioral choices in order to offer responsive and effective interventions.
- **Build Local Capacity:** Seek to build knowledge and expand the capacity of their teams and other local stakeholders, including peer organizations, volunteers, family members, and the workforce within systems where they work.
- **Leverage Evidence and Policy for Advocacy:** Present rigorous quantitative and qualitative data, along with community voices, to gain trust and build motivation with government stakeholders. Where applicable, identify the appropriate public mandates and opportunities for visibility that encourage meaningful government action.

## Government Leaders (Local, State, and Country-Level)

- **Prioritize Mental Health Publicly:** Formally integrate mental health into national strategies across sectors, and identify key leverage points where public resources can be allocated toward systems-wide implementation efforts with the support of community stakeholders.
- **Foster Cross-Sector Collaboration:** Involve multiple ministries or departments to address mental health as a societal issue, such as coordinating with leaders in Health, Education, Justice, Public Safety, and Social Services.
- **Support Collaborative Innovation:** Convene local stakeholders, including researchers and community partners, to identify opportunities for shared learning and scaling up practices that meet policy demands.

## Philanthropy

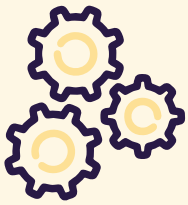
- **Fund at Critical Junctures:** Identify and respond quickly to opportunities along the Innovate-Integrate-Sustain framework of government collaboration. Support nonprofits and

- innovators who are rooted in community and evidence, while also poised to create impact through partnering with the government.

- **Focus on Sustainability:** Encourage partnerships that embed mental health programs into government systems, ensuring they can outlast intensive NGO engagement and monitoring.
- **Support Long-Term Advocacy and Innovation:** Recognize the importance of creative and responsive local organizations to ensure continued innovation and adaptation. Support those who will help the public sector continue to serve its population well.

## Multilateral Organizations

- **Make Mental Health Visible Globally:** Continue to highlight the importance of population mental health, broadening the definition from treatment-only toward the full spectrum, from prevention/promotion to treatment/maintenance.



- **Promote Evidence-Based Approaches:** Advocate for the adoption of tested and contextualized programs, leveraging quality research findings and statistics to build the case for high-quality mental health interventions.
- **Convene Experts and Practitioners to Strengthen Government Capacities:** Bring together leaders across sectors including government stakeholders, community leaders, practitioners and experts to discuss possibilities for addressing mental health together.

## Researchers

- **Conduct Localized Research:** Researchers should conduct context-specific studies to adapt interventions to local needs, helping build the body of evidence for programs that can be utilized in regional contexts.

- **Support Feedback Loops:** Encourage continuous evaluation and adaptation through feedback, helping governments and NGOs to ensure interventions remain relevant and effective.
- **Think beyond RCTs:** Identify lean, effective ways to measure implementation quality and program impact while considering the burden of evaluation on populations in marginalized contexts. Advocate for funding to conduct observational studies and participatory research.

# Case studies: mental health innovation in partnership with the public sector

A note on how these were selected: Through network outreach and research, the authors sought to profile a diverse range of mental health initiatives that are currently delivered in partnership with local governments. While these represent only a subset of the many exemplary initiatives led by social innovators, they offer valuable insights and best practices that can benefit all who seek to partner with the public sector to advance mental health.

The following case studies aim to represent:

- Region diversity— a range of continents and cultural contexts
- Level of government— examples of hyper-local to state to national government collaborations
- Sector diversity— mental health integration in health, education, culture and justice
- Intervention diversity— from prevention and promotion to treatment and maintenance
- Tactical diversity— supporting the government in a variety of ways to advance accessibility of quality mental health support.

# Gede Foundation, Nigeria

Government Partner: Ministry of Health, Nigeria
Public sector: Health | Approach: Treatment


**Key intervention:** Advocating for national mental health policy and implementing treatment through primary healthcare.

**Background/Context**

Mental health in Nigeria has historically been stigmatized and underserved, with issues such as discrimination, hospitalization, and the lack of community-based interventions. In 1991, the Nigerian Federal Government introduced its first policy aimed at providing mental health services at the grassroots level. However, without legislative backing, the policy lacked meaningful implementation and enforcement. In 2002, advocates began pushing for mental health policy reform to ensure lasting change. By 2023, after over three decades of advocacy, Nigeria passed the Mental Health Act, which granted rights to individuals with mental health issues and mandated the provision of mental health services by the government. The Gede Foundation prioritized mental health as a core issue due to alarming statistics, such as 1 in 5 Nigerians experiencing mental health challenges and a significant overlap of mental health issues with HIV/AIDS, particularly among discordant couples. In 2015, research led by the Gede Foundation, revealed that 28.8% of people living with HIV experienced major depression, underscoring the need for integrated mental health services.

**Intervention Details**

The Gede Foundation initially focused on awareness-raising and capacity-building efforts, particularly within the context of HIV/AIDS interventions. Building on their successful HIV/AIDS model, which included support groups, treatment, referrals, and stigma reduction, the Foundation expanded its approach to mental health. Partnering with King's College London, they launched training programs for healthcare workers and awareness campaigns. Their flagship intervention, the Community Mental Health and Development Program, trained healthcare workers at the grassroots level using the WHO's Mental Health Gap Action Programme (mhGAP). This initiative allowed non-specialist healthcare providers to deliver mental health care services, which significantly improved both mental health service uptake and treatment outcomes in local communities.

**Nature of the Government Collaboration**

The collaboration between the Gede Foundation and the Nigerian government evolved over time, with the initial focus on advocacy for translating policies into laws. This partnership was essential to addressing the legislative gap and ensuring the integration of mental health into existing healthcare systems. Gede Foundation's expertise, evidence-based interventions, and research findings provided a strong basis for engagement with government health departments. Together, they worked to mainstream mental health into Nigeria's broader public health agenda, starting with HIV.

**Initiating the Government Collaboration**

Collaboration with the government began through advocacy efforts aimed at converting mental health policies into actionable laws. The Gede Foundation engaged in dialogue with government officials, leveraging their research to highlight the critical need for mental health legislation. A coalition of 54 organizations, including clinicians, social groups, and people with lived experiences, was formed to advocate for this change. The coalition played a crucial role in mobilizing support for the Mental Health Act and in demonstrating to the government the need for structured and legally backed mental health services.

**Two Key Practices in the Collaboration**

- **Advocacy and Coalition Building:** One of the key practices was forming a coalition of diverse stakeholders, including clinicians, mental health professionals, and individuals with lived experiences. This group raised awareness, conducted research, and led public campaigns to push for legislative change. Their collective strength and strategic use of public advocacy were instrumental in influencing lawmakers and reducing stigma.
- **Technical Support and Capacity Building:** Another key practice was the provision of technical support to the government. The Gede Foundation, along with partners, offered training programs for healthcare workers and provided technical guidance in

drafting comprehensive, integrated mental health and HIV policy. These initiatives helped to ensure that mental health services would be effectively integrated into the national healthcare framework.

**Challenges & Adaptation**

The Gede Foundation faced several challenges in pushing for mental health reforms. First, stigma surrounding mental health remained a significant barrier to widespread awareness and acceptance. The misconception that mental illness was a spiritual or hereditary problem complicated the advocacy process. Additionally, there were delays in legislative change due to bureaucratic inefficiencies and a lack of government resources. To adapt, the Foundation and its partners conducted robust public education campaigns to reduce stigma and build public support. They also strengthened their advocacy efforts by presenting data and research findings, which helped convince policymakers of the need for change.

**Systems Outcomes**

The collaboration between the Gede Foundation, government, and other stakeholders resulted in several significant outcomes. Mental health services were successfully integrated into primary healthcare systems through the training of healthcare workers using the WHO's mhGAP, which empowered non-specialists to deliver mental health care. The passage of the Mental Health Act in 2023 provided a legal framework for protecting the rights of individuals with mental health conditions and institutionalized government responsibility for delivering mental health services. Mental health was also mainstreamed into the national HIV strategy and integrated into neglected tropical disease (NTD) programs, expanding the reach of mental health care into other public health sectors.

**Lessons Learned**

Several lessons emerged from the Gede Foundation's work on mental health. One key lesson was the importance of early stakeholder engagement and coalition building. By forming alliances with clinicians, civil society, and individuals with lived experiences, the Foundation was able to create a strong base of support for legislative change. The use of evidence-based research (https://www.gedefoundation.com/prevalence-study) was another critical element in gaining government buy-in. If starting over, the Foundation would prioritize collecting robust data earlier to measure impact and drive improvements. Another lesson was the value of continuous capacity building, ensuring that healthcare workers and communities were fully equipped to provide and access mental health services. Going forward, the Foundation recognized the importance of adapting interventions to Nigeria's diverse cultural and linguistic landscape to ensure that services are accessible to all communities.

**Learn more:** https://www.gedefoundation.com/

# Kshamtalaya and Brio, Rajasthan, India

Government Partner: Rajasthan State Council of Educational Research & Training
Public sector: Education | Approach: Promotion / Prevention


**Key intervention:** Mental health skill-building for government-school teachers and students in primary schools

**Background/Context**

Kshamtalaya Foundation, together with US partner Brio, have been collaborating to integrate mental health and wellbeing into education programs in Rajasthan since 2020. During this time, the need and interest in wellbeing training and promotion grew tremendously, in part due to the Covid pandemic and the National Education Policy 2020 in India, which stipulates that education ought to strengthen the "social, ethical, and emotional capacities and dispositions" of students. Through their ongoing collaboration with the Rajasthan government school system, Kshamtalaya found opportunities to integrate mental health promotion (wellbeing) initiatives into their school partnerships, designing evidence-based programs centered on the experiences of educators, children and families in rural Rajasthan.

**Intervention Details**

- **Educator wellbeing experiential training:** In 2020, Kshamtalaya and partner Brio designed "Hausla", a 21-day teacher wellbeing support program delivered through short audio segments. In the early days of the pandemic, the program was shared

through radio and recorded voice messages accessible by phone calls and WhatsApp. The program promotes psychological flexibility through stories, lessons, and reflections. Since 2020, in partnership with RSCERT and local educators, weekly facilitated check-ins were added to the program to increase interpersonal skills and peer connection. Hausla has since been scaled to 126,000 educators through stakeholder partnerships, including a scale-up in Rajasthan districts of Sirohi, and a statewide implementation in the state of Bihar in 2023.

- **Children's wellbeing curriculum and training:** partnered directly with RSCERT members and Brio to create a curriculum framework and content helping children in grades 3-5 build wellbeing skills. Called "Khushi Shaala", the program fills a gap in the existing curriculum in the state. Through a series of in-person workshops throughout 2023, Rajasthan teachers and government stakeholders provided design ideas and feedback on the curriculum. In 2024, the program is being piloted in partnership with the state through 120 selected government-school teachers and community-based facilitators trained by Kshamtalaya and partner Brio. As of October 2024, the RSCERT officials have committed to a state-wide scale-up of the program beginning in 2025.

**Nature of the Government Collaboration**

- **Innovation with Rajasthan government-school educators:** Through field work, Kshamtalaya found that many government-school teachers were implementing "social emotional learning" sessions assigned to them without a basic understanding of the concepts. In a grassroots effort, they created the initial idea of supporting teacher wellbeing by speaking directly to teachers' daily life experiences: from daily life with family to community interactions to collaborating with colleagues at school. This innovation phase allowed Kshamtalaya and Brio to design a program that was fully centered on the needs and lived experiences of teachers in the system, leading to a program with strong evaluation data and effectiveness.
- **Innovation to integration process with RSCERT:** With a community-based, movement-centered approach, Kshamtalaya brings their experience in wellbeing in communities to bear in designing integrations with the RSCERT. This includes being able to meaningfully co-write programs and design trainings together; plan the pilot and request dates for teacher training, and implement evaluations to understand how to refine the curriculum design post-pilot.

**Initiating the Government Collaboration**

Kshamtalaya began their work in rural parts of Rajasthan as early as 2016, partnering with local schools and community members to strengthen the classroom experience for children. Over time, they began integrating practices and activities that supported wellbeing in service of children's development and learning. Over time, through community-supported activities such as "Learning Festivals" and gatherings with community leaders, Kshamtalaya built a reputation for advancing wellbeing and

engaging classrooms in meaningful ways. They initially partnered with school districts, clusters, and blocks (organization system for government schools in India) prior to partnering with the Rajasthan State Council for Education Research and Training (SCERT) as one of multiple local NGO partners on a curriculum project. In 2020, Kshamtalaya invited Brio to join in designing Hausla, a teacher wellbeing program that has been widely popularized in Rajasthan. Members of RSCERT were also trained on Hausla, which built Kshamtalaya's reputation as an education NGO with expertise in mental health and wellbeing.

**Key Practices in the Collaboration**

- **Values alignment and sharing the experience of the program with government stakeholders:** Kshamtalaya opens all stakeholder collaborations, including workshop spaces, meetings, and design sessions, with a unique practice of "settling the mind" and naming how each person wants to show up to the space. This process of setting "group agreements" has strengthened common commitment to shared values. This leads to the forging of authentic working relationships and friendships between individuals in the government and Kshamtalaya team members.
- **Centering participant input and feedback:** The popularization of the Hausla program came as a direct result of educators experiencing the program and sending their feedback through both formal and informal evaluation processes. Kshamtalaya and Brio not only centered participants' experiences in the design of programs, receiving input throughout the process; they also modified program designs in accordance with participant input post-pilot. Teachers who experienced the Hausla program surfaced their very positive experiences with the program to members of local and state education leadership, increasing motivation to continue creating wellbeing initiatives.

**Challenges and Adaptation**

- **Cultivating long-term commitment to projects:** Collaborating with government stakeholders means competing for calendar space, budget, and attention as one among many ongoing projects. At times, few external incentives directly support the dedication of time and effort required to build high-caliber programs. To address this, collaborators need to strengthen internal motivation and trusting professional relationships that create the container for commitment to creating meaningful collaborations for mental health. This usually comes from a deep, shared understanding of why the project matters and the impact it will have on participants in the community.
- **Building momentum without leading with financing:** Funding can be catalytic for NGOs of all sizes to work sustainably with government stakeholders. However, initiating the collaboration with external financing, particularly foreign funds, can distort the co-creative process and power dynamic. To foster genuine interest and

commitment amongst government stakeholders, Kshamtalaya built momentum without large amounts of funding through grassroots organizing, thoughtful relationship building with government stakeholders, and consistency in high-quality community work.

**Systems Outcomes**

- **Scaling wellbeing program, "Khushi Shaala," for grades 3-5 across the state:** Since 2021, Kshamtalaya and Brio have collaborated on designing a curriculum framework to build positive mental health skills amongst children in grades 3-5, an age group that previously did not have a wellbeing program. Through 2 years of collaboration with members of RSCERT, the curriculum has been piloted with 120 teachers with the plan of state-level adoption and all-teacher training beginning in 2025.
- **Contextualized teacher wellbeing made visible:** The program Hausla continues to spread organically across Rajasthan state, where it was initially designed and run with RSCERT and offered to thousands of government-school teachers through both formal and informal collaboration. The success of the program led to scaled implementation in Bihar, another state with Kshamtalaya works. In 2023, the Bihar SCERT required all 120,000+ newly hired educators to receive access to Hausla through a "cascade model" training of trainers.

**Lessons Learned**

A bottom-up approach to addressing wellbeing through education requires creating grassroots-level momentum through authentic community engagement and quality programming. Kshamtalaya spent years cultivating relationships at the community level, understanding teachers' lived experiences and classroom dynamics. By initiating hyper-local, high-impact interventions, Kshamtalaya co-created a vision of wellbeing for the education system that was compelling to local leaders and government stakeholders. As they began to work at higher levels of the government education system, they were able to integrate this local expertise into an approach that aligned with the stakeholders goals and incentives.

Creating this community-centered approach takes years and can be challenging to replicate in a short period of time. However, it has largely contributed to the reason why the programs Kshamtalaya has created resonate so deeply and demonstrate effectiveness in improving wellbeing on various academic scales.

**Learn More:**

https://kshamtalaya.org
https://startbrio.org

# WEM Institute, Costa Rica

Government Partner: Municipality of Escazú

Public sector: Social Development and Women's Issues | Approach: Promotion


**Key intervention:** Addressing gender-based violence through men's mental health promotion

**Background/Context**

In Costa Rica, femicide and gender-based violence is a national concern tracked by Observatorio de la Violencia, an agency that tracks incidents of abuse and femicide across the country. Despite economic development, national and local leaders identify residual mindsets around gender, particularly masculinity, to be a harmful and resistant issue. In response, the municipality of Escazú decided to address the culture of masculinity through a mental health and emotional skill-building lens. WEM Institute, a nonprofit that runs programs across Costa Rica with communities, became a partner in developing and implementing a community-based men's mental health program to strengthen nonviolent emotional response while shifting the culture around gender long-term.

**Intervention Details**

- **WEM Institute groups:** In these gatherings led by professional facilitators from WEM, men in the community tell stories, learn skills to manage their anger, build

new communication styles, and reflect on their past and present experiences. The groups are funded by the Municipality's social development funds, which allow the men to participate free of charge. Men who participate in at least 45 sessions (approximately a year of consistent attendance) become part of the nation-wide Men's Network of graduates, who use their skills to advocate for the program in other communities.

**Nature of the Government Collaboration**

- **Innovation in communities with local government support:** or more than 20 years, WEM Institute has offered programs at the community level across Costa Rica, focusing on personal growth, positive masculinity, and building a culture of peace. Their work with municipalities like Escazú is primarily as a contracted service provider working to achieve shared aims of lowering femicide rates, improving gender dynamics and shifting broader behavioral trends. Unlike some initiatives that seek a transfer to public sector ownership, WEM's program does not have this trajectory in mind at this time. Instead, they've built a mutually beneficial collaboration with the municipality, which provides facilities, builds trust in the community by hosting the program, promotes the program alongside WEM, and funds the initiative. Both WEM and municipality leaders recognize that the expertise for this work lies with WEM and the best way to make this available is for the government to play a supporting role. Government support for the program also builds trust and demonstrates to local citizens that it is hearing their concerns, which also achieves the aim of civic engagement at the local level.

**Key Practices in the Collaboration**

- **Constituent approval and community advocacy:** What ultimately drives WEM's success is their deep-rooted commitment to centering participant experiences. As the issue of toxic masculinity is not only systemic but deeply personal, WEM approaches the work at the individual level, helping male members of the community shift their relationship with gender norms and cultivate new behaviors. This intimate connection is key to building political will to continue the collaboration, as the local community advocates for the work due to their own experiences.
- **Shared values across partners:** The Municipalities that partner with WEM have the shared goal of addressing femicide and gender-based violence by including, rather than excluding, men. It is critical (and in some contexts, also unusual) that men are the focal point of this intervention when women are the victims— which points to a shared theory of change between the government and WEM that offering men opportunities for support, healing, and skill-building will ultimately benefit the community as a whole.

**Challenges and Adaptation**

- **Budget constraints of local government:** The program model is centered on

interpersonal relationships at the local, grassroots level, which has numerous priorities and little funding. The funds to support WEM's men's groups come from the social development or women's issues budget, which are smaller program budgets at the municipality level.

- **Building political momentum:** While femicide is a national concern, and public commitments can be made to reduce gender-based violence, the responsibility trickles down to local governments to take meaningful action. This is a cultural phenomenon that is difficult to eradicate— which can decrease political will to take action when results can require years of investment.

**Systems Outcomes**

- **A growing grassroots network:** Since 2023, more than 219 men have participated consistently in more than 250 sessions, building a growing network across the country. Men participating in this program highly recommend it and go to other municipalities advocating for the program, testify that they are better communicators and have fewer problems wrt their behavior in the interpersonal context
- **Partnering with municipalities across Costa Rica:** WEM has partnered with 6 municipalities in Costa Rica, including Escazú, Alajuela, San Carlos, Esparza, San Rafael de Heredia, and Desamparados. Due to the advocacy led by former participants, WEM Institute workshops continue to be a growing avenue for addressing gender-based violence and femicide at the local level.

**Lessons Learned**

A mental-health approach to addressing entrenched cultural and behavioral issues can be transformative at the community and population level. However, this requires deep work with individuals: working with people to change their own behaviors is critical, and doing so requires skills that are not always scaleable to the public sector. What the public sector can do, however, is to build the campaign, raise funds, and move political momentum in the direction of these personal shifts— making it an opportunity for more people in a given city or region to access this support. And it works: coordinating across stakeholders from local government to graduate networks to community leaders and the WEM institute staff, the program grows organically because of the real benefit that it provides to participants.

Public institutionalization or full government ownership is not always the preferred pathway; in these cases, it's more important that local government works as an ongoing partner, doing what it does best in leveraging resources and building trust.

**Learn more**

*As of this writing, Instituto WEM does not have a secure website. Please refer to the following documents for more information:

https://secretariagenero.poder-judicial.go.cr/images/Documentos/ColectivoHombres/Documentos/Instituto-Costarricense-de-Masculinidad-Pareja-y-Sexualidad-WEM.pdf

https://elcolectivo506.com/que-pasa-cuando-los-hombres-se-reunen-para-hablar-de-sus-vidas-escazu-decidio-averiguar

# King County Mental Health Court, Washington, USA

Nonprofit Partner: All Rise

Public sector: Criminal Justice | Approach: Treatment

**Key intervention:** Mental health treatment and rehabilitation as an alternative to incarceration

**Background/Context**

King County's Regional Mental Health Court is a specialized program designed to address the needs of individuals with mental health issues who are involved in the criminal justice system. The court offers an alternative to traditional prosecution by integrating mental health treatment with legal processes. Participants work closely with a team of legal and mental health professionals to receive tailored support and rehabilitation. The goal is to reduce recidivism and improve outcomes for individuals by addressing underlying mental health challenges. The court operates collaboratively across various jurisdictions to provide comprehensive, community-based solutions.

This is an ongoing initiative that is supported by All Rise, a national nonprofit that resources and trains mental health court professionals across the United States. There are currently 4000+ mental health treatment courts that exist. Since 1994, All Rise has trained more than 800,000 public sector professionals.

**Intervention Details**

- **Mental health court program:** The Mental Health Court consists of a team of legal and mental health professionals that handle cases where the defendant in a misdemeanor or felony case is living with a mental health condition. The prosecutor can recommend individuals to Mental Health Court, which allows them to be considered for treatment, rehabilitation and reunification with family as an alternative to incarceration. The Mental Health Court manages court clinicians, social support specialists, and mental health professionals, ensuring participants receive necessary care and resources. The program is voluntary, with participants appearing before a judge and working with public defenders and specialized prosecutors.

**Sustaining the Mental Health Court**

**Nonprofit Collaboration:**

- **Innovation to sustaining process with All Rise:** All Rise serves as a training and resourcing organization for King County Regional Mental Health Court, providing updates on best practices for adult treatment, and expanding the repertoire of cases that mental health treatment courts can address. All Rise now offers information and training on supporting not only drug-related cases, but also cases involving impaired driving or veterans. All Rise hosts an annual conference to which King County Mental Health Court sends staff across each function every year.

**Key Practices in King County Mental Health Court**

- **Ongoing capacity building and team support:** The Mental Health Court team represents expertise across a wide range of areas, and each team member needs practical tools to work at the intersection of the justice system and mental health concerns. Program managers at the mental health court dedicate time to meeting with each staff team to ensure they have the information and skills they need to continue responding to the needs of the program.
- **Strong coordination across agencies:** Helping program participants navigate the public systems of support is critical to strengthening the success of the intervention. For example case managers may support participants with finding access to transportation, housing, healthcare, food assistance; awareness of all the local agencies and community organizations offering each type of support is required.
- **Funding approved by voters and community support:** The Mental Health Court budget comes from both the justice department budget and the MIDD, a centralized source of funding that supports a range of social services across King County. This budget is voted on and approved every 6 years; the Mental Health Court shares updates and reports with voters so that those who are not justice-involved have an opportunity to understand the benefits of the court.

**Challenges and Adaptation**

- **Consistency in staffing is crucial:** Staff turnover poses a huge challenge due to

the training and experience required. For example, traditional parole officers are referred to as "mental health specialists" and typically have some level of training in behavioral health, such as a masters degree in the field. The workforce is also specialized over time by professional development opportunities and ongoing capacity building, relationship building with agencies and experience working with program participants. This specialization is difficult to replace.

**Systems Outcomes**

- **Lower recidivism rates than traditional courts:** A report published by researchers in 2018 showed that participants in King County Mental Health Court had lower rates of re-offense, fewer days incarcerated, lower rates of psychiatric hospitalizations, and fewer emergency department visits. Read the report here.
- **Access to Mental Health Courts expanded:** In more recent years, due to the success of the program, the Mental Health Courts expanded their accessibility from misdemeanor cases to felony cases. They also removed a previous requirement that candidates for the program have a DSM IV Axis 1 diagnosis. Now the requirement is that the participant be experiencing a "severe and persistent mental illness"— which has made it possible for more candidates to be eligible to benefit.

**Lessons Learned**

King County Mental Health Court is an excellent example of public sector integration of mental health in a non-clinical setting. The court is run entirely by public sector employees, and the budget for the initiative is voter and community supported. The role of the nonprofit innovator, in this case All Rise, continues more as a research, resource, and capacity-building partner. The work that All Rise does enables Mental Health Court teams across the United States to continually leverage best practices to be as effective as possible.

When a full system integration of mental health has occurred, the nonprofit partner does not exit so much as change their relationship with the government. In settings where there is sustainable financing available for ongoing training of public sector employees, continuing to partner with the nonprofit innovator means sustaining the mental health integration not only financially but in its impact potential, as broader societal shifts demand constant learning and adaptation.

**Learn more:**

https://kingcounty.gov/en/court/district-court/courts-jails-legal-system/therapeutic-specialty-courts/regional-mental-health-court

https://allrise.org/

# Worldbeing, Bihar, India

Government Partner: Bihar State Council on Education Research and Training
Public sector: Education | Approach: Promotion / Prevention


**Key intervention:** Promoting mental health for youth through school curriculum and wellbeing systems strengthening

**Background/Context**

WorldBeing, previously known as CorStone, has worked in Bihar since 2011 on improving mental health and resilience of women, girls, and young people more broadly. In recent years, by collaborating with local stakeholders such as the Bihar State Council on Education Research and Training (Bihar SCERT) and leveraging culturally relevant strategies, WorldBeing works to address mental health issues and fosters resilience among vulnerable populations through systems-based approaches. Their work includes integrating mental wellbeing into broader development efforts, creating interventions for statewide dissemination.

**Intervention Details**

- **Youth mental health promotion:** YouthFirst, formerly known as Girls First, is a mental health program designed for early adolescents in low- and middle-income countries (LMICs). Implemented since 2013 in Bihar, India, YouthFirst operates in government schools, conducted by teachers during regular school hours through

weekly small group sessions. The program focuses on enhancing psychosocial resilience, adolescent health, and gender rights, aiming to improve coping skills, hope, flexibility, and gender equality attitudes. It also seeks to bolster physical, educational, and social well-being. A previous randomized controlled trial showed improvements in emotional resilience and various health and social behaviors.

- **Shifting systems for wellbeing:** In 2024, WorldBeing received support from systems-change fund Co-Impact to strengthen wellbeing in the education system. Through this process, WorldBeing will collaborate with government stakeholders, local organizations to shift levers in support of wellbeing in education, through curriculum, training, incentives, accountability, and movement building.

### Nature of the Government Collaboration

- **Integration to sustaining process with Bihar SCERT:** For more than 10 years, WorldBeing has worked to build evidence for programs such as YouthFirst, which strengthen participant resilience, health knowledge, and attitudes toward gender equality. Moving forward, WorldBeing is focused on integrating broader wellbeing practices into Bihar's education system so that the government can sustain wellbeing beyond individual programs and interventions. In this process, WorldBeing's role may shift from primarily offering technical expertise to working as a thought partner with leaders at various levels of the education system to integrate well-being into the structures of primary and secondary schools.

### Initiating the Government Collaboration

WorldBeing has worked in government school settings since their earliest programs in 2010, a time when the model for transformative and scalable mental health was focused on training school teachers through a "cascade model". They entered more formal partnership with the government of Bihar after a successful randomized-controlled trial (RCT)— and focused on working together from that point onward. These activities included working with the Bihar Education Project Council (BEPC) through dissemination meetings, inviting input, and sharing ideas on how to shape the student experience. This long-time partnership focused on integrating best practice is now evolving to deepen systemic change at every level.

### Key Practices in the Collaboration

- **Stakeholders experience the intervention:** Sharing the practices from their programs with government partners allows those partners to understand at a personal level why these programs are worth integrating. This is a key piece in mental health and wellbeing work that is often missing— psychoeducation and experiential learning for leaders, educators, and implementers can expand the vision of the program's potential impact.
- **Building relationships across the system (not just at the top):** Rather than focusing on only a few key decision-makers, WorldBeing works to build lasting

relationships with individuals at each level of the system. Getting an MOU in place is only one aspect of the collaboration; understanding how members of each department operate and what they need to succeed, allows a nonprofit partner to understand how best to offer support at each level.

### Challenges and Adaptation

- **Integrating an innovative program requires flexibility:** Worldbeing spent years honing their YouthFirst program and building the strength of its evidence. A wider integration into a state level system, however, requires flexibility around program logistics, sessions, and implementation details. Shifting from a social innovation to government ownership can mean reduced rigidity around the original program and adding enhancements where possible based on lessons learned from the innovation phase.
- **Navigating turnover, local politics and bureaucracy:** Building stakeholder momentum can be challenging in large systems where staff members come and go, political priorities shift quickly, and bureaucratic processes cause delays. NGOs can respond with consistency and long-term commitment, as well as strengthening their ability to build intentional, strategic relationships with individuals within the system who share similar goals of advancing wellbeing beyond their own tenure.

### Systems Outcomes

- **Integrating wellbeing approaches into statewide curriculum:** WorldBeing's program elements are to be adapted and integrated into statewide textbooks, so that students will participate in training that supports psychological wellbeing, gender attitudes, and social connectedness.
- **Long-term wellbeing support in education:** By advocating for specific shifts in the education system, starting in Bihar, WorldBeing seeks to work with stakeholders to strengthen the system's ability to support wellbeing. This may include regular teacher training on wellbeing, programs integrated into regular school days, assessments of student wellbeing, standardized wellbeing line items the education budget, and creation of internal roles that oversee wellbeing initiatives in the education system.

### Lessons Learned

As WorldBeing approaches the phase of the mental health integration process where the innovation and evidence-building are complete, they're learning to leverage all that they have learned in the local context to build wellbeing statewide. This integration shifts from centering the innovative program (e.g., YouthFirst) to identifying where wellbeing can be prioritized across the education system. Rather than focusing solely on building momentum for a single, evidence-based intervention, WorldBeing is now focused on multiple outcomes that help the whole education system be more responsive to and aligned with wellbeing promotion.

One way of understanding this shift is recognizing that while many government stakeholders see the value of mental health and wellbeing, their existing performance measures do not reflect this priority. Working on changing systems, whether it's creating new roles, adding budget lines, instituting mandatory trainings and disseminating curriculum, is a way to remove barriers for government stakeholders to do the work they know will make a real difference in students' educational experience.

This shift in strategy represents a new narrative for many social innovators and NGOs that are encouraged by funders and peers to focus on program validation, outcomes, and numerical scale. The integration-to-sustaining phase of the process focuses far more on the productive application of subject-matter expertise and on-the-ground experience that long-standing NGOs can offer to support the goals that ultimately public sector leaders need to identify and pursue.

**Learn more:**
https://www.worldbeing.org/

# People Keeping Well, Sheffield, UK

Nonprofit Partner: SOAR
Public sector: Health | Approach: Treatment, Promotion, Maintenance

**Key intervention:** Addressing mental health and wellbeing needs in primary care by using social prescribing through local community partners

**Background/Context**

The city of Sheffield has experienced some of the highest levels of income inequality in post-industrial UK. In the late 90s, local residents of Sheffield organized to advocate for better resourcing and support for communities experiencing the effects of poverty and lack of investment. Through the national government's Regeneration funding, Sheffield City Council leveraged new funds to build community infrastructure and support social innovation— the outcome of which included the incubation of SOAR, a nonprofit that offers basic services to local organizations. SOAR was incorporated as a separate entity in 2004.

Since 2016, the People Keeping Well (PKW) program housed in Sheffield City Council has partnered with local community organizations like SOAR to support social prescribing to strengthen community health and wellbeing. Social prescribing, also known as community referral, is a national approach to health promotion in the UK.

**Intervention Details**

- **People Keeping Well:** PKW is a tax-revenue funded program in Sheffield that works to connect people to health-supporting resources outside of traditional healthcare and clinical settings. Through GP surgeries (primary care), patients are referred to community support workers (CSWs) who help them navigate a range of PKW-funded services and activities to improve their health. Examples of activities include exercise classes, social gatherings, housing and employment services, skills training, volunteer opportunities and more.

**Sustaining Social Prescribing through People Keeping Well**
**Nonprofit Collaboration:**

- **Sustaining phase with community partners:** In order for social prescribing to be effective, PKW partners closely with community organizations that keep services in the community current, accessible, and relevant. PKW funding supports SOAR, which receives referrals from community support workers; SOAR uses some of the funding to support their own health programs made available to Sheffield residents, while regranting other funds to local partners serving specific Sheffield neighborhoods.

**Key Practices in PKW - SOAR collaboration**

- **Strong relationships across agencies and partners:** PKW builds trusting relationships with community partners, recognizing their expertise in offering services and opportunities that meet residents' real needs. SOAR leadership and other community organization leaders build lasting relationships with each other so that they can mutually refer individuals that may need support from multiple organizations. This inter-agency and inter-partner coordination and understanding is critical for building a social prescribing network that can meaningfully address a wide range of patient referrals.
- **Ongoing community feedback and impact:** SOAR and other community partners have countless stories of Sheffield residents whose lives were significantly improved through social prescribing. These experiences and perspectives are included in an ongoing feedback loop to the PKW team, demonstrating continued effectiveness in mitigating health concerns, along with Sheffield constituent support for the program.
- **Granting funds to hyper-local organizations:** SOAR regrants a significant portion of funding to organizations that are specialists in certain needs or locations to ensure that the network of referrals is as reliable as possible. This not only makes a wider range of services more accessible across Sheffield, but it also strengthens the entire initiative by spreading resources more evenly across the system.

**Challenges and Adaptation**

- **Ongoing support for community partners:** PKW funding represents a portion of the revenue for local community partners. Other funding schemes are required to

keep each community organization running. Each funding scheme may have different demands on grantee organizations; as PKW relies on community organizations to support and implement social prescribing, it's critical that these organizations have the time and resources to keep operations going strong.

**Systems Outcomes**

- **People with non-medical needs are referred to the community:** According to a Sheffield council report, as many as 86% of PKW clients are referred away from the health sector to community services and support. This reduces the burden on the health sector while attending to individuals' wellbeing (loneliness, isolation, access to benefits) and strengthening civil society through community-based organizations.

**Lessons Learned**

People Keeping Well integrates mental health and social wellbeing into primary care while strengthening community organizations, and by extension, civil society. While PKW oversees the community support workers (CSW) referral process as well as the selection of organizations receiving PKW funding, they rely on local organizations to deliver those services and build the network of community referrals. In this sense, local organizations like SOAR support the sustainability of the PKW program by providing relevant, adaptive programs that benefit Sheffield residents. By spreading PKW funding across a range of hyperlocal specialized organizations, social innovation maintains and sustains PKW's program effectiveness.

Lessons can be drawn even further back from the way Sheffield City Council incubated SOAR with regeneration funds as early as the 2000s, as a well-managed response to residents seeking investment in Sheffield. In this local case, the public sector incubated a resident-driven social initiative using national funds, building local infrastructure that continues to serve the local community today.

**Learn more:**

https://www.soarcommunity.org.uk/
https://www.sheffielddirectory.org.uk/pkw
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# BasicNeeds, Kenya

Government Partners: Ministry of Health, Ministry of Education, Ministry of Social Services
Public Sector: Health, Education, Social Services | Approach: Integrated Care, Community-Based Support


**Key intervention:** Comprehensive mental health support model incorporating community mental health services, psychosocial support, livelihoods support, and system strengthening

## Background/Context

Basic Needs Kenya was founded in 2005, inspired by the founder's observation of the mistreatment of individuals with mental health conditions in Malawi. The need to address the lack of mental health treatment, along with the challenges faced by individuals in reintegrating into society, spurred the organization's creation. In Kenya, Basic Needs identified significant gaps in mental health care, such as limited access to treatment and a shortage of trained personnel across various levels of care. Initially focused on addressing the needs of individuals with diagnosed mental health conditions, the organization has since expanded its scope to promote overall community well-being, with an emphasis on rights-based approaches to mental health.

## Intervention Details

Basic Needs Kenya implements a comprehensive intervention model that focuses on four key components:

- **Access to Community Mental Health Services:** Ensures that individuals have access to mental health services within their communities rather than relying solely on centralized or psychiatric institutions.
- **Psychosocial Support:** Provides support by leveraging existing community structures, such as family units, community health promoters, and social service counselors, to help individuals reintegrate into society.
- **Livelihoods Support:** Empowers individuals by supporting their economic stability through programs like the Village Savings and Loans Associations (VSLA), helping individuals secure their livelihoods while managing their mental health conditions.
- **System Strengthening:** Works to strengthen mental health systems within Kenya by building capacity and integrating mental health services into broader public health and social services systems.
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This model recognizes that mental health cannot be addressed in isolation and must be part of a broader community development framework.

**Nature of the Government Collaboration**

Basic Needs Kenya avoids creating parallel systems and instead integrates its mental health interventions within existing government frameworks. This includes collaborating with multiple ministries—Health, Education, and Social Services—ensuring that mental health is seen as a cross-sectoral issue embedded into broader public services. The collaboration spans different stages along the innovation-to-integration continuum, depending on the specific intervention. For instance, their school mental health program began as a pilot project and has progressively moved toward broader integration with the Ministry of Education, although some aspects continue to face challenges requiring adaptation.

**Initiating the Government Collaboration**

Basic Needs did not initially have existing relationships with key ministries such as the Ministry of Education. To initiate collaboration, they approached the government by presenting their proposed interventions and demonstrating how they aligned with national priorities like the competency-based curriculum (CBC) in schools. Early collaboration typically began with small-scale pilot projects, where results were evaluated and shared with government stakeholders. The formalization of these collaborations involved rigorous vetting processes, which included presentations to government panels and securing Memoranda of Understanding (MoUs) to meet government standards and ensure compliance with national regulations.

**Two Key Practices in the Collaboration**

- **Engagement with Government Bodies:**
  - Basic Needs collaborates with the Ministry of Health to integrate mental health into primary healthcare systems, contributing to national training manuals for

community health workers.
    - Through the **Ministry of Education**, Basic Needs worked to integrate social-emotional learning and resilience-building into the school curriculum, undergoing extensive vetting processes.
    - The organization also engages the Ministry of Social Services to link individuals with mental health conditions to government-provided social protection programs and disability registration services.
- **Vetting and Approval Process:**
    - **Panel Presentations:** Basic Needs presents its programs to government panels to demonstrate alignment with national priorities.
    - **Curriculum Vetting:** Their school materials were submitted to the Kenya Institute of Curriculum Development (KICD) for approval, ensuring they meet educational standards and can be widely implemented across public schools.

**Challenges & Adaptation**

Basic Needs Kenya faced several challenges in their collaboration with the government:

- **Navigating Bureaucracy:** Government collaboration required patience and persistence, as the processes to secure approvals and formalize partnerships were often slow-moving.
- **Adapting to Policy Changes:** Shifts in government policies, such as changes in the school curriculum structure, forced Basic Needs to adapt their approach. For example, they shifted their focus from integrating life skills directly into the curriculum to retooling teachers to deliver these skills more effectively.

**Systems Outcomes**

The collaboration with the government has yielded several positive outcomes:

- **Increased Reach and Scale:** The school mental health program, which began as a small pilot, has now been implemented in thousands of schools across multiple counties.
- **Enhanced Sustainability:** By working within government systems, Basic Needs has made its interventions more sustainable. Programs like the community health promoter initiative and school-based mental health curricula are now embedded within government structures, enabling them to continue beyond the organization's direct involvement.
- **Government Ownership:** Government ownership of programs, particularly through the integration of mental health into healthcare and education systems, has significantly increased the likelihood of long-term sustainability and scaling of services

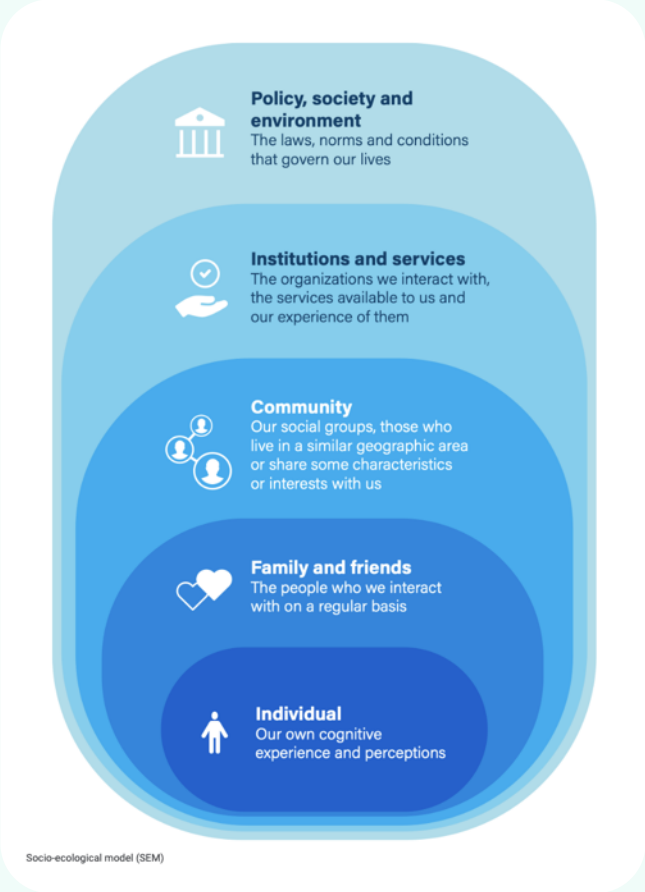
## Lessons Learned

- **Broadening the Scope of Collaboration:** Basic Needs learned the importance of engaging with a wide range of government ministries, recognizing that mental health is not solely a healthcare issue but intersects with education, social services, and even sectors like agriculture and climate change.
- **Patience and Persistence:** The organization emphasized the need for long-term commitment and persistence in navigating governmental processes, particularly in ensuring continuity when government leadership changes.
- **Building Relationships at All Levels:** Basic Needs stressed the importance of respecting and building relationships with government officials at all levels. Government officials in lower positions may later rise to decision-making roles that can facilitate the success of the collaboration. These relationships have proven to be critical when advocating for the expansion or scaling of programs.

## Learn More

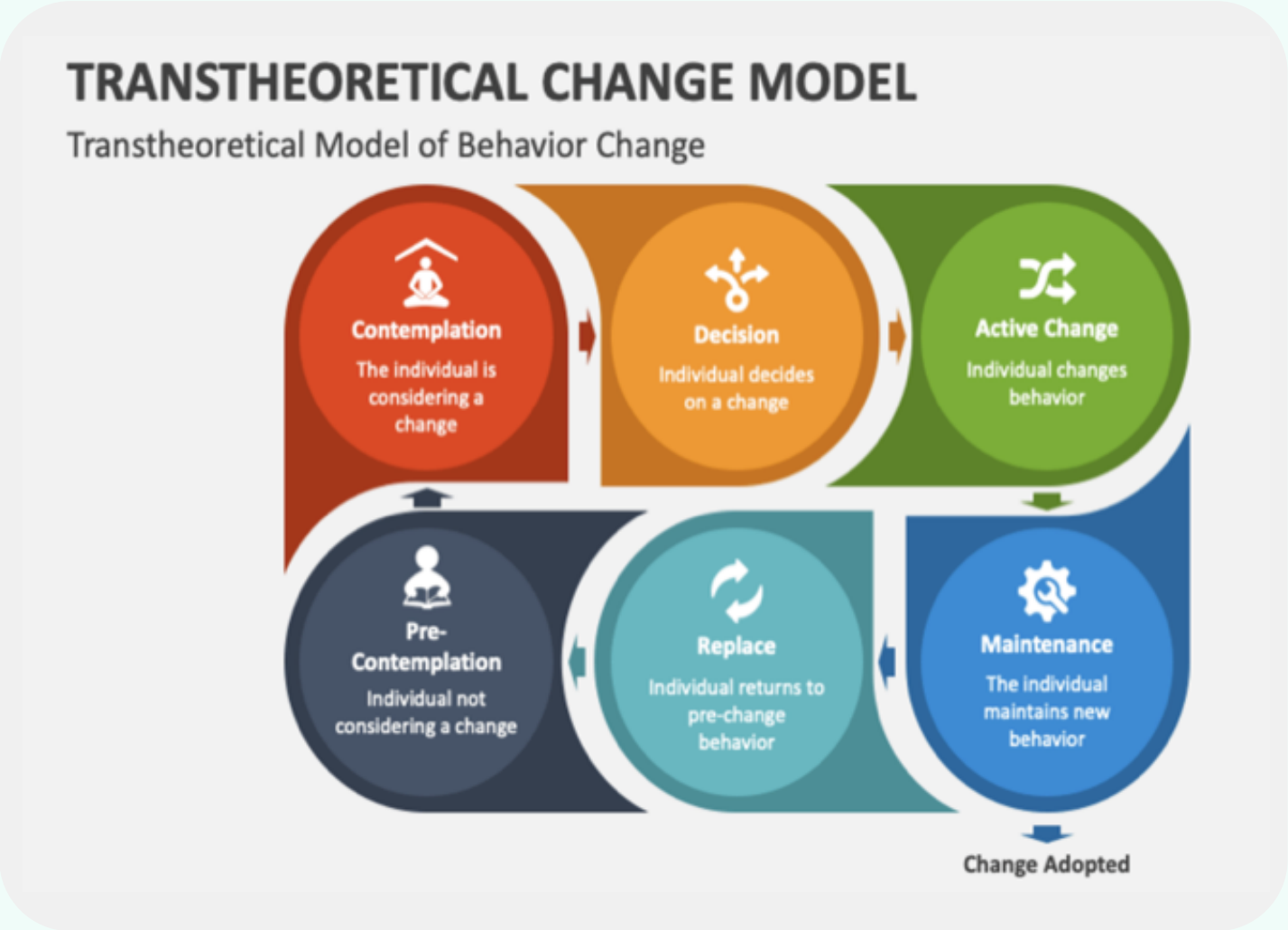
https://basicneedskenya.org/

# Appendix: references and resources



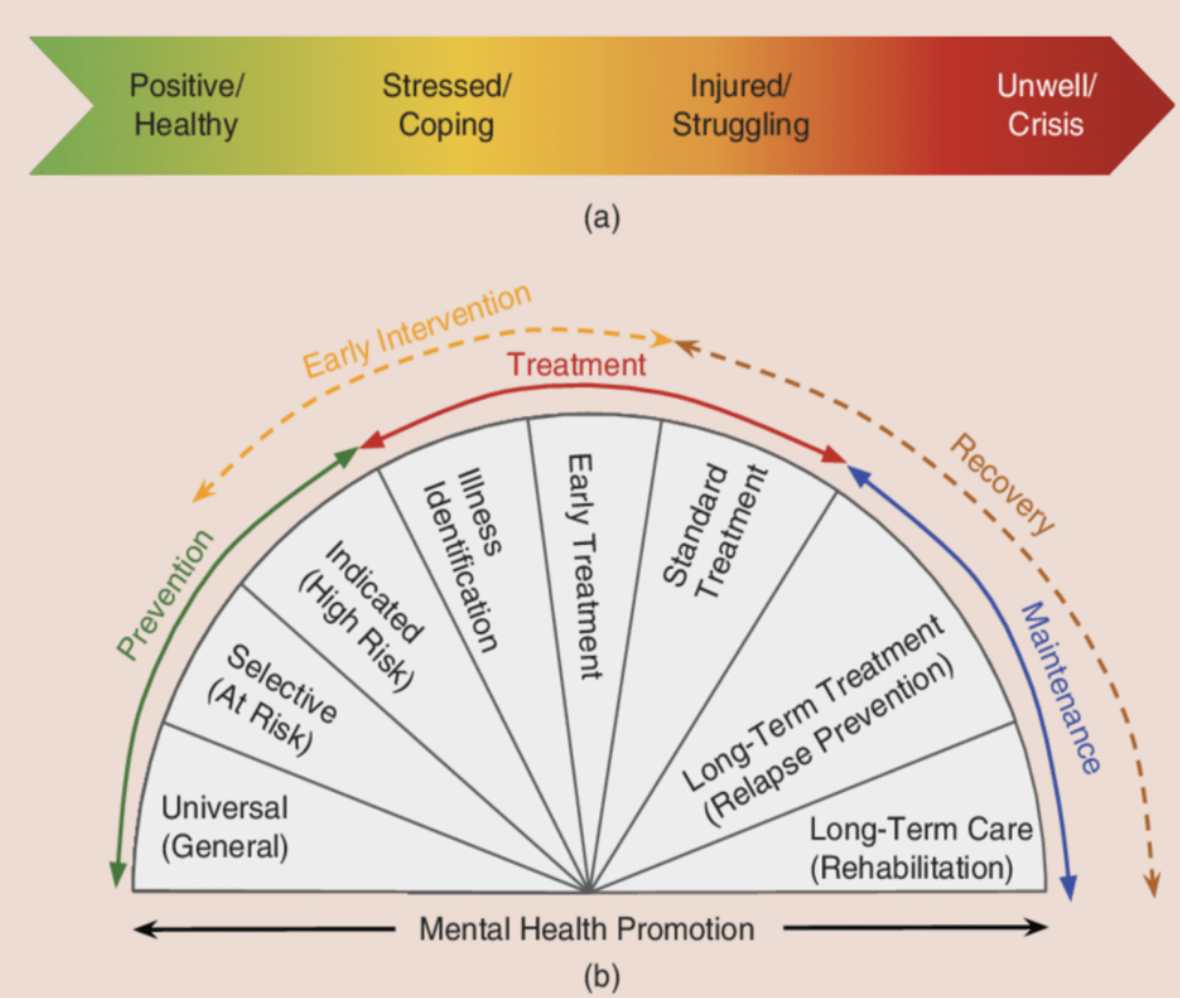

**Socio-ecological model**
Source: UNICEF's SBC Guidance - https://www.sbcguidance.org/understand/why-people-do-what-they-do

**Overview:** The socioecological framework is a model that examines how individual behavior is influenced by multiple levels of interaction, from personal and interpersonal relationships to broader community and societal factors. It considers how these different layers interact to shape health, development, and social outcomes, recognizing that change at any one level can affect and be affected by changes at other levels. This holistic approach helps in designing interventions that are comprehensive and contextually relevant, addressing the complexity of human behavior in its social and environmental context.




**Transtheoretical model**
Source: The transtheoretical model of health behavior change
https://doi.org/10.4278/0890-1171-12

**Overview:** The Transtheoretical Model (TTM), also known as the Stages of Change model, outlines the process individuals go through when changing behavior. It consists of five stages: precontemplation, contemplation, preparation, action, and maintenance, highlighting that behavior change is a dynamic process rather than a single event. By understanding these stages, interventions can be tailored to an individual's readiness to change, increasing the likelihood of successful, sustained behavior modification.




(a) Mental health spectrum; (b) Mental health intervention spectrum

**Mental Health Intervention Spectrum**
Source: Deep Learning for Mobile Mental Health: Challenges and recent advances
https://ieeexplore.ieee.org/document/9591504

**Overview:** The mental health intervention spectrum is a model that categorizes mental health services into a continuum, ranging from promotion and prevention to treatment and recovery. This spectrum includes efforts to enhance well-being and resilience, prevent the onset of mental health conditions, provide clinical care and support for those with mental health issues, and facilitate recovery and community reintegration. The approach underscores the importance of addressing mental health across all levels, from enhancing protective factors to providing intensive support for those in need.

**For Further Reading:**

**On global mental health strategies:**

Barry, Margaret M., et al., editors. Implementing Mental Health Promotion. Springer, 2020. https://doi.org/10.1007/978-3-030-23455-3. Accessed 7 Nov. 2024

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World Health Organization. “World mental health report: Transforming mental health for all.” June 2022, https://www.who.int/publications/i/item/9789240049338. Accessed 7 Nov. 2024

**On working with government:**

Janus, Kathleen Kelly. "Public-Private Partnerships: Innovation at Scale." Stanford Social Innovation Review, Summer 2024 Print Issue, https://ssir.org/articles/entry/public-private-partnerships-innovation-scale. Accessed 7 Nov. 2024

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National Center for Public-Private Partnerships. Catalyzing Collaboration: The Developing Infrastructure for Federal Public-Private Partnerships. Oct. 2014, https://cppp.usc.edu/wp-content/uploads/2014/10/Oct-2014-CPPP-Report-Catalyzing-Collaboration-The-Developing-Infrastructure-for-Federal-Public-Private-Partnerships.pdf. Accessed 7 Nov. 2024

**This report is prepared by:**

- **Daisy Rosales** and **Su Balasubramanian** - Authors
- **Chris Underhill** - Content Edition and French Version Review
- **Gaby Arenas de Meneses** - Translations to Spanish, Portuguese and French, Spanish edition review
- **Pauline Rouillon** - French Edition Review
- **Erla Magnusdottir** - Mandarin Edition Review
- **Gisela Solymos** - Portuguese Edition Review
- **Erasmo Ferrante** - Graphic Design

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