PROGRESS ON ADAPTING THE BASICNEEDS MODEL FOR MENTAL HEALTH AND DEVELOPMENT IN THE UNITED STATES

The BasicNeeds Model has the potential to enhance community collaborations and empower those affected by mental illness in fragmented, resource-poor systems of care in the U.S.

BasicNeeds is excited to share recent progress on our planning to adapt and implement the BasicNeeds Model for Mental Health and Development to address mental health and community development needs in the United States. In partnership with Innovations in Healthcare at Duke University, BasicNeeds is nine months into a detailed exploration of replicating the model in the U.S. At this important juncture, the joint team has thoroughly examined the feasibility of applying the BasicNeeds Model to the U.S. context, and is beginning to envision and plan for implementation.

Like many nations around the world, the U.S. struggles with the cost, access, and effectiveness of mental health services. According to the Substance Abuse and Mental Health Services Association (SAMHSA), in 2014 18 percent of adults (42.5 million individuals) reported experiencing any mental illness, and 4.2 percent (10 million individuals) reported having serious mental illness.1 It is estimated that less than half of individuals living with serious mental illness in the U.S. access the services they need.2 The U.S. mental health delivery system, its workforce, and the funding that supports it are insufficient to resolve this gap in care.3,4 BasicNeeds’ innovative, community-based solution has significantly improved the lives of those with mental illnesses in low- and middle-income countries, as recently noted in the New York Times. Many mental health professionals in the U.S. are keenly interested in applying the approach to address similar issues in the U.S.

The BasicNeeds and Innovations in Healthcare team has conducted extensive research, interviewing many leaders in the field of mental health, including members of the initiative’s Advisory Board and international practitioners of the BasicNeeds Model, to identify substantive areas for which application of the BasicNeeds Model would offer new and innovative ways to address the needs of Americans living with mental illness. With the appropriate partners and funding, and in tandem with existing peer support initiatives, the BasicNeeds Model has the potential to:

- Bridge gaps between disparate public, private, and non-profit mental health organizations,
- Focus existing resources on community development and livelihood support,
- Develop local strategies to improve the coordination and continuity of care, and

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2 Parity or Disparity: The State of Mental Health in America, Mental Health America, 2015.
3 Mechanic, David, Removing barriers to care among persons with psychiatric symptoms, Health Affairs vol. 21 no. 2 p. 137-147, May 2002.
• Strengthen the capacity of individuals living with mental illness and the organizations supporting them.

Advisory Board members with diverse and in-depth expertise related to mental health assisted the team in identifying specific communities that could serve as pilot sites for implementation of the BasicNeeds Model. The criteria for pilot sites included the prevalence of mental illness, income levels, access to services, presence of strong potential partners, and stigma of mental illness. The focus was narrowed to two sites - Detroit, Michigan and Native American communities in New Mexico.

The team has begun implementation planning for a pilot in Detroit, Michigan where 40% of residents live below the poverty level and fewer than 50% of the state’s residents living with mental illness have access to services. The team talked with potential partners, including people living with mental illness, providers, government agencies, community development organizations, and funders, to discuss areas of particular need and preliminary ideas related to program design and business planning. Key areas of identified need include: housing, transportation, employment, coordination of services, community capabilities for self-help, advocacy and empowerment. In general, the BasicNeeds Model resonates strongly with key stakeholder groups in Detroit, most notably in the areas of capacity building, self-help, livelihoods, and collaboration. Paying special attention to those areas, it is clear that there is significant opportunity for BasicNeeds to positively influence the mental health landscape in Detroit through adaptation and implementation of the BasicNeeds Model.

Discussions with potential partners are underway and momentum is building as we begin to develop an implementation plan based on collaborations among hospital and community-based providers, supported by county government, and guided by empowered voices of those affected by mental illness.

Enthusiasm about the potential of the BasicNeeds Model to address needed change, not only in Detroit but in other communities throughout the U.S., is growing. Over the next six months, the team will focus on developing collaborations with potential implementation and resource partners, refining the program design and business plan, and preparing a thorough implementation plan for Detroit. In addition, the team will explore adaptation, implementation, and potential partners in Native American communities in New Mexico.

Members of the Steering Committee and Advisory Board in Washington, DC, July 2015

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5 Census.gov
Steering Committee
The Steering Committee for the initiative is comprised of staff from the three partnering organizations: BasicNeeds UK, BasicNeeds US, and Innovations in Healthcare.

About BasicNeeds UK
BasicNeeds UK has 15 years of experience applying and adapting the BasicNeeds Model for Mental Health and Development in diverse cultural, economic, and social settings, transforming the lives of over 646,000 people in 12 countries. BasicNeeds UK has primary responsibility for the feasibility study, program design, franchising strategy, business plan, and implementation plan. Steering Committee member: Jess McQuail, Executive Director.

About BasicNeeds US
BasicNeeds US has extensive knowledge of the BasicNeeds Model and supports the implementation of the model in low- and middle-income countries by focusing on grant making, technical assistance and advocacy. BasicNeeds US role in this effort is ensuring that the feasibility study and implementation plans reflect the realities faced by U.S. mental health providers and systems of care. The BasicNeeds US team is the liaison to key U.S. stakeholders, conducts due diligence of potential partners, and supports development of the program design, business plan and implementation plan. Steering Committee members: Richard H. Dougherty, President; Charlotte Dougherty, Executive Director; Alison Ireland, Research Associate.

About Innovations in Healthcare
Innovations in Healthcare, hosted at Duke University, is an impact driven non-profit dedicated to increasing access to cost-effective and high-quality healthcare around the world. Innovations in Healthcare works with a diverse and global network of healthcare innovators, industry leaders, funders, and governments. Founded in 2011 by the World Economic Forum, McKinsey & Company, and Duke University, and supported by corporations, foundations, and governments, Innovations in Healthcare works directly with more than 50 organizations worldwide bringing to market transformative innovations that increase access to affordable high-quality care. Innovations in Healthcare provides targeted programming, connections, and resources to help these innovators scale and replicate their models. The knowledge gained from this work is translated into insights and reports used to increase understanding of the potential of innovations to transform health systems globally. Steering Committee members: Krishna Udayakumar, Executive Director; Andrea Taylor, Senior Research Manager; Lauren Westervelt, Research Associate.

Advisory Board Members
Deborah Bae, Senior Program Officer, Robert Wood Johnson Foundation (RWJF)
Paolo del Vecchio, Director, Center for Mental Health Services, SAMHSA
Renata Henry, Executive Director, Danya Institute
Joyce Kingori, Country Program Manager, BasicNeeds Kenya
Chacku Mathai, Director, National Alliance on Mental Illness (NAMI) STAR Center
Beverly Pringle, Chief, Global Mental Health Research, National Institute of Mental Health (NIMH)
Tony Rothschild, President and CEO Emeritus, Common Ground
Chris Underhill, Founder President, BasicNeeds
Mark McClellan, Senior Fellow and Director of the Health Care Innovation and Value Initiatives, Brookings Institution