

BUILDING BRIDGES
THE BHUTAN PROJECT



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1 Introduction

In June 2010 the President of the Youth Development Fund, Her Majesty Ashi Pem Wangchuk Tsering, visited JellinekMentrum the Netherlands, a mental healthcare organisation, with expertise in addiction and psychiatric treatment.

The YDF is concerned with the welfare of the young population in Bhutan and has a major concern about the increase in the number of youngsters addicted to various substances.

Main objective of the visit was to explore the possibility of an international collaboration to address addiction among youngsters in Bhutan.

To meet the request of Her Majesty and the YDF, Loni Verkerk, general manager, visited in a personal capacity Bhutan in January 2011 to inquire to which extent an international collaboration can be initiated and to get a full insight of the problems and which requirements can be classified.

In May 2011 the Innocis Foundation is established to initiate the Bhutan project. Within a timeframe of 5 years the main objectives of the Innocis Foundation are:

- Counseling programs for counselors/workers;
- Prevention and education programs;
- Accessible care for the people of Bhutan;
- Realization of a new rehab centre;
- Baseline for addiction and psychiatric studies.

Addiction counseling programs will be developed to prepare students to work as counselors with people who have alcohol, substance abuse, or gambling addictions. Students also learn to assess problems and set up treatment plans and to learn methods for early intervention and prevention.

Hereinafter a brief report is presented as an outline for the Bhutan project. The report contains the preliminary results, conclusions and prioritization, terms and conditions, project outline and timeframe, based on the outcome of the inquiry.

Loni Verkerk MPM

Innocis Foundation the Netherlands

May 2011

2 Preliminary results

2.1 Present situation

2.1.1 Facts and figures

There is an increasing problem with young people in Bhutan, who are addicted or threatened to get addicted to alcohol, marijuana and other drugs. At present treatment is given under the direction of the YDF (Youth Development Fund) in Thimphu.

Estimated number of addicts	1500
Main gender with substance addiction	men
Major substance abuse	alcohol
Total number of Drop-In-Centres Thimphu	1
Total number of Rehab Centres Thimphu	2
Total number of beds Rehab Centres Thimphu	20
Total number of Drop-In-Centres Bhumtang	1
Total number of Rehab Centres Bhumtang	-
Total number of beds Rehab Centres Bhumtang	-
<i>clients from communities other than Thimphu are redirected to Thimphu Rehab Centres</i>	
Number of clients in rehab < 24 years of age	75%
Total number of addiction counselors/workers Thimphu and Bhumtang	12
Number of fieldmanagers	1
Number of addiction experienced counselors/workers	11
Number of addiction professionals as counselors/workers	-

2.1.2 Facilities

In the vicinity of Thimphu two Rehab Centres are available, one for men (12 beds) and one for women (8 beds). Clients from communities other than Thimphu are redirected to Thimphu for the rehab inpatient programs.

The detox unit is accommodated in the general hospital of Thimphu. There are two psychiatrists available, treating 30 to 40 clients a day. Due to lack of time and manpower the treatment, for both psychiatric clients and clients with addiction problems, mostly consist of medication. *It is confirmed that 80% of clients with addiction problems also suffer from psychiatric problems.*

There are two Drop-In-Centres in both Thimphu and Bhumtang, where (potential) clients often have their first encounter with addiction care.

2.1.3 Locating (potential) clients

Outreach counselors/workers approach (potential) clients in various establishments, e.g. bars and hangouts.

2.1.4 Treatment

- Counseling and self-help groups in DIC's according to AA (Alcoholics Anonymous) and NA (Narcotics Anonymous);
- Detox: treatment with diazepam medication in Thimphu local hospital;
- Rehab center, inpatient program for 90 days based on 12 steps method.

2.1.5 Counseling

Counseling and treatment is given by addiction experienced counselors/workers, who all have been previously addicted. Although the counselors/workers are very motivated to try to perform their duty as consistent as possible, they are often still unstable. This vulnerability and various other elements increase the chance on drop out. The attrition rate among the counselors/workers is therefore large. As a result the sequence of programmes or parts of a single program can not be secured accordingly.

All counselors/workers indicated in the interviews that they feel poorly equipped to provide assistance. More knowledge of contents of care is needed to develop their skills, confidence and capability.

3 Conclusions and prioritization

3.1 Recommended criteria

In addition to the present situation, the lack of following criteria also influence the consistency of treatment programmes and processes:

3.1.1 Content of care

- a. supervision of the counselors/workers;
- b. intervention on content of care with counselors/workers;
- c. performing diagnoses or differentiation in treatment;
- d. assessments on goals and results of the treatment.

3.1.2 Staff and support

- a. field support for counselors/workers;
- b. availability of professionals (psychologists, medical doctor, social workers, nurses);
- c. an accountable executive on content of care and directives, also performing supervision and intervention.

3.1.3 Socio-economic and managerial

- a. wages consistent with workload, responsibilities and requirements of counselors/workers;
- b. adequate working conditions for counselors/workers;
- c. effective control on processes, operations and care;
- d. program- and treatment relationship between Drop-Inn-Centres Thimphu and Bhumtang.

3.1.4 Social aspects which should be addressed:

- a. retrain and reintegrate former addicted youth into employment;
- b. addiction care as a recognized profession;
- c. acknowledgement by Ministry of Healthcare.

3.2 Scope and prioritization

There is an urgent need among the counselors and workers for directives, more knowledge on content of care and development of skills. The scope of the Innocis Foundation will therefore focus on those criteria which will enhance and develop their capability, as mentioned under subsection 2.1.1 Content of care.

Within the scope the results of research show 6 major areas which the Innocis Foundation can and will attend to:

- enhance basic knowledge on treatment- and counselling methods for counselors and workers;
- adjustment of methodologies, directives and content of care within Rehab Centres and Drop-Inn-Centres;
- development of prevention- and education programs for public awareness;
- train keystone staff on managerial competences and skills to create terms and conditions for effective development and field support;
- establishing a new Rehab Centre in accordance with facility and program requirements.

The criteria mentioned under subsection 2 and 3 are recommendations in order to embed the consistency of treatment programmes and processes. These criteria are under consideration of the YDF.

The social aspects as mentioned under subsection 4 are excluded from the scope of the Innocis Foundation, as it is central that the rehabilitation of young addicts and the content of care given to them should be a national competence of the Ministry of Healthcare in Bhutan.

4 Project outline

The project will be divided in four major stages due to the extent of:

- The development and outline of customised prevention and treatment modules and methods;
- Innovation of communication resources;
- Financial support;
- Deployment of professionals with specific expertise;
- Managerial training modules for keystone staff YDF.

Communication-method

Each worker/counselor will be assigned to a professional counterpart/coach from the Innocis Foundation Netherlands, through a live face-to-face video calling and communication connection, provided by Cisco Webex communications.

In this way the professional coaches will be able to communicate live individual with the worker/counselor or simultaneously with a group of counselors/workers in Thimphu and Bhumtang at the same time.

4.1 Stage 1 - 2011 - 2012

- Providing supervision and peer review, conducting case studies based on local practices Bhutan through Webex;
- Management Development Program for managers YDF by Innocis;
- Development of E-learning internet module on treatment and methods by professionals from Innocis, in order to improve knowledge and competence of counselors/workers;
- Preliminary outline for Dutch documentary on drug addiction problems and programs in Bhutan for fundraising purposes;
- Formal inauguration and officially project launch in autumn 2011 in cooperation with Bhutan YDF president HM Ashi Tshering Pem Wangchuck.

4.2 Stage 2 - 2012 - 2013

- Implementation of E-learning internet module on treatment and methods for training counselors/workers and talented professionals from Bhutan;
- Development of improved programs based on methods customised for Bhutan and continue on 12 step model in cooperation with Innocis and YDF;
- Development of a stepped-care program based on assessment monitor for the most efficient treatment, as short and as light as possible;
- Development of prevention and education programs;
- Development of integrated care, from prevention till rehabilitation;
- Facility and program requirements outline new Rehab Centre Thimphu.

4.3 Stage 3 - 2013 - 2014

- Implementation of improved programs based on methods customised for Bhutan and continue on 12 step model in cooperation with Innocis and YDF;
- Implementation of a stepped-care program based on assessment monitor for the most efficient treatment, as short and as light as possible;
- Implementation of prevention and education programs;
- Implementation of integrated care, from prevention u/i rehabilitation.

4.4 Stage 4 - 2014 - 2015

- Start local train-the-trainer program;
- Introduction of counseling program by Bhutanese counselors/workers for professional assistance/coaching;
- Introduction baseline for addiction and psychiatric studies;
- Expand program and rehab facility to other communities in Bhutan;
- Opening new Rehab Centre in Thimphu.

5 Finances

The following financial resources are ranked:

- State Funds
- Government Grant Funds
- Private funds
- Addiction clinics

At this time the Innocis Foundation is working on a comprehensive financial section for the various stages. The project will also be submitted to the YDF and some Dutch funds. At first approx. euro 50.000 will be needed for the first stage in 2011.

5.1 Estimated costs 2011

	Activity	Costs
1	Providing Webex access video communication mode	€ 10.000,00
2	Management Development Program	€ 6.000,00
3	Development E-learning internet module	€ 6.000,00
4	Preliminary outline documentary	€ 5.000,00
5	Development website/network applications	€ 5.000,00
6	Development for fundraising activities	€ 10.000,00
7	Project launch autumn 2011 delegation Innocis	€ 5.000,00
	Total 2011	€ 47.000,00

For this project to succeed and secure in Bhutan the Innocis Foundation will work closely with the following organizations:

- Youth Development Fund (YDF)
- Druk Yuel Foundation
- Bhutan Narcotic Control Agency (BNCA)
- Department of Employment, Ministry of Labour and Human Resources
- JDW National Referral Hospital Thimphu
- Police Bhutan
- Schools Bhutan
- University of Amsterdam (UVA) en Vrije Universiteit (VU) the Netherlands
- Employees and clients Youth Development Fund
- Professional addiction clinicians from the Netherlands (Jellinek e.o.)
- Cisco Webex communications

For the realization of the Bhutan Project the following institutions and persons have given input data:

- | | |
|---------------------------------|---|
| ▪ HM Ashi Tshering Pem Wangchuk | President at YDF |
| ▪ Yandey Penjor | Executive Director at YDF |
| ▪ Dorji Ohm | Director at YDF |
| ▪ Kinley Tenzin | Program Officer drugprogram at YDF |
| ▪ Wangchuk | Program Manager YDF |
| ▪ Kinley Dorji | Executive Director at Bhutan Narcotic Control Agency (BNCA) |
| ▪ Dr. Damber K. Nirola | Psychiatrist at JDW National Referaal Hospital |
| ▪ Jamyang Gayley | Department of Employment |
| ▪ Drs. Sophie Dittmar | Psychologist at JellinekMentrum |
| ▪ Drs. Jessica Schippers | Psychologist at JellinekMentrum |
| ▪ Hella Schikkinger | Outreachworker at JellinekMentrum |
| ▪ Elaine Tan | Manager Prevention at Arkin |
| ▪ Maud Pijnappels | Manager Clientperspective at Arkin |
| ▪ Douwe Jippes | Communication officer at Parnassia |