Evaluation of Haus Bung

'Prior to joining Haus Bung, I was dirty, thin and I felt hopeless. No one really cared for me. Now I am clean and have gained weight. I am also learning to read and write. We are doing new things here which helped my mindset.'

'People have their dignity now and feel part of their community and families.'

30 October 2020

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Acknowledgements

The evaluation team, Deborah Rhodes, Lesley Hoatson and Thomas Warr, would like to thank all those who have contributed to this evaluation. Everyone we have spoken with has shared their experiences and views thoughtfully and generously. Their interest in and commitment to Haus Bung has shone through the whole evaluation process and made the process a constructive, informative and collaborative experience for us.

In particular, we would like to thank Jenny Tait-Robertson for assisting with the evaluation overall and Kesia Waliapan for helping organise meetings in Papua New Guinea. Their efforts have helped make the data collection side of the evaluation successful, despite the challenges of working in a Covid-19 pandemic context.

Executive Summary

Haus Bung is a unique centre in Papua New Guinea which provides a safe and welcoming place for people with mental health issues. In less than three years, Haus Bung has successfully established itself in Madang as the first service of its kind in Papua New Guinea, consistent with the values of its founding organisation, the Hospitaller Order of St John of God. The initiative of establishing a welcoming centre for people with mental illness, drawing in community support and contributing to awareness, as well as addressing broader well-being and rights was highly commended by all interviewed for this evaluation. One member summarised this with the comment:

> *'I like everything here: medication, food and treatment they give us is very good. We are a family: I see others members as my brothers and sisters. The staff, the Brothers and Bossmeri Kesia and the volunteers are very kind people, they treat us well. I like the lessons like English, Mathematics, Music and Sports too.'*

An evaluation in the second half of 2020 was undertaken to ascertain achievements and lessons learned. The evaluation included analysis of excellent monitoring reports and stakeholder surveys as well as findings from semi-structured interviews with a total of 48 people involved in Haus Bung.

In summary, Haus Bung has improved the health and well-being of over 40 people with mental health issues as well as improved relationships between them and their families. It has also contributed to a greater sense of aspiration and hopefulness among members. Educational and employment outcomes have also improved, with most members expressing strong gratitude for the courses provided, several members reporting a desire to extend their education to university level and several on a clear pathway to employment, that would not have been likely otherwise. The efforts of the management and staff of Haus Bung have also contributed to improved community awareness about mental health.

Haus Bung has achieved these results through a combination of good management, effective partnerships and value-based approaches. Two particular approaches that were identified as successful are a commitment to continuous learning and reflection about how to provide a relevant and effective service, and the development of good working relationships in Madang with government and community organisations to support the service. Importantly, amongst the senior psychiatric specialists in the country, there is a high degree of support for Haus Bung and interest in the model it provides for Papua New Guinea. The team of people who work with Haus Bung have achieved success in a humble, low-key and respectful way, and at a relatively low cost, confirming its relevance to the context and relative sustainability.

Haus Bung demonstrates the benefits of a community-based and culturally-appropriate means to address mental health issues in a Papua New Guinea context. The approaches used, combined with the efforts of individuals with strong values and commitment, have brought about changes which can be replicated in other places. Importantly, the work of Haus Bung demonstrates that it is possible for low-resource countries to achieve change for one of the most vulnerable groups in society. This effort is consistent with global commitments in the Sustainable Development Goals (SDGs) to 'leave no-one behind' and in the Convention on the Rights of Persons with Disabilities (CRPD) which seeks to protect the rights and dignity of people with disabilities.

1. Introduction

'You now see people smiling: their whole lives have changed.'

'I am happy to be part of Haus Bung and very appreciative of the help I am getting here. I am happy that you got my story and views. Your report will help us here at Haus Bung and I believe Haus Bung will assist us members get better and undergo some kind of training to help exit into self-sustaining activities like employment.'

Haus Bung is a drop-in centre for people experiencing mental health issues in Madang, Papua New Guinea. It was opened by the Hospitaller Order of St John of God in November 2017. Its operations were based on a 3-year plan (2017-19) which was prepared for St John of God Brothers, by Jenny Tait-Robertson, International Health Project Officer and Anthea Ramos, Director of International Health, of St John of God Social Outreach, in 2016.

Since Haus Bung began operating, it has initiated and managed a range of services and activities for over 40 members. It has developed links with Government of Papua New Guinea mental health specialists and other church health service providers in Madang, as well as other local organisations which contribute to the well-being of members and the efficient operations of Haus Bung.

In August 2020, after 2.5 years of operations, the funders, managers and partners of Haus Bung commissioned an evaluation in order to understand the nature and scope of its contributions to its objectives. The evaluation was expected to determine the 'impact and value that Haus Bung has on both its members and the Madang community.' The terms of reference (TORs) for the evaluation noted that the Brothers of the Hospitaller Order will be unable to continue funding the service in future, and there is an expectation this evaluation will be used to inform efforts to secure future funding. Sections 3 and 4 below list the evaluation questions and the methodology.

This report describes the context in which Haus Bung operates as well as the evaluation process and findings which emerged from interviews with 48 people with experience or knowledge of Haus Bung. Based on these findings (Section 5), a set of recommendations is offered (Section 7) to support future efforts.

2. Context

2.1 Mental Health Services in Papua New Guinea and beyond

The design document of May 2016 reviewed existing research related to psychiatric services in PNG including demographic and cultural norms, the history of the PNG Mental Health Policy, and a summary of existing mental health services in PNG. The document noted that no formal community-based mental health services or rehabilitation centres existed in the country.

Since the design was undertaken in 2016, there has been little additional Pacific research related to community mental health services. A brief literature review suggests that while Pacific countries have developed detailed health policies acknowledging the importance of community based mental health services, few services have been established. Countries such as Solomon Islands, Vanuatu, Samoa, Tonga and PNG continue to rely on a small number of psychiatric hospitals, as well as nurses

embedded in the primary health care system who may have some psychiatric training[1]. Outside the formal system, NGOs, churches and other workers such as traditional healers also assist in the care of people with mental illness and addictions.

A Pacific Island Mental Health Network (PIMHnet), supported by the WHO, has been strengthened in the last decade. This network provides a means to train workers at primary and secondary mental health facilities. It has also encouraged community awareness initiatives, especially in relation to suicide awareness, abuse victim support and support for alcoholics[2]. In addition, small projects have been initiated in some Pacific contexts to find culturally appropriate ways to support people with mental illness. Matamua Lokapeta Sina Enoka et al (2013) report that in Samoa work has been done to develop the Aiga (family) model within Government services using Samoan values to promote culturally appropriate family-focused community mental health care[3]. The work is largely nurse led.

A New Zealand paper by Sione Valka argues that health and illness have been largely defined using bio medical perspectives, that do not relate to the concepts that Tongan people use to understand mental illness[4]. It proposes a Tongan model of care, based on a communal fishing technique called 'uloa' that seeks to build on Tongan understandings of mental distress. It proposes a model of practice that may produce more successful treatment outcomes for Tongan service users, but it is not clear how this model has been used in practice.

A similar holistic cultural approach is taken by New Zealand's Kaupapa Māori services to the drug and alcohol recovery process[5]. They utilise a Maori health model known as Te Whare Tapa Whā which uses the analogy of a whare (house), looking at the four walls as the key elements of hauora:

- Taha Tinana (physical health)
- Taha Wairua (spiritual health)
- Taha Whānau (family health)
- Taha Hinengaro (mental/emotional health)

Te Whare Tapa Whā suggests that if one wall of the whare is affected negatively, then all four walls are affected. This is why many Kaupapa Māori services strongly focus on these four elements of health and recovery from drug addiction.

In small Pacific Islands, the closest comparison to Haus Bung appears to be the Fijian Community Rehabilitation Outreach Program (CROP), established in 2011 for previous patients of St Giles and Colonial War Memorial Hospital and clinical outpatients who have suffered severe mental illness and want to re-integrate into community. More tightly linked to the psychiatric system than Haus Bung, it is run by a medical orderly and psychiatric nurse with the support of volunteers. Admission requires a doctor's referral. Isolation is tackled by offering a sense of community, with group

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[1] McGeorge, P. (2012) 'Lessons learned in developing community mental health care in Australasia and the South Pacific'. *World Psychiatry*, June , Vol 11, 129 -132.

[2] Hughes, F. 2009. Pacific Health Dialog. Vol 15. Number 1. February.

[3] Matamua Lokapeta Sina Enoka, Aliilelei Tenari, Tupou Sili, Latama Peteru, Pisaina Tago and Ilse Blignault. (2013) 'Developing a culturally appropriate mental health service for Samoa'. *Asia Pac Psychiatry*, June, 5 (2) 108-11. Wiley Publisher.

[4] Sione Valka. (2016) 'Uloa: A model of practice for working with Tongan people experiencing mental distress'. *New Zealand Sociology*,. Vol 31, Issue 2, p 123.

[5] https://drughelp.org.nz/making-a-change/treatment-options/kaupapa-maori

exercises a cornerstone of the philosophy. A dance fitness program combines aerobics and gymnastics as a way to assist recovery. The CROP centre also provides activities such as sewing, gardening, gym, painting, jewelry and computer classes. Natasha McDonald wrote, 'Within the walls of CROP, patients are empowered, therapeutically, through the act of developing skills and interacting with others who see and treat them as equals.[6].

Broader international literature contributes to learning relevant to this evaluation. For example, in a WHO report on primary health from 2001[7], they argue:

- Investment of resources must be directed towards systems of care with an array of services. The right program will be the one developed according to the needs and wishes of the community it is serving, rather than one that follows a generic model.
- Programs must follow up people attending closely and be flexible in the delivery of care. Outreach is essential because many people do not self-access services. The cost of outreach is probably more than offset by the costs of failing to treat individuals in need. Depression, psychosis and epilepsy were identified as conditions to be targeted by programs.
- Services need mental health specialists who can advise people with acute needs.
- Psychosocial environments that engender distress or provide barriers to care (gender inequities and stigma) must be ameliorated. A consistent finding in psychiatric epidemiology is that women suffer much higher rates of common mental disorders, especially depression, than men.
- Programs must be initiated with the commitment that if successful, they will be sustained.

2.2 Hospitaller Order of St John of God

The Brothers of the Hospitaller Order of St John of God have established hospitals and care centres in many countries around the world. Since 1971 when the Brothers of St John of God were asked to assist with the running of a home in Port Moresby for children with disabilities, health facilities have been established in a number of Provinces in Papua New Guinea, including Haus Bung.

Haus Bung is managed under the auspices of St John of God Health Care as part of their Social Outreach International Health Development Programs.

In 2020, it has become clear that the Hospitaller Order is unable to continue to provide funds for Haus Bung. While the Brothers remain committed to providing pastoral and moral support in this area, funding to continue covering the running costs of Haus Bung must be sought elsewhere.

2.3 Haus Bung concept and services

The concept of community-based care and support for people with mental illness is still relatively new in Papua New Guinea though is included in planned Ministry of Health reforms[8]. Haus Bung is the first centre of its kind in the country, operating in and around the town of Madang in the north east of the country. It operates four days a week in a rented building, provided by the Catholic Church, in a central location close to main town market. Haus Bung currently has a staff of seven, including a manager, two program coordinators, cooks and security/driving staff. Its organisational

[6] McDonald, N. (2015) "A St Giles Case. Negotiating mental illness treatment and the adverse impact of stigma in Suva, Fiji". *Masters of Research*. Dept of Anthropology. Macquarie University.

[7] World Health Organisation (2001) *The effectiveness of mental health services in primary care: the view from the developing world*. Mental Health Policy and Service Department. Geneva.

[8] According to interview with Dr Ambi, Head of the Directorate for Social Change and Mental Health Service

and technical work is supported by Jenny Tait-Robertson, International Health Project Officer, St John of God Social Outreach in Melbourne – she visits Haus Bung several times a year. Haus Bung is fully funded by the Brothers of St John of God and they also pay two days a week salary for the International Health Project Officer position.

The original **overarching goal** of Haus Bung was to establish a person-centred drop-in service for community members experiencing mental health issues. The problem being addressed was the lack of community connection, support and involvement for people experiencing mental health issues.

The **three objectives** of Haus Bung were:

1. By 2019, the service will establish and provide a service of hospitality and welcoming for community members experiencing mental health issues
2. By 2019, the service will develop and deliver, with appropriate assistance, programs which support recovery
3. By 2019, the service, with appropriate assistance, will provide opportunities for service user and community engagement through the provision of activities and education

The **3-year Plan** for Haus Bung highlighted that the following aspects were particularly important:

- Engage and include service users, where possible, in all aspects of the service
- Achieve professional standards of behaviour within the service
- Promote the value and worth of all people, regardless of mental health status, societal position, religion or economic position
- Collaborate with local institutions and agencies involved in health care within Madang.

The model of service delivery was based on a 'Clubhouse Model' which was first developed in the US in the 1970s and now used in many countries. There are now over 300 clubhouses in over 30 countries. The model is not centred on traditional clinical treatment but on creating a community for people while they manage their illness and re-join community. It is premised on the belief that every person can recover sufficiently to lead a satisfying life. In this context, the service provided by Haus Bung sought to provide a place of welcome and support where members would feel valued, respected, welcomed and included; would be listened to and heard; would feel safe; and can meet and socialise with other members and staff and therefore build connections and re-establish involvement where possible in their communities and families.

Haus Bung has developed Mission and Vision statements and six core values that express the Brothers' core value of Hospitality. The six core values are:

- **Compassion** is feeling with another in their discomfort or suffering, striving to understand the other's experience with a willingness to reach out in solidarity.
- **Respect** is the attitude, which treasures the unique dignity of every person and recognises the sacredness of all creation.
- **Excellence** is giving the optimum standard of care and service within the scope of available resources.
- **Care** is the practice by word and deed of respecting, protecting and safeguarding the whole person of those for whom we have responsibility.
- **Dignity** is the unique intrinsic value of the person within the sacredness of all creation and is reflected to others by our attitude and behaviour.

- **Trust** is unconditional belief in the integrity, character and the ability of all we come in contact with, all who work with us and most importantly the people we are privileged to serve.

The original proposal for the development of Haus Bung provides a history of the model and its goals and objectives. A Three-year Plan (2016) described activities to be undertaken to achieve the objectives**.** It was the Brothers' intent that Haus Bung be handed over to Papua New Guinea management in future.

A Memoranda of Understanding was established between Haus Bung and Madang Provincial Hospital for psychiatric nursing and social work support, and the Catholic Church Health Service in Madang for collaboration and support.

3. Evaluation Questions

The overall evaluation questions are: (a full list, with sub-questions, is included in **Annex 3**):

1. **Has the service made a difference to the participants, and if so what causal claims can be made about the links between the service and the observed changes (outcomes and impacts)?**

2. **What evidence is there that the service is achieving its goals and objectives?**

3. **How have the benefits of the service been made sustainable?**

4. **What contextual or external factors have supported or inhibited the outcomes and impacts of the service?**

5. **What internal factors have contributed to the outcomes and impacts of the service?**

These questions provide the headings for Findings in Section 5 below.

4. Methodology

A strengths-based approach was applied, meaning the emphasis was on finding out what had worked well and the factors that contributed to positive change to date. Interviewees were invited to describe potential improvements in future. These suggestions were combined with analysis of strengths and success factors to identify priorities for suggested future action.

The data collection process reflected the context and the Covid-19 pandemic-related restrictions on travel. A mixed methods approach was used including: a review of the literature, face to face and zoom interviews, and analysis of secondary data and surveys that had been carried out with members, families and staff over the three years. A brief literature review sought to access recent learnings from the provision of mental health services in Papua New Guinea and the Pacific region. **Annex 2** includes a list of reports and documents.

For interviews, a purposive sample of stakeholders was selected. A total of 48 people participated in semi structured interviews. These included 16 members (35% of the total number of members), six

family members, eight staff of Haus Bung (100% of staff) and 18 people involved in governance, management, service delivery and provision of specialist advice. This includes two senior Government of Papua New Guinea psychiatrists. **Annex 1** includes a list of people interviewed. **Annex 4** includes the spread of questions for different groups of stakeholders.

The secondary data included a review of 11 quarterly reports prepared since October 2017 and other monitoring reports, including member surveys, staff surveys and family member surveys, as well as three newsletters.

Thematic analysis of the data was undertaken in relation to the questions listed above.

4.1 Principles

The following principles applied to the evaluation:

- Respect for all
- Humility
- Acknowledgement of diverse world views
- Compassion and solidarity
- Excellence in the evaluation process
- Focus on the benefits of the evaluation for all those involved
- Commitment to the maximum level of participation possible, despite the challenges associated with the Covid-19 pandemic
- Commitment to use of accessible language and accessible evaluation processes.

The evaluation applied ethical practices, consistent with evaluation protocols such as that developed by the Australian Evaluation Society. In summary, this meant that stakeholders were given the choice to participate and have their name included in the report; names of members and families were kept confidential within Madang; questions and data collection methods were developed in a way which minimised risk or harm to participants; and feedback will be provided to stakeholders in accessible formats.

4.2 Limitations

The evaluation was limited because two of the three team members were unable to visit Haus Bung and meet staff and members in person. However, work by the local researcher, access to high quality reports and Australian based researchers being able to carry out zoom interviews somewhat minimised this impact.

5. Findings

Key messages from the evaluation

1. The services provided by Haus Bung are making a positive contribution to the lives of people with mental health issues in Madang and also to a more inclusive community.
2. The commitment by staff and their application of core values to their work in Haus Bung, and the support of the Brothers of St John of God, are important elements in the organisation's success.
3. The Haus Bung model has been effective, relatively low cost, adaptable to the Papua New Guinea context and replicable.

Overall, the evaluation found high levels of satisfaction with the services provided at Haus Bung and high degrees of success both in relation to intended and unintended positive benefits. Interviewees confirmed that as the first of its kind in Papua New Guinea, Haus Bung is achieving unexpected benefits for both its members and the wider community in Madang. Importantly, it is also demonstrating a model of service provision and awareness raising which leaders in the area of psychiatric consider should be replicated in other places in Papua New Guinea.

Haus Bung welcomes and includes people who have previously experienced extreme stigma, exclusion and violence along with a range of other negative consequences of their experience of mental health issues. Their experience at Haus Bung has turned their lives around in many ways, restoring their dignity, sense of self-respect and inclusion as well as their sense of community and prospects for further education and employment.

Overall, the list of 'most valued elements' of Haus Bung reported by interviewees emphasised changes to the lives of its members and the quality of its staff. These and other valued elements are described throughout the answers to the questions which were included in the Terms of Reference for this evaluation (see Section 3) below. These findings are discussed in Section 7.

5.1 Changes in the lives of participants

'With the support of Haus Bung, I feel better now. I have positive mindset and I am healthy. I have clean clothes and Haus Bung taught us about personal hygiene and to abstain from bad habits like smoking drugs and drinking home brew.'

'At first, members didn't listen to us, but then over time, they have become our friends because we show them love and they like it. They had been neglected before and now they feel like they have a home and another family.'

'We have not met anyone who is unhappy with Haus Bung.'

All those interviewed for this evaluation identified improvements in the lives of members which directly resulted from the work of Haus Bung. Since no other factors were reported to have contributed to changes in the lives of members, beyond the agency of members themselves, the evaluators are confident in stating that efforts made by Haus Bung are therefore largely responsible.

Changes described in this section are particularly noteworthy given the situation that existed for people with mental health issues in Madang prior to the establishment of Haus Bung. Prior to 2017, many men with mental health issues engaged in drug taking and excessive alcohol consumption, faced homelessness, experienced violence, stigma and discrimination and suffered extreme exclusion and poverty. For example, one member said '*Before joining Haus Bung, I used to sleep on the streets and most of the time I hardly slept. I heard a lot of strange voices that affected me many times. I was then referred to the Modilon General Hospital but that did not help very much. From there I was referred to Haus Bung and then I started to get better, the strange voices disappeared, I slept well and I am very happy.'*

The situation of women with mental health issues is not as well understood because relatively few have actually participated in the work of Haus Bung (see sections 2.1, 6.2 and 7). One female member reported that after joining Haus Bung in 2018: '*I feel much better now because there is place where people care for us and treat us right. They try do everything help us improve.'* Given the widely-documented high rates of inequality, discrimination and sexual violence in Papua New Guinea, it is reasonable to assume that women experience mental health issues but for a range of reasons are less able to access services that may assist them.

Prior to the establishment of Haus Bung, men and women with mental health issues experienced various degrees of exclusion, even those who maintained connections with their family. For example, one reported 'being on the edge of my family.' Family members reported feeling scared, confused and sad when their relatives became unwell. Personal hygiene was reported to be very low among those who were homeless. Members reported they lacked confidence, skills and a sense of well-being and purpose. While psychiatric services were available at Madang Hospital prior to the establishment of Haus Bung, many people did not access these services for a variety of reasons and only for the most severe circumstances.

Members themselves have reported a long list of positive changes to their lives since joining Haus Bung (quotes are included throughout this report). Staff have also witnessed changes to members' demeanour and engagement with activities and their broader community. The psychiatric nurses who provide medical care to the members on a regular basis also reported direct experience of improved mental health of members, which in itself is evidence of change, and is also related to other changes in the lives of members. Family members consistently reported significant improvements – in one survey of 15 families, 14 of them described positive change and in the interviews for this evaluation all but one family reported significant positive changes. People who support Haus Bung or have witnessed its work from various professional perspectives also identified clear changes which they directly credit to the work of the centre. While the evaluation noted that a small number of individuals had not experienced positive benefits from their participation in Haus Bung activities (from reports and interviews), there was no evidence of any negative effects.

A prominent theme in surveys, reports and interviews is the sense of family that has been created within Haus Bung between staff and members. Given the strong value accorded to family bonds in Papua New Guinea's collectivist culture, this feature is significant. It illustrates that members place a high degree of value on the benefits they receive and the obligations they feel as members of the

Haus Bung family. For example, one member summarised this with the comment: '*The staff of House Bung are always good to us. We are a family and always we must be good to each other.*'

Overall, changes include improvements in four inter-related areas, detailed in the four boxes below:

1. self-esteem
2. physical and mental health
3. engagement with family and community
4. education and employment.

Box 1 Positive changes related to self-esteem

- Increased dignity
- Enhanced confidence
- Emotional stability
- Increased levels of happiness
- Better self-organisation
- Increased motivation
- Increased motivation to achieve life changes
- Ability to think about and plan for the future
- Sense of personal growth
- Self-respect
- Improved decision-making
- Improved sense of aspiration

Box 2 Changes related to health

- Increased mental health stability
- Health-seeking behaviour (e.g. reducing smoking, less use of alcohol, buai and drugs, seeking medication when required)
- Nutrition
- Physical health
- Cleanliness and grooming

Box 3 Improvements in relationships and engagement with family and community

- Reduced tension within families
- Increased trust between members and others
- Respect for people with mental health issues
- Contribution to household tasks within their own family
- Collaboration with other members
- Sense of being in a family and community
- Sense of inclusion and respect
- Inclusion in broader society

Box 4 Changes to skills and education, and employment prospects

- Literacy and numeracy and self-management skills
- Skills such as computing, craft and music
- Prospects for education and employment
- Ability to work on their own without supervision
- Increased sense of hopefulness for future education – two members reported wishing to attend University
- Three members gaining access to skills training with City Mission in Madang

Members, families and others reported that these changes have been ongoing. Positive changes happened quite quickly at the beginning and have largely been sustained since then over several years. However, challenges associated with shifting self-perceptions and behaviour of members and

shifting long-held discriminatory attitudes towards people with mental health illness are inevitable. In a context where issues associated with mental health have not been previously addressed, and beliefs about mental illness are often associated with 'sorcery, witchcraft, spirit possession/ supernatural agents and violation of social norms and taboos,[9]' these challenges can be particularly difficult to address. The staff of Haus Bung described challenges they have faced and sought to overcome over time, including issues of safety, conflict resolution, incident management and threats to safety of those using the Haus Bung bus during outreach activities. The ways these challenges have been addressed are commendable and appropriate, generating important lessons for future service within Haus Bung and beyond.

People we interviewed expressed different views about the idea of 'recovery' for people who have mental health illness. Some believe that people can recover fully with care and medication. Others acknowledge that illness can recur over a person's life for a wide variety of reasons. Others consider that in most cases, recovery is not possible and that ongoing care and support will be necessary for life. There are also variations in the types of mental illness, with some conditions more treatable and 'curable' than others. These different views and variations have implications for perceptions about Haus Bung, its potential to grow, its sustainability and what can be expected in terms of overall results of community-based services of this nature. For example, those who consider that with appropriate support, people with mental health issues can recover, expect that they may not seek ongoing involvement in Haus Bung, because they will be able to live independently. However, those who consider that attendance at Haus Bung is a key factor in their wellness, would not expect them to cease participation, regardless of their particular state at any time. Those who consider mental health issues to be ongoing throughout a person's life, may expect members to continue to participate in and value the opportunity to attend Haus Bung activities in the long-term.

The psychiatric nurses interviewed for this evaluation noted that the combination of respectful care and support with ongoing medical review and management of medication is effective. They reported that half those who attended are 'in recovery and getting stronger' and most of the other half are 'remaining steady': this is a credit to the work of the Haus Bung staff and psychiatric nurses.

While the evaluation found a wide range of positive changes in the lives of individuals, it also found that the work of Haus Bung has contributed to changes in the way families care for their child, sibling or parent, with increasing love. As their family member has become healthier, families report that they increasingly give them household responsibilities, based on better understanding about mental health. Most parents interviewed for this evaluation confirmed that Haus Bung had helped them manage their relative's health better, although in one case, the relative remained unwell and this negatively affected the family's wellbeing. In some cases, families reported they have benefited from their family member's ability to contribute to resources in terms of labour, caring for younger siblings, earning income and networks.

At a community safety level, a small proportion of interviewees noted that Haus Bung helped keep people who were not well 'off the street' and this provides benefits for the people themselves and the broader community. Participation in Haus Bung has contributed to reduced aggression and violence 'on the streets' towards people who are mentally unwell. There is anecdotal evidence of

[9] From WHO 2013, referenced on page 4 of the Haus Bung Three Year Plan (2017-19)

reduced crime, both by people with mental health issues and against them. Reduced exposure to criminal activities, particularly associated with drug taking, and the judicial system contribute both to improved lives for members as well as reduced risks and costs for the broader community.

Overall, the data collected for this evaluation confirmed that members are now more likely to be happier, healthier, learning, participating in community life, keeping safe and able to envisage training and employment opportunities compared with before their participation at Haus Bung. The fact that three members have been able to access intensive training provided by City Mission in Madang, since participating in Haus Bung is of particular value. It demonstrates that with care and respect, people with mental health issues can participate as equals with others. While it may be unreasonable to expect all members to be well enough to participate in some kind of formal employment over a sustained period, the collaborative relationship between Haus Bung and City Mission supports those members who can, to join training pathways towards potential employment. For all those who have participated in Haus Bung, there is clear evidence of positive and sustained benefits to some degree, contributing to healthier and more inclusive communities.

5.2 Achievement of objectives

Key messages about achievement of objectives

1. Haus Bung has successfully contributed to three results, exceeding its original objectives:
    a. positive changes in the lives of individuals
    b. improved attitudes in the community and increased inclusion
    c. the development of an appropriate model for community-based service delivery.
2. There is clear evidence about the quality and effectiveness of most aspects of service delivery.
3. Strengthening governance and the provision of services for women are areas for future attention.

Achievement of long-term goals

A clear goal statement[10] for Haus Bung was not found in the initial 3-Year Plan, but a vision statement for Haus Bung was included in an early quarterly report and has been used in this evaluation as the goal. The vision statement was: 'to provide a model of support, which offers hope and recognises the value, self-worth and dignity of each person[11].' The Clubhouse Model also includes goal-type elements in its aim: 'people living with mental illness are helped as they attempt to manage their illness and rejoin the worlds of employment, education, family and friends.' The Clubhouse Model includes the achievement of rights of people with mental health issues: the rights to a place to come, to meaningful work, to meaningful relationships and a place to return.

Contemporary approaches to social development consider people with disabilities, including those with mental illness, to be holders of rights (as per the Convention on the Rights of Persons with

[10] A goal in international development project contexts is usually a statement about an overall, society-wide change to which a program is expected to contribute in the long-term.
[11] Quarter 2 Report: October to December 2017

Disabilities (CRPD)) and citizens (as per Papua New Guinea's Disability Policy[12]) rather than as 'sick, needy, marginalised and most vulnerable' as described in the original plan for Haus Bung. It is recommended that future efforts are directed towards long-term goals related to a more inclusive Papua New Guinea society and/or improving the lives/protecting the rights of people with mental health illness.

Recommendation 1:

When preparing future Program designs, consider including a long-term goal for Haus Bung which reflects the current vision statement, contemporary global agreements and Papua New Guinea policy on the rights of persons with disabilities and a more inclusive Papua New Guinea society.

In addition to reducing the negative effects of mental health issues for individuals and their families, interviewees held two other expectations from the outset. These changes were not necessarily explicit and planned for, but have been incorporated into the work of the Haus Bung staff over time. The two expectations were: a) that Haus Bung would address **stigma and discrimination** towards people with mental illness in the community; and b) that Haus Bung could **contribute to reduced alcohol and drug use.** These elements are briefly discussed here and mentioned in other sections.

Reduced stigma and discrimination

Expectations that Haus Bung would reduce stigma and discrimination were not highly ambitious. For example, one stakeholder said '*we didn't expect big changes, as the stigma against people with mental health problems has been there a long time*.' Another said '*we hoped people would be more understanding and more tolerant: if they stopped throwing stones at people with mental health issues, that would be a bonus*.' Staff and others involved in supporting Haus Bung reported increasingly positive feedback from community members and supportive interactions with the broader Madang population, confirming that the work of Haus Bung is contributing to this result, although this has not been confirmed through broader community surveys.

The experience of many interviewees has been that these changes have been achieved surprisingly quickly. Haus Bung has contributed to this through demonstrating that members can live healthy lives with the right kind of support and respect, can successfully participate in community activities, from rubbish collection to singing in church choirs, and can undertake formal training and potentially secure employment (see below). Haus Bung staff have demonstrated good practice and good results, rather than used targeted advocacy to bring about awareness. Word of mouth has been the most obvious means for communicating information. Family members, leaders, other service providers and the broader community have directly witnessed different ways of interacting with members of Haus Bung and the results of this approach in terms of their appearance and behaviour. In a collectivist and largely oral culture such as Papua New Guinea, stories about positive change are

12 http://www.kh1productions.com/resources/PNG_National_Disability_Policy.pdf#:~:text=The%20NPD%20is%20a%20policy%20for%20all%20Papua,is%20a%20shared%20responsibility%20to%20making%20rights%20real.

quickly transmitted and can bring about the kinds of attitudinal shifts reported to the evaluation team.

Given the potential of Haus Bung's work to contribute to a more aware and inclusive Papua New Guinean society for people with mental health issues more broadly, there is an opportunity to

Recommendation 2:

Develop collaborative links with other Papua New Guinea organisations which share commitment to improving community inclusion of people with mental health issues and advocacy on the rights of persons with disabilities.

In collaboration with others, develop a more deliberate and comprehensive community engagement and awareness-raising strategy, including members' own presentations and involvement.

collaborate with other Papua New Guinea organisations with a similar agenda – the Department of Community Development and Religion (responsible for the National Policy on Disability) and the Papua New Guinea Assembly of Persons with Disability (PNG ADP).

Reduced alcohol and drug use

Several interviewees suggested they expected Haus Bung would contribute to reduced alcohol and drug use. Haus Bung collaborated with Alcoholics Anonymous (AA) once it became clear that the issue of alcohol and drug use was a major factor in the lives of people with mental illness. A staff member who focuses on this aspect of the service, has now been included. In the context of widespread community issues with alcohol and drug use (see section 6.5 below), the work of Haus Bung is important. Anecdotal evidence from Haus Bung staff, members and families report that the support provided and sense of well-being generated by regular participation in Haus Bung activities contributes to some members reducing demand for alcohol and drugs. The same stakeholders note that because members return to their home settings each evenings, repeated exposure the readily accessible alcohol and drug use is challenging and somewhat undermines the benefits of attending daytime Haus Bung activities. In summary, while some members continue to use alcohol and drugs, the evaluation noted that the program's benefits have contributed to some decreased demand for and abuse of alcohol and drug use, and that ongoing work in this area is essential.

Recommendation 3

Sustain efforts to address alcohol and drug use, including through strengthening technical expertise and training for staff, and collaborating with other organisations in Papua New Guinea with a shared agenda.

Model for community-based support

The vision statement for Haus Bung refers to a 'model' of support. Haus Bung has successfully developed a model for community-based care for people with mental health services which is

culturally relevant in the Papua New Guinea context. This is an adapted version of the Clubhouse Model, first developed in the US, but now used more widely. The model uses a holistic approach, integrating elements of cultural, religious, physical, emotional and social support. It encourages participation by members in the running of activities and maintenance of the venue, provides a healthy diet, a safe place and an interesting and informative range of activities.

The model to date has generated evidence of effectiveness, but three elements have been identified by Haus Bung management and confirmed by this evaluation which require attention in the next year: strengthening governance (see Section 6.5 below), increased involvement of women (see below) and consideration of the scope for larger premises (see below). Once these areas are successfully addressed, this model will be replicable in other locations in Papua New Guinea. With considered staff selection, appropriate levels of technical support and commitment to the application of organizational and service values, the model is likely to make a considerable contribution to the lives of Papua New Guineans affected by mental illness and to society more broadly.

Recommendation 4

Promote Haus Bung's model of community care for widespread replication in Papua New Guinea.

Haus Bung objectives

In the original plan, the objectives for Haus Bung were:

1. By 2019, the service will establish and provide a service of hospitality and welcoming for community members experiencing mental health issues
2. By 2019, the service will develop and deliver, with appropriate assistance, programs which support recovery
3. By 2019, the service, with appropriate assistance, will provide opportunities for service user and community engagement through the provision of activities and education

All three of these relatively modest objectives[13] for Haus Bung have been achieved: they were written with 'first steps' in mind but now the service has been established, higher level objectives may be considered for future planning purposes.

In summary, Haus Bung services are now well-established, staff are working well to provide hospitality and a welcoming environment for members and implement services, those involved are continuing to learn about how to sustain and extend services in collaboration with others, organisational systems are in place, members are reporting improvements in well-being and there is increasing awareness of and support for the service within Madang and within formal health system at national levels. Below is a description of the nature and quality of services in relation to each objective.

[13] These objectives could be considered as outputs rather than the 'results' of work undertaken, but given the fact that no such centre existed previously in Papua New Guinea, they understandably may have been seen to be ambitious at the time of the design.

Achievement of Objective 1

Key message about the achievement of Objective 1
Haus Bung has been successfully established and now provides a welcoming service for members.

'The preparation for the opening of Haus Bung in a very public place in Madang, near the large open market and local businesses, was open and transparent.'

Haus Bung established its operations in a central and accessible location near Madang market, with support from the Catholic Church network in late 2017. Much of the early preparatory work was undertaken by Jenny Tait-Robertson from St John of God International Health Care in Melbourne. Before the door was opened for members to attend, staff were recruited on the basis of their experience, values and potential to work in ways which were deemed consistent with St John of God values. Considerable training was provided for staff in the principles and approaches consistent with the Clubhouse Model[14] described in the design document. This effort was identified as being crucial to the success of Haus Bung, so if similar services are replicated in other locations, this training and preparation would need to be factored into establishment arrangements. In the case of Haus Bung, recruited staff were directly involved in the process of establishing systems, approaches, values, protocols and service standards. The centre's establishment included the purchase of essential equipment such as computers and a bus.

'A very fine staff took on the challenge of running Haus Bung.'

Once people with mental illness began to join Haus Bung, following the official opening in October 2017, staff began to develop and provide a range of services, responding to priorities identified collectively. Daily attendance grew gradually, beginning with one to two: at the end of the first quarter, there were six members. By March 2020, prior to the shut-down associated with the Covid-19 pandemic, daily attendance averaged 17 members, and 46 members had joined Haus Bung. The slow growth in numbers of members appears to have helped staff and members to settle in and build confidence and skills without feeling overwhelmed. There have been some dips in attendance, associated with holiday closures, poor weather, illness and other factors.

A feature of Haus Bung's success is its effective problem-solving approach. Issues have been quickly identified, considered and addressed by the Manager and St John of God Health Program Officer. Regular monitoring systems have been established for staff, members and families and used to generate feedback which is then applied where appropriate to continuous improvement. Strategies for addressing aggression and inappropriate behaviour have been developed, tested and refined. These include incident reporting and good collaboration with psychiatric nurses and police.

[14] https://psychology.wikia.org/wiki/Clubhouse_Model_of_Psychosocial_Rehabilitation

Membership

The attraction of members to Haus Bung is an important element in its success to date. Members were referred by the psychiatric nurses at Madang Hospital or other community members, including the Brothers of St John of God in Madang, or arrived at the centre in response to word of mouth recommendations, sometimes attracted by daily meals and access to bathroom facilities. Members were made to feel welcome and gradually exposed to the values and approaches developed by the staff, including expectations that they would participate in maintaining the centre and in activities to the best of their ability. As they began to participate in the selection and organisation of activities, as well as community-based activities, and as their health clearly improved, this increased their sense of engagement and ownership, thus sustaining commitment and ongoing well-being and attracting other members. A cycle of participation, well-being and ongoing engagement has been established.

The interviews confirmed data from two member surveys which were used to collect feedback about the services provided. The first was undertaken in 2018 with 12 participants and the second was undertaken in May 2020 with 22 participants. Ninety two percent of respondents were males. These surveys showed a consistent picture of members being pleased with how Haus Bung was developing. Nearly all (86% to 95%) felt comfortable, respected and safe at Haus Bung and commented that the staff were positive towards them. In both surveys, members felt that information about the service was being provided (83% in 2018 and 86% in 2020), rights and responsibilities were being explained (100% in 2018 and 91% in 2020), and all members felt that staff were either good or excellent at listening to them.

Overall, members were asked how they rated their experience of the house and in both 2018 and 2020 all said Haus Bung provided a good, very good or excellent experience. Members were also asked how Haus Bung could be improved. The 2018 feedback focused on requesting a greater variation in day to day activities whereas in 2020 it focused on the need for a bigger Haus Bung space because of the increase of membership (see below), including separate male and female toilets. Interestingly, a high proportion of members, (73%) mentioned that nothing needed to change. When asked about the best aspects of Haus Bung, the overwhelmingly positive focus in the most recent survey related to issues that contributed to the culture of the organization: staff participation, support and advice, services, schooling and learning new things.

The only difference between the two surveys related to the opportunity in Haus Bung to discuss member needs with staff. In 2018, 91% felt they had opportunities to discuss their needs and by 2020 this had dropped to 59%. This change is explained by the fact that the 2020 survey was completed after a 2-month gap in face to face service in Haus Bung because of the Covid-19 pandemic and members had only been seeing staff when they came to their area for outreach.

The demographic picture of Haus Bung members is of interest. The age profile from the last member survey in May 2020, while only covering 50% of the members, shows that Haus Bung members are predominantly young, with the majority (69%) under 34 years of age. Of those, the majority (55%) are aged between 25 and 34 years. Of the 46 members, 39 have a psychiatric

diagnosis including: schizophrenia, post marijuana psychosis, substance abuse, schizoaffective disorder, psychosis, epilepsy and bipolar (in the order of prevalence). This range appears to be consistent with commonly recorded psychiatric illnesses found in most countries[15]. WHO reports that four of the six leading causes of years lived with psychiatric disability are due to neuropsychiatric disorders: depression, anxiety, alcohol/drug use disorders, schizophrenia and bi polar disorder[16].

When Haus Bung commenced in 2017, five men attended and by March 2020 there were 46 members. Of these, 20 to 25 members attend Haus Bung each day. While some members attended consistently, others came and went, especially in the early years. A range of reasons for this variable attendance pattern were given: the impact of their illness; inclement weather making travel difficult; civil unrest; and personal choice. After the purchase of a bus in the July to September 2018 quarter, attendance numbers increased.

Attendance patterns for 2020 were disrupted when in late March, the international Covid-19 pandemic led to the closure of Haus Bung for 6 weeks. In mid-May, Haus Bung reopened, with each member being allowed to attend two days a week so that physical distancing could be maintained. An outreach program visited members during the 6-week closure, to monitor medications and provide support. Impressively the daily statistics show that despite members being asked to come only half the number of days, attendance continued at a high level. One member summarized their experience as follows:

> *'We used to come as one group but because of corona virus we were divided into two groups, one group comes in on Tuesdays and Thursdays while my group come in on Mondays and Wednesdays. We stopped going out for sports like touch rugby because of the virus also.'*

Recommendation 5

As the implications of Covid-19 emerge, consider the most appropriate and sustainable means to provide outreach services to members and their families.

Women's participation

Despite envisioning Haus Bung as a place for both women and men, ninety two percent of current members are male. It has been consistently challenging for management and staff at Haus Bung to increase participation of women, though various efforts have been made to address gender discrepancy. For example, a dedicated day per week was allocated for women only, and after a period when few women attended, this arrangement understandably ceased. Also, Haus Bung worked with a Social Worker from Madang Hospital to develop a women's group and attract women to the service. A brochure explaining the service was developed. Haus Bung also has a Memorandum of Understanding with the Madang Provincial Family Support Centre, to strengthen referrals and networks. Despite best efforts, the number of women attendees has remained low. To date, an average of only two to three women have attended each week across the last nine

[15] Ritchie, H. 2018. Global Burden of Disease Study. The Institute of Health Metrics and Evaluation.
[16] WHO, 2003. Investing in Mental Health. P 4. Geneva.

months. One of them reflected '*It would be good if more women come. Currently we are about three. I come always but the other two come when they feel like it.'* An informed shift in strategy is now required if the service is to provide support for all.

The international literature identifies that while the overall rates of psychiatric disorder are almost identical for men and women throughout the world, there are striking gender differences found in the patterns of mental illness, particularly in the rate of common mental disorders of depression, anxiety and somatic complaints where women predominate (WHO)[17]. Unipolar depression is also twice as common in women. Consequently, the rate of female membership would be expected to be significantly higher at Haus Bung. Part of this discrepancy may be explained by the fact that WHO found that the prevalence rate of alcohol and drug dependence is twice as high in men than women[18]. In the Papua New Guinea context, approximately 55% of Haus Bung members experience substance abuse so this may provide some explanation.

Ascertaining the reasons why women **do not attend** Haus Bung would not be easy – many stakeholders reported they did not know why women did not come and others suggested a range of possible factors. In summary, these included:

- Different presentations of mental health in women and men, resulting in fewer women self-identifying as requiring support or being identified by others as potential beneficiaries
- Women consider that men's participation in Haus Bung is closely related to alcohol and drug use, which is less of a factor in their own mental health issues
- Reduced mobility of women to attend a central location, given home-based commitments and transport safety
- Perceptions that Haus Bung is for men, because of their high levels of membership
- Perceptions that Haus Bung is not safe for women, because of fear by women of men with mental health issues
- Perceptions that women's activities are not suitable for women of different age groups
- Perceptions that there is not enough space at Haus Bung for women to be separate from the men
- Discomfort with the lack of separate women's and men's bathroom facilities
- Some family members of women with mental illness are embarrassed to have them attend
- In some families, women needed permission from husbands, and this permission could be withheld if women were going to talk about gender-based violence.

A current female member identified a number of these issues, including: '*There must be separate toilets and shower rooms for males and females. I say this because when I use the toilet or shower, boys knock and disturb me. There were some instances where boys use the shower and do not lock the door*.' She also noted '*Pick up and drop off [by bus] sometimes is not safe for me as a woman because I have to walk for some distance at where the bus drops me.'*

Current male members suggested that growing community awareness of Haus Bung would lead to increased membership, and they welcomed the participation of women. One member said '*I*

[17] WHO, 2020. Gender and Women's Mental Health. Htps://www.who.int/mental_health/prevention/genderwomen/en/
[18] WHO, 2003. Investing in Mental Health. P 5. Geneva.

suggest that the management of Haus Bung should carry out awareness of what Haus Bung is doing. In that way women with mental health problems will come and get help.' However, this seems only a part of the picture.

Finding out about what services women with mental health problems **would like to access** may be easier and more helpful than asking why they do not come to Haus Bung. Focusing on women's strengths and their priorities for mental health and well-being will contribute to greater future ownership of any resulting service than delving into why they do not do something now. It may be preferable to start afresh rather than try to adapt the existing model to suit a different demographic group, especially if the current model is seen by women to be a men's club or a place where they feel vulnerable and unsafe. Energy and resources are needed for this work to be undertaken effectively. This may include staff of Haus Bung undertaking targeted consultation with existing women's groups and women with mental illness experience to ascertain women's priorities and interests, including women of different ages and potentially with different kinds of mental health issues, such as post-natal depression or violence-related anxiety. For example, do women want a centre to come to, or a women's only centre or would they prefer regular outreach support within their own local area, in small groups or with counselling? They may also prefer to be included in other women's only services, rather than be separated from them because of their illness.

Recommendation 6

Consider a targeted consultation process, in collaboration with other relevant organisations, to ascertain the most appropriate and feasible ways to provide community-based mental health services for women; and then seek to implement either inclusive or separate services accordingly.

Service values

The values which underpin service delivery are an important aspect of Haus Bung's work and critical to its success. In the early stages of Haus Bung, considerable attention was given to defining and discussion about how to apply six agreed values (see Section 2.3 above). These values are central to the success of Haus Bung. Staff consider all of their work as an application of these values and consistently review their work and the meaning of these values.

The emphasis on providing a welcoming, inclusive and respectful service was not easy and required support and commitment over an extended period of time. Staff were initially frightened by people with mental illness, reflecting broader cultural views and experience. After learning about mental health and considerable professional development, in the form of training, mentoring and coaching from Jenny Tait-Robertson and others, they report they are no longer frightened, but confident and skilled in how to work successfully in this context. Families also report that with the assistance of Haus Bung staff, they are now better able to know what to do when their family member experiences mental illness.

The evaluation found a consistent picture of high levels of member satisfaction, relating to their sense of being welcomed and well cared for at Haus Bung. In the two member surveys, 86-95% of

members felt comfortable, respected and safe at Haus Bung and reported that staff were positive towards them and listened to them.

Outreach services

The original plan for Haus Bung included an element of outreach work. Experience over time highlighted the importance of outreach services for members. This reflected the challenges of providing daily transport for members and that engagement with members' families was important for sustained wellbeing, as well as the value in reaching members who were not well enough to attend the centre and would benefit from continued support. The purchase of a Haus Bung bus in 2017 has been an important element of the service provided. Use of the bus and the impact of the Covid-19 pandemic in 2020 have raised the profile of an outreach strategy.

The intersecting issues of membership size, venue location and size and outreach services were raised by several interviewees during the evaluation. Some that moving to an alternative venue may provide more space, attract more women members (see below) and allow for additional bathroom facilities (currently there is only one unisex bathroom), but would reduce accessibility and also potentially the benefits of demonstrating inclusion in a central location. Others considered that increasing outreach services may be preferable to bringing more members to the central location.

Achievement of Objective 2

Key message in relation to Objective Two

Haus Bung, in collaboration with others, has developed and delivered a good range of programs to support recovery.

The range of activities, initiated by Haus Bung since 2017 is impressive and well-regarded, particularly by members themselves. These have been developed incrementally, in response to priorities expressed by staff and members, linkages to Madang government and community leaders and organisations. Examples include:

- Visits by medical service providers, such as dentists and eye specialists
- Provision of regular and healthy meals
- Access to clean and safe bathroom facilities
- Access to bus transport for members
- Delivery of training courses in english, maths, science, computing, literacy and numeracy
- Provision of skills development including art, music, sport, craft, cooking and financial management
- Organisation of and participation in religious, cultural and community events (such as World Mental Health Day)
- Organisation of celebrations, such as birthdays and anniversaries festivals, and sharing of members' stories and other good news
- Contribution to community well-being processes, such as clean-up campaigns
- Provision of specific support in relation to alcohol and other drug use
- Access to grooming facilities

- Access to psychiatric nurses who provide services at Haus Bung to ensure members keep well, recover where appropriate and minimise unnecessary institutionalisation.

All members expressed appreciation for these activities, particularly the educational elements. Many members for example commented '*I like the lessons like English, mathematics, music and sports'* and others mentioned art, outdoor activities, the benefits of healthcare services provided at Haus Bung and outside activities. The fact that there is a high level of engagement demonstrates successful approaches have been taken by Haus Bung and the collaborating providers.

Two senior psychiatric specialists in Papua New Guinea expressed very high levels of appreciation and respect for the services of Haus Bung. Both explicitly recommended the service be provided in other provinces, starting in Port Moresby. Dr Ambi, Head of the Directorate for Social Change and Mental Health Service noted that Haus Bung's ways of working complemented the current mental health reform agenda, which focuses on community-based care. Dr Ludwig Nanawar, Psychiatrist and Medical Director at Laloki Psychiatric Hospital in Port Moresby was equally positive about the work of Haus Bung, commending the results achieved to date and the benefits for both people with mental health illness and the broader community. He noted that during a recent visit to Madang, attendance at the psychiatric clinic was considerably reduced. By inference, savings to the health budget in Madang could be significant and if this was replicated in other locations, could have a national benefit for the health budget.

The Papua New Guinea context provides challenges for the establishment and sustainability of services. The fact that Haus Bung has been successfully established in Madang, is a credit to the founders, management and staff team. Interviewees for this evaluation consistently commended the excellent work undertaken by Jenny Tait-Robertson, Kesia Waliapan and the other Haus Bung staff members for their commitment and efforts in this regard. Surviving the many challenges is an achievement on its own (see Section 6.5 below). Sustainability of Haus Bung is described in Section 6.3 below.

Achievement of Objective 3

Key message in relation to achieving Objective Three

Haus Bung has developed effective networks with other organisations to build community participation for members and generate community awareness.

Objective 3 is closely related to Objective 2 since activities organised to contribute to recovery are commonly provided by and with other organisations in Madang and thus contribute to building two-way communications and community engagement. Since 2017, Haus Bung has successfully established collaborative and supportive networks with both government and community-based service providers. Services provided by psychiatric nurses at Haus Bung are formalised under a Memorandum of Understanding with Madang Hospital for example. A good relationship has also been developed with the Madang Police Commander who visits Haus Bung and regularly provides information to members and staff. A formal agreement (Memorandum of Understanding) and supportive network with the Catholic Church Health Service are valued by both organisations.

Madang City Mission[19] is also a strong supporter of the work of Haus Bung, providing opportunities for three members to date, to attend intensive residential training programs to contribute to employment prospects.

The strengthening of networks over time is an important strategy and success factor for Haus Bung. Organisations which encounter people with mental health issues, such as police, health workers and community service providers benefit from the improvements generated by Haus Bung. They have showed interest in contributing to the services and the information provided. These relationships benefit the whole community, increasing inclusion and reducing discrimination.

Recommendation 7

Continue to build and strengthen collaborative relationships with government and community organisations to benefit both members and the broader community, including through service delivery and fundraising.

The other side of the community engagement coin is increased community awareness of mental health issues. Haus Bung's strategic and politically astute efforts to raise awareness are highly commendable. Inviting key people from the broader community to visit and offer services, both benefits members and contributes to influencing broader attitudes. For example, Father Peter Hunter, the Anglican Priest in Madang, is a member of the Ministers' Fraternity and he has talked to his colleagues about the work of Haus Bung, after witnessing the services provided.

As noted in Section 6.2 above, most interviewees noted that community members are more positive, less threatened and threatening, more understanding and more supportive of people with mental health issues than they were previously.

5.3 Sustainability of benefits

Key Message

The Haus Bung model includes features which support sustainability and which provide a strong basis for continued or expanded service delivery.

'Haus Bung has been established as a community place so it could be sustainable.'

'At first we had a few incidents, but then those members had a change of heart and are now helping keep the centre clean: they value the place and they own it.'

'I have visited often and find the centre to be friendly, warm, welcoming, safe and respectful: it's a happy place which provides great services and addresses stigma and discrimination.'

[19] https://citymissionpng.org/madang/

'I was very impressed: this is one of the best programs in the whole country: it has taken people out of hospital and could be a pilot for other locations. It is way too good to come to an abrupt halt.'

Even after less than three years of a completely new type of service in Papua New Guinea, there is evidence that some features of Haus Bung could be sustained, however, there is a recognised need for improved national governance and access to ongoing national and international funding for both Madang and potential services in other location. The following inter-related and mutually-supporting factors have contributed to the sustainability of services to date:

- fully local staffing with access to high quality and regular technical and management support
- strengthened confidence and skills of Haus Bung staff members, through continuous learning, teamwork and reflection
- a considered and slow approach to establishing and building the service, to enable reflection and learning
- strong links with local government and community organisations
- support from national psychiatric service leaders
- consistency and complementarity with national psychiatric service policy priorities
- development of culturally relevant organisational values
- consistency with international recognition of the rights of persons with disabilities
- attention to safety and security of staff and members
- promotion of ownership of the Haus Bung venue by members, resulting in a defence of the space from potential damage
- attention to the care of the Haus Bung bus.

Another key factor contributing to potential future sustainability is the relatively low costs of a program of this nature, compared with the wider benefits to the community, thus a high value for money. The estimated annual budget for the Papua New Guinea staff and in-country operating costs is currently A$125,000[20]. When compared directly with the reduced costs of ill-health and hospitalisation of people with severe mental illness, improved contribution of people with mental health to families and the community and the reduced costs of crime, benefits would appear to significantly outweigh the costs. The wider benefits to community well-being clearly cannot be readily quantified, but would likely confirm a high value for money overall.

The collaboration between St John of God's International Health Project Officer, Jenny Tait-Robertson and Haus Bung has been important and necessary for success. The evaluation found that access to ongoing supportive external expertise is essential for sustainability and potential expansion. Any plans to reduce external support should take a staggered approach or a gradual wind-down rather than a sudden cessation. Jenny plays a key role in supporting Haus Bung's manager and staff, funded on the basis of 2-days a week. She has made a significant contribution to the quality of Haus Bung, in terms of technical expertise, external moral support and facilitation of ongoing professional development and capacity development. One interviewee said *'Jenny is empowering, helpful and always supportive. She does her best to keep up a standard so we are doing well when she is no longer in a position to help us.'* Another said '*We are so thankful to Jenny*

[20] This excludes costs of the Australian-based support and regular travel to Papua New Guinea.

as the program has far exceeded our expectations.' If Haus Bung is to expand or be replicated, given the complexities associated with this kind of program, continued or expanded access to external support, preferably within a partnership arrangement, is considered useful for sustainability.

A number of factors have a limiting influence on Haus Bung's sustainability, including:

- lack of attention to date to a strong national governance structure and system, to provide strategic direction and protection for Haus Bung with the Papua New Guinea context (see Section 6.5)
- dependence on one source of funding, which is expected to cease the provision of funds within the next two years

Recommendation 8

Seek alternative ongoing sources of funding within or outside Papua New Guinea for community-based services for people with mental health issues, using the Haus Bung model.

- the limited size of the current venue in Madang if numbers of members increase or if it is decided that separate spaces and amenities for women and men are appropriate.

Limitations associated with the size of the current Haus Bung venue were raised by some staff, members and other stakeholders, particularly if membership increases or if separate women's and men's activities are organised. Most members mentioned that they considered a bigger venue is required. For example, one said: '*When I came in, not many [people] were here but now I see more people are coming, there is increase in number. Because of this, it is a bit crowded. I think we need more space.'* Some stakeholders mentioned that the quality of service would be negatively affected if more members were included within in the existing venue.

Recommendation 9

Closely monitor the issue of the size and location of the venue vis-à-vis the number of members over time, in terms of the quality of service and potential need for larger centre.

5.4 External and contextual contributing factors

External factors which contribute to success

1. Traditional and Christian values in Papua New Guinea associated with caring for family and community members, have enabled Haus Bung's demonstration of a different approach, to shift community perceptions of people with mental health issues towards greater inclusion.
2. Strengthening support from families, the broader community and government officials both respond to and contribute to Haus Bung's success.
3. The Clubhouse model used by Haus Bung is a source of evidence and international experience which gives confidence to the staff and other stakeholders.

Cultural values

Papua New Guinea's wantok system illustrates the collectivist cultural values which underpin life in Papua New Guinea. The wantok system describes relationships between people with the same language or geographical location, based on mutual-obligation, and is traditionally stronger than any other bond, and ensures members are cared for and protected. However, a lack of understanding about the medical and drug-related aspects of mental health, means that people with mental illness are commonly excluded from this traditional support system. Christian values, shared across Papua New Guinea communities, promote approaches which demonstrate care for others. Once communities are informed about the medical and drug-related aspects of mental health, and can see that people with mental health problems can improve their health through appropriate medication and the right kinds of care and support, it appears they are quickly able to apply their values to members who had previously been excluded. The staff have demonstrated care and respect for members, proving that people can be included, even if unwell. Families of members at Haus Bung have therefore recognised that their relative can play a role in family life, if supported.

Support from others

Both formal and informal partnerships between Haus Bung and community leaders and organisations have contributed to success and enabled Haus Bung to promote the benefits of its approach. Consistently positive praise was given to the work of Haus Bung from both government and community stakeholders and partners in Madang. Their interest, commitment, donation of time and resources and links to broader networks should contribute to future sustainability of some aspects of Haus Bung, even if substantial external funding is unavailable.

The absence of other community-based services for people with mental health issues in Papua New Guinea meant that Haus Bung is the first of its kind, had no local experience to draw from and stands out. In Madang, a mental health clinic at Modilon Hospital comprising three trained nurses was the only service available before 2017 and it inevitably took a medical approach to its work. The initiative of establishing a centre for people with mental health issues, engaging with community support and addressing their broader well-being and rights was highly commended by all those interviewed for this evaluation.

Dr Ambi confirmed a current policy interest in the provision of community-based care and support for people with mental health issues, and strongly commends the work of Haus Bung in this context. Until funding is provided for new services, it is likely that Haus Bung will remain the only service of this kind for at least the short to medium term.

Additional sources of support for Haus Bung have included visiting Australian specialists in pastoral care and responses to alcohol and other drug use. Their flexible and responsive specialist contributions have helped the staff to adjust their approaches, learn about other models and methods and respond to challenges. They reported witnessing significant positive changes between visits, with one noting *'I was amazed at what had been achieved in the time since I was last here.'*

The Clubhouse Model

The international experience provided by the Clubhouse Model is a source of confidence for the management and staff of Haus Bung[21]. Haus Bung has adapted the broad elements of the model to suit the Madang context. For example, in other countries the Model does not normally include a medical service, because members would have ready access to medical services, but in Papua New Guinea, this has been adapted to suit. While Haus Bung does not employ those who provide psychiatric services, the accessibility of the venue suits both members and medical staff, and contributes to the wellbeing of members and reduction of hospitalization, for example when medication is missed.

In practice, the Clubhouse Model works across the following four areas:

1. Provision of Information

- Lots of awareness raising about mental health, so members understand what is happening to themselves and others
- Encouragement of members to share this information with others, so as to raise wider awareness and dispel myths
- Raising community awareness has contributed to reduced negative attitudes or violent behaviour towards members, so they in turn feel safer
- Building respectful formal and informal bridges between the Madang Hospital and members so services are appropriately delivered and co-ordinated.

2. Relationships

- Dual strategy of empowering both staff and members, using separate approaches to minimize jealousy and encouraging both to recognize each others' roles
- Involving parents/guardians, so they provide ongoing and consistent support and did not undermine the approaches offered at Haus Bung during the daytimes
- Building a positive sense of family, through demonstration of respectful relationships between members

3. Decision making

- The Model enables staff to work with members on a gentle and slow timeline, avoiding pushing them too quickly

[21] https://clubhouse-intl.org/what-we-do/what-clubhouses-do/

- The Model enables staff to gradually open up opportunities for members to contribute to the centre's operations (e.g. through tidying up, cleaning, helping others and suggesting activities) and work towards leadership, without overwhelming them too early
- Regular member meetings and demonstration that members' views and decisions are respected and implemented contributes to increased wellbeing, self-confidence in decision-making and self-respect for members.

4. Resources

- The provision of a Haus Bung bus helps members access the centre and feel included
- Resources donated by the community or made available, such as clothing, food, medicine and other treatment contribute to members living with dignity and self-respect
- Activities are slowly broadened to respond to member interests and reduce boredom.

There is currently an intention to register Haus Bung with the Clubhouse International network. This is expected to bring benefits in terms of access to international expertise, but may also be demanding in terms of the emphasis on meeting 37 accreditation standards and requirement for staff to undertake intense training. In the Papua New Guinea resource setting, negotiated arrangements may be required. The Clubhouse model has successfully assisted people in many countries to date, contributes to Haus Bung's success and is worth replicating in other parts of Papua New Guinea, with continuous attention to culturally-appropriate adaptation.

5.5 Internal contributing factors

Key success factor

The commitment, effort and skills of the management and staff of Haus Bung are consistently credited with the success of the service to date.

Management and staff of Haus Bung

All interviewees stated that the most prevalent factor contributing to Haus Bung success is the management and staff's commitment to the provision of a welcoming, safe and caring environment. Staff teamwork was also highly regarded by all those who experienced and witnessed Haus Bung.

Haus Bung staff have various backgrounds, skills, knowledge and experience which they bring to their work. Their Christian values, caring qualities and community leadership were particularly noted by those who spoke to the evaluation team. They have demonstrated a strong interest in continuous learning and have responded well to the training provided. Staff have developed and stayed committed to Haus Bung values and worked hard to apply them in practice, despite the challenges faced.

The manager of Haus Bung, Kesia Waliapan was singled out by many interviewees for her excellent management and expertise in navigating complex issues, within and beyond the centre. Her good relationship and networking skills have enabled Haus Bung to attract support from the Madang community and at the national level. Members and their families are particularly grateful for the efforts made by Kesia in managing Haus Bung. Some personal issues have impacted on her work and ongoing monitoring and support is appropriate.

The other staff of Haus Bung were also praised by members and their families as well as other stakeholders. Each makes a major contribution to the work of the centre and diligently applies the values which make such a difference to the members' lives.

The high-quality support provided to Haus Bung by Jenny Tait-Robertson was also consistently mentioned as a strong success factor. Jenny's commitment, specialist professional skills, developmental approach, commitment to culturally appropriate engagement and understanding of the principles of community-based care for people with mental illness are clearly a significant source of confidence for the Papua New Guinea management and staff. This was confirmed in the latest staff survey in which one person for example commented that Jenny was empowering and continually looking for ways to improve the work of Haus Bung.

Several stakeholders highlighted that they have watched the staff team grow over time, deepening their confidence and understanding of mental illness and how to support members though training and ongoing on-the-job learning and reflection. The relatively recent appointment of the AOD worker in the team has raised an issue associated with access to formal training. There are no courses currently available in Papua New Guinea to extend his current skills and he feels limited in what he can offer based on skills learned to date.   A way ahead is needed here even if it mainly focuses on ongoing individual coaching provided by the management and visiting specialists.

Haus Bung staff completed two satisfaction surveys, one in 2018 with five participants and one in 2020 with six participants. In both surveys, staff were very positive when describing their workplace. Nearly all believed they had the resources to do their work well, saw their work being valued, their position descriptions appropriate, and the amount of work expected as reasonable. They also felt respected and valued and that their opinions and ideas were sought to make a stronger team. Across both surveys, there were increasing signs that staff had received the training they considered appropriate for them to undertake their job well. The strongest change in the two years was where, in the second survey, staff commented on how much they love their job and have learnt about working with people who have a mental illness. Most acknowledge their challenging work context but express no feelings of being overwhelmed. The dominant theme in these surveys is that the staff team is strong: they plan together, share ideas, work to co-ordinate activities and tasks, and pay attention to achieving the six Haus Bung values. Some talked about wanting to work at Haus Bung for a long time.

In the section of the staff survey that allowed other comments, one suggestion was made that staff could visit business houses to tell them about Haus Bung, presumably to raise awareness about mental health issues or to seek employment opportunities for members. Recommendations were also made for Haus Bung to organize more skill-based activities and to open on Fridays to raise awareness and ask for donations.

Valued support for Haus Bung's staff and members is also provided by the Brothers of St John of God in Madang. For example, they conduct devotions on a regular basis and one Brother provides medical assistance when members are wounded.

The management systems established by Haus Bung are also important for its achievements to date. Regular team meetings are an important means for ongoing attention to issues. Regular monitoring

of activities and processes is undertaken and high-quality quarterly reports are produced for the staff and Board and as a record of changes over time. These reports highlight activities, events, survey data related to participation and emerging issues. A fortnightly Member Check is also completed so there is a good record of changes in individuals' health and participation, which can enable referrals where appropriate. A newsletter has also been produced to share information about Haus Bung with the broader community and partners. Holding regular management meetings and maintaining good monitoring systems are features of the work of Haus Bung.

Governance

Governance of Haus Bung is officially undertaken by the Board of St Raphael, several members of which were included in this evaluation. The evaluation found the Board does not meet regularly, does not take a strong leadership role and comprises only one Papua New Guinea representative and no women. In future, these features should be changed.

The current Board currently takes a relatively hands-off approach to governance, with the intention of promoting decision-making by the International Health Project Officer and Haus Bung staff at a local level. For future sustainability, more actively supportive, stronger, strategic and values-based leadership within Papua New Guinea could help protect the organisation, and ensure it is aligned with national cultural values, opportunities and policy priorities. While few stakeholders were aware of this aspect of Haus Bung and made little comment about current situation, the evaluation team considered that for sustainability purposes, this is a short-term priority. In summary, governance of Haus Bung requires strengthening and localising now the service is well established and now there is interest in protecting its future from external funding cuts.

Recommendation 10

Strengthen formal governance systems for Haus Bung, including representation by Brothers of St John of God in Madang, so that there is national, strategic support and protection for the organisation and its continued or expanded operations.

6. Discussion

This evaluation found that Haus Bung is an excellent and effective service, which is highly valued and respected by all those who have either participated in or witnessed its work in the past 2.5 years. Positive feedback about the quality of services has come from members and families through to the most senior psychiatric leaders in the country.

Haus Bung is the first of its kind and still the only dedicated community-based service in the country for people with mental illness. In a relatively short space of time, it has proven that a culturally appropriate, relatively low-cost and highly effective service can be established and succeed even when long-held attitudes towards people with mental illness are extremely negative.

While the approaches taken by Haus Bung are relatively new in Papua New Guinea, they reflect locally-held values, sound principles relating to community-based care and evidence of benefits elsewhere. The model is strong, effective and relevant, having been adjusted to suit the Papua New Guinea cultural context. There is currently a high level of interest in replicating the service across

Papua New Guinea, starting in Port Moresby, where there would be considerable demand and potential benefit. While conditions for people in Port Moresby in terms of family support may include higher rates of homeless and higher disconnections from family members, the prospects for positive change would still be high.

The Haus Bung model appears to be replicable, given it is locally managed, empowerment focused, visible, and relatively low-cost compared with the benefits. The community-based care model suits a de-institutionalised system, has been shown to work successfully with existing psychiatric services and can even help to envigorate access to psychiatric services. As the community-based rehabilitation model is well aligned with the Government of Papua New Guinea's current reform agenda in mental health service delivery, there is considerable scope for collaboration and potential funding for Haus Bung type operations, and at minimum ongoing engagement. Given this approach can help reduce future demand for and the costs of preventable hospitalisation, there is value in collaborative advocacy for extending it to other locations.

Ongoing partnership between Haus Bung and local organisations is a critical element in its success. Collaborative agreements developed by the Manager of Haus Bung with government and community organisations both contribute to the range of activities and services which can be offered to members and to raising wider awareness. These both contribute to improved wellbeing for members and to a healthier and inclusive society. Continued good management of these collaborative efforts is an ongoing priority for Haus Bung and an essential ingredient in any replicated service.

Another critical element in Haus Bung's success is its ability to raise community awareness about mental health and how people with mental health can be included in regular community life. This represents a significant shift in community attitudes, but has been achieved through demonstration rather than explicit campaigning, and relatively quietly and 'under the radar.' In the Papua New Guinea cultural context, word of mouth, witnessing changes in people's appearance and behaviour, and exposure to different ways of engaging with people with mental health issues have successfully changed attitudes. This is an excellent approach. There is scope to extend it through collaboration with other organisations and coordination with increased awareness-raising efforts of the Brothers of St John of God in Madang for example. They could organise more public engagement and include people with mental health issues themselves to share stories about their experiences, as evidence from other contexts confirm these are often the most effective sources of advocacy.

Related to community awareness, and consistent with the Clubhouse model, is the opportunity to increasingly use rights-based approaches in future Haus Bung work. Although raised by few stakeholders during the evaluation, there is a natural alliance between people with mental health issues and people with disabilities more broadly, in terms of shared frames of reference and overlap in terms of community awareness and rights-based approaches. Given the Government of Papua New Guinea's policy on disability inclusion and efforts made by the national disabled person's organisation, PNG Assembly of Persons with Disabilities (PNGADP), there is scope for more collaborative work on advocacy and inclusion. As well as confirming governments' responsibilities in relation to people with disabilities, including those with mental illness, the Convention of the Rights of Persons with Disabilities is a useful convening document to bring governments and communities together to achieve more inclusive societies.

The gender equality issue for Haus Bung has clearly challenged the Manager and staff to date. While the evaluation clearly highlights the issue, without a more detailed analysis of the priorities for women with mental illness, it is difficult to make recommendations. It may be that women with mental illness prefer not to attend a single centre to access services, but without discussions with them, it is inappropriate to suggest particular means to respond to their priorities.

The current Manager and staff of Haus Bung are the right staff, with a good mix of nurtured skills and a strong commitment to the quality of services. In particular their understanding of and commitment to the values that shape interaction with members, their families and the broader community makes a significant difference to the quality of service and its success. If other community-based centres of this nature are created in future, considerable effort is recommended to ensure these values are well understood, practiced and regularly reviewed.

The early experience of Haus Bung confirmed that abuse of alcohol and other drugs was a major factor in men's mental illness. Managing services in this area requires considerable care and skill, and Haus Bung has appropriately recognised that it is not possible to force people to attend specialist services in this area, but at the same time, it is impossible to ignore the connection between alcohol and drug use and mental illness. Awareness-raising is an obvious approach to address the issue along with personal support for individuals, and the Brothers of St John of God have the capacity and potential to make a valuable contribution in this regard alongside the work of Haus Bung.

A number of issues related to the location, venue size and numbers of members were raised during the evaluation, all well-understood by the management and staff. The current building is ideally located and accessible, at least for men. However, there is limited space and only one bathroom facility, so if member numbers increase and if women say they will only attend if they are separated from the men members, then consideration may need to be given in future to changing locations. If the recommended research about women's priorities for care result in a decision that a separate location is needed, this may reduce pressure on the current location. Since the Clubhouse model includes the fact that members will always be welcome, even when they are feeling well, member numbers may rise. They could also reach a natural plateau, given the size of the population and factors which shape behaviour related to alcohol and other drug use. The positive outcomes of Haus Bung could also generate higher levels of interest and membership. Ongoing monitoring of the demographic characteristics of members will be important.

A moderate number of stakeholders (staff, members and family numbers) suggested that a residential service would help to address the issue of members' continual exposure to the issues that trigger their mental illness, such as alcohol and other drugs or stressful home environments. For example, one member said *'Maybe Haus Bung should consider having a fulltime place for us to stay so we do not go out, [as] when we go out, we are involved in drugs and things like that.'* While some churches have provided residential services in Papua New Guinea for other groups of people, the sustainability and cost aspects suggest that the establishment of such services may not be feasible. Some providers may consider establishing such a service if funding becomes available in the medium to longer term, but in the current resource context, this seems unrealistic and unsustainable.

Haus Bung's response to Covid-19 has been excellent. Limiting the numbers of people at the centre each day (by splitting the group into two) and paying more attention to outreach services have been appropriate responses. One member reported '*We used to come as one group, but because of the corona virus, we were divided into two groups. One group comes in on Tuesdays and Thursdays while my group comes in on Mondays and Wednesdays. We stopped going out for sports like touch rugby because of the virus*.' The inability of people in Madang to readily access Covid tests is concerning, so requires the management and staff of Haus Bung to pay careful attention to measures to keep themselves and members as safe from transmission as possible.

The relatively rapid success of the work of Haus Bung suggests there is value in sharing information about what is possible in other locations within Papua New Guinea. It would be useful for others to be able to access more specific guidance about the approaches, policies and values used by Haus Bung, in local language or in video form.

Finally, the governance of any organisation is critical for its ongoing existence and future sustainability. It is clear that strengthening strategic governance of Haus Bung is a priority in the near future. Other experience suggests that maximising local ownership, consolidating partnership support and providing ongoing supportive leadership for the manager and staff, are the priorities for future governance.

In summary, Haus Bung is a highly successful service which has both demonstrated a marked positive impact on the lives of people with mental illness, their families and the broader community in Madang, in a relatively short period of time. Its success is a credit to the considerable efforts and commitment of managers and staff as well as partners, advisers and supporters. While Haus Bung has a relatively low public profile, those who are aware of its services are consistently positive about its contribution to improvements at both individual and community levels. The relatively low-cost model has proven to be appropriate in Papua New Guinea's cultural and resource settings, and could be replicated in other locations with ongoing funding and appropriate collaboration and technical support.

7. Recommendations

No	Recommendation/Action	Responsibility	By When
1	When preparing the next Program design, consider including a long-term goal for Haus Bung which reflects the current vision statement, contemporary global agreements and Papua New Guinea policy on the rights of persons with disabilities and a more inclusive Papua New Guinea society.	Governance Committee	End-2021 as part of next design.
2	Develop collaborative links with other Papua New Guinea organisations which share commitment to community inclusion of people with mental health issues and advocacy on the rights of persons with disabilities. In collaboration with others, develop a more deliberate comprehensive community engagement and awareness-raising strategy, including members' own presentations and involvement.	Haus Bung Manager With Brothers of St John of God	Ongoing
3	Sustain efforts to address alcohol and drug use, including through strengthening technical expertise and training for staff, and collaborating with other organisations in Papua New Guinea with a shared agenda.	Haus Bung Manager and AOD Officer	Ongoing
4	Promote Haus Bung's model of community care for widespread replication in Papua New Guinea. Consider documentation of current policies and approaches and/or commissioning a video.	Haus Bung Manager with commissioned expertise	2021-22
5	As the implications of Covid-19 emerge, consider the most appropriate and sustainable means to provide outreach services to members and their families.	Haus Bung Manager with support	2020-21
6	Undertake a targeted consultation, in collaboration with other relevant organisations, to ascertain the most appropriate and feasible ways to provide appropriate mental health services for women; and then seek to implement either inclusive or separate services accordingly.	Haus Bung Manager with external expertise	By March 2021
7	Continue to build and strengthen collaborative relationships with government and community organisations to benefit members and the broader community, including service delivery and fundraising.	Haus Bung Manager	Ongoing
8	Seek alternative ongoing sources of funding within or outside Papua New Guinea for community-based services for people with mental health issues, using the Haus Bung model.	Governance Committee/ Brothers of St John of God	2021
9	Closely monitor the issue of the size and location of the venue vis-à-vis the number of members over time, in terms of the quality of service and potential need for larger centre.	Governance Committee/ Manager	Ongoing
10	Strengthen formal governance systems for Haus Bung, including representation by brothers of St John of God in Madang, so there is national, strategic support and protection for the organisation and its continued or expanded operations.	Brothers of St John of God	By March 2021

Annex 1 List of people consulted

Name	Position	Location
Haus Bung Staff		
Kesia Waliapan	Manager, Haus Bung	Madang
Helen Paul	Women's Coordinator	Madang
Jeremy Yos	Men's Coordinator	Madang
Venansius Saragum	Alcohol and Other Drugs Support Worker	Madang
Abraham Wanga	Cook	Madang
Veronica Carson	Cook	Madang
Christophilda	Security	Madang
Sim Ambura	Driver/Security	Madang
Haus Bung Governance incl. St Raphael Board		
Br Peter Van Peperstaten	Chair and Provincial Delegate, Hospitaller Order of St John of God and St Raphael Board Member	Cairns
Br Patrick Yeoii	Prior, Hospitaller Order of St John of God	Madang
Fr Peter Hunter	Minister, Anglican Church	Madang
Fr. Joseph	Catholic Parish, Madang	Madang
Br Timothy Graham	Provincial, Hospitaller Order of St John of God Brothers, Oceania Province	Sydney
Br Larry Wamugl	Hospitaller Order of St John of God Brothers	Madang
Br Samson Kapuot	Hospitaller Order of St John of God Brothers	Madang
Br Tommy Asei	Hospitaller Order of St John of God Brothers	Madang
Haus Bung Members		
Emmanuel Waiver	Member	Madang
James Panu	Member	Madang
Marshall Lau	Member	Madang
Helen Yama	Member	Madang
Elijah Kalagen	Member	Madang
Leo Mater	Member	Madang
Michael Goarea	Member	Madang
Simon Kitau	Member	Madang
Buckley Philemon	Member	Madang
Kasek Iminip	Member	Madang
Newman Siba	Member	Madang
Kimi Batsi	Member	Madang
Richard Timothy	Member	Madang
Willie Asuman	Member	Madang
Philip Talba	Member	Madang
Albert Kube	Member	Madang

Haus Bung Members' families		
Mr and Mrs Talba		Madang
Herman		Madang
Joel Pukma		Madang
Steven Mater		Madang
Jesinta Ombi		Madang
Madang Stakeholders		
Nau Kamon	Madang Provincial Hospital Psychiatric staff	Madang
Kosi	Madang Provincial Hospital Psychiatric staff	Madang
Mrs Nola Marita	Health Secretary, Catholic Church Health Services	Madang PNG
Other PNG Stakeholders		
Dr Ambi	Directorate of Mental Health, Department of Health	Port Moresby
Dr Ludwig Nanawar	Director of Medical Services at Laloki Hospital	Port Moresby
St John of God Health Care		
Anthea Ramos	Director International Health, SJGHC	Melbourne
Eleanor Roderick	Pastoral Care Consultant	Perth
Shelley Gibb	AOD Consultant	Geelong
Jenny Tait-Robertson	International Health Project officer	Melbourne
Catholic Church stakeholder		
Stephen Reichert	Ex-Bishop of Madang Diocese	USA

Gender analysis of interviewees

	Number	Percentage
Male	34	70%
Female	14	30%
Total	**48**	**100%**

Annex 2 Reports reviewed and other references

Documents and Reports

Haus Bung Drop-in Centre, Madang: 3-year plan (2017-2019)

2016-2019 Haus Bung Madang- 3 Year Update

Quarterly Reports covering the period from October 2017 to June 2020

Member surveys, 2018 and 2020

Staff surveys

Family surveys

Hughes, F. (2009) 'Mental Health in the Pacific: The role of the Pacific island Mental Health Network'. *Pacific Health Dialog*. Vol 15. Number 1. February.

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Sione, Valka. (2016) 'Uloa: A model of practice for working with Tongan people experiencing mental distress'. *New Zealand Sociology*,. Vol 31, Issue 2, p 123.

World Health Organisation. (2001) The effectiveness of mental health services in primary care: the view from the developing world. Mental Health Policy and Service Department. Geneva.

https://whaiora.org.nz/content/our-vision-mission-and-values

https://drughelp.org.nz/making-a-change/treatment-options/kaupapa-maori

Annex 3 Full list of evaluation questions

1. ***Has the service made a difference to the participants, and if so what causal claims can be made about the links between the service and the observed changes (outcomes and impacts)?***
    - *What changes in member's behaviours, attitudes, actions or interactions have been observed?*
    - *What are the beneficiaries doing now that they were not doing prior to their participation in the service?*
    - *Are the changes positive or negative, intended or unintended, direct or indirect?*

What data is there to support any causal claims?

2. ***What evidence is there that the service is achieving its goals and objectives?***
    - *Are the service objectives clear?*
    - *Are there any objectives that are not being met?*
    - *Of the objectives not being met, what reasons are there for them not being met?*

3. ***How have the benefits of the service been made sustainable?***
    - *Which of the benefits are sustainable?*
    - *Which of the benefits are yet to be made sustainable?*

4. ***What contextual or external factors have supported or inhibited the outcomes and impacts of the service?***
    - *What else, outside of our control, was happening in and around the delivery of the service?*
    - *What evidence is there to support the claims made about contextual or external factors?*
    - *What impact do the Stakeholder relationships and agreements have on the service?*
    - *What impact does community have on the service?*

5. ***What internal factors have contributed to the outcomes and impacts of the service?***
    - *Are the right caregivers employed to operate and deliver the program/service?*
    - *Are the right skills available in the team to operate and deliver the service, and if not is this already being addressed?*
    - *Are governance/management structures, systems and processes appropriate for the successful operation and delivery of the service?*

Annex 4 Evaluation questions, major sources and methods

Link to Qns in TORs	Evaluation questions	Sources	Methods	Comments
	What is the context (socio-cultural, geographical, discipline, theoretical, service delivery by Government and others) in which a drop-in service for people with mental health issues is offered? What lessons have been learned from other contexts?	International literature	Document review and synthesis	Collated in final report
	What were the expected results (theory of change) of Haus Bung at the time of the design process?	Design document	Document review and synthesis	Included as context
1.Has the service made a difference to the participants, and if so what claims can be made about the links between the service and the observed changes (outcomes and impacts)?	1. What has changed in the lives of members and their families in Madang in the last few years? 2. What do people value most about Haus Bung? 3. What is the nature and strength of the link between improvements in the lives of people with mental illness and the services provided by Haus Bung? 4. What factors have contributed to the success of Haus Bung to date? (Why did those things work well?) 5. What lessons have been learned about the provision of services of this nature? 6. What relevant evidence from Papua New Guinea or other settings is available to inform the work of Haus Bung?	St John of God team Haus Bung Manager and Staff Brothers in Madang Provincial and Delegate Madang Health Service officials/psych nurses Madang Catholic Health Consultants Members Family of members	Interviews and small group meetings	Relevant questions are allocated to each group and edited to suit

		Other partners in Madang such as Family Support Centre and Minister, Anglican Church Dr Ambi, Directorate of Mental Health, Port Moresby Dr Nanawar, Director of Medical Services at Loloki, Port Moresby		
2.What evidence is there that the service is achieving its goals and objectives	7. What were the objectives for Haus Bung and were they appropriate for the context? 8. What was the theory of change (linking activities to high level changes/results/outcomes, and assumptions – are they holding true)? 9. What services have been provided? [including outreach services] 10. Have the objectives been met? 11. What higher-level results may Haus Bung have contributed to more broadly? 12. What expectations did various stakeholders have for Haus Bung? 13. Have these expectations been met? If so, how? 14. How has Haus Bung developed over time? 15. What have been the challenges/struggles in setting up Haus Bung and getting it working?	St John of God team Haus Bung Manager and Staff Brothers in Madang Provincial and Delegate Madang Health Service officials/psych nurses Madang Catholic Health Consultants Members Family of members	Interviews and small group meetings	Relevant questions are allocated to each group and edited to suit

		Other partners such as Family Support Centre and Minister, Anglican Church Dr Ambi, Directorate of Mental Health, Port Moresby Dr Nanawar, Director of Medical Services at Loloki, Port Moresby		
3.How have the benefits of the service been made sustainable?	16. What factors contribute to sustainability of Haus Bung services? 17. What factors limit sustainability of Haus Bung services? 18. What are the benefits of the services provided? 19. How sustainable are these benefits? 20. What elements of the service haven't yet worked in terms of individual and systemic change? 21. What approaches and steps will enable Haus Bung to be handed over for the members to manage in future?	St John of God team Haus Bung Manager and Staff Brothers in Madang Provincial and Delegate Madang Health Service officials/psych nurses Madang Catholic Health Consultants Members Family of members	Interviews and small group meetings	Relevant questions are allocated to each group and edited to suit

		Other partners such as Family Support Centre and Minister, Anglican Church Dr Ambi, Directorate of Mental Health, Port Moresby Dr Nanawar, Director of Medical Services at Loloki, Port Moresby		
4.What contextual or external factors have supported or inhibited the outcomes and impacts of the service?	22. What were the expected outcomes and impacts for Haus Bung? 23. What has happened in the context to influence the work of the centre? 24. What relationships and formal relationships have been established with the broader community in Madang and other organisations? 25. How well are the collaborative arrangements working in practice? 26. What lessons have been learned from these arrangements? 27. What is being done to explain and address significant gender inequality in membership?	St John of God team Haus Bung Manager and Staff Brothers in Madang Provincial and Delegate Madang Health Service officials/psych nurses Madang Catholic Health Consultants Members Family of members	Interviews and small group meetings	Relevant questions are allocated to each group and edited to suit

		Other partners such as Family Support Centre and Minister, Anglican Church Dr Ambi, Directorate of Mental Health, Port Moresby Dr Nanawar, Director of Medical Services at Loloki, Port Moresby		
5.What internal factors have contributed to the outcomes and impacts of the service	**Governance** 28. Where is the main focus of 'ownership' of Haus Bung? 29. How are strategic decisions made about Haus Bung? 30. How well is governance of Haus Bung undertaken? 31. What changes are prioritised in future? **Management** 32. How do relationships between the Haus Bung staff team and the St John of God Brothers influence the management of the service and the quality of the services provided? 33. How is the Haus Bung staff team managed? 34. Does the team overall have the right mix of skills and qualities to provide the services and/or to generate a self-managed service in future? How are skills-development processes supported? 35. Are members able to lead and/or contribute to the running of Haus Bung? 36. How well is the Haus Bung staff team working together?	St John of God team Haus Bung Manager and Staff Brothers in Madang Provincial and Delegate Madang Health Service officials/psych nurses Madang Catholic Health Consultants Members Family of members	Interviews and small group meetings	Relevant questions are allocated to each group and edited to suit

	37. How is the performance of the Haus Bung staff managed? 38. What is the turnover rate among staff? 39. How well is the financial management system supporting operations? 40. Who makes decisions about strategy, people, operations, finances and day to day administration and how are decisions made? 41. How are members involved in governance and management?	Other partners such as Family Support Centre and Minister, Anglican Church Dr Ambi, Directorate of Mental Health, Port Moresby Dr Nanawar, Director of Medical Services at Loloki, Port Moresby		
Other questions	What are the prospects that Haus Bung could be self-managed, in the short, medium or long-term? What factors could help move towards this direction? Would this affect the 'quality of service' (however defined)?	Governance team Management team St John of God team		