

The effectiveness of CBHWs was assessed by conducting Key Informant Interviews (KII) with Medical Officers and four Focus Group Discussions (FGDs) with patients utilising these services.

Findings: The four CBHWs were actively involved in organising weekly psychiatry clinics. Thus far about 1600 patients from 206 villages have utilised this clinic. In the year 2015 alone, a total of 52 clinics were conducted accomplishing 1013 consultations. The CBHWs have made 556 village visits with 3795 patient and family contacts and travelled a distance of 6921kms.

The KIIs with doctors revealed that the CBHWs are a valuable resource for the centre's multitude of services. The FGDs with patients revealed that home visits by health workers have resulted in changing the attitude of their care givers and family members towards their problem, clearing of misconceptions and reduced stigma.

Interpretation: Continued recruitment of new patients, regular follow-up visits, data collection skills indicates the effectiveness of CBHWs in delivering primary mental health care services. CBHWs are acceptable to the community and health functionaries. CBHW have played a vital role in this service and the same model can be used in lower and lower middle income countries in improving the mental health of a rural community.

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Challenges Faced by a Pre-vocational and Vocational Training Center for Adults with Autism-Spectrum Disorders (ASD) and Intellectual Disabilities (ID) in a Town in Northern India

N. Bbullar¹, N. Bbullar²; ¹APAAR, Morton, PA, USA, ²IIMB, Bangalore, India

Background: There is limited knowledge about adults with ASD in India and even less is known about their pre-vocational and vocational rehabilitation with a few exceptions (e.g. Daley, Weisner, & Singhal, 2014). This study examines the challenges faced in a center set up in one medium-sized town in North India with the aim of providing rehabilitation to this population during the course of three years.

Methods: Qualitative study.

Findings: These challenges included diagnosis of ASD and other IDs, parental motivation, transport, staffing recruitment and retention, behavioral challenges and lack of professional guidance, and societal awareness. One of the first major challenges faced by the center was the lack of definitive diagnosis of individuals with ASD. As there were no psychiatrists who diagnose ASD in town, parents were directed to another major city about three hours away. Several parents lacked motivation to alter their children's routine and were more likely to prefer the status quo. Almost all of the adults with ASD and IDs had been primarily staying at home for several years and did not have a social life or major interaction with people outside their homes. Some parents did not seem eager to alter their lifestyles to accommodate their children's need for rehabilitation. Problems in transportation cropped up with limited public transport options available in the town. Staff

recruitment and retention was a challenge with relatively few educational institutions catering to special education, as well as fewer graduates, who have to grapple with salaries lower than the average entry-level positions. Behavioral challenges in trainees at the center included self-injurious behavior, aggressive behavior towards their trainers, soiling themselves, and inability to change their repetitive and disruptive behavior. Professional guidance to manage these behavioral challenges was difficult to obtain consistently.

Interpretation: A lot of the above-mentioned challenges are directly or indirectly influenced by lack of societal awareness for these disorders in this cultural context. For instance, van drivers hired for transportation of trainees have been erratic in their attendance and punctuality, not realizing the need for a more fixed routine for the trainees and the havoc it may cause in the latter's training.

Solutions are proposed which include collaboration with local health systems.

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Training and Recruitment Strategies for Developing Sustainable, Global, Research Workforces in Low-Resource Settings: Perspectives From The International Family Study

F. Brindopke¹, S. Ly², A. Auslander³, P. Sanchez-Lara⁴, K. Magee⁵, W. Magee⁴; ¹Children's Hospital Los Angeles, Los Angeles, CA, USA, ²University of California, Los Angeles, USA, ³Children's Hospital Los Angeles, Los Angeles, California, USA, ⁴Children's Hospital Los Angeles, Los Angeles, USA, ⁵Operation Smile, Inc., VA Beach, VA, USA

Program/Project Purpose: As our world has undergone globalization, individuals, institutions, and organizations now have the ability to launch campaigns, research projects, and interventions throughout the world. Thus while this has presented tremendous opportunities in global health, it also raises challenges of how workforces will be recruited to achieve these goals. With our global research collaboration, The International Family Study, we have been able to recruit and train global teams to carry out essential research functions and achieve continual project growth.

Structure/Method/Design: The starting point for building local teams and workforces begins with the recruitment process. We have primarily used a partnership approach where institutions and other organizations are used as hubs to find the ideal people to get involved. Different workforce models have also been used successfully throughout implementation of the project, which include volunteer, contract-based, and mixed-funding. Models are chosen based on resources, educational experience and geographical settings. For training methods, the 'train the trainer' approach has been heavily utilized, allowing for growth and sustainability within local groups. Evaluation after training is also critical for project success and conducted through personalized quality control reviews.

Outcome & Evaluation: Through our various methods of team building, we have recruited a global workforce to carry out essential research functions. With over 100 individuals trained (75% of which represent unpaid volunteers) throughout the world it has allowed our project great flexibility to gather large-scale amounts of data. In evaluating recruitment, partnership pipelines with other volunteer