



## Interview with Chris Underhill (BasicNeeds and Elders Council for Social Entrepreneurs)

Ambika Samarthya-Howard

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**Ambika Samarthya-Howard: I'd love to start off with you introducing a little bit about yourself, your organization, what your approach is, and what makes it unique.**

**Chris Underhill:** The first organization is BasicNeeds. That's an organization in the field of community mental health very much taking a community development approach to people with a chronic illness, mental health, living in areas of the world where they were very unlikely to be able to access psychological or psychiatric treatment in the normal way.

We were able to actually create a model for mental health and development. The model for mental health and development was developed by me and field tested by D.M. Naidu of Bangalore, India. The first field tests were done in Karnataka and then later on in other states in India, and then later on in the end 15 countries in the low income setting.

The model divided down into capacity building, community mental health, that's the treatment part, livelihoods, research, which meant action research, and collaboration, which meant essentially partnerships. It was a very classical development model but adapted to a particular group of people who normally were not part of any development programs, either governmental or non-governmental. It usually started with the capacity building first of all, and it still runs. I'm using the past tense because I left it after 16 years, but it used to run some very exciting programs whereby people were invited to come together and they were essentially consulted.

Then it became just like any other development program, really, where you might have women coming in and being consulted, or farmers coming in and being consulted. In this case it was mentally ill people and their families coming in and being consulted. What was really exciting about that was far from what people in their prejudice thought might be kind of incoherence, what we got of course was a very lucid and coherent analysis of the problems that people faced, and how they could address them. Then they undertook a number of different schemes, one of which was to seek treatment. We supported health seeking treatment, but we didn't provide it ourselves.



In India when we first started working there, from 2000 to 2002, there were something like 3650 psychiatrists working in the field. It's grown a bit since then, but there were not that many psychiatrists and even fewer psychologists available and certainly much, much less in the rural areas. We went on and trained families, family members. We were able to be in touch with mostly volunteer community health workers. Not all of them were volunteers, but most of them were. Then as we did that contact making and trained them in the recognition of the basic signs of mental illness, they were able to make referrals to local clinics at local health centers, and then finally the state system would then start to crack in and we were then able to hold all kinds of workshops and seminars which help people to upgrade their skills as well.

**Ambika Samarthya-Howard: Great. I think that that's a good place to stop if you want to talk about the other organization, and then I'd like to bring it back where you could tell me a few examples from each?**

**Chris Underhill:** No problem. The grant for the first one was a million dollars by the way. The second grant is a much more modest grant of \$150,000, and that is to an organization which is called the Elders Council for Social Entrepreneurs. We've been in operation for something like two years. The [theelderscouncil.net](http://theelderscouncil.net) is its actual email and domain. I, together with Andrea Coleman and Mel Young founded it, so it's a co-foundership, and we did it after consultation with a team or a group of elders, all of them in the social entrepreneur field. We all went off pleasantly enough to the south of France and to Provence and we had a lovely time there sipping wine and having a lot of discussion.

As a result of that, we decided we would launch this organization which would essentially focus on succession and transition. This does not automatically mean retirement, by the way, although some people of course do retire. What it means is there's now a port of call somewhere where social entrepreneurs can come when they're thinking of their succession plans and their retirement plans and their transition plans. We aimed it mostly, originally at least, at that older community, but what we found so fascinating is that in the webinars that we run, pretty much every month we find that about a third of the people attending are young. They're young social entrepreneurs in their sort of first time, second time, third time kind of operations if they're serial social entrepreneurs. They come along because they want to understand what the issues are likely to be in the future and they want to understand how people have fixed them and so on.

Now that we have the grant, I'm going to take a role as a part-time coordinator or manager of the whole organization, and we are going to focus on the following. We already have this webinar series, which is going well, and we've just extended that. At the moment, it was in a timeframe or time zone which was fine for Europe and then for North America and South America. In other words, it was in the time zone, which facilitated the sort of time zone that we are in now. Now we



are also going to have a series of webinars which focus on Southeast Asia and beyond, right the way to Australasia. We are going to be truly global in that sense in our webinar spread.

**Ambika Samarthya-Howard: Awesome. I don't think that I need an example specifically for that one. I think that's really clear. Maybe you can talk a little bit about an impact example from BasicNeeds?**

**Chris Underhill:** Just sticking with the Elders for a minute, if I may, what we've discovered is the following: that we are being approached fairly significantly for mentoring, and so we are establishing a mentoring program, whereby elders will be able to facilitate mostly younger people into a mentoring program. I think that would be pretty attractive. Essentially social entrepreneurship began really with my age group. That is to say the terminology, the terms of reference, the framework, if you like. Obviously people were doing charitable work for forever and a day, but in that sense it's begun sort of with my age group.

I'm 75, so it's kind of logical that sooner or later we will start falling off the perch. One of the things we're going to do is have an in memoriam page on the website that you're on at the moment. We want to be able to commemorate the work of social entrepreneurs over the longer term. That I think will be very impactful and meaningful for people as we move forward, but in between what we want to do is to create the wisdom bank. A wisdom bank is essentially a place where the knowledge, the wise epithets, the thoughts, whether substantial or quite modest, are going to be recorded. Then we are basically going to be the custodians of what you might call a how-to manual about how social entrepreneurs have set about their business, how they have established a theme of their work, how they have gone about creating the funding for it, and the problems that they found along the way. If you think of the webinars, the wisdom bank, mentoring, and last but not least in memoriam, then those are the projects that we'll be working on mostly over the next few years and that's where the impact will be coming from.

We're registered as the Elders Council for Social Entrepreneurs and that's our trading name, and we're actually registered as Elders for Social Entrepreneurship, but that's the grant name. But I think for your website, the Elders Council for Social Entrepreneurs makes sense because that takes people to the website and all that.

**Ambika Samarthya-Howard: Coming back now to mental health, can you give me an example of the kind of impact you're looking for?**

**Chris Underhill:** When I left it in 2016, having started in 2000, we had 850,000 people in the program. One important point about impact is that we achieved scale, and that's very unusual in the mental health NGO field. Normally what you'll find is people working in one particular clinic in one particular town, in a particular district of a town. We were able to achieve volume mostly by



exercising that model that I've just described to you. The other reason that we achieved volume was because we began quite early on to establish boards in all the countries where we work. If you take a country like Ghana, we were able to establish first of all an advisory board, and then that advisory board in due course took on the actual structure of the organization, so the governance of the organization. Then they actually registered it anew in Ghana and it's now known as BasicNeeds-Ghana.

One thing that I think is very impactful is that we were able to develop and spread the model across 15 countries throughout that time, one of which as an example was Ghana. But then if we come down to individuals, and if you remember we had the capacity building, we had the community, we had the mental health actual treatment, and so on. Then we had livelihoods, research, and so on. Alhassan, for example, in Northern Ghana, he came to us first of all through the normal thing of being consulted. He was a relatively young guy with quite a serious mental illness. He came with his folks to the consultation and he was consulted, and then it turned out what he wanted to do most in life, as indeed often it was the case when we did the consultations, was to try to make a contribution financially to his family, but the stigma attached to his mental illness and the behavior he had exhibited at certain points in his life meant that he was often quite stigmatized and shunned.

Eventually what happened was that the program managed to find him an apprenticeship, and one of the things we did was create apprenticeships in a number of different milieu and fields. He acquired an apprenticeship in cycle repairing and he worked for a gentleman in Tamale Market, Tamale as in Northern Ghana, and he worked there for quite a while. Eventually the gentleman said, "Me and the other bicycle menders in the market, (it's a huge market), the other bicycle menders think that you have got to that point where you should now start your own business." Alhassan said, "Well, I don't have any tools."

His apprentice master said, "Oh, no, I understand that and so I have got together with the other cycle repairers and we have got you your tools. And we have also found the patch where we think you should start your trade, which was not so near the other people so that there was a distribution of cycle menders around the market." So there he is. He's set up. He occasionally still has times when he finds it difficult to get up in the morning if depression comes on him again, but mostly he is very successful in his work. That's an example of a massive impact on a young man who otherwise was in a fairly hopeless situation.

**Ambika Samarthya-Howard: That's a great story. I can visualize all of that. Outside of the scaling, how else did you measure success? How did you process evidence, or how did you know these initiatives were working?**



**Chris Underhill:** Well, we had a number of different criteria. One of them was sort of macro criteria, like the numbers of people in the program and so divided down by men, women, girls, and boys. That was certainly important because we were then able to literally know that our programs were either static or that they were growing and so on. They were incredibly helpful managerially, and also they became helpful in terms of the basic data required for establishing more sophisticated research beyond that. We also had the criteria around funding. We were able to very successfully fund these programs, and that was a pretty important feature of the work that we were able to bring in. Not only did Skoll join us in due course, but we were able to bring in mostly bilateral agencies. In those old days, DFID was the bilateral agency for the British, and they came in and funded quite a lot of our work. That's not an unimportant criteria. Although of course it's not a medical criteria or a psychological criteria, but nevertheless very important.

One of the things is that as we scaled, we also integrated ministries of health within each of the countries that we worked. All too often NGOs go into a country, create a dependency essentially, and then leave the country in due course because they ran out of money. What happens is that the people then have a big gap where that provision was. We were determined not to create that, and we achieved that in two different ways. One was to never provide treatment ourselves but to work with the government so that they provided treatment. So social treatment we could provide like helping them with livelihoods. That would be like a social prescription in the modern parlance, but medical prescriptions, the provision of medicine, the diagnosis, and all of that was always going to be on the part of the state.

There's a very nice example, again in Ghana, of going to Tamale. I put the headquarters of the organization not in Accra, but in Tamale as far as Ghana was concerned. That was to make a very important point, which was that mental [health] hospitals are often in the capital city and no mental health services are provisioned anywhere else. We had this amazing service coming out of Northern Ghana in Tamale. We went into the local district hospital and we found that the district hospital had recently moved most of its buildings and its facilities into a nice new hospital, except for the mental health service, which was left behind.

The mental health nurse at that time was a wonderful woman, but she was a little bit suspicious of us at first, "Who are these newcomers?" But we helped her to find money locally mostly and a little bit of money that we got in from overseas to rebuild her own clinic. That was a very important thing. Then my team, who are all Ghanaian, then put her up for the competitions that they have in Ghana for nurse of the region and nurse of the whole country, and in due course she won nurse of the year for the whole country. That really brought into prominence the whole question of mental health nursing and the whole issue of mental health. It was just a nice, gentle feature which occurred alongside the more pragmatic aspects of the work.



**Ambika Samarthya-Howard: I definitely feel like you identify as a systems change orchestrator, and some of the actors you mentioned, like the governments, needing their support and their prioritization of mental health as part of the health ecosystem. Are there any other actors in the systems change work that you've been doing that you feel like you could talk a little bit about what you need from them?**

**Chris Underhill:** In the mental health one, don't forget that we started the organization at a time when the language of systems change was not particularly spoken, but the realities of system change were of course understood. By bringing in the Ministry of Health as a matter of course, and not at the end of our project work, but at the beginning, was always very important. The other thing was that we were also articulating other very important ministerial and/or high level functions, particularly in the context of job creation and livelihoods. That's a really major issue for a government trying to find employment for its own youth, let alone its mentally ill youth. Being able to make that a reality with all sorts of different arrangements being made in different countries at different times was literally systems changing.

I think it's probably fair to say that the actual question of thinking about mentally ill people as being a category of person that we, the government, we, the community need to think about, was quite facilitated by especially these early interventions that we did, and by the introduction always of the systems to the ministerial cadre and their relevant civil servants. I think that's very important. Certainly we get even today, although I've been retired from that organization quite a while, even I get to hear quite often of the impact that has made. One of the countries was China, by the way, so in Hebei province in China. Took us two years to get the ministry to agree to us running a program there.

I think this is another impact thing. We have totally, in many of the countries that I'm about to mention, the program is now integrated into government service. The government service in Shunping County, Hebei Province, China. There is a foundation called the BasicNeeds Hebei Foundation, and they actually run our model on a daily basis in the county and elsewhere, and occasionally we get sent a PowerPoint and it's all of course in Mandarin, but every now and again a couple of words come up like "Chris Underhill" or "model for mental health and development" or whatever, and BasicNeeds of course. So you know that this model has integrated itself into the thinking of the people there and they use it. Of course they adapt it obviously, but a model like that has to be adaptable. That is part of its impact or impactfulness, which I think is very important.

**Ambika Samarthya-Howard: Along the way of making both these organizations, what were some of the key lessons that you've learned as a social entrepreneur, things that you think would be important for other people to hear from?**



**Chris Underhill:** These are observations as much as lessons. I think we've been reflecting on wisdom quite a lot, and wisdom in the field of social entrepreneurship is contextual and often does depend upon the vibrancy and the rigor of the social entrepreneur itself and of course the theme which they want to take up and work on. Those are sort of interesting side points or sidebars, a few things I think along the way which perhaps are helpful in this conversation.

One of them is that it is really helpful to have a model of some kind, a way of working which can be a third person in the room, because if you walk into a minister's office and you say, "I want to do the following. I want to do this. I want to do that." The very first question they will ask back is, "Well, who are you?" Whereas if you come into the meeting and you can talk about a model which you have field tested and you've got evidence of the field test, then it's enormously helpful. I've started a number of organizations, apart from the ones we're talking about. I think it's 13 in all since early days. My first major organization I started in 1978. Some of those organizations did not have a model in the sense that I now am talking about, and I was able to make qualitative comparison between an idea, a concept, a way of working on the one hand, and then an idea, a concept, a way of working plus a model on the other hand. That made quite a difference, and I found that enormously helpful in being able to demonstrate to those who needed to know and needed to be convinced that this was the case.

**Ambika Samarthya-Howard: What you're saying makes a lot of sense to me. Obviously you need to have something that's not an "I" and something that's objective, but how did you actually do that? How did you remove yourself from that?**

**Chris Underhill:** That's down to my character partly, and it's down to the quality of the people around me. When I was first offered the million and something pounds, maybe one and a half million dollars, to start BasicNeeds in the first place, the very first thing I did was ring up my friend, now unfortunately deceased, but my friend D.M. Naidu, and said to him, "Naidu, we've got the chance of working together, which is what we'd always wanted to do." I did invent the original model, but he basically did the field work and therefore a lot of the product of the field work, the testing. That of course became the model itself. So right from the beginning we were sharing the model both between ourselves, but also with others who were then being integrated in.

I guess model making is also about collaborative work, and it's also about cumulative building, because although I might have given you the five points of the model originally, it would be true that the qualitative aspects of putting that into place two years later, from 2000 to 2002 for example, would've been very different. Naidu was a first-class trainer, and so when he established our headquarters in Bangalore, India, I then sent all our staff, whether it was from Laos, from Vietnam, from Ghana, Kenya, whatever country they were serving in and came from, I sent them all to India to work with the people who had actually field tested the model and to understand it



from the perspective of a low-income country. That was enormously helpful, and by that time it deracinated me from the model in that sense, in the sense that you're asking. By that time they weren't talking about Chris's model, they were talking about the model.

**Ambika Samarthya-Howard: Outside of funding, and obviously the massive issue of stigma which you addressed earlier, and being taken seriously by governments and healthcare systems, what were some of the other challenges that you encountered doing this work? You could speak about that with both or either organization.**

**Chris Underhill:** It's a little early with the Elders Council, to be honest, to speak about major challenges except getting people to take it seriously. Don't forget that a major difference between the mental health organization, BasicNeeds, and the Elders Council, is that Elders Council is a second level organization. It's not at the field. It's a service organization in that sense. Its membership is other social entrepreneurs and those interested in social entrepreneurship, whereas the cheer leadership of BasicNeeds were people who were interested in actually seeing community mental health go on the ground.

When we first started, believe it or not, there were one or two significant models of community-based mental health but not many, and there were very few that were rooted in the culture, and which actually absorbed the cultural features of the locality. There were very few, frankly if any, who were also interested in what the people had to say to us. What they said to us consistently was, "We need to make money." Here's the point, really. "Mental illness has made us poor as much as mental illness is one of the standard outcomes of being poor, and so we need to make money seriously and quickly, and that would do our wellbeing to distinguish wellbeing from mental illness. That would really support our wellbeing a huge amount." That's why we added in the livelihoods as an integral part of the program. I guess our understanding of poverty and how it affected and made people poorer on the one hand and how in a sense being mentally ill meant that it was more and more difficult to create income, those two things, the kind of two circles going a bit like a double helix, was what we really became aware of. That's why we really needed to make the response modular.

**Ambika Samarthya-Howard: Could you talk a little bit about your plans for both initiatives? Where you see the work going in the next five years?**

**Chris Underhill:** Well, in the first one it's simple. What happened was that in 2016, I retired from that organization, as I had done from many of the others I'd founded. Basically, the chief executive who came in was mandated to find a merger partner and so in the UK it merged with a lovely organization called CBM UK. CBM, Christoffel-Blindenmission UK, CBM UK. It now runs the model for mental health and development, which is now renamed as the BasicNeeds model, and it runs





a network of BasicNeeds organizations, many of whom maintain their independence in Kenya, Ghana, Laos, Vietnam, and India as well. They are now operating and creating energy and finances around the original work that we did. After I had left, the headquarter's function became more and more difficult, and by merging with CBM UK they were able to work with a much larger organization and therefore the back office was more sustainable. That was a good solution for that.

I think what will happen is what is happening now, which is that the network will grow. One of the things that I had done with the mental health work is I had taken essentially a social franchising model and I had already started to induct people into the program, into the BasicNeeds model through franchising. For example, we didn't have a program in Nigeria, and then an organization came and said, "We'd love to learn about your model." So we took them on and they then developed through social franchising.

I think the BasicNeeds model and the BasicNeeds program will continue to develop, and it will develop through a networking structure, and some of these organizations that took on the model through franchising will join the network. There's every reason to believe that the program will enlarge, but not necessarily become a greater weight on CBM UK because it'll be a network rather than a program. Coming to the Elders Council for Social Entrepreneurs, the next five years will see us establish ourselves with at least the programs that I've already outlined. That is to say the webinars, which continue now, the wisdom bank, mentoring and the in memoriam page, which we'll establish. It'll become part of the social entrepreneur landscape, and it will sit alongside other interests which are also growing at this time. There is a whole interest in what's called "new longevity". I'm an Ashoka fellow as well as being a Skoll awardee.

[New longevity] has a slightly different focus. It is essentially about the amount of time that people will live the "hundred-year life", but there are many crossovers. We will no doubt play a part in helping to promote the idea of new longevity as much as the Ashoka people are helping to promote us. They were the first funders of the Elders Council, by the way. I think from that perspective, we have an important future in front of us.

**Ambika Samarthya-Howard: For people who are interested in doing this type of work, what's some advice that you would give to them as a social entrepreneur?**

**Chris Underhill:** The obvious one, which is once you've established what you want to do, is you just have to keep on trying because a great deal of particularly younger people get very disappointed when their ideas are not picked up immediately and not enacted upon immediately and so on. Talking about the personal, the wellbeing actually of the social entrepreneur, you've got to have a tenacity which is to be believed sometimes. If you don't have that tenacity, or if you



discover that you don't have it more likely as you go forward, then putting the project down and walking away from it is no insult and it's no shame. Much better to put it down and get on with the rest of your life than to go into a field which is extremely unforgiving. I've worked in it since I was 29 and I've succeeded, but a lot of people I know along the way haven't. Don't batter yourself against the outrageous storms if it's just not going to work.

That could mean one of two things. It could mean save yourself for your own wellbeing, or it could be that your idea, much as it impresses you, may not impress others. The whole point about social entrepreneurship is essentially you need community in the societal sense, and you certainly need a community in the geographical and/or social sense to be part of what you're trying to do. If you think you're going to create it on your own, then you've got another thing coming. **Going back to your question about how did I manage to divest myself of my own model, as it were, it absolutely has to be a situation where your own ego, much as it is important actually in terms of hanging on and in terms of self-belief, your own ego is really important, but oddly enough it's not important in every context.**

Sharing your model, for example, and making sure that it has the best chance to fly, that then means you've got to suppress your ego or at least give yourself a jolly good talking to if you are feeling egocentric about it because much as you've hung on, much as you've gone to the wire without any money and all the rest of it, it's really important to recognize that you've got to make sure that you've got the community behind you in getting the model going. That is so important when it becomes cross-cultural. If we're talking about a British person or an American person wanting to work in another country, and in particular a low-income country where there may well be a strong culture, it's extremely important for you to tread carefully and ensure that you are not just simply squashing other people's cultures along the way.

**Ambika Samarthya-Howard: It's interesting because earlier you said this thing where you had such a clear notion as someone who started the mental health organization, and really about how you not only built the capacity, but you just did everything sort of right. You scaled, you were able to get the partnerships, you were able to hand it over. But then with the Elders Council you said, "We're just trying to get people to take us seriously." That's such a huge disparate thing when the first one to me is such a massive issue that's so taboo that no one takes it seriously. You seem to have really succeeded in getting people to take that very seriously. I'm curious why it's come up about taking this other group seriously?**

**Chris Underhill:** I think, for example, half of the social entrepreneurs retiring in 2019 in Germany, that is to say becoming of retirement age, it was discovered that they were actually going into retirement below the German poverty line.



I remember talking to Bill Drayton at Ashoka, for example, and one of the senior people at Skoll, this was some time ago, and saying, "Do you realize that a lot of social entrepreneurs go into poverty when they retire?" There's a kind of look of disbelief on their face. It's like, "Really?" So it's not taking the organization seriously or the basic idea, it's the issues that we know our members are dealing with. It's a bit like news that people don't want to hear. The Rockefellers may not want to hear this. They may not want to know that people they have funded actually are not very well off, certainly by comparison to the salaries paid to Rockefeller people. There's quite a lot of unfairness and disparity in the social entrepreneur system, and so we are likely to be telling people from the perch of being grumpy old people ourselves, the three of us, we're likely to be telling people some home truths.

One of them is that quite often social entrepreneurs are the first people who instinctively cut their own salaries so as to make sure that the salaries are paid to other people in their organization. They shouldn't have done that, but they did it. They often, especially in developing countries, don't have insurance and/or pensions or whatever is the appropriate word for a pension, but essentially funds for retirement. Actually there are a lot of issues here, but these are second level issues. In other words, these are about social entrepreneurs and their boards and their staff and their organizations. It's not about delivery on the grant, and so funders can often say, "Well, we think it's all very commendable and laudable what you're doing, but it's not for us because we're about the field." My point is, there's a circular argument here because it's about the field, but you guys are underpaying the people who are doing the fieldwork. We then get to talk to the people who are underpaid for years and years and years and years.

There's a whole interesting issue around boards as well, that every story of a social entrepreneur who goes to their board and says, "I'm thinking I would really like to stop doing this work." Then there's a, "Dot, dot, dot, but..." The boards react very differently. You see in some cases the social entrepreneur who, take Tostan, for example, in Senegal. Molly, who founded the organization now has a position where she's recognized and respected. She still lives there and she is in charge of something like innovation or some phrase like that. It essentially means that she's honored, and I imagine she'll live there for the rest of her life. She has brought in a chief executive, and so they, the board, have the the common sense to be able to make sure there was enough money for a person like Molly to continue to be there and to make her contribution, and then there is someone like Elena, who is the current chief executive, and who is mandated to run the organization for so many years.

Elena, I'm sure when she moves away, which she's mandated to in due course, I'm sure she'll be passing over to a Senegalese director and so the whole thing will have its own logic. Now, the board is obviously sensibly in control and it's obviously sensibly working in harmony with its



founder and with the people coming in after the founder, whereas in other cases [that may not be the case].

There's one example, for example, where the person turned up to the board and said, "I'm thinking of beginning to step down." The board said, "Okay. Well, when are you going?" And that was that. It was very unpleasant. In other cases the board says, "Oh, no, no, don't leave." Then they put the founder into a position where they're kind of stuck, and quite often, particularly for the small to medium-sized organizations, not enough planning's been done, and so what happens is that there isn't actually enough funds for two senior people in the budget, and that then creates an enormous problem in reality of succession. These are problems which are amenable and workable, addable, but in that sense you can imagine they're kind of unwelcome problems when you first discuss them.

**Ambika Samarthya-Howard: Thank you for your time and the insights you've shared today.**

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*\* This interview has been edited and condensed.*

