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South Africa in mourning following the deaths of over 100 mental health care users

by Charlene Sunkel

Towards the end of 2015, the Gauteng Department of Health in South Africa announced that it was terminating its contract with Life Esidimeni, a private residential care facility who provided care and rehabilitation services to over 2000 persons with severe mental disorders and intellectual disability, most of whom had been treatment resistant and were on the high end of the care spektrum. This was said to be done in the name of deinstitutionalisation - in itself it was the right thing to do as we move towards community-based care and services, but it was **how** it was done that turned into a tragedy.

The Life Esidimeni tragedy occurred at the hands of officials from the Gauteng Department of Health, who were involved in executing reckless action, whereby Life Esidimeni patients were relocated to alternative places of care, and some to illegally operated facilities. This flawed action

plan ended up in over 100 deaths. The valuable lives of these individuals who once resided at Life Esidimeni seemed to have meant little. They were simply victims of a budget cutting exercise and the haphazard execution of a “marathon” implementation of deinstitutionalisation.

The fact that the Gauteng Department of Health had been cautioned by the SA Federation for Mental Health and other partner organisations about the potential consequences of their unrealistic plans, and had chosen not to take this to heart, is a clear indication that the Gauteng Department of Health had no interest in respecting or protecting the rights of the former Life Esidimeni patients, who were affected by this impetuous decision and flawed action plan.

Initially there were reported to be 36 deaths but following the Health Ombudsman's investigation into the circumstances surrounding the deaths, it was found that there were in fact 94 deaths, but recently this number had increased to over 100 deaths. In many instances the deaths resulted from dehydration and starvation - deaths that could have been prevented.

There are no excuses to justify the gross human rights violations that have been inflicted onto the former Life Esidimeni patients and which has led to the over 100 lives that have been lost.

As duty bearers the *dramatis personae* (referred to as such in the Health Ombudsman's report as the key decision-makers in this case), made a mockery of the human rights of mental health care users by exposing the former Life Esidimeni patients to inhumane and degrading environments, and forcing them to call such environments their new home.

CLICK TO READ RECENT MEDIA ARTICLES RELATED TO THIS TRAGEDY:

- **[Leon de Beer on Mental Health in South Africa](#)**
- **[Life Esidimeni: After tears, it's time for accountability](#)**
- **[Makhura takes no blame for Life Esidimeni saga during Gauteng](#)**
- **[Esidimeni tragedy: will a national surveillance system work?](#)**



The Campaign to Change Direction

by Barbara Van Dahlen, Ph.D.
Founder & President, Give an Hour

Mental health challenges affect nearly 42M adults and 20% of children ages 13 to 18 in the United States - with unaddressed mental health challenges costing \$150 billion annually.

Around 450 million people currently suffer from such conditions worldwide, placing mental health disorders among the leading causes of ill-health and disability. Unaddressed mental health conditions lead to tremendous emotional suffering and contribute to serious societal problems including poor overall physical health, poverty, homelessness, substance abuse, crime, domestic violence and suicide. Our culture presents the greatest barrier to those in need of care. Mental health conditions remain poorly understood and those affected typically feel fear, shame and guilt because of the suffering they experience. Emotional health is not seen as having equal value to physical health and those who do seek care for mental health conditions often do so in secret. While there have been “anti stigma” efforts and some progress has been made, we have failed to tip the cultural balance. As long as conversations remain focused on diagnoses and defects, people will continue to avoid and ignore their own suffering and the suffering of those they love. As we move away from diagnosing and judging and toward a shared belief in the value of emotional well-being, we will increase early intervention, reduce emotional suffering, heal families and save lives.

In March of 2015, Give an Hour, a United States nonprofit organization focused on providing free mental health care to the military and veteran communities, launched the Campaign to Change Direction to change the culture of mental health. Then First Lady Michelle Obama served as the first champion of this collective impact effort and has remained steadfast in her support. Other leaders and celebrities have stepped up to add their voices to this critical work including Dr. Jill Biden, Prince Harry, Richard Gere, Brian Wilson and Chris Stapleton.

The Campaign to Change Direction is a collection of concerned citizens, nonprofit leaders, and leaders from the private sector who have come together to change the culture around mental health, mental illness, and emotional well-being. This initiative was inspired by the discussion at the White House for the President's National Conference on Mental Health in 2013.

Changing the culture of mental health and improving access to care, requires a multi-pronged public health approach that changes hearts, minds and behavior. The Campaign to Change Direction has created a simple and compelling public engagement effort that teaches everyone the Five Signs of emotional suffering. Just as we know the signs of a heart attack, we can all learn these Five Signs that indicate someone is in emotional pain and needs help. The Five Signs of emotional suffering are change in personality, agitation, withdrawal, decline in personal care, and hopelessness. Someone may exhibit one or more signs and many conditions and situations - acute and chronic - can result in emotional pain.

Less than two years after the US launch, the Campaign to Change Direction has over 350 organizational partners who have pledged to share the Five Signs throughout their communities. Partner organizations have reached 26.3M people directly and over 195.5M impressions have been shared via traditional and social media. Several regional and community efforts are underway across the United States - in Wisconsin, Maryland, Washington DC, Ohio, Pennsylvania, Illinois and Texas. In May of 2016 Give an Hour launched the first state-wide effort of the Campaign to Change Direction in New Hampshire. Change Direction Public Service Announcements have played in New York's Times Square and have been featured in USA Today as well as in both the domestic and international editions of TIME Magazine. Distribution of the international edition of TIME reached over 676K people in Europe, Asia, Australia, New Zealand, South Africa, parts of the Middle East and Latin America.

Culture change takes time, but we know what it looks like it. There have been many successful cultural shifts in our lifetime. Only a few decades ago, no one talked openly about cancer. Now people wear their yellow wristbands and pink ribbons proudly.

Give an Hour and our partners in this collective impact effort will continue to do the heavy lifting as we grow this movement. It is an honor to work with the leaders and organizations that have answered our call to action. But all of us can do our part. We can all learn these five simple signs: personality change, agitation, withdrawal, lack of personal care, and hopelessness. We can teach our kids, start conversations with friends, and put posters up in schools, offices, and community spaces.

And if you have the interest or the opportunity to do more, reach out to changedirection.org. Become a partner, make a pledge, support the cause, and get involved. Help us change the culture of mental health.

No one chooses to struggle with depression, anxiety, substance abuse, bipolar disorder, or schizophrenia. No one chooses to experience post-traumatic stress. And no one deserves to feel guilt or shame because he or she is in emotional pain, any more than someone with cancer deserves to feel embarrassed about his or her illness.

Together we can ensure that all of our citizens know that if they are struggling or hurting, there is help available. If someone is in emotional pain, they should never feel damaged, weak, or broken. It's time to change the culture of mental health. It's time to Change Direction.

The Global Summit for Mental Health Culture Change will be available soon on www.changedirection.org and www.globalmentalhealth.org



A story from Nigeria

Anjorin Elizabeth Olufunke is a native of Ayere in the Kogi state of Nigeria. She started experiencing mental health problems 15 years ago. *"It came like a dream in the night but I took it as my fate"*. Anjorin started getting involved in mental health advocacy since 2008 where she participated in several local and international meetings and conferences, represented persons with psychosocial disability from Nigeria.

She got involved in clinical research work in June 2010 to 2011 on Depression.

Anjorin has been using her own life story as a means to inspire others who are living with a mental disorder, and to encourage them to remain compliant on their medication and/or treatment plans. The core message that she brings across is that one can live a full and successful life in society despite one's diagnosis. Anjorin is an ambassador for mental health in Nigeria. Through having participated at national and international engagement platforms, she found further inspiration for her advocacy work by learning from other people's experiences who she'd met during her travels. The information and knowledge that she had obtained from her involvement at international level had been to the benefit of the advocacy group that she is part of. Anjorin had been instrumental in coming up with a name for the advocacy group who previously functioned without one - the name being the "Mental Health Advocacy Foundation of Nigeria".



A service user's perspective

To address the alarming rate of excess mortality in persons with severe mental disorders (SMD), a multidimensional approach is the way to go, provided that communication and collaboration with the overall health system is effected and that it further extends to community-based, peer support and advocacy organizations which are providing psychosocial rehabilitation and support services.

Successful treatment of SMD does not merely rely on pharmaceutical intervention, but requires a holistic approach, one that specifically honors the entitlement of the rights of persons with mental disorders - the right to have access to quality health care services, have a good quality of life, enjoy life opportunities on an equal basis, and do so with dignity.

[Continue reading](#)

THE LANCET Psychiatry

Changing the brain to treat anorexia nervosa

Anorexia nervosa is characterised by physiological starvation, a biological insult to the physical brain and body. Starvation in and of itself is traumatic, and starvation alone causes psychological disturbances. In anorexia nervosa, starvation often occurs because of a patient's dissatisfaction with their body, creating a potentially dangerous cycle. Conventional treatment of anorexia nervosa includes behavioural modifications to improve feeding, combined with psychological therapy to address cognitive distortions related to self-esteem, eating, and body dissatisfaction.

[Continue reading](#)

Carers of Africa Inc.

As a migrant there are many twists and turns to go through before finally settling in



a foreign land. Many refugees from Africa have experienced war, famine and displacement from their own countries.

Refugees from Africa who are now living in Victoria are especially vulnerable to mental illnesses such as post-traumatic stress disorder, depression and anxiety as a result of their homeland experiences and the experience of settling in a foreign country such as Australia.

To help people from CALD backgrounds suffering from mental illness Bright B. Chinganya and others founded Carers of Africa Inc. with the aim to relieve the disadvantage, distress, suffering, helplessness and resulting unemployment and homelessness often associated with having a mental illness.

[Watch YouTube video of "Carers of Africa Inc."](#)

Prepare yourselves ...

The 5th Global Mental Health Summit of the MGMH is planned to take place in February 2018 in Johannesburg, South Africa.



Watch this space for more information.



Join the HIFA discussions

HIFA is a global health network of more than 16,000 members (health workers, librarians, publishers, researchers, policymakers...) committed to the progressive realisation of a world where every person has access to the healthcare information they need to protect their own health and the health of others. HIFA members have a vast and unique experience and knowledge which they can use to bring clarity to challenging questions around global health issues in general and healthcare information issues in particular.

[Join HIFA](#)

Addiction and Mental Illness: How to Help a Loved One

MGMH member contribution: Jane Moore



Addiction and mental illness affect millions of Americans. When these illnesses or disorders occur simultaneously (comorbidity), they can cause a myriad of problems for the individual affected.

It's difficult to study or determine the cause of these illnesses, or whether one illness leads to another, but it's generally agreed upon by professionals that many individuals living with a mental health issue are at high risk for developing a substance abuse disorder. Reasons for this may include the individual depending on drugs or alcohol to cope with the symptoms of their disorder, and therefore they may "need" the substance to help them sleep and function optimally, or they could be predisposed to addiction because of a family history of these disorders.

No matter what the cause is, it's important for friends and family to understand and detect the warning signs and to know how to approach a loved one who is suffering. Handling these situations can be tricky and one must know how to approach the individual in an understanding and empathetic way, so as not to push a loved one further away.

One of the first things to keep in mind is that both addiction and mental health issues, such as depression, bipolar disorder, and anxiety, can make a person feel isolated, either because they don't know how to function around others or because they feel that no one understands what they are going through. They may shut themselves off from others or be reluctant to talk about their feelings. Don't take this personally. Individuals struggling with these issues may not be aware that these disorders can be diagnosed and treated.

The second thing to keep in mind is that substance abuse can exacerbate mental health issues or interfere with the effectiveness of medications that the individual may be taking. There is a possibility that this can lead to heightened depression and even suicidal thoughts.

If you feel that your loved one is exhibiting worrisome behaviour, don't wait – start a conversation today.

- Some of the most common warning signs of these disorders include:
- Insomnia or sleeping too much
- Changes in appetite and weight
- Impulsive behaviour
- Taking risks
- Legal troubles
- Suddenly losing interest in things that once brought joy
- Lack of energy
- Isolation
- Irritability, sudden bouts of anger, physical violence
- Sudden trouble performing at school or work
- Physical issues such as nausea or restlessness

It may be difficult to get your loved one to talk about what they're feeling, but it's important to encourage them for their own well-being. Let them know that you're there for them, and listen without judgment. Offer to help them find a counsellor or therapist and make sure they know they won't be alone. Make sure they understand that any substance abuse disorder must be treated in conjunction with the mental health issue.

To find a solution and the correct treatment for an individual, the root causes will also need to be ascertained and resolved.

Resources:

<https://pixabay.com/en/despair-alone-being-alone-archetype-513529/>

<http://www.rehabcenterreviews.com/african-americans-substance-abuse-addressing-mental-health-issues-addiction-takes-control/>

<https://www.helpguide.org/articles/addiction/substance-abuse-and-mental-health.htm>

SHARE YOUR STORY AS PART OF THE IT'S OK TO TALK MENTAL HEALTH CAMPAIGN

We are inviting real stories and lived experiences of individuals who have had interactions with mental health.

Your submission can take any media form including a blog, article, photo, artwork, music, audio or video story and may be shared in Hindi or English. Please keep in mind that your submission must be your own story and not someone else's. You can choose for your story to be anonymous too.

The themes include but are not limited to narratives of resilience, of accessing mental health services, challenges faced, positive coping strategies, dealing with shame and discrimination, help-seeking and the importance of talking.

Stories submitted by 15th March will be featured at the launch event of the campaign and website on 7th April 2017 in New Delhi.

We hope stories like yours will inspire more young people to come forward and share their own stories, helping to break down the stigma surrounding mental health.

It's Ok To Talk is an online platform and campaign dedicated to adolescents' and young people's mental health in India. The platform aims to enable a dialogue with young people around issues related to mental health. The platform is part of the PRIDE Project, Public Health Foundation of India in New Delhi, India.

WWW.ITSOKTOTALK.IN
COMING SOON

SEND IN YOUR SUBMISSION TO info.pride@phfi.org
BY MARCH 15, 2017

Need some help with your submission? Email us, and we'll be happy to help you put it together.

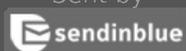
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