

# 2<sup>nd</sup> Summit of the Movement for Global Mental Health

Cape Town, South Africa

17 October 2011

Summary Report

## Introduction

On October 17<sup>th</sup> 2011, the second summit of the Movement for Global Mental Health summit was held in Cape Town, South Africa. The Summit followed a similar pattern to the first<sup>a</sup> with an emphasis on a shared platform for professionals and persons affected by mental disorders, active participation of delegates in discussions and debates, and the launch of a new Lancet series on Global Mental Health. The Summit was hosted by the World Federation for Mental Health on the first day of its biennial Congress in Cape Town. The one-day event was attended by over 250 people from around the world, who shared a range of rich experience about improving the quality of life of people with mental disorders and the psychosocial disabilities that result. There were presentations on different models of service delivery (session 1), protection of human rights particularly from the perspectives of service users and carers, the role of users in policy dialogue (session 2), and opportunities for funding for research and implementation programmes (session 3). A new MGMH secretariat was established at the Centre for International Mental Health at the University of Melbourne in early 2011 and a session on *The Way Forward* provided an opportunity to discuss the mission of the MGMH and role of the Secretariat to best support its members in achieving the MGMH objectives (session 4). The final session featured the launch of the second Lancet series on Global Mental Health, with authors of each of the six papers presenting the main findings. There was a consensus among all participants that the combination of the diversity in the participants and presenters, and the knowledge and experience shared by each of the presenters contributed to the incredible energy of the day. Many of the participants left further motivated and inspired to continue their important work and to continue the dialogue in many ways, such as through the MGMH website.



---

<sup>a</sup> The Movement's first Summit, hosted by the World Federation for Mental Health (WFMH) in Athens in 2009, comprised sessions on scaling up services, human rights and planning strategies for the future. The sessions included keynotes from global health leaders, presentations from members and lively discussions on strategies to achieve our goals ([http://www.globalmentalhealth.org/articles.php?id=17&menu\\_id=0](http://www.globalmentalhealth.org/articles.php?id=17&menu_id=0)). This summit was covered extensively by the global media.

# Programme

## SESSION 1: BEST PRACTICES IN SCALING UP OF MENTAL HEALTH CARE (08h30-10h00)

Moderator: Lawrence Goldberg

- \* The sustainable scale-up of mental health and development programmes (Chris Underhill, Basic Needs)
- \* Maternal Mental Health Care: A model for integration (Simone Honikman, University of Cape Town)
- \* Challenges and opportunities in mobilizing community resources to scale up mental health services in Kenya (David Ndeti, University of Nairobi/Africa Mental Health Foundation)
- \* Role of mhGAP in scaling up for mental health (Shekhar Saxena, WHO)
- \* Matlab Project Area: Scaling up services in rural Bangladesh (Adrian Mundt & Michael Radford)

## SESSION 2: BEST PRACTICES IN HUMAN RIGHTS AND ADVOCACY (10h30-12h00)

Moderator: Sharon Kleintjes

- \* Multimedia Presentation (Pip Hardy, Patient Voices)
- \* Does authorized or unauthorized photography of psychiatric patients in the developing world enhance or reduce stigma? (Samuel Okpalu, Vanderbilt University)
- \* Role of PANUSP and MindFreedom Ghana in advancing human rights (Janet Amegatcher, PanAfrican Network of Users and Survivors of Psychiatry)
- \* Role of GCAM and CGMHS in advancing human rights (Charlene Sunkel, Gauteng Consumer Advocacy Movement and the Central Gauteng Mental Health Society)
- \* The Empower Project (Rangashri Kishore, Richmond Fellowship Society India)

## SESSION 3: FUNDING FOR GLOBAL MENTAL HEALTH (13h00-14h00)

Moderator: John Copeland

- \* Jenny Amery, Department for International Development (UK)
- \* Abdallah Daar, Global Alliance for Chronic Diseases and Grand Challenges Canada
- \* Pamela Collins, National Institute for Mental Health
- \* Andy Shih, Autism Speaks
- \* John Williams, Wellcome Trust
- \* Andrew Mohanraj, CBM

## SESSION 4: THE WAY FORWARD FOR THE MOVEMENT FOR GLOBAL MENTAL HEALTH (14h00 – 15h00)

Moderator: Harry Minas

- \* New Secretariat at University of Melbourne (Harry Minas, University of Melbourne)
- \* New website and functions (Ritz Kakuma, University of Melbourne)
- \* UN General Assembly Session on Mental Health (Rebecca Hock, Johns Hopkins University)

## SESSION 5: LAUNCH OF THE SECOND LANCET SERIES (16h00 – 17h30)

Moderator: Vikram Patel and Niall Boyce

- \* Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. (Crick Lund, University of Cape Town)
- \* Human rights violations of people with mental and psychosocial disabilities: a global emergency (Sylvester Katontoka, MHUNZA)
- \* Scaling up services for mental health in Low and Middle Income Countries (Julian Eaton, CBM)
- \* Global child and adolescent mental health: evidence for action (Christian Kieling, Federal University of Rio Grande do Sul)
- \* Mental Health and Psychosocial Support in Humanitarian Settings: Linking Practice and Research (Wietse Tol, Yale University, HealthNet TPO)
- \* Human Resource for Mental Health Care: Current Situation and Strategies for Action. (Ritz Kakuma, University of Melbourne)



*2<sup>nd</sup> Summit for the Movement for Global Mental Health  
(Oct 17, 2011 – Cape Town, South Africa)*

## Session Summaries

### ***Best Practices in Scaling Up of Mental Health Care***

The five presentations related a variety of approaches to addressing the lack of access to mental health care in low resource settings, due to stigma, low levels of funding and lack of trained professionals. They demonstrated how evidence based short-term psychotherapies and psychoactive medications can be used by differently qualified caregivers who receive a training module.

Chris Underhill, of Basic Needs, reported on the progress of scaling up programs from 2000-2010. The first scale up involved funding by diverse sources, to provide services for community mental health and rehabilitation, training and research in nine countries. Services are integrated into primary care. The next scale up will add services for vulnerable youth and disaster victims in three more countries. Programs can exist as independent organizations, partnerships, and social franchises.

Simone Honikman of the University of Cape Town presented on the Perinatal Mental Health Project, a comprehensive integrated model for maternal mental health in low resource settings. The program trains general health workers who integrate screening and referral into the general maternal health procedures. The services are designed to counter the high rates of depression and HIV in expecting and new mothers. It promotes healthy behaviors, abstinence from substance use, and coping with lack of a supportive partner, and the experiencing of violence and abuse. There is also a focus on health development of the child.

David Ndeti of the University of Nairobi, Kenya, described interventions that make use of both primary facility based healthcare staff and informal personnel, including traditional and faith healers, expert patients and community based workers. Services have included screening of young people for psychotic and suicidal symptoms, community care interventions for demented elderly, improving physical health care of the mentally ill, and HIV prevention.

Shekhar Saxena, Director of the Department of Mental Health and Substance use at WHO, described the status of the Mental Health Gap Action Programme (mhGAP). Relying on both government budget allocations and funding by non-governmental organizations, services have been established or are in the advanced planning stages in 12 countries, with many others making use of the technical materials that have been developed, including the mhGAP Intervention Guide and associated training materials currently in development. Services span the range from care in specialized settings, general hospitals, community mental health and primary care clinics, informal community care and self-care.

Michael Radford and Adrian Mundt jointly presented their work with an NGO in Bangladesh that trains differently qualified practitioners, such as “village doctors”, homeopathic practitioners and native and religious healers. These persons would receive a two-day training course, and were given a manual of mental health treatments. Program evaluation studies are underway to assess the effectiveness of the newly trained personnel.



## ***Best Practices in Human Rights and Advocacy***

Dr Samuel O. Okpaku, Psychiatrist and Executive Director of the Center for Health, Culture and Society, USA, used photographs taken of severely ill people in Sierra Leone to illustrate his presentation on whether authorized or unauthorized photography of psychiatric patients in the developing world enhances or reduces stigma. He voiced concern about the potential for these representations to violate patient rights, undermine patient autonomy, and perpetuate stigma and discrimination against people living with mental illness. Quoting Robert Frank who in 1962 noted that “photographs must contain the humanity of the moment” Samuel noted that while the photographs are realistic, realism must be in the service of rights advocacy to be ethical.

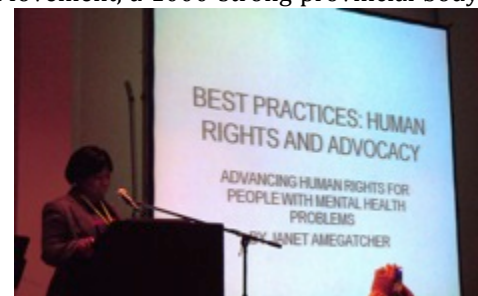


His point was brought into sharp focus by Pip Hardy's presentation, which took the viewer into the experience of patients, while at all times respecting their humanity and personal integrity. Pip's digital presentation focused on the self-told stories of the painful journeys of recovery of two women who had experienced mental illness, Judy Bowker and Pep Livingstone. This work, a product of the Patient Voices Programme co-created by Pip, aims to promote healing through the sharing of the storyteller's experience. The project also aims to encourage healthcare students and practitioners to cultivate empathy and compassion in their practice. Pip

reminds us that the use of storytelling for healing is an ancient practice. Within the ancient Greek Asclepian school of healing, which preceded the empirically based Hippocratic approach, physician – priests used storytelling of successful treatment to evoke hope for recovery within those seeking healing, and drew on the patients' dream-based stories to uncover pathways to wellbeing. The emphasis on the centrality of patients voices in this presentation resonates with the modern movement of “experts by experience” within the user movement, which calls for the recognition of the voices of people with lived experience of mental illness as central to the treatment alliance between patient and practitioner, and to the way in which health planners and policy makers move forward with service planning and development.

Three experts by lived experience of mental illness reported on the work of their self-advocacy organisations in this session: Charlene Sunkel, who has worked as the Awareness, Advocacy & Communications officer at Central Gauteng Mental Health Society in South Africa since 2006, gave an overview of the activities of the Gauteng Consumer Advocacy Movement, a 1000-strong provincial body.

The movement focuses on self-advocacy and empowerment of persons with psychiatric and intellectual disability through rights literacy, public awareness and destigmatisation using visual and dramatic arts, and providing support to users experiencing human rights violations. Janet Amagatcher, educator and lawyer in Ghana, co-founder of Mind Freedom Ghana, a non profit, non-governmental user-led organization fighting for the rights of persons who are mentally ill in Ghana, and outgoing chairperson of the Pan African Network of Users and Survivors of Psychiatry (PANUSP, ), emphasised the key



role of self-advocacy in addressing discrimination, and promoting mental health and social inclusion. PANUSP was renamed the Pan African Network of People with Psychosocial Disabilities earlier that week at a congress in Cape Town attended by delegates representing persons with psychosocial disabilities from 10 African countries. Robinah Nakanwagi Alambuya, a teacher and activist from Uganda who had been elected the new chairperson of PANUSP, read and distributed copies of the PANUSP Cape Town Declaration of 16 October 2011 at the Summit. The declaration, representing the voices of Africans with

mental health problems, ends with the statement 'We invite you to walk beside us. We know where we want to go.

The session concluded with a presentation by Rangashri Kishore, a social worker from the Richmond Fellowship Society in India. Rangashri presented the work of the Empower project a collaboration between the London School of Hygiene & Tropical Medicine and five NGOs: Sangath (India), the Nepal



Mental Health Foundation, the Mental Health Users Network of Zambia, the Users and Survivors of Psychiatry in Kenya and the Richmond Fellowship Society India. Her presentation showcased the outputs of this project, which included visual media (posters) print media (pamphlets) and electronic media (websites, DVDs of first person accounts of their journeys of recovery). The advocacy material provided practical examples of the power of combining research evidence with the voices of those with lived experience to improve public understanding of and reducing stigma associated with mental illness.

### ***Funding for Global Mental Health***

This session involved brief presentations from six leading funders with diverse focus areas. DFID is the UK's international development funder and supports research aimed at reducing poverty. It has currently funded a major new consortium aimed at improving mental health in primary care in five countries in Africa and Asia. The NIMH is the US government's leading mental health research funding agency. The NIMH has greatly expanded its role in global mental health, recently awarding three Hubs to promote mental health research in Latin America, Africa and South Asia. Autism Speaks is the world's leading funder for autism research and has in recent years expanded its reach to developing countries, most notably through its Global Autism Public Health initiative. The Wellcome Trust is Europe's leading medical research funding agency and has been supporting global mental health research for over ten years; its new strategic plan continues to emphasize research on mental disorders, and offers a wide range of schemes to support individual research careers in the developing world. CBM is primarily a disability focused NGO which implements its own programs as well as funds/supports other organizations working in this sector in several countries. The Global Alliance on Chronic Diseases is a consortium of 8 of the world's leading national medical research councils and is committed to supporting the funding of the Grand Challenges initiatives in non-communicable diseases and global mental health.



## ***The Way Forward for the Movement for Global Mental Health***

In the 3 years since its launch, the Movement for Global Mental Health has made great strides in membership and influence. Following the first Summit of the Movement in Athens in September 2009, discussion boards were introduced on the website to provide a platform for members to discuss key issues raised at the Summit regarding the future of the Movement. After three months of discussion, a summary of the various issues that arose and suggestions from members was prepared and presented to the Movement's advisory board. One of the key outcomes of this process was that decision to establish a rotating Secretariat for the MGMH with a 3-year tenure. Members interested in hosting the Secretariat were invited to prepare a brief outline of how they propose to organize the Secretariat. Based on an election through a ballot by the Advisory Board members, the Centre for International Mental Health (CIMH) at the University of Melbourne was selected to host the first MGMH Secretariat, directed by A/Prof. Harry Minas (March 2011- February 2014).



Prof. Harry Minas highlighted that the key challenge for global mental health in most LMICs was on how to effect a transition 1) from low-resource and poor quality hospital-centred systems with ineffective or non-existent community mental health services that fail to protect the rights of people with mental disorders; and 2) to effective, affordable, integrated hospital and community mental health services that reduce the wide treatment gap, protect the rights and promote and enable social and economic inclusion of people with mental disorders .

He presented on the background and work of the Centre. CIMH is a well-established and influential organisation in the field of global mental health. Its primary focus is on mental health system development capacity building. CIMH has active education, research, mental health system development and human rights programs in a number of countries, and an extensive network of collaborating individuals and institutions.

Prof. Minas presented the objectives of the Movement: to improve services for people with mental disorders worldwide 1) through the development and application of best scientific evidence; and 2) in accordance with principles of human rights. The Movement is a global network of individuals and institutions who support this mission. The purpose of the Secretariat is to support this mission through a number of activities, such as the following:

- Marshal the commitments, skills and resources of MGMH members, individual and institutional, in pursuit of MGMH goals;
- Increase individual and institutional membership;
- Facilitator and enable (not compete with others)
- Effectively connect MGMH membership and multiple international organisations and agencies with each other and with national and sub-national organisations and agencies;
- Identify and strengthen areas of consensus for action among the many international organisations with similar goals; and
- Identify, articulate and promote (with others) a unified collective vision and contribute to practical joint objectives

Dr Ritsuko Kakuma then presented the new re-designed MGMH website that will be launched shortly. The website ([www.globalmentalhealth.org](http://www.globalmentalhealth.org)) has become an essential portal for those wishing to engage with the campaign to scale up access to good quality mental health services in poorer parts of the world. All members of the MGMH will be able to add information onto the website pages. The website will be used as a platform for knowledge sharing, discussion and networking. Members can use the website to consult with other members, disseminate their work, share information about training, conferences, funding opportunities, search the member profiles, browse the archives of announcements and newsletters and

so on. It can also be used as a forum for collaboration with other members and organisations working in complementary areas.

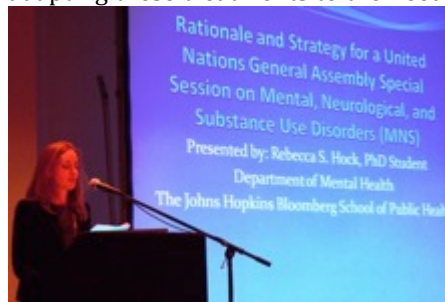
It was emphasized that the activities of each of the members form the backbone for the knowledge generated and shared across the MGMH. Members were encouraged to get involved in numerous ways. Example of involvement include the submission of key materials, announcement of events, work with website content editors, contribute towards the drafting of the monthly newsletters and work with the Secretariat in supporting the work of its members.



Ms Rebecca Hock then presented on the rationale and strategy for a UN General Assembly Special Session on Mental, Neurological and Substance Use Disorders (UNGASS-MH). The UNGASS-MH Working group is proposing that a key step in the way forward is to bring about the United Nations General Assembly Special Session on Mental, Neurological and Substance Use Disorders.

The UN General Assembly Special Session on non-communicable diseases was held in September 2011 and a large group of people, led by Drs. John Copeland, Vijay Ganju, and several others, had been working toward the inclusion of mental disorders in that session. Despite the evidence on the global burden of MNS disorders, mental disorders were barely mentioned. Ms Hock expressed that if we are satisfied with this NCD session outcome, mental health will remain a footnote in history. She emphasized that the discussion of mental health must be raised at the highest level possible and MNS disorders must be recognized with equal parity to other global health concerns in resolutions and financial commitments emerging from the United Nations.

The goal of a UN session on MNS disorders would be to mobilize resources from governments, multi-lateral agencies, and donors in order to achieve three major targets that have emerged from Working Group discussions: 1) to increase access to evidence-based treatments for MNS disorders in primary care settings; 2) to increase funding for research investigating the causes and treatments of MNS disorders and adapting these treatments to the needs of diverse settings; and 3) to protect the human rights of persons



living with MNS disorders so that they may live their lives with the same dignity as their fellow citizens. She invited the participants to provide feedback on this effort and for others to join the UNGASS-MH working group. Ms Hock also invited all members to contribute towards the discussion on the UNGASS-MH Discussion Forum that will be created on the MGMH website.



## Launch of the 2<sup>nd</sup> Lancet Series on Global Mental Health



The Movement was founded as a response to the call for Action in the Lancet published its first series of articles on global mental health in September 2007. The first series had aimed to address the treatment gaps for mental disorders by presenting the evidence on the global burden of mental disorders, the scarcity of mental health resources, effectiveness and cost-effectiveness of interventions, the capacity of health systems to effectively deliver mental health care, and challenges for scaling up of services. The Movement's first Global Mental Health Summit was held in Athens in September 2009. Editors of the Lancet and the Movement of Global Mental Health subsequently announced plans for a second series on global mental health. The second series aimed to address priority themes that were not addressed in the first series, track progress made since 2007, and highlight challenges that still need to be overcome. The Lancet MGMH Working Group was formed to coordinate the development of the 2011 series. The Working Group drafted a Call for Themes to invite the public to submit suggestions for topics. The Call was posted on the Movement for Global Mental Health website and in the Lancet in early October. Over the course of 2 months, 170 proposals were made from across the globe and by a wide range of stakeholders. Through a systematic process, six priority themes were selected and authors commissioned. Over the past 18 months, 52 authors from around the world have worked to produce manuscripts that were reviewed in the usual manner by the Lancet. The series was edited by Vikram Patel (London School of Hygiene & Tropical Medicine/Sangath), Shekhar Saxena (WHO), Pamela Collins (NIMH) and Niall Boyce (the Lancet). The Series was launched at the Summit with individual presentations on the methods and key findings of the six papers (cited below, with the presenting author underlined).

1. Lund C, De Silva M, Plagerson S, Cooper S, Chisholm D, Das J, Knapp M, Patel V. Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. Lancet.
2. Drew N, Funk M, Tang S, Lamichhane J, Chavez E, Katontoka S, Pathare S, Lewis O, Gostin L, Saraceno B. Human rights violations of people with mental and psychosocial disabilities: a global emergency. Lancet.
3. Eaton J, McCay L, Semrau M, Chatterjee S, Baingana F, Araya R, Ntulo C, Thornicroft G, Saxena S. Scaling up services for mental health in low and middle income countries. Lancet.
4. Kieling C, Baker-Henningham H, Belfer M, Conti G, Ertem I, Omigbodun O, Rohde LA, Srinath S, Ulkuer N, Rahman A. Global child and adolescent mental health: evidence for action. Lancet.
5. Tol WA, Barbui C, Galappatti A, Silove D, Betancourt TS, Souza RO, Golaz A, van Ommeren M. Mental health and psychosocial support in humanitarian settings: linking practice and research. Lancet.
6. Kakuma R, Minas H, Van Ginneken N, Dal Poz MR, Desiraju K, Morris JE, Saxena S, Scheffler RM. Human resource for mental health care: current situation and strategies for action. Lancet.

Along with the first series, these paper are an essential source of the latest evidence in the emerging field of global mental health. All six papers are available, free of charge, at the Lancet website; <http://www.thelancet.com/series/global-mental-health-2011>

## ***Concluding Remarks***

To quote from one of the participants "The Second Global Mental Health Summit in Cape Town became a rocking momentum to inspire global mental health community with renewed energy and commitment. It gave a clear indication that global mental health community is rapidly spreading and by the same time, there is a growing realization among diverse stakeholders of mental health to come to a common platform, share expertise and work together to improve mental health worldwide. The assembly of over 250 mental health experts from across the world could give us a future picture that the world is going to see a big change in global mental health in a generation".

As imagined three years ago, the Movement for Global Mental Health is being evolved as a common platform for all who wants to contribute in promoting mental health anywhere in the world. The participation of the world powerful funders like Wellcome Trust, National Institute of Mental Health (NIMH), DFID; professionals, mental health user/survivors group, mental health rights activists and students was a signal that if we move forward and grow with such a unified spirit our goals of the Movement is not so far to achieve. When approach to the next Summit after two years, let's commit to make a fundamental difference in the global mental health.

## **Acknowledgements**

- Ingrid Jacobs and Natalie Kensey of the Conference Company for organizing the summit
- Ingrid Daniels and Brian Robertson of the Cape Mental Health Society for hosting the summit
- Laurence Goldberg, Sharon Kleintjes, John Copeland, Harry Minas, Vikram Patel and Niall Boyce for moderating sessions.
- Ritsuko Kakuma, Julian Eaton, Laurence Goldberg, Sharon Kleintjes, Vikram Patel and Jagannath Lamichane for drafting this report
- The Wellcome Trust for supporting 60 free registrations and 11 travel bursaries for participation