# Global mental health and community Development



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## Global mental health

-Became popular in 2007 through the publication of a series of articles in Lancet, describing alarming rise in “mental disorders” worldwide, but especially in the low and middle income countries (LMICs)

- Clarion call for “filling the treatment gap”, and creation of EBM in different LMIC locations

- On the positive side, GMH brought worldwide attention to treatment of mental disorders.

- Assumption that mental health “treatment” can be universally applied, with the preferred modality of treatment being the traditional ones of medications.

**Critical challenges –**

-Reductionism of mental health and wellbeing issues to just “treatment of mental disorders”

- Alarmist rise in “mental disorders” not backed by recent epidemiology, and not culturally validated

- DSM V and very strong voices of criticism around that

- Not addressing the white elephant in the room (mental health legislations, institutions, the role of psycho-pharmaceuticals in this global plan, etc.)

-Ethical issues about sustaining medical support in research sites

- Not addressing the particularity of communities

- their *competencies,* strengths and resources that they may bring to cultivating mental health

**Paradigm shift and reframing of questions**

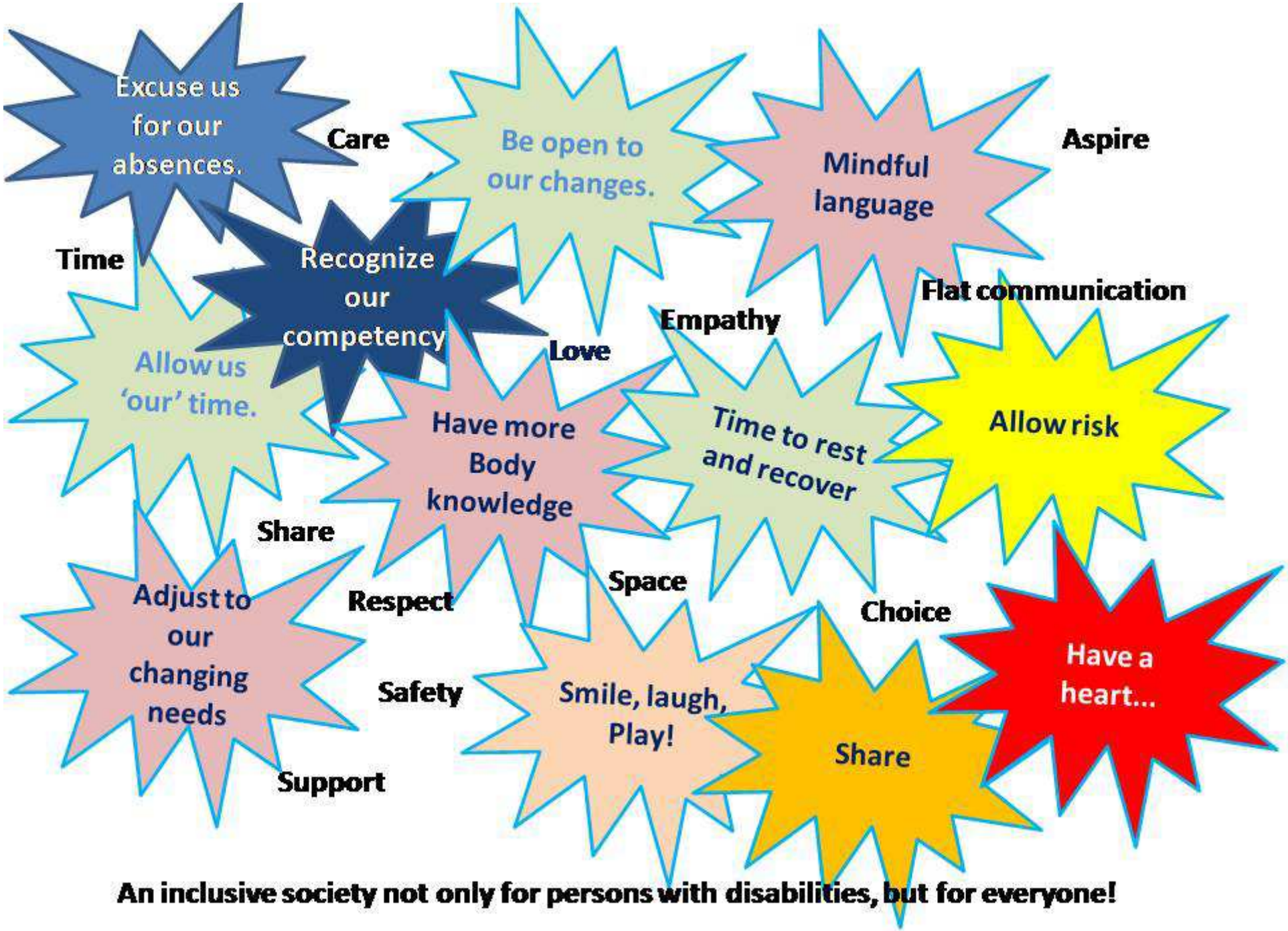
How do we create, anywhere and everywhere in the world, caring and inclusive communities? Not a “burden of care”, but making caring a cool thing.

Instead of, “treating mental disorders”, frame instead, making inclusion an outcome of community mental health programs.

Instead of “number of beds and easy availability of psychiatric meds in primary health care”, can we look at the numbers of support groups available around a person in their circle of care?

**Potential area for intensive debate- quality of life and relationships in open communities.**

**Local solutions for global problems as a useful adage.**
**CRPD and paradigm shift into inclusion as a practical guide to transforming communities.**


Excuse us for our absences.
Care
Be open to our changes.
Mindful language
Aspire
Time
Recognize our competency
Flat communication
Empathy
Love
Allow us 'our' time.
Have more Body knowledge
Time to rest and recover
Allow risk
Share
Space
Respect
Choice
Adjust to our changing needs
Have a heart...
Safety
Smile, laugh, Play!
Share
Support
An inclusive society not only for persons with disabilities, but for everyone!

# Social entrepreneurship in community mental health and inclusion programs

**Towards, *creating emotionally sustainable and inclusive communities***

-Human beings as a natural support and resource of care, hope, support, sharing and other positive strengths

- Emotions as a 'flow' among people, like water or wind, that can be harnessed, conserved and shared (**Entrepreneurship metaphor**)

- Communities have their own particular causes and conditions that determine their psychosocial wellbeing

-Communities own their own wellbeing, service providers are facilitators and enablers

1 Multiplying community emotional resources, through the development of psychosocial self care, support and care giving *groups* and *networks*, both formal and non-formal.

2 Partnerships with the local government, non-state organised actors, and informal community actors towards inclusion of persons with psychosocial disabilities

3 Provision of specific mental health and well being services to address diverse mental health needs using psychosocial, arts based and community development modalities.

4 Continuously applying projects management principles to research and monitor outcomes, and to advocate for policy change

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**Continuously applying Self Evolution practices for upgradation of staff, self care, wellness and their professional development.**

**For outcome of Inclusion**

1. Community Preparation
2. Programs preparation
3. Systems Preparation

# Community Preparation for Inclusion

**Baseline research** and community engagement, to understand the 'whole mental health spectrum' (Who are the people at risk for psychosocial stress / disability, how do they express and experience, what do they want)

**Information,** not on 'mental illness', but on psychophysical stress, distress, expectations on inclusion, and being a whole person, whole family, whole community

**Partake of trainings on non-formal care giving**, for example, 'managing anger', positive thoughts, daily pursuit of happiness, calming by breath practices, non violent communications, appreciation, listening, letting be and letting go, being with, treating oneself as a very important guest, basic creative skills for wellbeing, body practices that improve health, what to eat, etc.

**Preparing neighbourhoods** for support and care of vulnerable people ('circle of care', 'neighbourhood alerts', 'foster care', 'community mental health volunteers')

**Informal partnerships** within working areas (service providers, altruists, sporting clubs, philanthropists, health and social care providers, social networks, self help groups, religious groups, etc.)

# Program preparation for inclusion

1. Who does this ? Non formal care givers (a lot) and Formal care givers (a few)
2. Continuous Trainings on non-formal care giving / formal care giving for all stakeholders
3. Modular / matrix like design of the different elements of intervention to address diversity of psychosocial needs
   - Modalities of working close to people's home (befriending, peer support, home visitors, self care activities, 'being with', companionship, etc.)
   - Social Capital building
   - Creative Expression
   - Body based counselling (breath, nutrition, exercise, opening up the senses)
   - Livelihoods and other social protection
   - Building close relationships (family, alternative)
4. Partnerships in Public Health and other social services (addressing comprehensive health, malnutrition)
5. Boundary issues (Entering the community; Contracting; Privacy and confidentiality; case conferencing; other monitoring and evaluation methods for the program)

**Systems participation for Inclusion**

De Institutionalization

Cleansing wellbeing landscapes of mental asylums and social care institutions

Asking the state to reframe their regulatory function wrt communities , establish boundaries for state – community exchange

No stand alone mental health legislations

Policies on inclusion