Gilbert, J. (2005) **The Health Exchange**, November, 17-19.

Putting minds to the matter.

After a long period of neglect, mental health is now moving up the development agenda. The aftermath of the tsunami disaster has also highlighted mental health issues, and a great number of mental health and psychosocial interventions are being implemented in those countries most severely affected. (A recent article in the previous issue of "Health Exchange" (August, 31-33) highlighted some of the current challenges.[2])

Despite this growing profile, there is no UK NGO forum specifically devoted to international mental health issues. The extent and nature of UK NGO involvement in this area is not well known or understood. Nor have there been many opportunities to share good practice and identify priorities.

The last year has seen some progress. We now have a description of NGO experience provided by a piece of research I carried out and published in August 2005. This was followed by a meeting hosted by RedR-IHE in September which provided an opportunity for me to present the results of the research in person and for those present to discuss the issues raised.

Do we have the beginnings of forum? Perhaps, although it is a long way off and the idea does not have universal support. In this article I will describe some of the findings from the report and put forward some suggestions for the future.

I had the idea for this research over a year ago. It was clear that very little was known about UK NGOs and mental health and that finding out how NGOs thought about mental health issues would be the first step. My experience with RedR-IHE and many informal discussions had shown that there was genuine interest and commitment to mental health issues but that many expressed a lack of knowledge and lack of awareness of what was taking place in the field. As usual the problem was funding. After a considerable time and some disappointments I was finally supported on an expenses only basis by the Institute of Psychiatry. Not ideal, but I felt that this was an important piece of work that would provide a valuable baseline of information for any future developments.

The research aims were; to identify a sample of UK NGOs; to examine how mental health issues were addressed; review best practice and experience; generate recommendations about future directions.

Eventually I gathered information through semi-structured interviews from 19 NGOs. While this was not an exhaustive survey, the review I have compiled does explore the issues and provide a snapshot of how international mental health issues are addressed at present.

Summary of findings

The report captures the direct experience and concerns of those interviewed and thus is personal in its style and approach. The results showed that a number of themes preoccupied the respondents, but only a brief flavour of some of the issues are highlighted here (Please contact me for full copies of the report, see below). The first was the confusion about the terminology we use and our conceptual frameworks. This touched on the controversy about whether there is a legitimate role for this work at all.

For example, the term 'trauma' is now used with a multitude of meanings by journalists and the general public, and newer words such as 'psychosocial' and 'social well being' have appeared without being clearly defined.

The distinction between mental illness and the normal and expected emotional distress following catastrophic events is often blurred, and there is disagreement within agencies as to whether mental health and psychosocial issues should be addressed if basic needs for food, shelter and safety have not been met.There was much confusion about the term "psychosocial". Some organisations carrying out psychosocial programmes conceptualised mental health issues as stemming from a 'life that is shattered', and that the social fabric supporting an individual's life has been shattered. Therefore interventions are primarily to support the mending of that social fabric.

Other organisations conceptualised 'psychosocial' somewhat differently. For example a respondent commenting on a programme which supports the reintegration of mentally ill people into their communities described psychosocial as follows: 'Our family and patient counselling sessions and the reintegration processes by a psychosocial supporter is part of the psychosocial programme.'

A specialist mental health NGO conceptualised mental illness primarily within the context of poverty, lack of livelihoods and human rights and therefore takes a more developmental perspective. Another conceptualised mental health problems predominantly within an individual trauma perspective, therefore focuses on the training of local health workers in individual work. Another providing specialist mental health programmes described their work as 'focussing on the mentally ill and thinking about the social separately'.

Mental health is confusing in terms of both unclear terminology and sometimes radical disagreement between professionals. Differences in how mental health problems are conceptualised are also often not made sufficiently explicit for non-professionals, further adding to the confusion.

As to the question of whether the work is worth doing at all, respondents recognised the difficulties but stated firmly their commitment to continuing mental health programmes. One said: '[There has] been too much focus on commodities. Sense of loss and pain is as acute as hunger. You can see water and grain but dislocation of communities was leading young women to prostitution [in Rwanda] – symptomatic of psychosocial problems.

People tend to focus on the obvious – mental health does not make good TV, and it is difficult to account for mental health afterwards."

Funding was also, inevitably, an issue although responses were mixed. Non specialist organisations and NGOs who did not have any mental health or psychosocial programmes at present were sceptical about donor interest in mental health issues and the availability of funds or had had difficulty finding funding.

Some said the UK government's Department for International Development and the British public were not keen on mental health. Another respondent added: 'There is still a stigma about mental health, even with donors.'

Other organisations had had much more positive experiences in obtaining funding. Success appeared to depend on established relationships and, as was clear from the research, on how mental health was conceptualised for donors.

Larger NGOs did not need to seek funding separately for psychosocial or mental health as they were components of larger programmes. Faith based organisations had ongoing supporters that enabled them not to depend on other funding sources.

There was much agonising over whether mental health programmes need mental health specialists. Some organisations saw them as essential for the provision of expert input, others remained concerned that there may be an overly 'psychiatric' approach to normal and understandable reactions to abnormal events.

Nor was there unanimity on what would best support UK NGOs in terms of mental health. Some respondents expressed the view that the establishment of a new mental health NGO or Alliance would be a positive step, to whit: 'A new NGO would be lovely – technical assistance for others, advocacy for donors, needs to be based on research, need to build capacity in universities, advocate for mental health in country.'

Others had considerable reservations, for example: 'If there was an alliance you would never get a consensus or agree on an approach between professionals.'

The above highlights some of the issues raised. There is much more in the report (what about HIV/AIDS and mental health? What about the mentally ill? Is there an evidence base for mental health work in a development context…).

Next steps

The meeting in September 2005 hosted by RedR-IHE was to my knowledge the first time NGOs had come together to address mental health issues.

The meeting was a beginning, but all those present wished there had been more time. Some consensus did emerge and there were many positive suggestions for the future, both in terms of a potential UK forum and the implications for training. It was also agreed that the mental health sector needs a 'voice' in relation to donors but that this requires (a) greater consensus between agencies; and (b) more effective programming.

Everyone present recognised that there remains much confusion about the terms used and that ongoing clarification of terms used needs to continue. There was a general recognition too that mental health is integral to social needs, safety and security, even when not described specifically as 'mental health'.

Does all this matter? Is there a need for a mental health forum? What would it achieve? What would be the potential benefits?

Mental health needs are wide and complex, involving psychological, social, educational, human rights, livelihoods and developmental perspectives. It is now recognised and accepted that 'there is no health without mental health'[3]and a holistic approach to recovery which includes mind, body, and spirit is required. Thus careful consideration of the issues raised at this first meeting is of the utmost importance.

What next? Those present in September were enthusiastic about a further event and specific suggestions were made, including seeking funding for a collaborative event – to include a diversity of cultural backgrounds, mental health specialists, NGOs and donors. Case studies of mental health programmes in order to share good practice would also be extremely valuable. I am reviewing possible sources of funding. If your organisation would be interested in contributing to this event or you wish to be kept informed of developments do contact me.

References

[1] WHO (2001) Fact sheet No 218
[2]Gilbert, J. (2005) Psychiatrist or psychosocial adviser? Confusion, controversy and progress in mental health. *The Health Exchange*, August, 31-33.
[3]Eldis id21 insights health, Issue 6. **No health without mental health.**
www.id21.org/insights/insights-h06

Acknowledgments

I would like to acknowledge the ongoing support of RedR-IHE, especially Marion Birch, Mary Breen and Julia Baxter (organiser of September's meeting) and Martin Prince, Institute of Psychiatry.