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Community Mental Health Good Practice Guide:

Community Mental Health Forums

CBM Global Disability Inclusion
www.cbm-global.org Dr.-Werner-Freyberg-Str. 769514 Laudenbach, Germany

Foreword

Responding to issues relating to mental health and wellbeing are gradually moving from traditional individualism to collective ownership. Greater value is being placed on the outcome of the individual's health status as well as on the processes and approaches to care and management. A major component to collective care approaches are community health forums.

Community Mental Health Forums are designed to help people live the healthiest lives possible by engaging community duty bearers in conversations about common mental health issues and concerns affecting community members and agreeing on ways to mitigate the challenges and barriers that would pose social, mental/emotional and physical threats to recovery and inclusion.

Forums of such nature have worked very well for health related matters that carry lots of stigma and discrimination with them. In the case of persons with lived experiences of mental health and psychosocial disabilities, Community Mental Health Forums provide three key benefits.

- First, increased knowledge about proven causes of mental health problems/illness – hence debunking myths and assumptions;
- Second, inform all about formal and informal levels of care with clear referral pathways for evidenced-based care; and
- Third, after-care support by community actors which includes reintegration and inclusion for self and community development.

For developing countries where the culture of social cohesion and collective conscience is considered very paramount, community stakeholders, including traditional and faith leaders and healers, are considered key in seeking ways to respond to issues affecting the community and/or its people.

This booklet is an excellent resource on what Community Mental Health Forums entail, featuring practical examples of how it can be delivered, providing experiential references of countries where it has been implemented.

Joshua Abioseh Duncan

Programs Manager/ Mental Health Coalition – Sierra Leone

Country Lead/ Speak Your Mind Campaign (United for Global Mental Health)

Table of Contents

Introduction

CBM Global wants to see a world where people with mental health conditions and/or psychosocial disabilities:

- Participate meaningfully and authentically in their communities
- Have a good quality of life and wellbeing
- Have access to dignified quality care and supports to address individual needs

Community Mental Health Forums (CMHFs) can help achieve these aims.

The purpose of this document is to:

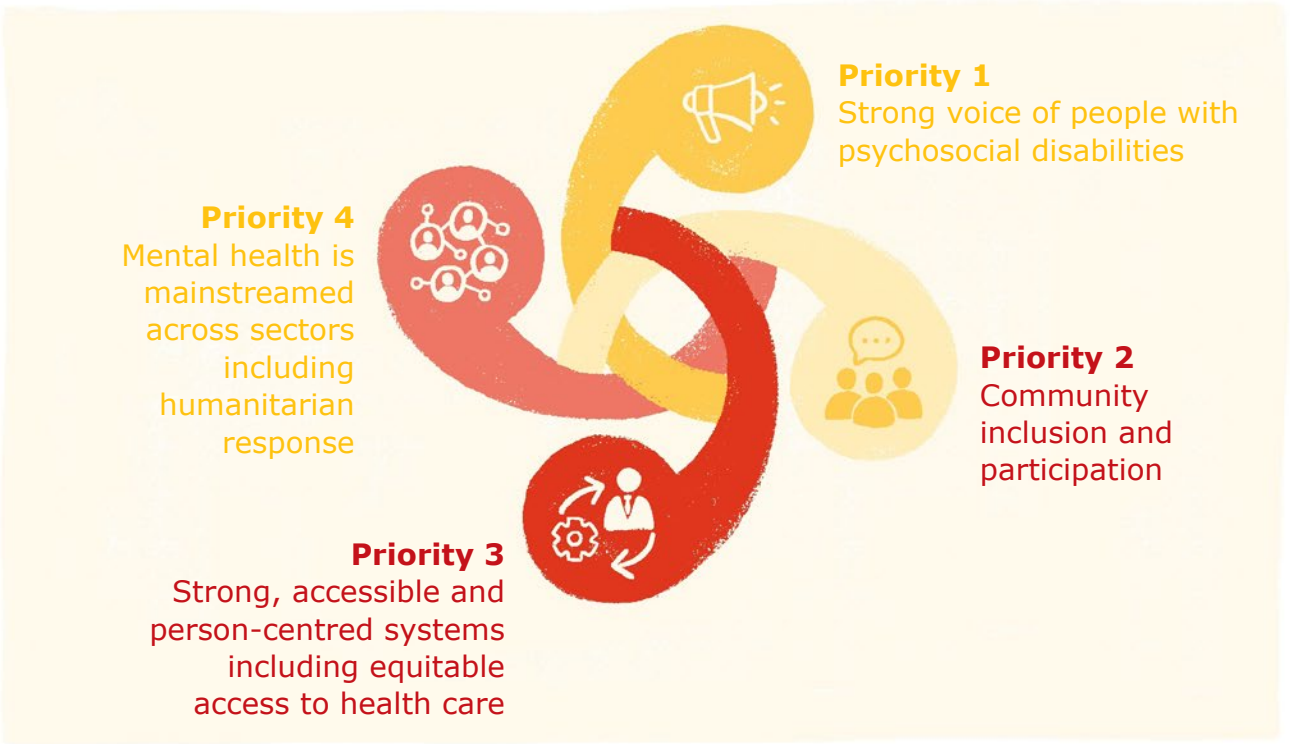
- Document and share CBM and partners' learning about CMHFs
- Draw upon recognized good practice and evidence from around the world
- Share the perspectives of community stakeholders involved in CMHFs

[Back to table of contents]

CBM's Community Mental Health Plan & Community Mental Health Forums

In 2019 CBM launched a Community Mental Health (CMH) Plan. The purpose of the CMH Plan was to bring focus and scale to the work that CBM does in order to have a greater impact on this area, both for people with mental health conditions and/or psychosocial disabilities, as well as the wider communities where we focus our work, and people with other disabilities, who are often at increased risk of mental health problems.

The CMH Plan has 4 key priorities:



CMHFs support CBM's CMH Plan by achieving priorities 2 and 3, as well as promoting human rights which informs all of CBM's work. One key means of achieving these priorities is to facilitate CMHFs in the countries where CBM works by:

- Building the capacity of facilitators delivering CMH interventions
- Supporting the planning, implementation, resulting actions and evaluation of CMH activities
- Providing evidence for the use of CMH interventions as tools for inclusion and mental health system strengthening to decision makers and funders

[Back to table of contents]

What is a Community Mental Health Forum?

Drawing on principles of best practice, the CMHF intervention was designed and developed by CBM with partners in Sierra Leone. The forums were developed in response to the need to facilitate engagement and collaboration between mental health practitioners, traditional and faith healers (Box 1) and key community stakeholders and to increase access to mental health services while breaking down stigma and discrimination towards people living with mental health and/or psychosocial disabilities.

"Before the forum we did not have good cordiality with the mental health nurse. We did not even know about their existence or the possibility of us working together with them to care for the mentally ill... But since we came to know them and start the forum the nurse started visiting our communities and she commenced treatment with the cases we had... it has been very different. The forum facilitated that."

Traditional healer, Sierra Leone[1]

CMHFs are designed to facilitate a two-way approach that encourages open dialogue, active listening, understanding, and shared learning between key community stakeholders, including traditional and faith healers and mental health practitioners, as well as traditional and religious leaders, youth leaders, teachers, police and others.

The objectives of CMHFs[1] include to:

- Engage with communities to share understandings of issues related to mental health
- Increase mental health awareness among traditional and faith healers as well as others who have an impact on the lives of people with mental health problems
- Encourage positive changes in the way people with mental health and/or psychosocial disabilities are treated within and by their communities
- Reduce stigma and negative beliefs towards people with mental health and/or psychosocial disabilities
- Strengthen the relationship between trained mental health professionals and the communities where they work
- Facilitate collaboration between both mental health practitioners and traditional and faith healers
- Improve access to and utilisation of services by defining and strengthening a referral mechanism

[Back to table of contents]

Box 1

Terminology

For the purpose of this document, traditional and faith healers will be used as an all encompassing term to describe individuals who are not trained mental health practitioners and from whom community members seek support for improving mental health. This term includes religious leaders, such as imams and pastors, as well as herbalists, among others.

At times throughout this document we have used the exact terminology used in the related resource/text. This terminology is not necessarily that used or endorsed by CBM or our partners.

[Back to table of contents]

What does a Community Mental Health Forum look like?

Step 1: Identify and Engage Key Community Stakeholders

Community engagement is a key factor in the design, delivery and success of the forums. The involvement of strategic stakeholders helps to identify the fundamental barriers and culturally appropriate solutions for improving access to mental health care and services, as well as overcoming stigma and discrimination towards people living with mental health and/or psychosocial disabilities(Box 2). Key stakeholders are gatekeepers to a community, hold positions of authority and are often the agents to change in beliefs and behaviours.

The individuals invited to participate in CMHFs vary depending on the community, however stakeholders might include traditional and faith healers, mental health practitioners, local leaders, police, members of the media, as well as members of the justice and education systems, among others. People living with mental health and/or psychosocial disabilities need to be engaged at all steps of the planning and implementation of the forums.

Step 2: Facilitate Community Mental Health Forums

The core of CMHFs is the sharing of information and beliefs between community mental health stakeholders. This sharing and discussing of information is the 'forum' itself and can take place in a workshop style ranging from 1-3 days. During the forums, stakeholders are able to identify the factors preventing people with mental health and/or psychosocial disabilities from accessing care and integrating into their communities.

Topics discussed during CMHFs[2] include, but are not limited to:

- Exploring local understandings of psychological distress, mental health difficulties and healing
- Raising awareness surrounding distress, mental health difficulties, assessment, treatment and available services, in line with evidence-based care such as mhGAP3 and rights-based approaches
- Reaching agreement on complementary roles in supporting community members with mental health difficulties, referral procedures and collaborative care
- Identifying next steps to address mental health challenges identified during the forums

A human rights based approach is the basis of all content discussed in CMHFs.

[Back to table of contents]

Step 3: Actions that Follow

CMHFs create motivation and enthusiasm for action. The activities that follow the forums should be community led and are as unique as the communities themselves. For example, in Malawi, CMHF participants went on to establish steering committees and continued to meet on a regular basis (once every 1-2 months). When the committees meet, the district mental health teams are present to help address challenges that members have faced since the last meeting. The participants engage in a number of activities, including: community mental health awareness campaigns, advocacy activities, and building capacity within the forums (for example Psychosocial First Aid trainings).

[Back to table of contents]

Box 2

Top Tips for Community Engagement in CMHFs

- **Inclusion of people with lived experience**
  Community interaction with people with mental health and/or psychosocial disabilities is a recommended strategy for stigma reduction.[4] Therefore, in order to challenge negative stereotypes of people living with mental health and/or psychosocial disabilities, as well as build their capacity, people with lived experience must be included in all stages of CMHF planning, implementation, evaluation and subsequent actions.
- **Know the target and include all relevant sectors**
  When establishing the forums, the relevant sectors need to be considered and encouraged to participate. For example, if youth commonly experience mental health problems in a community, then actors in education and other youth work need to be involved.
- **Encourage 'buy-in' from local leaders**
  From the beginning, involving respected leaders from the community will have long term benefits on the sustainability and impact of the forums.
- **Facilitate support from mental health practitioners**
  Mental health service providers should be involved in the planning and implementation of forums. They have a critical role to play in sharing information about mental health conditions and care within the forums. Including mental health practitioners will strengthen the collaboration with traditional and faith healers and help to establish referral systems.
- **Use the media**
  The media can facilitate community awareness campaigns and awareness about the forums themselves. As members of the media are exposed to evidence-based information about mental health and human rights, the messages and language shared within the media will also start to evolve.

[Back to table of contents]

Country Examples

Sierra Leone

"When we came for the workshop [community forum], the son of one of my brothers was mentally ill. Each time the illness used to set in we would get him and beat him. But after the workshop I would not let the others or anyone beat him."

- Religious leader[1]

CMHFs were first introduced in Sierra Leone as a pilot intervention in 2013. The forums have had a positive impact on communities in Sierra Leone.[1,2] Those who attended the forums have reported an increase in awareness and understanding of mental health. While stigmatisation of people with mental health and/or psychosocial disabilities is ongoing in communities, negative myths and beliefs have started to change and there has been a reduction in maltreatment and human rights abuses. Forum participants continue to engage in mental health advocacy and promotion. Due to the forums, relationships between stakeholders have strengthened and there is an improved collaboration between traditional and faith healers and mental health nurses, as well as an established referral system for mental health services.

Malawi

"I was invisible, now I am visible. Before being part of the forum, I was working with four other people from the MeHUCA group, which is little compared to the number of people in the area that we have to reach out to. With the forum, there is more of us, we are visible and that has allowed people to pay more attention to mental health and challenges people with mental health conditions face."

-Linda, MeHUCA Ntonda Peer Support Group Secretary[5]

In 2018, Mental Health Users and Carers (MeHUCA) and Malawi Council for the Handicapped (MACOHA) partnered to establish 15 CMHFs across 5 districts in Malawi. MeHUCA and MACOHA took the Sierra Leone pilot and adapted it to the Malawi context. One success of the forums is the realisation between participants that they are not alone in supporting people living with mental health and/or psychosocial disabilities. The forum participants have also reported a change in attitude towards people with mental health difficulties amongst community members as a result of their engagement. Many of the groups are now working towards addressing the inclusion of persons with mental health and/or psychosocial disabilities in community activities. CMHF participants have been encouraged by the change they are seeing in their communities.

[Back to table of contents]

The Value of Traditional and Faith Healers

"The two systems of traditional and Western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each. This is not something that will happen all by itself. Deliberate policy decisions have to be made. But it can be done successfully."

-Dr Margaret Chan, Former Director-General of WHO (2006-2017)[6]

In many countries and communities where CBM works, there is a history of traditional and faith healers and mental health practitioners working independently rather than collaboratively. This can be due to a lack of awareness surrounding the effectiveness of each others' approaches and a resultant lack of trust. In addition, some traditional practices are harmful and infringe on an individuals' human rights.

Despite the progress that has been made in increasing access to mental health care and support, and human rights with and for people with mental health and/or psychosocial disabilities, there is still a gap in many low and middle income countries (LMICs). For many reasons, CBM believes it is important to include traditional and faith healers in the provision of holistic mental health care:

- In many countries, the number of traditional and faith healers far surpass the number of mental health practitioners, including remoted rural areas.7
- Culturally, many traditional and faith healers are the key care providers that community members trust when addressing mental health challenges.
- Local and traditional beliefs that are not harmful should be respected, as culture and mental health (including religion and spirituality) can be closely related.
- Approaches to mental health care and support should be contextually specific and respond to individual needs.

There is a call for increased collaboration between mental health practitioners and traditional and faith healers.[8,9] Evidence shows that:

- Traditional and faith healers can be trained and supported to undertake many elements of mental health care and support,[9,10] including psycho- education, treating common mental health conditions and detecting and referring individuals.
- A collaborative, task-sharing approach to care and support can improve the lives of people living with mental health and/or psychosocial disabilities, including depression, dementia, PTSD and alcohol use disorders.[11]
- Integrating traditional and faith healers into mental health care services can lead to effective, culturally sensitive interventions.[12]

[Back to table of contents]

CMHFs provide the perfect environment for such a collaboration. Traditional and faith healers should be included as one of the many stakeholders invited to participate in the CMHFs. Not only do traditional and faith healers have a role to play in mental health care and support, but also in working with communities to break down stigma and discrimination and stop human rights abuses commonly experienced by people living with mental health and/or psychosocial disabilities.[13]

Interview

David Petro, Traditional Healer

David Petro is a Traditional Healer who is a CMHF participant in Malawi. In this interview, David shares his experience within a CMHF and the impact he has seen in his community.[5]

Q: What have you learnt from the CMHF?

A: The forum has brought together people from different sectors of the community and I have learnt a number of things. I have learnt how to help people with mental health conditions through the training. I have learnt what mental health is, what mental health conditions are and how to assist someone when they come looking for help. I have also learnt the importance of collaboration. There is increased collaboration among different groups of people working in different areas wanting to improve the lives of persons with mental health conditions.

When members of the community are sick, especially with mental health conditions, they will seek traditional healers, this is prompted based on the belief that witchcraft is at play. With the knowledge and skills acquired from the forum, I am now aware of the different causes of mental health conditions and I can explain these things to the patient. With the increased collaboration between different sectors, I am able to refer community members to health centres, hospitals or religious leaders.

Q: Do you think this is an effective way of working with persons with mental health conditions?

A: Yes. Before the forum and the training, without mental health knowledge when community members came for my help, I did what I could to help them based on the knowledge I had and I would send them back home. Some people got better, some did not but with collaboration with other members of the community in their fields of expertise can assist that person based on the knowledge that have and I have seen that with the collaboration there has been better outcomes for people with mental health conditions.

[Back to table of contents]

Q: Now that people are experiencing better outcomes, as a result of collaboration, do community members still find your services essential?

A: They do. Nothing has changed. For most people I am still the first person they contact before they access mental health services at the health centre or speak to a religious leader.

Q: What kind of feedback are you getting from community members once they are referred to other services?

A: Most of the people I have referred have come back to say that they had access to care and, due to the medication or counsel received, they are experiencing decreased symptoms of mental health conditions and are slowly regaining the ability to carry out everyday activities.

Q: Has the way you work with people with mental health disabilities changed? If so, how?

A: The way I work with people has not changed significantly. I still do what I used to do before however what has changed is that I now refer people to health practitioners or religious leaders for further assistance. There are other people who can help me, help the person or family looking for help.

[Back to table of contents]

CMHFs in Low and Middle Income Countries

People with mental health conditions and/or psychosocial disabilities are faced by many challenges and barriers, some of which are more extreme in LMICs:

- Exclusion, discrimination and stigmatization
- Feelings of hopelessness and sadness
- Challenges with interpersonal relationships
- Poor access to human rights
- Lack of access to care & treatment, including medication

Globally, there is a momentum to scale-up access to mental health services and community support structures, reduce stigma and address human rights abuses.[14]

The CMHF intervention fulfils a need in LMICs because:

- It is an innovative and scalable intervention
- It is an affordable and practical intervention
- It is respectful of local values and cultures
- It increases mental health awareness and community sensitisation[2]
- It addresses negative myths, beliefs and stigma surrounding mental health
- It introduces rights-based approaches and new service options
- It encourages community engagement mental health care and treatment
- It promotes communication and collaboration between mental health stakeholders
- It promotes access to care and treatment
- It promotes mental health with the broader development agenda (Box 3)

[Back to table of contents]

Box 3

Mental Health & the Broader Development Agenda

Mental health is core to overall wellbeing and quality of life. Mental health and wellbeing are also increasingly recognised as essential contributors to successfully achieving wider social and economic global development goals. There is now growing attention to mental health in the global development sector:

- **WHO Mental Health Action Plan 2013-2030:** The Action Plan was adopted by WHO Member States in 2013 and highlights the need to promote the empowerment of persons with mental disorders and psychosocial disabilities. The goal of the plan includes promoting mental well-being and human rights while enhancing recovery and reducing disability for persons with mental conditions.
- **UN Convention on the Rights of Persons with Disabilities (CRPD):** Psychosocial disabilities are recognised as an essential component of disability inclusive development, and in many countries stronger organisations of people with psychosocial disabilities are growing, where they previously did not exist. The CRPD provides a basis for people with psychosocial disabilities to challenge their exclusion, and hold governments accountable to commitments regarding their rights.
- **Sustainable Development Goals (SDGs):** The 2030 Agenda for Sustainable Development calls for a reduction by one third of premature mortality from non-communicable diseases through prevention and treatment and promotion of mental health (SDG 3.4); and to "strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol" (SDG 3.5).
- **WHO QualityRights Initiative:** QualityRights is WHO's global initiative to improve quality of care provided by mental health services and promote the human rights of people with psychosocial, intellectual and cognitive disabilities. The initiative includes training and assessment tools as well as guidance for improving and transforming mental health services.
- **WHO Traditional Medicine Strategy 2014–2023:** The goal of WHO's Traditional Medicine Strategy is to support the development and implementation of proactive policies and action plans that will strengthen the role traditional medicine plays in keeping populations healthy.

[Back to table of contents]

Box 4

Moving Forward with CMHFs

The following will support the scale-up of CMHF initiatives in LMICs:

- **Research:** The majority of research that focuses on community engagement and mental health has taken place in high income countries. Growing the body of quality community mental health evidence from LMICs is essential.
- **Human Rights:** All CMHFs should take an approach that promotes human rights and access to quality mental health care (Box 3), for example using QualityRights resources.[15]
- **Central to Community Mental Health (CMH) Work:** All community-based models of mental health should be implemented using community engagement approaches, for example CMHFs.
- **Full and Meaningful Participation of People with Lived Experience:** People with lived experience and relevant community stakeholders should fully participate in the design, development, implementation and evaluation of all CMH interventions.

[Back to table of contents]

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For further information on CBM's Community Mental Health work:

CBM Global

hello@cbm-global.org

www.cbm-global.org

CBM Global Disability Inclusion

CBM Global Disability Inclusion works alongside people with disabilities in the world's poorest places to transform lives and build inclusive communities where everyone can enjoy their human rights and achieve their full potential.

Community Mental Health Thematic Area in CBM Global

Mental health conditions are a major cause of disability and ill-health worldwide. Those living in poverty are at greatest risk and least likely to access treatment or support. Many people experiencing mental health conditions and/or psychosocial disabilities face stigma, discrimination, even abuse. With decades of experience in the field of global mental health, CBM Global recognises the central role of mental health in wellbeing and works to promote good mental health, challenge the exclusion of people with mental health and/or psychosocial disabilities, and strengthen mental health systems, so that mental health needs are recognised and addressed.

This is one of a number of guides that CBM Global will be producing to share our work and experience in community mental health.

[Back to table of contents]

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[Back to table of contents]

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[Back to table of contents]