



Big issues identified by Covid-1.

Requiring Fundamental Change
in Mental Health

A Local and Global Action Plan



Developed and Adopted by a Coalition of International Organisations

International Mental Health Collaborating Network
World Federation for Mental Health
World Association for Psychosocial Rehabilitation
Mental Health Europe
European Community based Mental Health Service Providers Network (EUCOMS)
Global Alliance of Mental Illness Advocacy Networks (GAMIAN)
Human Rights Monitoring Institute (HRMI)
Italian Society of Psychiatric Epidemiology (SIEP)
Transforming Australia's Mental Health Service System, Incorporated

Supported and Adopted so far by:

The Banyan, India
Asociación Argentina de Salud Mental, Argentina
Escuela de Salud Publica Facultad de Medicina, Universidad de Chile, Chile
Program for Recovery and Community Health School of Medicine, Yale University, USA
International Aid Network (IAN), Serbia
Los Angeles County Department of Mental Health (LACDMH), USA
Walsh Trust, New Zealand
European Federation of Associations of Families of People with Mental Illness (EUFAMI)
CENAT (Centro Educacional Novas Abordagens Terapêuticas), Brazil
European Assertive Outreach Foundation (EAOFF)
Zero Project, United Nations (UN), Austria
Asociacion Espanola Psiquiatria (AEN), Spain
UNASAM / Conferenza Nazionale Salute Mentale, Italy
Trieste WHO Collaborating Centre, Italy
Lille WHO Collaborating Centre, France
Lisbon Institute for Global Mental Health, Portugal
Cultural & Global Mental Health, University of Middlesex, UK
Unit for Mental Health and Wellbeing, University of Warwick, UK
Fountain House, ClubHouse International, USA

This document has been co-produced by people with lived experience and who use services, family members, mental health professionals, policy makers and researchers belonging to the above organisations.

These targets are for people and organisations to use locally within their communities and mental health services

We are now actively seeking the support of all organisations and services that want to be part of this campaign for fundamental change.

We welcome other organisations and individuals to join us.

1. Introduction

The Coronavirus Pandemic is a time of difficulty but also an opportunity for human ingenuity, endeavour and learning. These lessons we have known about before, but the pandemic has shone a spotlight on the importance of:

- A clear focus on the resilience and agency of communities, service users and families
- Community service networks giving people better protection and support.
- Seeing and hearing the person as a person, not as an illness.
- Recognising that marginalised and vulnerable people are more exposed to mental health problems.
- Understanding that Institutions are not safe places.
- Promoting the need for better social connections between people and organisations.
- Addressing the social determinants of mental health.
- Quality relationships between people and organisations are fundamental to the creation of sustainable partnerships.

These lessons point to the importance of addressing human rights, discrimination and social exclusion in society and within services. This has occurred in the past, as well as in the present.

We need to change this situation now.

Further, we believe it is necessary to change the language and narrative on mental health, by harnessing community responsibility, with the citizens at the centre. This stresses that mental health is everybody's business:

- Life is yours / do the best you can
- Be aware you live with others / be responsible
- Avoid a passive position / be a partner for positive mental health
- Enhance your social connectedness through community engagement and being accountable to others living in your community

Now is the time we must all make fundamental changes to improve mental health around the globe and mutually learning from one another. These changes must embrace emancipation and be applied in ways that respect values, culture and differences.

Therefore, we acknowledge that we should learn from all parts of the world and not only from Western approaches and prioritise identifying and sharing good practice across the world.

When seeking to improve mental health care worldwide, there must be a commitment to phase out psychiatric institutions and outmoded and harmful forms of treatment.

Public Mental Health approaches are also important and should be an essential part of global health systems.

To address the “Need for Fundamental Change in Mental Health” a radical rethinking of the notion of global mental health is needed. Global Mental Health should prioritise improving mental health by focusing on social determinants and achieving equity in mental health care for all people worldwide.

2. Our Vision

“A world which respects and values the differences between individuals, enabling people who experience mental health issues, with appropriate supports, to lead fulfilling and productive lives using their strengths and resilience to contribute as full citizens and enrich our societies.”

3. The Case For Fundamental Change

There is a need for all of us to address the lessons identified above that require the mental health system to implement our vision to fundamentally change *Thinking, Practice and Systems*.

To achieve this goal we are launching our Action Plan to enhance peoples mental health. To progress the plan we have formed a coalition made up of international, national and local Mental Health organisations. It is a growing coalition of organisations and individuals from Low to Middle and High Income countries.

Together, we have re-imagined responses to peoples' mental health and wellbeing, focussing on their whole life needs based on these **values and actions**;

- *Regards all of us as equal citizens.*
- *Nothing about us without us*
- *Understanding that social determinants based on equity, equality and social justice are the most important factors in addressing mental distress.*
- *Underpinned and structured by a Human and Civil Rights approach.*
- *Led by "bottom up and top down" parallel change processes inspired by "people" for "people".*
- *The right to good quality public services should be available for all regardless of our circumstances.*
- *Evidenced by increased resources for community services by redistributing existing resources away from hospital-based services.*
- *Evidenced by governments increasing Investment in the development of public services, particularly community mental health.*
- *Driven by a focus on the recovery/discovery approach - emphasising hope, emancipation, equality, connection and continuity.*
- *Based on life stories and whole life needs and the meaning they have for the person.*
- *Encouraging the moving away from the narrow focus and the dominance of the mental illness model towards whole person, whole life approach.*

The responses above have informed the identification of our Big Issues and Actions For Change.

4. Big Issues and Actions for Change: An International and Local Action Plan 2020 - 2030

Informed by the need to “*Change the Thinking, Change the Practice, Change the System*” we have identified with our partners the 12 big issues that need to be tackled through practical action that can deliver the required change.

These issues have been identified through the pandemic that exposed the inequalities in our societies and in the present mental health system.

4.1 Society and Responsibility: Building societal responsibilities and responses to people with mental health issues

Action Points:

- A society should take responsibility for determining and meeting the mental health and well being of its citizens founded on human and civil rights and a collective vision of responding to peoples’ social and economic needs.
- Society must address these responsibilities as they are equally important priorities in the face of the usual dominance placed upon globalisation and economic considerations.
- There is a need to prioritise prevention, promotion and education based on improving the environmental, economic and social conditions that directly affects people being able to meet their whole life needs.
- We need to mitigate the impact of the detrimental effects to worldwide eco-systems (including global warming, extreme droughts, floods, storms, fires etc)..Because these events increases the mental distress of people and communities.
- Developing *Whole Person, Whole Life - Whole System Strategic Plans* through developing partnerships that share responsibility to meet the whole life needs of people in our communities, that ensures equal access for all members of society.
- These should include social inclusion pathways and initiatives such as; developing social networks, educational opportunities, supported housing, work opportunities, developing social enterprises and personal budgets.
- The needs of ethnic minorities and indigenous people have to be understood, addressed and responded to both by society and services. This should acknowledge and address inequalities and systemic racism as causative factors.
- Increasing the opportunity and availability of housing for people with mental health issues, especially when homeless

- Addressing the whole life needs of refugees, asylum seekers, migrants and victims of torture who are particularly vulnerable.
- Acknowledging and calling for action to address the ongoing conflicts, fragmentation, political deterioration, insecurity and instability in low, to middle income countries which have become clearer with COVID-19. This has made it more difficult for peoples' mental health in these regions.
- Children have been isolated without contact with other children. We need to understand better the impact on their development and their mental health and determine the best actions to mitigate and protect them.
- We need to end the discrimination of elderly people by society and our welfare, health and social care systems. We need to learn from societies around the world, where elders are given respect, value and are supported within their families and communities.

4.2 Learning how service users and families have coped during the Pandemic. Discovering and valuing the ways people have shown their resilience and ingenuity at this time.

Action Points:

- Gathering evidence of innovative practices and approaches that provided support during the pandemic. These activities must be captured, through action research and open discussion forums with service users, family members, peer workers and organisations.
- Invest much more in informal, peer led experiences, networks and peer support within the wider community and services.
- As services and practitioners we need to learn from people and their resilient experiences and to act on realising peoples strengths.
- Digital access has been shown to be very important for some people. Therefore we need to make smart phones and other devices available to those who don't have them.

4.3 There is a fundamental need to focus on understanding the importance of the social determinants of mental health in meeting the whole - life needs of people

Action Points:

- Developing local strategic plans on the social determinants of mental health through a community partnership that acknowledges international frameworks and goals.

- Mental health providers must prioritise these local strategic plans as they are of equal importance to the development of clinical services.
- Applying a co-production methodology: A democratic and inclusive process of development must encompass all local stakeholders as equal partners to create a *Whole Life - Whole System* approach.
- Working with Non Governmental Organisations and a range of different agencies (public and private) that provide significant services in our societies. We especially need to work with them in order to meet the whole life needs of people in the community.
- There is a need to increase and sustain the funding of community organisations that provide essential services not met by statutory organisations.
- Addressing inequalities, systemic racism and discrimination. Ensuring that the needs and voices of oppressed, marginalised and vulnerable groups are prioritised and this injustice is addressed through specific actions by applying equalities principles.

4.4 Changing the thinking within mental health services, professionals, organisations and communities

Action Points:

- Promoting a different belief that people can recover and discover a life of hope and purpose, especially amongst the professionals.
- Organising “Change the Thinking, Change the Practice, Change the System” Action Learning Sets and Twinning Collaborations between organisations.
- Co-creation and co-delivery of services, in their design and development, is always paramount.
- Understanding the need to acknowledge seeing the person as a protagonist of their own lives and to challenge the power of the system.
- Community care should be offered as close as possible to people homes and in neighbourhoods known to the person.
- Community services must be small scale, accountable, responsible, accessible, mobile and flexible.
- Community services must be accessible 24 hours a day, seven days a week with multidisciplinary staff also providing home treatment and respite beds as alternatives to hospitalisation. This has the objective and the capacity to care for people with severe problems.

4.5 Increasing the ways to keep people connected, involved, informed and supported.

Action Points:

- We must bring the voice of service users and families into the centre of decision making by ensuring that there is real connection, trust and support.
- Collecting, evaluating, promoting and actioning the methods used by organisations and groups during the Pandemic to preserve and extend connection.
- Developing ways of improving personal social networks by engaging with local communities and mental health services.
- Promoting social activities by Non Governmental Organisations, Family associations, Third Sector, Civil Society organisations (Whole Life domains eg, art expression, gym and sport, community participation, political literacy, etc).
- Digital development and access must be formed around the person, to improve their experiences, including access issues and respecting the personal ownership and use of this information.
- Whilst the role of technology in addressing these issues has been important, we need to ensure that face to face contact is maintained.

4.6 Human Rights: Acting on Human Rights and Fundamental Freedoms: Moving toward avoiding coercive practices

Action Points:

- International and National Legislation should be founded on social inclusion principles and not exclude people based on their mental health labelling or diagnosis.
- Adopting a *human rights first* culture by complying with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).
- Advocating for alternate approaches to all situations where coercive practices exist.
- Reducing the emphasis on risk aversion.
- Avoiding involuntary treatment orders, locked doors, seclusion and restraint.
- Changing attitudes, embedding evidence-based approaches to reduce and eliminate these forms of control.

- Learning from the best evidence and practice examples from around the world, consistent with human rights and incorporating these lessons into our policies and practice.

4.7 Education and Training: Developing education, training, continuing education and retraining of all mental health workers to increase our skills and knowledge on recovery, social inclusion and community partnerships

Action Points:

- We need to enlist universities and colleges and professional organisations to review foundation and continuing training curriculums toward developing new learning, based on human rights and recovery and discovery approaches.
- Current training curriculums should focus as much on mental health, well-being and resilience rather than just on mental illness and clinical perspectives
- We must provide retraining, professional development programmes for all health workers on changing thinking and practice.
- Because of the critical importance of the contribution of emergency workers, primary health care workers, support and welfare workers, community agency workers in responding to people with mental health issues must be supported by providing training and sharing knowledge.
- Training all mental health professionals in the Whole Life - Whole System approach, community development skills and dialogical practice.
- People with lived experience, healers, peer workers must be informed by services and be provided with knowledge of mental health service systems, laws and policies. This will enable them to influence decision making and be more effective in their area of work.
- The central importance of developing and maintaining trusting relationships and how this can be incorporated into training programmes.

4.8 Self Help: Ensuring knowledge and availability of existing person centred self-help, tools and instruments; increasing the use of psycho-educational resources; and developing new resources.

Action Points:

- Ensuring the availability of existing person centred materials, books, apps, tools and instruments.

- Creating a directory of what is available locally and disseminating this to organisations, groups and individuals.
- Providing local training opportunities in the use of these tools for service users, family members and mental health workers.

4.9 Mutual Support: Establishing and promoting mutual support for service users and carers with the aim to enhance togetherness, knowledge, resilience and to increase hope and sense of belonging.

Action Points:

- Developing mutual support groups, peer led groups, self help groups, community forums, citizen assemblies, formal and informal advocacy.
- Services must actively encourage and support (including financially) the development and maintenance of these groups as essential services.
- Training and supporting group developers and facilitators with essential community partners.
- Increasing the availability of peer support through the training of peer workers in Whole Life approaches.
- Supporting the development of new groups.
- Establishing participation committees of stakeholders and community members in mental health services.
- Supporting participation of mutual support groups in policy making and service development and provision.

4.10 Deinstitutionalisation: Closing the large psychiatric institutions through strategic and incremental plans, simultaneously increasing the availability of comprehensive community mental health service systems.

Action Points:

- Relaunching the campaign to close all psychiatric institutions by using all forms of social media, webinars, online conferences, seminars, tutorials and forums.
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- Sharing our learning from the Pandemic on the importance and benefits of a whole system of community mental health services with governments, professional bodies, NGO's, Universities, local authorities.

- Recognising that institutions and large residential facilities are facing great challenges during the pandemic and organisations need to reduce their reliance on these services.
- Learning from service organisations that have made these changes and disseminating practical knowledge about deinstitutionalisation and transition to community based mental health care.
- Promoting and providing existing operational guidelines in community mental health approaches and services.
- Providing training on examples of how to develop community mental health systems and the rundown of psychiatric institutions.

4.11 Discovery and Recovery: Increasing the availability and choice of discovery and recovery informed practices.

Action Points:

- Identifying and making available the wide range of discovery and recovery informed practices, tools and therapies.
- Introducing and integrating discovery informed practices into the service users journey and in the day to day practice at all levels of service delivery.
- Promoting the proper use of medications through best evidence.
- Increasing availability of alternative therapies that make reliance on the ongoing use of medication not always necessary.
- Learning from how people have successfully reduced their reliance on medication by developing alternative coping strategies.

4.12 People diagnosed with mental health conditions must have increased life expectancy and this issue must be urgently addressed by

Action Points:

- Mental health organisations must focus on increasing the life expectancy of people with mental health problems and issues.
- Addressing the social and economic conditions that are harmful to our resilience and our physical and emotional health from birth to old age.
- Ensuring the widespread use of tools and best practice guidance on improving the physical health of people.

- Helping people to adopt a healthy lifestyle by making available advice and resources.
- Reducing the harmful side effects of medications, including weight gain.

5. Processes and Methods

5.1 Gaining Consensus

There is an increased benefit of us working together as international mental health organisations to identify and call for action on the big issues during and after the Pandemic. We have worked together and agreed the action plan in a joint campaign. We believe and hope that in this way we will have a greater chance and effect on influencing governments, mental providers and NGO's to implement our Action Plan.

5.2 Launch and Disseminating through our global and local networks

The organisations included in this campaign have worldwide networks of thousands of members that gives this campaign the potential to reach decision makers, activists, advocates and the public at a national and local level.

The launch of this campaign will be coordinated by the coalition partners.

5.3 How the Action Plan can be used

We see this Action Plan working simultaneously internationally, nationally and locally.

We believe that an action that is supported by international mental health leaders, national organisations and their local branches, mental health providers, service user groups and family associations has a much greater chance of being adopted and effective.

We place great emphasis on identifying and celebrating good practice founded on human rights and values. There are many examples of good practice around the world that can be used to support our *Identified big issues* and what has already been achieved to address these.

Events across the world can be organised and will be part of the process of understanding how this Action Plan could be adopted in different contexts. This could be of particular help to countries that are transforming their mental health services.

5.4 Ongoing development and Support

This is a ten year campaign and we want to continue to develop and strengthen the Action Plan through our shared learning. This will be supported through social media and online platforms to nourish experiences and practice through international exchanges and Action Learning Groups.

6. Supporting Arguments and Contributions

This is a separate document and is ongoing. We welcome other contributions and these will be included.

7. Links and references to useful Statements, Reports and Calls For Action

International Mental Health Collaborating Network
www.imhcn.org

World Federation for Mental Health
<https://wfmh.global>

World Association for Psychosocial Rehabilitation
<http://www.wapr.org>

Mental Health Europe
<https://www.mhe-sme.org>

European Community based Mental Health Service Providers (EUCOMS) Network
<https://eucoms.net>

Global Alliance of Mental Illness Advocacy Networks GAMIAN
<https://www.gamian.eu>

Human Rights Monitoring Institute (HRMI)
<https://hrmi.lt/en/>

Italian Society of Psychiatric Epidemiology (SIEP)
www.siep.it

Transforming Australia's Mental Health Service System, Inc
<https://tamhss.wordpress.com>

World Health Organisation survey: COVID-19 disrupting mental health services in most countries,
<https://www.who.int/news-room/detail/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey#.X3v2Lpob6I1.linkedin>

United Nations: Right of everyone to the enjoyment of the highest attainable standard of physical and mental health
<https://undocs.org/A/75/163>

8. Websites of Supporting Organisations

The Banyan, India

<https://thebanyan.org>

Asociación Argentina de Salud Mental, Argentina

<https://www.aasm.org.ar/es>

Escuela de Salud Publica Facultad de Medicina, Universidad de Chile, Chile

<http://www.saludpublica.uchile.cl>

Program for Recovery and Community Health School of Medicine, Yale University, USA

https://medicine.yale.edu/psychiatry/research/programs/clinical_people/recovery/?locationId=382

Los Angeles County Department of Mental Health (LACDMH), USA

<https://dmh.lacounty.gov>

Walsh Trust, New Zealand

<https://www.walsh.org.nz>

European Federation of Associations of Families of People with Mental Illness (EUFAMI)

<http://eufami.org>

European Assertive Outreach Foundation (EAOF)

<https://eaof.org>

Zero Project, United Nations (UN), Austria

<https://zeroproject.org>

Asociacion Espanola Psiquiatria (AEN), Spain

<http://www.sepsiq.org>

UNASAM / Conferenza Nazionale Salute Mentale, Italy

<http://www.conferenzasalutementale.it>

Trieste WHO Collaborating Centre, Italy

<http://www.triestesalutementale.it/english/index.htm>

Verona Mental Health Service and University Clinic, Italy

<http://www.psychiatry.univr.it>

Lille WHO Collaborating Centre, France

<http://www.ccomssantementalelillefrance.org/?q=presentation-0>

Lisbon Institute for Global Mental Health, Portugal

<https://www.lisboninstitutegmh.org>

Cultural & Global Mental Health, University of Middlesex, UK

<https://www.mdx.ac.uk/about-us/our-people/staff-directory/profile/colucci-erminia>

Unit for Mental Health and Wellbeing, University of Warwick, UK

<https://warwick.ac.uk/fac/sci/med/research/hscience/mhwellbeing/>