

Introduction

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In 2006 the Department of Mental Health and Substance Abuse of the World Health Organisation convened some non-governmental organisations – Basic Needs, CBM, World Association for Psychosocial Rehabilitation and the National Institute for Mental Health of England together with a group of professionals well known for their commitment to community mental health and advanced the proposal of creating a network called Global Forum for Community Mental Health. The Forum was subsequently launched in a successful meeting held in Geneva on 30-31 May 2007.

The assumptions underlying such an initiative were quite straightforward:

- Despite the widespread diffusion of authoritative reports, in low and middle income countries mental health has a low priority on the government agenda and for society in general. There is a lack of knowledge about mental health issues; instead, prejudice, negative attitudes and discrimination prevail. People with mental disorders have extremely limited access to social support and health services. They may live in the community but often they are not allowed to participate in community life. The lack of community-based support and services leaves them excluded and isolated.

- In most countries there is a lack of attention to the need of shifting the care focus for severe mental disorders from large isolated institutions to community-based services, especially in low and middle income countries. Although any conference and psychiatric textbook pays lip service to community care, treatment models, research efforts and resource allocation remain in most cases centralised and institution-based within the framework of a narrow biomedical model.
- The voice of those at the receiving end of mental health care, both direct consumers and caregivers, is seldom heard wherever mental health issues are discussed, both at grassroots and the top level. Although the consumer movement has grown in recent years from a few scattered self-help groups to wide networks engaged in the protection of civil rights, public education and advocacy, its participation in the formulation of mental health policy and service delivery remains limited. Views of consumers on mental disorders, their subjective experiences and opinions about their care needs are rarely reported in psychiatric literature.
- Community work requires a change of attitude and attainment of new skills for most mental health professionals, especially psychiatrists. They have to move away from their learned role and be ready to work together with non-professionals, users, carers, communities, public health personnel and volunteers. Training of service providers is often short-term and theory-based with limited assessment and supervision, based on models imported from Western countries without due consideration of cross-cultural issues and public health perspectives.
- Implementation of mental health care in low and middle income countries has to face a number of challenges: how to ensure equity of access, effectiveness of services, efficacy in the use of scarce resources, responsiveness to users' needs and culturally appropriate practices.

- Moreover, services are often delivered in adverse environmental conditions, characterised by social inequity, poverty, uneven distribution of resources across regions, violent conflicts, violation of human and civil rights and lack of transportation.
- Failure to recognise and mobilise informal community resources hinders service development and delivery to a large extent and limits the inclusion of mental health problems within the mainstream primary care sector.
- Access to updated information and scientific literature is difficult in most countries. Moreover, editorial policies and publication bias limit the opportunities for papers from low income countries to get published in prestigious and popular journals. The dissemination of knowledge about best practice and research findings, as well the comparison of programmes and policies across countries, is often problematic because of communication barriers.

As a result of the above considerations, discussed fully by the participants at the Geneva meeting, the Global Forum mission has been outlined: to lay the foundations for sharing information, giving visibility to best practice, providing mutual support and a sense of belonging for users, families, providers, policymakers and all stakeholders interested in decentralising mental health services and moving the resources trapped in an outdated and ineffective hospital-based system.

To reach this goal, the Global Forum's first task has been the identification of key figures able to promote the enhancement of mental health services in selected countries and subsequently the organisation of meetings at regional level to share experiences and discuss ways to single out and overcome the barriers hindering the implementation of community care.

In the last three years three meetings in low income countries have been held in Jakarta (Indonesia), Entebbe (Uganda) and Havana (Cuba) and three workshops

targeted at consumers in Bangalore (India), Accra (Ghana) and Lima (Peru). More than 250 people actively participated in these initiatives, representing a variety of groups: professionals of various disciplines, administrators, consumers, caregivers, members of central and local government, primary care workers, non-governmental organisations and spiritual leaders.

The intention was to avoid the usual conferences in which a few speak to be heard by many. Therefore, people participated in the discussion on an equal basis and everybody gave a contribution from his/her standpoint.

The rich material gathered in all meetings is available in the Global Forum website www.gfcmh.com. To give an idea of the issues addressed, we present here a selection of papers by speakers from Asia, Africa and Latin America, hoping to give a contribution to the debate on mental health in areas where the vast majority of the world's population lives.

GFCMH web site and mental health users/consumers networks

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Nowadays web users are not passive recipients; they can choose the type of information they wish to access, they can even produce or package the information themselves (Tan-Torres Edejer, 2000); mental health consumers are, much more than before, involved to take an active part in their own treatment; their participation has been heralded as the integration of consumer perspectives into standard mental health care. Social networks, self help groups, mutual support associations, advocacy organizations “*run by consumers for consumers*” are web realities increasingly widespread.

Within this frame, the GFCMH website (www.gfcmh.com) has been a key component in developing the project of Global Forum for Community Mental Health.

The GFCMH website collects worldwide consumer experiences, personal contributions and documents including information, publication references, website links that may be of interest to those leading the frontline development of community mental health services in different countries. Through the website we made an effort to give visibility to internal reports, minutes of meetings, bulletins of small associations, in order to collect *grey literature* sometimes not easily available for a number of reasons (Coad, 2006). First of all, collection of grey literature is costly, especially in terms of time, moreover grey literature tends to be difficult to be categorized and controlled in terms of bibliography and references.

The primary aim of GFCMH site is to collect and disseminate this kind of material and to promote the active exchange of information among users through a blog activity. To publish a post, users can send us an email or just fill the blog format and their comment will be automatically sent to our directory; to give a post contribution we do not require any registration.

The blog activity allows people to inform each other through comments, links, photos about their activities by providing them with an ongoing update.

Such updates can include consumers run programmes, future initiatives, events or meetings concerning relevant and innovative mental issues in low-middle-income countries. Type, focus and source of information given vary according to many factors, such as social context, country and organization.

The important process of empowerment of mental health users is strictly related to the access of information.

New technologies empower those who use information by providing them with a choice of information to be accessed in their own time and by allowing them to put their own information on the web. Having power means also giving information and getting information. Small groups have little or no access to information sources, therefore we can assume that the digital divide is still a dramatic issue in low income countries and the availability of access to technology remains in some countries a relevant problem. For instance, in Africa region the growth of web accessibility is increased enormously in the last ten years, although this relevant data still only the 3,9% of the population have access to web technical devices.¹

In this perspective large international networks of mental health users have a deep importance in disseminating information and have the role to address users to local realities such as associations or foundations that provide care in community-based services in their own country.

The challenge for the future will be the active collaboration between mental health professionals, providers, consumers groups, caregivers and others stakeholders especially in low and middle income countries (WHO, 2001); blogs and large networks are now important social platforms and they are becoming a new “context” of interactive and productive change.

To give an idea of the landscape of existing mental health users/consumers networks, we present here addresses and available links related to partners that participated or interacted actively with the Global Forum activities in the last three years.

¹ [http// www.worldinternetstats.com](http://www.worldinternetstats.com)

LIST OF USERS/CONSUMERS WEB NETWORKS

- *European Federation of Associations of Families of People with Mental illness (EUFAMI)* <http://www.eufami.org>
- *European Network of (ex-)Users and Survivors of Psychiatry (ENUSP)*
<http://www.enusp.org/>
- *MINDFREEDOM* <http://www.mindfreedom.org/>
- *Multicultural Mental Health Australia (MMHA)*
<http://www.mmha.org.au/find/consumer-carer-information>
- *National Alliance on Mental Illness* <http://www.nami.org/>
- *National coalition of Mental Health Consumer/Survivor Organizations (NCMHCS)*
<http://www.ncmhcs.org/>
- *National Coalition of Mental Health Consumer/Survivor Organizations*
<http://www.ncmhcs.org>
- *National Mental Health Consumers Self-Help Clearinghouse* www.mhselfhelp.org
- *Pan African Users and Survivors of Psychiatry (PANUSP)*
- *Red de Familiares, Usuarios y Voluntarios por la salud mental (FUV)*
- *Sainsbury Centre for Mental Health* <http://www.scmh.org.uk/>
- *SANE: Australian Mental Health Charity* <http://www.sane.org>
- *World Network of (ex-)Users and Survivors of Psychiatry (WNUSP)*
<http://www.wnusp.org/>
- *World Fellowship for Schizophrenia and Allied Disorders (WFSAD)*
<http://www.world-schizophrenia.org/>

Web contacts on GFCMH website

BasicNeeds <http://www.basicneeds.org/>

Cittadinanza <http://www.cittadinanza.org>

cbm <http://www.cbm.org/>

Global Initiative on Psychiatry <http://www.gip-global.org>

Handicap International <http://www.handicap-international.org/>

Handiplanete <http://www.handiplanete-echange.info>

HealthNet TPO [http://www.healthnettpo.org/HealthnetTPO\(EN\)/](http://www.healthnettpo.org/HealthnetTPO(EN)/)

MINDFREEDOM <http://www.mindfreedom.org/>

Movement for Global Mental Health <http://www.globalmentalhealth.org/>

National Institute of Mental Health, England <http://www.nimh.nih.gov/>

World Organization for Psychosocial Rehabilitation <http://www.wapr.info>

❖ **African Region**

Ghana

MINDFREEDOM Ghana <http://www.mindfreedom.org/as/act/inter/mfghana>

Kenya

Users and Survivors of Kenya <http://www.uspkenya.com/>

Maroc

Al Balsam, Association marocaine des parents et amis des personnes en souffrance psychique http://www.tanmia.ma/article.php3?id_article=5865&var_recherche=balsam

Tanzania

(TUSPO) Tanzania Users and Survivors of Psychiatry Organization
e_efound@yahoo.com

Uganda

Mental Health Uganda (MHU)

<http://www.mentalhealthuganda.org/index.php?page=home>

Kamwokya Christian Caring Community (KCCC) <http://www.kamccc.org/>

❖ **South- East Asia Region**

India

Aasha <http://theaashafamily.blogspot.com/>

Bapu Trust-Centre for Advocacy in Mental Health

Paripurnata Half-Way-Home. Centre for Psychosocial Rehabilitation

<http://www.paripurnata.org/>

Schizophrenia Awareness Association (SAA) <http://www.schizophrenia.org.in>

Malaysia

Malaysian Mental Health <http://www.mentalhealth.org>

Nepal

Koshish Organization <http://mhsho.wordpress.com/>

Sri Lanka

NIDHAS CHINTHANA SANSADAYA (Action Forum of consumers in mental health)

<http://www.laymensden.com/>

Americas

Chile

Rostros Nuevos Foundation <http://www.rostrosnuevos.cl/portal/>

Perù

Alamo (Familiares) <http://espanol.world-schizophrenia.org/alianza/members/encuesta/>