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GLOBAL MENTAL HEALTH CONSULTATIONS: INSIGHTS FOR POLICY AND PROGRAMMING

Summary Report of Consultation Feedback

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Executive Summary

Purpose and methods

The United States Agency for International Development (USAID) recognizes the importance of mental health as a human rights concern, a major determinant of general health and well-being, and a critical factor in development progress. As participants in this activity asserted, the debate is no longer about whether mental health is important, but rather how the development and humanitarian assistance community will address it through policy and/or programming.

To provide insights to inform programs and policies related to global mental health policy, the Agency commissioned several consultative processes designed to be highly inclusive, participatory, and rooted in global practice. This report provides a comprehensive summary of inputs from diverse stakeholders who participated in these consultation processes, among them: 1) virtual consultations with a range of stakeholder groups including USAID personnel, mental health clinicians, transnational and local nongovernmental organizations (NGOs), donors and funders, academics, and youth; 2) small group-based consultations with people with lived experience; and 3) a United States government interagency consultation. This report also draws on conclusions derived from several evidence briefs also commissioned to expand on targeted topics.

Determinants of mental health

Participants in the consultations articulated that mental health concerns are complex. These concerns often build upon one another and can be impacted by a range of factors. Among the most important factors discussed during the consultations were poverty and financial stressors, which are associated with stress, anxiety, and depression, while stigma and discrimination can result in social exclusion and discourage care seeking. Poor physical health contributes significantly to mental health concerns, while trauma and violence can cause long-lasting mental health conditions. Inequity and vulnerability, being a member of a marginalized community, or having limited access to resources also increase the risk of mental health issues. Participants said an effective mental health policy should recognize the importance of these social determinants on people's mental health and address these factors to improve mental health outcomes.

Challenges and barriers

The consultation participants also highlighted many challenges and barriers to delivering effective mental health care. The most frequently discussed challenge was inadequate resourcing and insufficient funding for mental health programs and services, which inevitably limits the reach and impact of mental health interventions. In addition, lack of prevention and early intervention lead to increased chronic mental health conditions and poor long-term outcomes. Insufficient research and data on mental health in many low- and middle-income countries (LMICs) hamper efforts to develop evidence of culturally tailored interventions and limit knowledge of effective practice. Inadequate mental health infrastructure in many countries, as well as a lack of access to quality mental health services, further compound these issues. The poor quality of mental health services may prevent people from seeking services, may cause harm, and is particularly challenging in LMICs. Involuntary treatment of people in extreme states of psychological distress remains a contentious issue and is often perceived as a human rights abuse. Lastly, limited capacity and experience in mental health among some development actors can complicate implementing mental health policies and programming. Despite these challenges and barriers, many participants expressed optimism that the timing is right for increased investments in global mental health and that some actors are well positioned to make progress on this front.

Goals of global mental health policies

Recommendations for short-term goals for global mental health policy centered on efforts and resources required to achieve specific, time-bound objectives, whereas long-term goals provided a broader vision of the future alongside changes needed to create healthier, more equitable communities consistent with global development objectives.

The main **short-term goals** suggested were to prioritize participatory engagement in the policy development and implementation processes, raise awareness of mental health, build capacity for lay and professional mental health care, and improve access to available mental health care services. Discussion participants also suggested that global mental health programming and policies should seek to address immediate social determinants of mental health such as poverty, inequality, and social exclusion; increase funding for mental health care; support evidence-based research; and foster partnerships and collaborations with local organizations, governments, academics, and other stakeholders.

The main **long-term goals** of global mental health programs and policies were to reduce the prevalence of mental health conditions to improve people's overall quality of life. Enabling community-based care was viewed as a crucial goal for building durable and resilient mental health systems—recognizing that building local capacity may require long-term investment. Policies and programs would also advance human rights and social justice and foster stable partnerships for international cooperation. Lastly, participants discussed the potential to achieve policy reforms and build mental health infrastructure and services. The discussions focused heavily on how these goals could be achieved in contexts where resources for mental health care remain limited and where conflict and disasters result in high rates of trauma and human suffering.

Core principles

Several core principles rose to the surface. A focus on these fundamental guidelines would serve as a foundation for policy decisions, ensuring that global mental health programs and policies are grounded in a shared commitment to values of equity, inclusion, and sustainability. The principles reflect a commitment to equitable access to quality mental health care while safeguarding human rights and reducing stigma and discrimination. The principles recognized the importance of promoting person-

centered care and diversifying the evidence base of mental health interventions. Focusing on early prevention and intervention and addressing the social determinants of mental health were viewed as key principles to address the root causes of mental health conditions. Discussions of some of these principles elaborated on the nuances, challenges, and caveats inherent in their application. They recognized that diversity and power imbalances exist in even the smallest communities, acknowledging that programming and policy efforts must approach mental health with cultural humility, being cautious not to oversimplify these principles when applying them in practice.

Core approaches

To put these principles into practice, participants identified several fundamental approaches that global mental health programs and policies may prioritize. These approaches can help operationalize the guiding principles of policies and direct the implementation of specific mental health programs, interventions, and services. Integrating mental health into primary care systems and building capacity for community-based care would enhance access to mental health services for people in communities where availability is limited. Participants also identified the importance of partnering with people who have lived experience with mental health conditions, as well as developing cooperative multi-sectoral partnerships to promote effective and sustainable mental health care delivery. They also emphasized the need to support research and evaluation of mental health strategies to continuously inform these approaches at different stages of implementation. Among the wide variety of approaches discussed in the consultations, this report identifies the most discussed topics.

Comparative advantage of funders, bilateral, and multilateral organizations for mental health program and policy implementation

A recognition of stakeholders' strengths and weaknesses can aid organizations in identifying approaches they are well positioned to implement. Many funders, bilateral and multilateral agencies have long histories of administering bilateral aid and development programs around the world. Participants found that although they may have relatively limited experience in mental health, their expertise in international aid and development enables them to develop mental health programs and policies that carefully consider the cultural and social needs of people in the countries where they operate. Many of these strategies may focus on funding, grantmaking, and technical assistance to develop mental health infrastructure in LMICs. These actors can also employ their comparative advantage to drive progress in the following areas:

Leverage a strong convening power.

- Convene community-based organizations to inform and refine the implementation of mental health policies and programs.
- Host conferences or workshops to explore the implications of mental health policies, share knowledge, and pursue opportunities for collaboration.

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- Establish working groups and targeted task forces to implement mental health policies and programs.
- Co-finance and develop public-private partnerships to implement mental health initiatives.
- Establish working partnerships with other aid agencies.
- Use digital platforms, media campaigns, crowdsourcing, or open innovation platforms to encourage collaboration and exchange.
- Support global mental health networks among people with lived experience, mental health professionals, mental health advocacy groups, and youth.

Promote research and innovation in mental health.

- Prioritize ongoing monitoring and evaluation.
- Provide direct research grants.
- Establish research partnerships with universities and think tanks.
- Use open innovation platforms for collective research and impact.
- Host innovation challenges to inform novel and diverse approaches to mental health.
- Provide seed grants to incentivize innovations, and to develop and scale new ideas and technologies that address mental health challenges.

Develop capacity for community-based mental health systems.

- Provide training and technical assistance to local mental health providers, including peer counselors, peer-led support groups, mental health advocacy groups, and lay workers.
- Strengthen partnerships and collaborations with community-based organizations.
- Support the development and implementation of innovative technologies and telehealth.
- Provide funding and technical support to train teachers and school-based staff.
- Encourage regulation.

Integrate mental health care into primary health care systems.

- Develop mental health care guidelines and protocols.
- Train primary health care providers in providing mental health services.
- Incorporate mental health screening and services into routine health checkups.
- Strengthen mental health referral systems.
- Integrate alternative mental health providers (e.g., traditional healers) into primary care.
- Partner with health-oriented NGOs to incorporate mental health into their programming.

Produce and disseminate guidelines, core principles, and ethical standards.

- Support the development of standalone documents such as toolkits, guidance standards, and training materials for easy use and application by partners.
- Develop visual aids, infographics, and media campaigns as communication tools.
- Disseminate case studies and real-world examples to ground principles in practice.
- Apply good practice guidelines and standards to global contexts involving potentially traumatizing events.

PHOTO CREDIT: MARK MCFARLANE/FHI360.

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List of Acronyms

CBO	Community-based organization
CDC	Centers for Disease Control
CSO	Civil society organization
LMIC	Low- and Middle-Income Countries
MHPSS	Mental health and psychosocial support
NIMH	National Institute of Mental Health
NGO	Nongovernmental organization
RTAC	Research Technical Assistance Center
SAMHSA	Substance Abuse and Mental Health Services Administration
US	United States
USAID	United States Agency for International Development
WHO	World Health Organization

PHOTO CREDIT: ROSALIE COLFS, HANDICAP INTERNATIONAL

Introduction

The importance of mental health to individual well-being, as well as social and economic progress, is becoming more widely recognized. Mental ill health results in untold human suffering, lost productivity, social isolation, and decreased quality of life. It hinders people's ability to fully participate in society and contributes to ongoing cycles of poverty and exclusion. Moreover, people in vulnerable situations, such as those affected by war, displacement, and natural disasters, are disproportionately affected by mental health problems.

Despite the clear contribution mental health makes to human and social development, it remains stigmatized, undervalued, and underfunded in many regions of the world. To close this gap and effectively address the complex and different mental health needs of communities around the world, USAID commissioned RTAC to carry out a consultation process to elicit feedback on the difficulties and opportunities encountered by different stakeholder groups.

This process was designed to be highly inclusive, participatory, and rooted in global practice. The process aligned with the view that those whose lives are most affected by a problem must be active participants in the development of solutions to the issues that affect them. The insights from the consultation process will allow development stakeholders to gain a more comprehensive understanding of the mental health needs of diverse populations and identify context-specific approaches to address them. As various participants in the consultations asserted, the debate is no longer about whether mental health is important, but rather how the development and humanitarian assistance community will address it.

Purpose of the Report

This report provides a comprehensive summary of inputs from diverse stakeholders who participated in various consultations. It presents a summary of inputs from these consultations, each designed to gain insights into mental health needs, policies, and practices in different parts of the world, and from diverse stakeholder groups. Taken together, the report provides a summary of co-learning for locally informed mental health programming and policies.

The report first provides an overview of the consultation process, including a description of the different types of activities and the participants who provided feedback during these activities. It then provides an overview of input from consultation participants, describing their views on the critical mental health issues to address, relevant short- and long-term goals in mental health programming and policy, perceived challenges and barriers to achieving these goals, core principles that could be applied in mental health programming and policy, approaches that the development and humanitarian assistance community are well positioned to address, and potential next steps.

Consultation Process Overview

The consultation process involved three main activities: (1) virtual consultations with a range of stakeholder groups; (2) small group-based consultations with people with lived experience; and (3) a United States government interagency consultation. While the distinct perspectives of professionals or people with lived experience are extremely valuable, it was deemed essential to approach mental health issues through multiple lenses and from a variety of angles, taking under consideration the expertise of mental health care professionals, NGOs, people with lived experience, researchers, and policymakers, among others.

The RTAC team collaborated with USAID staff in the planning of the consultations. The activity design was informed by USAID's inputs to the process and the RTAC team's expertise in global mental health. The consultations were structured to cover causes, challenges, and barriers in global mental health; principles and approaches to mental health; and recommendations for mental health policy and programming. To protect the anonymity of participants and promote a candid engagement, USAID staff members did not join the conversations.

The results of the consultations were also informed by a comprehensive set of briefs (see Appendix 2) supported by evidence obtained from a wide range of academic and non-academic sources.

Consultation Activities

Virtual stakeholder consultations

The RTAC team[1] facilitated a total of 10 virtual consultations that prioritized seven internal and external stakeholder groups, including: (1) USAID personnel; (2) mental health clinicians; (3) major NGOs working in the field of mental health; (4) local NGOs specializing in mental health; (5) donors and funders; (6) academics; and (7) youth. Nearly 400 people were invited to participate in these sessions, and nearly 200 attended. The participants represented geographic, thematic, and professional diversity. Participants came from 39 countries. (See Figure 1 and Figure 2).

Figure 1. Participation in the consultation processes

Three parallel processes

10
Consultation Workshops
- 39 countries represented
- Diverse Stakeholders: USAID, Funders, Major NGOs, Academia, Local Governments, Local NGOs, MH Professionals, Youth
- 170 Participants

11
Small Group Consultations
- 31 People with Lived Experience
- 14 countries represented

1
Interagency Consultation
- 14 participants
- 11 agencies represented

1 The RTAC team was composed of researchers affiliated to the University of Illinois at Urbana-Champaign, staff at NORC at the University of Chicago, and professional facilitators.

Figure 2. Geographic distribution of participants in the virtual consultations

To ensure a robust participatory approach, the 90-minute consultations consisted of dialogue sessions supported by a team of facilitators distributed among breakout groups of no more than six people per room. The facilitators used a variety of participatory tools during the consultations to solicit verbal and written feedback. These tools encouraged participants to engage in robust dialogue using participatory methods to map and visualize key themes. This helped facilitators promote contributions from all participants. In addition to synchronous methods for engagement in real time, the facilitation team made available resources for asynchronous participation, which allowed participants to submit anonymous inputs after the sessions. Appendix I includes a numerical summary of the participants.

Analysis and summary of data from consultative sessions

Inputs gathered at each session were compiled for an initial thematic analysis and write-up. Researchers later compared these themes across sessions to identify convergence and divergence among the different stakeholder groups.

The consultations were intended to be as inclusive and participatory as possible. However, we recognize several potential limitations. First, the agenda and flow of the consultation sessions were highly structured and facilitated, which may have influenced or restricted the themes covered and the diversity of perspectives considered during the sessions. Second, larger consultations can make it difficult for all participants to participate, resulting in the potential inhibition of some voices. However, most of the consultation sessions were spent in small breakout groups. Third, the sessions were limited to 90 minutes, making it difficult to explore some issues in as much depth as some participants may have wanted. Finally, the consultation sessions generated a substantial amount of raw data, making it difficult to fully summarize the many contributions made by the participants.

Despite these limitations, we are confident that the main approaches and principles have been identified due to the recurrence of core themes that emerged across the various stakeholder groups. We also include ideas from participants who challenged or questioned these approaches and principles. These ideas are referenced in the report as nuances that may need to be considered in mental health programming and policies.

Lived experience group consultations.

In addition to the virtual consultative sessions, researchers conducted 11 small group consultations with individuals with lived experience. Everyone who participated in the lived experience sessions had experience with mental ill health or was the primary caregiver of such persons. Prioritizing consultations with people with lived experience recognizes the valuable insights and perspectives that people with direct experience can contribute to discussions about mental health and treatment.

In total, 31 participants from 14 countries participated in these small group consultations. Multiple people who knew one another were interviewed collectively in the context of the consultation sessions. The interviews covered the same

elements as the virtual stakeholder consultations described above. All participants represented people with lived experience who were working at, or engaging with, a mental health organization working with people with lived experience.

An invitation to attend the consultation session was initially sent to a gatekeeper within the organization, who then distributed it to those interested. The sessions were scheduled to maximize participant convenience and attendance, taking into consideration the availability of those who expressed interest. Participants across the 11 sessions identified unique principles they believe should be integrated into mental health programming and policy. These principles were then sorted into themes for further analysis.

While these consultations included a diverse group of people with lived experience, there was little representation from Latin America and Europe and no representation from the Middle East, North Africa, West Africa, or Central and Eastern Asia. Several factors limited the researchers' ability to recruit a highly representative sample. First, potential session attendees were approached based on their affiliation with organizations or initiatives associated with global lived experience movements. It is unknown how the responses in these sessions would have changed if individuals with lived experience who were less candid about their experience had been involved. Second, process-related obstacles, such as a relatively complex recruitment letter, lack of compensation for participants, and linguistic barriers hindered the recruitment of a more representative sample. Even so, the small group consultations included many participants from East Africa, South Asia, and Southeast Asia, as well as members of key lived experience organizations that work on global advocacy.

Interagency consultation

USAID staff who collaborated in this activity organized and led an interagency consultation with 11 other United States (US) government agencies and offices including USAID, the Centers for Disease Control (CDC) Emergency Preparedness and Response, US Peace Corps, National Institute of Mental Health (NIMH), Department of State (DOS) Office of the Special Representative, DOS Office of Global Women's Issues (S/GWI), DOS Office of International Religious Freedom, DOS Office of Population, Refugees and Migration (PRM), National Institute of Health (NIH) Center for Global Mental Health Research, Substance Abuse and Mental Health Services Administration (SAMHSA) Interagency Task Force on Trauma-Informed Care (TIC Task Force), and the Office of the Surgeon General. This consultation provided a forum for US government agencies to share information, the unique expertise and experience of other agencies and discuss alignment with broader government goals and objectives.

The interagency consultation followed a similar procedure to the broader consultation sessions. Using an online forum, participants shared about efforts occurring within their agencies related to mental health and foreign assistance. They discussed possible principles, short- and long-term goals and objectives, as well as the tangible and intangible results that could be expected. Finally, they discussed the core approaches that should be incorporated into work in this area, as well as suggestions for implementation of these approaches. A total of 14 individuals representing 11 agencies participated in this consultation.

Evidence Briefs

Alongside the consultation process, the research team reviewed various secondary data sources to support the drafting of 11 evidence briefs covering topics relevant to global mental health. The methods used varied by topic. The review process began with a search of academic databases and institutional websites for evidence in English, French, Spanish, and Arabic. All briefs prioritized the discovery of evidence and approaches from LMICs. The briefs included an evaluation of higher-quality gray literature, including evidence-based practices from agencies working in the thematic area as well as culturally specific and contextually relevant codes of practice in LMICs. Depending on the topic, the reviews included an evaluation of evidence from community-based care, self-help, stepped-care approaches, and evidence-based traditional practices for mental health promotion and prevention. Many of the reviews also focused on understanding the social determinants of health, which have been identified as crucial factors supporting effective psychosocial interventions in LMICs. Participants in the consultation sessions also contributed to a data repository intended to provide more information on the issues discussed. The research team incorporated key insights and sources from this data repository into the evidence briefs. Information from the evidence briefs was integrated alongside this report to develop a separate recommendations report.

Overview of the Results

The overview examines the dominant themes that emerged across all sessions. The purpose of the summary is to emphasize areas of redundancy and saturation as an indicator of common or fundamental approaches. In addition to highlighting common themes, the summary touches on uncommon themes that indicate potential areas of controversy as well as opportunities for innovation in mental health policy and/or programming.

It is important to note that participants did not always contain their comments and perspectives in the neat boxes and categories initially outlined in this flow of the consultation sessions. Because this report aims to summarize the perspectives of participants, several themes are repeated across the different sections. We suggest that areas of redundancy emerging across different sections highlight issues that may require special consideration. For instance, participants raised considerations of localization, equity, access, quality, stigma, capacity, funding, and research in nearly every section—from goals to approaches and core principles. Rather than consolidating each of these themes into a single section, they are interwoven throughout the report wherever they emerged as core concerns.

Determinants of Mental Health

Participants in the consultations spoke about many specific mental health issues experienced in their contexts, with a focus on the most common concerns of depression, anxiety, substance use, and suicidality. In this report we devote comparatively little space to the specific mental health concerns raised during the consultations, as they are wide-ranging, extensive, and likely already known by the development and humanitarian assistance communities. Rather, we highlight several broader economic and social determinants affecting people's mental health, such as poverty, stigma, poor physical health, trauma and violence, inequality, and discrimination.

Economic challenges. Participants in the consultations made it clear that economic factors play a major role in individuals' mental health. They described how COVID-19-related stress and mounting global economic crises are adding additional pressure and straining the psychological well-being of people in their communities, particularly youth. Poverty, unemployment, and inequality were viewed as having a profound negative impact on mental health—particularly on depression, anxiety, and substance abuse.

Stigma and discrimination. The dual concerns of stigma and discrimination were highly prevalent throughout the conversations and consultations. Stigma not only discourages people from seeking help but the lack of transparency around services tends to make services more costly and of questionable quality. Bullying related to cultural shame about mental health conditions was also mentioned as a significant concern, particularly for children and adolescents who may be more vulnerable to its effects. In addition, the criminalization of suicidality and substance use were mentioned as key issues preventing people from seeking out mental health services. Likewise, discrimination and active exclusion based on characteristics such as race, ethnicity, gender, sexual orientation, religion, disability, or employment status result in chronic stress, feelings of rejection, and hopelessness. These negative experiences can contribute to the development of serious mental health conditions, including depression and anxiety.

> "Social and cultural stigmas limit men and boys from expressing or participating in MHPSS [mental health and psychosocial support] services." - *NGO representative*

Poor physical health. Participants also highlighted physical health realities that underpin many mental health conditions. For instance, participants in the lived experience group emphasized how young people are affected by a societal undervaluing of sleep, which can have a disproportionate impact on youth mental health. Others emphasized the significant influence of chronic pain and illness on people's mental health—particularly for older adults and those with a long-standing disability. Participants recognized that addressing physical health issues could have a significant positive impact on people's mental health and well-being.

Trauma and violence. Participants from the Global South frequently mentioned exposure to trauma and violence, including experiences of war, conflict, civil strife, humanitarian emergencies, and witnessing or experiencing interpersonal violence (especially gender-based violence) as issues with long-lasting effects on people's mental health and well-being. Related, they mentioned political instability and conflict in conjunction with the effects of fear, anxiety, and hopelessness on people's mental health and well-being.

Trauma-informed Approaches

An associated evidence brief discusses mental health trauma responsiveness and trauma-informed approaches, which build on six core principles: safety, trustworthiness, peer support, collaboration, empowerment, and cultural awareness. The brief also recognizes that these principles were developed in Western settings and may not be entirely applicable in the Global South. To ensure that trauma-informed approaches are beneficial and not harmful to target populations, we suggest careful consideration be given to how these principles are applied and modified to suit local contexts. Factors such as social or environmental circumstances, power dynamics between providers and those

receiving care, and the intersectionality between trauma and various social factors should always be carefully considered when implementing trauma-informed care in the Global South.

"Adolescent girls in humanitarian settings experience uniquely high levels of depression, anxiety, and stress." - *NGO representative*

Inequity and vulnerability. Many participants recognized that populations in vulnerable situations (women, youth, indigenous persons, racial/ethnic minorities, and gender/sexual minorities) have higher risk factors for mental health conditions due to greater exposure to conflict, gender-based violence, and economic insecurity. These groups often have unmet mental health needs that are particularly challenging to address. They also noted that marginalized populations are often left out of major mental health decisions and responses. The criminalization of people with lesbian, gay, bisexual, transgender, queer, etc. (LGBTQ) identities or experiences present complex special mental health challenges for those communities. People with lived experience focused many of their comments on the importance of tailoring services to the needs of varied intersectional identities and minority populations.

"The gender-specific mental health issues women, girls, and gender minorities experience as a result of gender-based violence, gender norms and roles, and structural oppression influence health seeking behavior, social consequences, and disparities in service delivery." – *Mental health professional*

Key Challenges and Barriers

Global mental health care faces significant challenges and barriers that limit access to, and availability of, effective services. Many are rooted in the social, cultural, economic, and political factors described above, which vary widely across regions. As with the previous section, this following summary is not exhaustive of the many challenges and barriers described in the consultations. Rather, it provides an overview of the most pressing challenges, which include a lack of resources and trained professionals, low-resource investments in critical areas such as early prevention, limited access to high-quality treatments, insufficient data about evidence-based care, inadequate policies and infrastructure to support mental health care, and comparatively limited experience among many development and humanitarian communities in integrating mental health.

Inadequate resourcing. Participants cited inadequate resources devoted to mental health programming as a significant obstacle, resulting in capacity gaps in skills and expertise, low population-level knowledge of mental health issues, unmet mental health needs, unavailability of medical supplies, inadequate health care systems, and an under-prioritization of mental health services due to poor political will. These issues are particularly challenging in LMICs and other contexts where political decision-making is heavily tied to resource incentives. Despite increasing demands for mental health services, under-investments in capacity development have resulted in a global workforce that is often short-staffed and burnt out.

"Lack of mental health medication leads to constant relapses in patients." – *Mental health professional*

Lack of early prevention. The consultation sessions highlighted how the current mental health landscape places a higher emphasis on the diagnosis and treatment of mental health conditions rather than on early detection and prevention. Participants also noted that, in cases where prevention is a focus of health care initiatives, mental health is frequently not included in early intervention initiatives. They raised concerns that, without early prevention, people may be more likely to develop more serious and persistent mental health conditions.

"I see a predominant focus on treatment and response without the same amount of focus on prevention and promotion." - *Academic*

Insufficient data. Inadequate data on mental health, including epidemiological surveillance and research on effective practices, was also discussed. Poor surveillance makes it difficult to accurately describe the prevalence of mental health conditions, and likely underestimates the impact of mental health needs and concerns. Lack of data also limits knowledge about differences in mental health prevalence and interventions across different contexts. This further entrenches inequalities and potentially limits interventions not yet well supported by evidence. Improving the surveillance of mental health conditions and gathering evidence to support uncommon interventions were proposed as essential strategies for creating healthier, more equitable communities.

Mental Health Research in Humanitarian and Development Settings

A separate evidence brief highlights how evidence-based programs developed in Western contexts may not be culturally or contextually appropriate in LMICs and humanitarian settings and are shown to be ineffective in such settings. The brief also highlights that implementation research in global mental health is limited, with existing evidence focusing on the early stages of implementation, which creates concerns and questions about long-term sustainability. It suggests that improved quality of research is needed to understand cultural and contextual nuances that influence the efficacy and effectiveness of mental health treatment approaches around the world.

Inadequate infrastructure. Mainstream mental health care requires infrastructure such as hospitals, clinics, and community-based services. In many parts of the world, such infrastructure is either inadequate or nonexistent. Participants suggested that mental health care is not a priority for policymakers in many LMICs as indicated by inadequate funding and lack of investment in mental health services. The movement towards building community-based mental health care infrastructure also faces several ongoing challenges including stigmatization, lack of properly trained providers, low access to medications, and the unavailability of evidence-based treatments.

"Mental health issues are often not the priority for LMICs, either because mental health is stigmatized and not made a topic in society and politics or because scarce resources are dedicated to other health issues." - *Funder*

Lack of access to mental health services. Although access to mental health care is a concern in all world regions, it is particularly difficult to access mental health care in many LMICs. Access is limited by a shortage of trained professionals, geographic and digital divides, inadequate funding, and limited access to medications. If this were not challenging enough, certain subpopulations experience even greater access issues. Consultations with people with lived experience highlighted that many educational and training materials for mental health are written in languages that are inaccessible for minority ethnic communities, many firmly rooted in traditional belief systems. Mental health care is also largely inaccessible for people living in remote or rural areas, who may have limited access to transportation and health services. Mental health services are often concentrated in major hospital facilities that are great distances from much of the population. Age and life course concerns further complicate this picture. For instance, several participants from Uganda and India asserted that mental health issues are particularly problematic for young people, while participants from Haiti and Yemen mentioned that older adults have difficulty accessing services.

PHOTO CREDIT: USAID.

"In many contexts, mental facilities are not available, and staff are not really there. It is very hard to find someone who is able to provide the services that people actually need." - *Funder*

Poor quality mental health services. High-quality mental health services can be costly. As with access concerns, quality concerns are also heightened for people from low-income backgrounds or those living in LMICs. To increase access, greater attention is being given to strengthening community-based mental health care. However, community-based providers often lack adequate training and experience to provide effective mental health care services, and highly trained professionals often leave an area or country for better-paid opportunities. In addition, community-based mental health care services are often not sufficiently integrated with other health care services, leading to fragmentation and incomplete care.

"A lot of people that would ordinarily have expertise in mental health practice are leaving the country, which means that there is also a massive challenge in growing psychosocial support in the country as a whole."
- *Lived Experience Participant*

Involuntary treatment. The involuntary treatment of people with mental health conditions is considered by many to be a violation of human rights. People with lived experience were highly vocal about this. Participants noted several examples of people with severe mental illness being incarcerated or otherwise not receiving health care services. They noted the negative effects that incarceration and other forms of involuntary treatment have on people's sense of autonomy, self-determination, dignity, and respect—recognizing that it can be degrading and stigmatizing, particularly when people are forcibly restrained or medicated against their will. Furthermore, some noted that involuntary treatment is often less effective at improving mental health outcomes than community-based interventions, particularly when people feel coerced into compliance.

Limited experience and capacity. Participants pointed out that many some agencies and organizations in the international development community have gaps in awareness, knowledge, and technical expertise related to mental health programming and policy. They suggested these gaps limit reach and effectiveness of mental health activities in many programmatic areas. Some suggested agencies and organizations may need a more comprehensive understanding of the global mental health landscape and greater internal investments into mental health capacity to fully appreciate the extent of the mental health burden in LMICs, to understand the diverse cultural and contextual factors that contribute to mental health outcomes, and to design and support effective interventions. One concern is

that, without additional internal investments, organizations may risk exacerbating existing problems. Internal investments could include hiring staff with specialized expertise, providing training and professional development opportunities, establishing internal networks of staff with mental health expertise, fostering supportive organizational cultures prioritizing staff well-being and mental health, and developing policies and procedures that support the integration of mental health into programs. Agencies and organizations might also invest in strengthening external partnerships with local experts and other stakeholders working on mental health issues in their respective countries and invest in monitoring and evaluating mental health programs to ensure that they are effective and have a positive impact in the communities where they work.

Addressing these challenges will require sustained and coordinated efforts across multiple sectors and stakeholders, including government agencies, health systems, NGOs, and communities. It will also require investments to strengthen mental health systems and infrastructure, promote awareness and reduce stigma, strengthen the evidence base for effective practices, and ensure that mental health care is accessible, equitable, and culturally appropriate for all individuals and communities. Many participants in the consultations expressed optimism that the timing is right for such investments. With a growing recognition of the importance of mental health to human and social development, increased investment in mental health care by development stakeholders can support new opportunities for progress and improvement in the years ahead.

Mental Health Policy Goals

Understanding the short- and long-term goals for global mental health programs and policies is essential for achieving meaningful and sustained improvements in mental health outcomes and reducing the burden of mental illness worldwide. The discussions of short-term goals in the consultations focused on the efforts and resources needed to achieve specific, time-bound objectives, such as improving immediate access to mental health care or addressing the most obvious social determinants of mental health. Achieving short-term goals will create a foundation for achieving longer-term goals. Discussions of long-term goals provided a broader vision for the future, outlining the changes that are needed to create healthier, more equitable communities and improve mental health outcomes in alignment with development goals.

Short-term goals

Discussions of the short-term goals first focused heavily on the process of creating inclusive and culturally appropriate mental health programs and policies, by prioritizing participation in all aspects of the program and policy life cycle, including development, implementation, and evaluation. They then turned to outcome-based goals such as greater awareness of mental health, building capacity, improving access, and addressing the social determinants of health. Discussions also focused on more tangible goals such as increasing funding for mental health care, supporting evidence-based research, and fostering partnerships and collaborations. Although good goals might be described as specific, measurable, and achievable, the participants discussed goals in general terms. The principles and approaches that could be used to achieve these goals are unpacked later in the report.

Prioritize participatory engagement. Prioritizing a participatory process is an important short-term goal for mental health programs and policy because it helps ensure that mental health interventions are tailored to local contexts and cultures and are responsive to the needs and preferences of communities. This can lead to more effective and sustainable interventions and can help to address some of the cultural and contextual barriers that could otherwise limit access to mental health care services—particularly in LMICs. Engaging people with lived experience in policy advocacy and programming can also contribute to this short-term goal.

> "Include end-users of MHPSS services and interventions and ensure a participatory approach to including the voices and perspectives of people with lived experiences, young people, and others who tend to be excluded from the decision-making spaces." – *Funder*

Raise awareness of mental health. Raise awareness of mental health issues and reduce stigma through education campaigns and community outreach—with a focus on LMICs where investment is often more lacking. Short-term goals building towards increased mental health literacy could involve launching immediate public awareness campaigns to reduce stigma and discrimination associated with mental health conditions, as well as increasing education and awareness of prevention services with an emphasis on culturally sensitive community-based approaches such as task-shifting, group-based interventions, traditional healing, and collaborative care models.

Terms and Approaches for Global Mental Health

Associated evidence briefs discuss how diverse terms are used to describe the different levels of approaches addressing mental health in global settings. These briefs describe how uniform terms in global MHPSS such as social determinants of health, mental health in all policies, health systems strengthening, task shifting/sharing, case management, client-centered, psychosocial, and therapeutic interventions describe diverse approaches to approve access to, and quality of, mental health services in global settings. They emphasize how the biopsychosocial model has served as a guiding framework for contemporary research and practice in mental health treatment across mental health professions and suggest that to understand how mental health is observed across cultures, it is essential to recognize that conceptualizations of mental health vary within and across cultures.

Build capacity for mental health care. As the demand for mental health treatments and services increases, participants emphasized the need to develop a sustainable workforce to meet these demands. The development community can help to meet these demands by supporting the capacity development of mental health professionals and lay workers in LMICs with additional training and support, including the development of standardized treatment and best practice guidelines to enhance partners' expertise and service providers' capacity.

"We see major challenges in the workforce —both the insufficient number of specialists as well as the challenge of overburdening other cadres. This is coupled with frequent turnover of staff in public systems or reassigning trained staff to other roles."
- Academic

Improve access to mental health services. Individuals in remote or underserved areas should have equitable access to mental health care services, including community-based services and teletherapy. Linked to the short-term goals of capacity development, improving access to mental health care may entail increasing the number of trained mental health professionals, expanding the availability of evidence-based treatments, and decreasing the barriers to care described in the previous section.

Address immediate social determinants of mental health. Social determinants of health, such as poverty, inequality, and social exclusion each contribute to the development of mental health conditions and can limit access to quality mental health care services. Although addressing the root causes of these social determinants are long-term projects, many of these issues are concentrated in circumstances of disaster, conflict, and dislocation, which require immediate attention.

Increase funding for mental health care. Current funding in support of global mental health is comparatively low. Additional funding can help to address the significant resource gaps in many LMICs for mental health care services. Funding can help recruit and train mental health professionals, develop and implement evidence-based interventions, and/or provide access to the necessary medications and equipment. Increased funding can help to bridge existing gaps to ensure that mental health care services are available to those who need them most.

Support evidence-based research. This goal would fund or otherwise support research in pursuit of evidence-based interventions for specific mental health conditions developed in, and tailored to, local contexts and cultures. It would also include indicators of mental health conditions in different contexts. This goal can be advanced through investments to understand the effectiveness of interventions and programs, building up infrastructure for evidence-driven mental health responses, and creating a repository of effective evidence-based interventions that development and humanitarian assistance stakeholders can use to inform their decision-making processes.


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Foster partnerships and collaborations. Develop partnerships and collaborations with local organizations, governments, other agencies, academics, and other stakeholders to improve access to care and to understand and promote mental health in different contexts. Developing collaborative partnerships with local leaders could be a particularly important goal as local leadership can help to strengthen intersectoral mental health programming at the grassroots and can help promote mental health equity within local systems of governance.

Long-term goals

Long-term goals of mental health programs and policies reflect a vision for a world in which mental health and well-being are valued, supported, and promoted for all individuals and communities, and where the burden of mental illness is significantly reduced. Long-term goals discussed focused on building resilience, developing sustainable systems, strengthening community-based care, promoting human rights, fostering cooperation, addressing the root causes of mental health, and advocating for policy reform. Achieving these goals over the long term and promoting mental health as a global public health priority will require sustained and coordinated efforts across multiple sectors.

Reduce the global burden of mental illness. Reducing the prevalence and severity of mental health conditions can be achieved through the short-term goals described above, with a focus on improving access to care, reducing stigma, addressing social determinants of mental health, building local capacity, focusing on prevention and early intervention, and promoting research and evidence-based practice.

"Meeting the country-specific disease burden of the population by incorporating local capacity strengthening." – *Local government representative*

Develop sustainable mental health systems. This broad goal aims to ensure that countries and communities have the adequate infrastructure to support mental health care in areas where provision is low, with a focus on systems in LMICs and in rural areas. The strategies for developing systems are covered in other sections of this report. However, this goal recognizes the importance of integrating mental health into primary care systems, building capacity for community-based care, and developing strong policies and regulations to help with the recruitment and training of mental health professionals. Additional strategies include strengthening partnerships between local governments and mental health providers and working with the private sector to improve supply chains for mental health medications.

"My hope is that we will eventually reach the point where mental health will be on equal footing with physical health in terms of support, knowledge etc."
– NGO representative

Strengthen community-based care. The importance of community-based care received more attention in the consultations than any other priority. Community-based care involves collaborating with various local stakeholders, including mental health professionals, government agencies, non-profit organizations, and community members, in multidisciplinary partnerships. Community interventions typically adopt a multi-level approach that aims to address care at the individual, interpersonal, community, and systems levels. It was linked explicitly to improving access to care for people in remote or underserved areas. The goal was also connected with discussion about developing capacity and evidence for culturally relevant approaches and interventions with local communities, and developing a long-term plan for scaling up and mainstreaming approaches that are less-commonly accepted in the framework of the biomedical model. It also provides more humane and less coercive alternatives to long-term hospitalization or institutionalization.

Building Resilience through Community-Based Care Systems

Investing in community-based care and building localized social support systems can lead to more durable and resilient systems that can better withstand trauma, disasters, and other shocks and stresses. Community outreach services can help to integrate peer support, psychoeducation, self-help resources, and coping strategies into people's daily life. When these services are paired with social support networks, they can provide people with a deeper sense of belonging, purpose, and meaning. In addition, these networks of support can provide practical assistance and emotional support during times of stress, reducing the likelihood of developing mental health problems and increasing the chances of recovery.

Advance human rights and social justice. This goal focuses on enhancing people's right to autonomy and self-determination and to access quality mental health care services. It was often referenced in discussions on reducing institutionalization and involuntary treatment in hospitals and prisons, decreasing instances of forced and coerced care, reducing stigma and discrimination, and providing access to all people not receiving care due to geographic or identity-based barriers.

Foster ongoing international cooperation. Building trusting relationships takes time. However, intentionally fostering international cooperation and collaboration in mental health is needed to share resources, expertise, and knowledge of best practices; to develop global standards and guidelines for mental health care; to enhance coordination for patient-centered care; and to ultimately improve the quality and effectiveness of care for people experiencing mental health issues. Shorter-term objectives to reach this goal could include creating collaborative platforms, networks, forums, and conferences to facilitate communication and knowledge-sharing; finding creative solutions to provide longer-term funding or support such as repeat applications with a clear process for renewal or scaling; building systems to enhance stability and predictability; reducing the administrative burden of partnering with funders; and building trust through longer-term partnership arrangements and formal memoranda of understanding.

"[Policies should focus on] shifting humanitarian MHPSS work into a multi-year, systems-building development agenda to bring MHPSS into regular systems of care and financing… providing opportunities for long-term funding and cross-sectoral communication." *- NGO representative*

Tackling the social determinants of mental health. Related to shorter-term goals of immediately addressing the social determinants of mental health (e.g., reducing poverty, inequality, discrimination, and social exclusion), other determinants such as trauma, abuse, neglect, drug and alcohol abuse, and poor sleep may require longer-term strategies and targeted programming.

Achieving policy reforms in support of mental health. In pursuit of sustainable mental health progress, participants suggested that the development community should incentivize governments to integrate mental health into their national health care reforms. This may include working with local governments to redesign mental health policies, emphasizing existing policies and human rights declarations, directly advocating for policies to protect people with mental health conditions and psychosocial disabilities from discrimination, and supporting the capacity of civil society organizations to promote policy change. Beyond direct support to advocacy oriented civil society orga-

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nizations (CSOs), participants suggested a need for training in strategies for engaging with governments and other policymakers in a complementary way. Facilitating "vertical" collaborations between CSOs and other stakeholders, as well as helping to build "horizontal" coalitions of champions to increase the visibility and impact of advocacy efforts are important efforts towards the engagement with governments. As will be discussed below, access to data and research on mental health policy and related issues can also help CSOs develop evidence-based advocacy strategies to make a compelling case for policy changes.

"There are limited legal frameworks or political will for community-level mental health activities in conflict-affected countries." – *NGO representative*

These goals highlight the priorities perceived as important by different stakeholder groups. By setting clear short- and long-term goals and targets, mental health actors around the world can help align their efforts with these stakeholder groups, which can ultimately lead to more effective and coordinated approaches to promoting mental health and well-being and achieving other sustainable development goals.

Core Principles

Having articulated the short- and long-term goals of mental health programs and policies, the consultations turned to defining the core principles that could guide their implementation. These principles can serve as the foundation for program and policy-related decisions and actions, ensuring that they are grounded in a shared vision and a commitment to the values of equity, inclusion, and sustainability. This section outlines participants' perceptions of core principles that may underpin mental health policies, highlighting the main concerns that could shape their approaches and implementation.

As a general summary, the lived experience groups emphasized the need to prioritize activities and policies that are in line with human rights instruments, utilize a recovery framework, promote wide and equitable access, and ensure person-centered and culturally adaptive approaches.

What is Person-Centered Care?

The United States Institute of Medicine defined person-centered care as "Providing care that is respectful of and responsive to individual patient preferences, needs, and cultural values and ensuring that patient values guide all clinical decisions" (2001, p. 6)...."person-centered means adapting to the circumstances and priorities of each individual, as opposed to the typical approach of viewing service users as subjects of medical treatment in the context of the health care system. Therefore, it could be argued that the quest is not to produce standardized guidelines for universal application, but to agree on shared principles about ways of being with people."

Cited in Miller, E. et al. (2019). "Person-centered planning in mental health: A transatlantic collaboration to tackle implementation barriers."

Other stakeholder groups also highlighted the importance of care being equitable, accessible, and person-centered, while also focusing heavily on ensuring the quality of evidence-supported treatments and creating sustainable systems of care. Notably, several of these principles overlap with the goals covered in the previous section. As a summary report of the consultation processes, thematic redundancies emerging across different consultation activities are repeated, though the content under these themes varies. This section summarizes the advantages, and potential complications, of seven core principles discussed by nearly all stakeholder groups across the different consultations.

Core Principles for Global Mental Health

- Enhance equitable access to quality mental health care.
- Safeguard human rights.
- Focus on prevention and early intervention.
- Diversify evidence for quality mental health care.
- Address the social determinants of mental health.
- Reduce stigma and discrimination.
- Approach mental health with cultural humility.

Equitable access to quality mental health care

This principle recognizes that access to a range of mental health care and prevention services is a basic human right, and that all individuals should have access to quality mental health services regardless of background, income, or social status. The principle of access should be a core component of any effective mental health programming or policy. Equitable access includes both the supply and demand sides of mental health care. On the supply side, this principle recognizes the importance of quality mental health care across the areas of screening, diagnosis, treatment, and follow-up care; the availability of mental health providers and facilities—particularly in rural areas; and the availability of a range of culturally relevant mental health services. On the demand side, this principle highlights the importance of de-stigmatizing mental health services and creating public awareness of the importance of mental health care.

Increasing access is somewhat complicated by issues of quality and cost. While increasing access to mental health care is a laudable goal, it can be expensive to implement and sustain over the long term. Mental health policy must be developed in a way

that is sustainable and carefully considers local resources and capacity. Access to poor quality mental health care is not necessarily a better option. There is the potential for overdiagnosis, overtreatment, and other harms in contexts where mental health care is still developing or where there is a lack of trained professionals. There are also many case examples of cultural bias or insensitivity in mental health diagnoses and treatments developed and tested in high-income countries which may not be culturally appropriate or effective in different contexts. Thus, issues of access must be balanced with concerns about quality and cost.

"The costs of delivering quality services are underestimated and receive inadequate funding. We need investments on the supply and demand sides with resources aligned to priorities, budgetary needs, and gaps."
– Local government representative

The cost of mental ill health to individuals, households, and communities is often underestimated in global contexts, as the real cost is not always easily measured. In contexts where quality mental health care is available, the financial burden associated with mental health care services and supplies continues to be a high barrier to access for many subpopulations. Mental health programs and policies could focus on *guidelines for accessing affordable and high-quality mental health services and supplies* particularly for vulnerable groups, with a focus on how to practically implement cost-effective services outside of more formal institutional settings.

"The anti-psychotic medicines are so expensive that once they are out of stock at the public facilities, the patient will go without any for the month." *– Mental health professional*


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Safeguard human rights.

This principle emerged as a strong element of all consultation sessions but seemed particularly important for those with lived experience. These participants suggested that other core principles would logically follow if policies center human rights. This principle recognizes that people with mental health issues are often among the most vulnerable groups. It includes a commitment to ensure that people experiencing a mental health issue are treated with dignity and respect. By safeguarding human rights, mental health programs and policies can help ensure that people with mental illness are treated with the same respect and accorded the same rights as any other member of society, and that they are able to fully participate in their communities. This acknowledges people's right to informed consent and to confidentiality, as well as their right to voluntarily participate in treatment decisions. While this may seem straightforward, ethical conflicts can make it difficult to implement in practice.

How Ethical Principles across Professions Inform Global Mental Health

Several ethical conflicts are discussed in an associated evidence brief, which reviews how ethical principles across professions inform global mental health programs and practices. It describes how mental health professional organizations use distinct terms in their ethical codes, but that common ideals emerge to guide ethical behavior, such as competent care, dignity, professional responsibility, integrity, autonomy, justice, and privacy and confidentiality. However, few professional organizations offer guidance on how to adapt their guiding ethical principles to global mental health settings. A review of existing codes of ethics can guide the adaptation of principles to fit legal rules and cultural norms, values, and beliefs.

For instance, in some contexts people assert that children and young people do not have the same rights as adults. They are often viewed as being more vulnerable and in need of protection, and their rights may be subject to greater limitations and restrictions. This principle is complicated by the fact that children's interests and needs may conflict with those of their parents or guardians, and there may be disagreements about the appropriate balance between protecting children's rights and ensuring their welfare. Mental health efforts must consider the unique needs and vulnerabilities of children while also allowing for greater involvement of parents or guardians in treatment decisions. At the same time, to safeguard children's rights, children must not be subjected to any form of coercion, abuse, or discrimination in the context of mental health care. This may involve adopting policies and practices that promote informed consent, privacy, and confidentiality designed for children, and that prioritize the best interests of children while respecting their rights and autonomy.

Participants with lived experience also emphasized the importance of autonomy, asserting that people using mental health systems should be able to direct their own care. This, too, can be a contentious issue. For instance, symptoms of severe mental illness, such as psychosis, may impact a person's ability to make decisions or understand the full consequences of their actions. This can lead to situations where an individual's autonomy may

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need to be restricted to ensure their safety or the safety of others. Mental health care policy must strike a balance between protecting the individual's rights and autonomy, while also ensuring individuals receive the care and support they need to manage their symptoms and maintain their well-being. Although institutionalization is commonly utilized, the strategies of shared decision-making, psychiatric advance directives, and involving family members or other caregivers in treatment decisions are more in line with a rights-based approach and can help ensure that people with severe mental illness are able to live full, productive lives in their communities.

Focus on prevention and early intervention.

This principle recognizes the importance of preempting the onset of mental health problems or of intervening early in the course of mental illness. Strategies may include education, awareness, mental health literacy, screening to identify and address risk factors for mental illness, promoting healthy behaviors and lifestyles, providing early support and treatment to people who may be experiencing symptoms of mental stress, and addressing the social determinants of mental health to prevent more serious or chronic mental health problems. Importantly, prevention and early intervention are highly effective ways to reduce the costs associated with mental health conditions. Addressing mental health issues early on can help reduce the need for institutionalization, critical care, and other expensive forms of intervention.

"In conflict or post-conflict settings, there is usually an unreasonable lag time between a trauma event and when survivors get access to care. Survivors developing or suffering with trauma-related mental health problems will become more challenging if it takes too long for them to get care." – *Academic*

While early prevention efforts are generally seen as cost-effective, they can still be expensive to implement and sustain over the long term. In addition, a lack of awareness and education about the importance of prevention makes this principle hard to realize in practice. Many people still hold the misconception that mental health conditions are not preventable or treatable, which can lead to a lack of investment in these areas. In addition, compared to physical health, identifying people who may be at risk for mental health conditions early on is more challenging—particularly given the stigma and discrimination surrounding mental health in many contexts. Stigma is a very effective deterrent, preventing people from seeking care or disclosing their symptoms. To realistically implement this principle, it is critical to anticipate and address complications that hinder prevention and early intervention efforts. Not addressing mental health needs can, in the long run, be less cost-effective.

Diversify evidence for mental health care.

As described earlier, quality mental health care needs to be both effective and safe. Efforts to increase access, provide mental health for all, and respect local methods and norms must be balanced with a commitment to do no harm.

Ensuring that Global Mental Health Policies and Practices 'Do No Harm'

An associated evidence brief discusses key benefits and challenges associated with implementing a do no harm approach in global mental health settings. Implementing this principle in global mental health settings reflects several challenges, including poor coordination of services, lack of cultural specificity and tailoring, short-term aid mechanisms, difficulties with informed consent, and undermining comprehensive service development through siloed approaches. It suggests a need to move beyond the incorporation of basic safety principles in mental health to construct ethical relationships that proactively encourage justice and promote capacities of individuals, families, and communities.

High-quality mental health care should be based on the best available evidence and tailored to the unique needs and circumstances of each culture. Evidence shown to be effective (or decidedly ineffective) in one context may not necessarily have the same results in other contexts. However, by avoiding treatment modalities that have been shown to be ineffective in most contexts, mental health providers reduce the potential for harm, and can avoid the use of costly and potentially unnecessary

treatments that may not be effective. In addition, by using treatments based on solid evidence and research, mental health providers can demonstrate their commitment to providing high-quality, effective care, which can help reduce stigma and build public trust and support for mental health services.

"Most of the things that happen to support mental health in our country are very communal and very traditional based and work well, but then you wouldn't find them in any article or journal." - *Lived Experience Participant*

Consultations with stakeholder groups suggest, however, that promoting evidence-based approaches is not as straightforward and uncontested as it may seem, even when adapted to local contexts. While participants recognized the importance of evidence, they suggested that evidence-based practices tend to privilege sources from the Global North. Academic institutions in high-income countries may have more resources to produce rigorous research for interventions or more capacity to publish in the scientific literature. This leads to skepticism about the application of some evidence-based approaches in LMICs or in more collective cultures that value group processes. Grassroots organizations and local mental health professionals may be developing effective and culturally embedded mental health interventions that are overlooked. Implementing this principle should acknowledge that different stakeholders have a different understanding of what constitutes evidence. It also recognizes that even well-evidenced approaches must be verified in context and that "local" approaches may need to be brought into the evidence ecosystem.

Mental health policy could focus on…
"Decolonizing global mental health and advancing diversity, equity, and inclusion in both practice and knowledge generation (e.g., who decides what knowledge counts?). There is an overemphasis on high-income country perspectives in publications and decision-making." - *Academic*

Promote person-centered mental health care.

During the consultation sessions, the importance of patient- or person-centered approaches was frequently contrasted with the biomedical model of illness and treatment. Some participants suggested a dynamic approach that incorporates medication, talk therapy, and interventions to address the psychological and social factors that contribute to mental health challenges would best tailor treatment to the unique needs and preferences of individuals, offering a more holistic approach. Others saw the biomedical and person-centered approaches as incompatible and a source of frequent contention in practice.

Towards a Person-Centered and Culturally Relevant Mental Health Policy

Although much of mental health practice and policy in the North focuses on the individual, some participants asserted that culturally relevant global work would need to acknowledge that neither mind-body dualism nor the primacy of the individual are universal notions. Many view the person as part of a larger collective whole. For example, indigenous cultures often view mental health as inseparable from the well-being of the earth, community, and ancestral spirits. Inclusive global mental health work would stretch beyond the Western rational approach (i.e., comparatively individualistic, pharmacological, evidence-oriented, and diagnostic/reductionistic) to include more collectivist, spiritual, intuitive, and strengths-based mental health practices (see associated brief).

Mental health programs and policies may want to acknowledge the strengths of each approach, recognizing the potential complementarity inherent in each model. The biomedical model recognizes that mental health conditions are often caused by biological factors such as genetics, brain chemistry, or physical trauma. However, it often tends to focus on symptom reduction rather than addressing the underlying causes of mental health conditions. It can also be overly reliant on medication and standard diagnoses that may not always consider the individual's unique experiences and social context.

"We need to tailor interventions to serve the unique mental health needs of people with intersecting marginalized identities, such as those with disabilities, mobile populations, refugees, and youth, to improve access, increase participation, and strengthen systems for positive development." – *Mental health professional*

In contrast, and as various groups of people with lived experience asserted, mental health services that are person-centered would naturally be culturally tailored, as they would be responsive to the individual's unique experiences, values, and beliefs, including their culture and context. The person-centered model aims to take a more holistic approach, emphasizing that mental health conditions are often the result of complex interactions between biological, psychological, and social factors, and that treatment must consider the whole person in their environment, rather than a focused treatment of their symptoms or diagnoses. On the other hand, the person-centered model is often critiqued for being less objective and evidence-based, poorly replicable, and for frequently neglecting the role of biological factors in mental health conditions.

Conceptualization of Mental Health

A separate evidence brief describes how culturally tailored interventions can improve the efficacy of mental health service engagement and treatment. It describes unique approaches to mental health across biomedical, psychosocial, and traditional healer paradigms, with some embodying a larger gap between Western and non-Western conceptions of mental health than others. Variations in cultural factors such as emotional expression, shame, power dynamics between social groups, collectivism, mind-body connection, and spiritual beliefs comprise major distinctions between cultural ideas around mental health conditions. To adequately meet the needs of target populations, outreach, assessment, and adaptation of mental health services in different delivery settings are needed.

Although many participants contrasted these models during the consultations, adoption of a person-centered approach would not necessitate excluding medical diagnoses, medication-based therapies, or other modes of practice common in the biomedical model of care. In fact, a person-centered principle of care would embrace biomedical methods and practices in every situation where they were considered in the best interest of the person seeking care.

Address the social determinants of mental health.

This principle recognizes that health is influenced by a range of social, economic, and environmental factors. The conditions in which people are born, grow, live, work, and age have a significant impact on mental health outcomes. Effective health care programs and policies should address key determinants of mental ill health such as poverty, education, inadequate housing, job insecurity, exposure to trauma, social isolation, discrimination, and gender-based violence. Reducing acute life stressors that often worsen into more serious and chronic mental health problems is a key strategy in contexts where basic mental health services are limited. In addition, social determinants of mental health can help reduce health disparities and promote health equity. People from disadvantaged groups are more likely to experience poor mental health outcomes due to systemic and structural inequalities. By addressing these underlying social determinants, mental health programs and policies can promote health equity.

I would suggest that global mental health promotes... "A radical paradigm shift in how mental health is addressed! Focus on the individual, but also emphasize the importance of strengthening the fabric of communities through social connectedness, belonging, well-being, and resilience." - *Funder*

While this principle may be a somewhat obvious outcome from consultation sessions with different stakeholders, addressing social determinants of mental health in practice is a complex challenge that requires collaboration and collective impact across multiple sectors, including housing, education, employment, and governmental welfare services—to the degree that these sectors are functional. It can be challenging to coordinate different actors in systems that are struggling to survive or are otherwise responding reactively to problems. Case studies suggest this approach has been used to shift responsibility for mental health care away from the health care system and onto other sectors. It is critical to acknowledge the importance of addressing both social determinants and root causes but should also acknowledge the challenges and complexity associated with implementing this principle.

Reduce stigma and discrimination.

The challenges associated with stigma and discrimination surrounding mental health were peppered throughout nearly every discussion in the consultation sessions. Reducing stigma and discrimination is ultimately a human rights issue. Everyone has the right to live free from discrimination and prejudice, and mental health policies must prioritize the promotion and protection of these rights. Participants stressed that it is essential that global mental health focus on reducing stigma and discrimination to improve mental health access and outcomes, address social inclusion as a key determinant of mental health, and ensure that everyone has inclusive access to the care and support they need.

Mental Health Stigma and Discrimination

An associated evidence brief discusses how mental health stigma and discrimination influence policy and practice efforts. Types of stigmas include structural, public, provider, family, and self-stigma. While there have been interventions to reduce stigma, the brief also describes how many of them fail to consider cultural norms and values, and how evidence supporting their efficacy is lacking. It suggests that programs and policies should include measures to raise awareness, promote better understanding of mental health conditions, counter misinformation, reduce stigma and discrimination, and encourage more people to seek help and support.

Few participants acknowledged any potential drawback to this principle beyond a recognition that efforts to reduce stigma may be insufficient to address some of the deep structural and systemic issues that contribute to mental health disparities. For example, stigma reduction campaigns may rely heavily on individual-level interventions, such as public education campaigns, without addressing broader structural social determinants of mental health, such as poverty and access to health care. Stigma reduction must be paired with other principles and approaches to ensure holistic care.

Global mental health stakeholders must be cautious not to oversimplify or overemphasize the importance of stigma-reduction as a solution, particularly for those who experience more severe or complex mental health conditions. Typically, people with more severe mental health conditions need more intensive therapeutic or medical interventions and would require more than just social support or acceptance.

Approach mental health with cultural humility

A final principle frequently discussed during the consultations was the local adaptation of mental health interventions. Participants in the lived experience consultations specifically emphasized the need to consider cultural aspects that may not align with conceptions in the Global North. Participants described cultural differences as community assets capable of enhancing well-being and functioning as potential protective factors for people with mental health conditions. Related to concerns about cultural and traditional practice, they also suggested that mental health efforts acknowledge the lingering effects of colonization on global mental health practice, along with the values of anti-colonialist movements in global mental health. In line with cultural practice, participants acknowledged that notions of individuality, freedom, and identity vary across cultures, as do methods of consensus and decision-making.

"The perception of mental health care is siloed to disease, as opposed to being a part of holistic health." – *Local government representative*

Contextualization of Global Mental Health Interventions

A separate evidence brief describes that best practices for the contextualization of mental health interventions exist, but they are often ignored or loosely applied due to various constraints. Local models mainly focus on individual-level interventions, with little guidance on how to adapt community, systems, or population-level mental health interventions. The brief emphasizes that responsive adaptations and contextualization are needed to address cultural mismatches during intervention implementation.

Applying the principle of local adaptation is also not without controversy or complication. Some were concerned that local adaptations made by powerful donors or actors may not fully account for the context in the communities they serve, where experiences and expressions of mental health conditions may be influenced by vastly different cultural norms, beliefs, and values. Even with good intentions, some were skeptical that large donor agencies and organizations from the North could obtain "an insider's view," and that adapting interventions without a local inhabitant's understanding of differences may lead to misunderstandings and resistance to treatment. Additionally, local adaptations may risk essentializing or stereotyping cultures by assuming that all individuals within a particular culture or community share similar beliefs, values, and practices. This can lead to overgeneralizations and inappropriate adaptations. A related concern was that local adaptations may reinforce power imbalances in cases where a certain group's perspectives are championed and privileged over those of other groups—recognizing that power differences and cultural distinctions exist in even the smallest communities. Despite these concerns, local adaptation would feature heavily inclusive global mental health programs and policies.

PHOTO CREDIT: DAVID ROCHKIND, USAID

Policies and programs that emphasize collaboration, mutual respect, and sensitivity to cultural differences can help ensure that mental health care is applicable to diverse populations.

Core Approaches

The core principles of a mental health policy provide a foundation to guide the development and implementation of global mental health interventions and services. To translate these principles into action, the consultations turned to discussing the core approaches that programs and policies could support. These approaches can help to operationalize the principles and guide the implementation of specific mental health programs, interventions, and services. This section explores several key core approaches to address the mental health needs of individuals and communities. The themes in this section overlap with the perceived goals outlined earlier, although this section is more focused on the means of implementation.

Many approaches in this section align with the long-term goal to build infrastructure in support of cost-effective global mental health systems, including integrating mental health into primary care systems and building capacity for community-based care. However, they also cover the need to support research, to be inclusive in its processes, and to strengthen cooperative partnerships in pursuit of these integrative approaches. The approaches outlined below are prioritized based on how frequently they were mentioned, as well as how heavily they align with the guiding mental health principles discussed earlier.

Potential Approaches for Global Mental Health

- Build capacity for community-based care
- Integrate mental health care into primary care systems
- Strengthen research and evaluation of mental health programs
- Strengthen and support inclusive partnerships
- Promote innovations in global mental health programming

Build capacity for community-based care.

Participants in the consultations consistently highlighted the promise of community-based care, while also acknowledging a significant underinvestment in the capacity of community-based providers. Community-based care aims to provide mental health care services within the community, rather than solely in centralized hospitals or clinics. Building capacity for community care requires increasing the number of local mental health professionals and other providers, as well as training and supporting community health workers and primary care providers to provide basic mental health care services. It could also include building the capacity of mental health professionals and other alternatives such as peer counseling, peer-led support and advocacy groups, mutual-aid groups, and developing other community-based support groups in schools, churches, community centers, etc.

Beyond providing direct services, building capacity for community-based care has the added advantage of meeting other mental health goals such as reducing the stigma associated with seeking care, increasing access to care for those who may not be able to travel to centralized facilities, promoting early intervention, reducing institutionalization, increasing local ownership and participation in mental health care delivery, and creating a more patient-centered and culturally appropriate approaches. It can also create a more sustainable and cost-effective approach to mental health care delivery, which is critical in LMICs where substantial barriers to the application of specialized mental health services exist.

A focus on community-based care also recognizes the importance of support systems for mental health, including the critical role of caregivers, families, churches, and other social supports. People with lived experience emphasized that mental health programs and policies should acknowledge faith leaders, traditional healers, and their associated spiritual and religious groups and institutions as important cultural assets that could serve as mental health awareness allies; using their credibility to enhance the cultural relevance of mental health programming. Participants also emphasized that the tension between religious and scientific explanations for mental health disorders has impeded collaboration in the past.

"We need more human development-oriented approaches that extend to family-based-prevention, such as early work with children and adolescents and families as well as youth." - *Academic*

Several participants remarked that the community-based approach often involves idealistic rhetoric that may not always align with the practical realities faced by communities in LMICs.

For instance, this approach may not be suitable for all mental health conditions. More severe or complex conditions may require specialized care difficult to provide at the community level. In addition, many communities face stigma and heavy discrimination, which can carry significant risks to people with mental health challenges. More fundamental cultural changes may be needed in some communities before community-based providers would be willing to take responsibility for mental health services.

Second, building capacity for community-based mental health care requires significant resources and may be hard to sustain over time. Community health workers or other community members who are providing mental health care may require ongoing training and supervision, which can be costly and time-consuming. Mental health programming and policy should acknowledge that devolving responsibility to communities to provide care without providing the requisite resources, training, support, and supervision is both misguided and unsustainable.

Third, ensuring the quality of care provided at the community level would require some form of standardization or quality assurance. While mental health programs, policies and collaboration could help establish standards, they may not be accepted as culturally relevant. Development stakeholders might encourage national governments, place-based agencies, licensing boards, etc. to develop standards, training, supervision systems or quality assurance mechanisms. Strengthening a mental health workforce that is trained and equipped to provide quality mental health services may also require advocating for a realistic method of supervision and other forms of quality assurance in low-resource contexts.

"We have incredibly varied perspectives about the degree to which laypersons can and should be involved in the delivery of mental health services, especially in low-resource but high-need contexts." – *NGO representative*

Fourth, care provided by trained community-based workers, even when adequately supervised, may be of lower quality than that available in centralized facilities. Particularly egregious is the potential harm that can result in the absence of professional care or qualified supervision. For instance, religious beliefs and values often color the types of care and approaches provided (consider the discredited practice of so-called conversion therapy, casting out bad demons seen to cause mental health issues, or gendered victimization common to family violence). Amateur and low-quality services can result in real harm to individuals and communities. There was also some concern that this could reinforce social inequalities, along with the risk that community-based care could become a way of rationing care rather than providing the best possible care to all people who need it.

Fifth, the idea of community-based services relies on a willing supply of workers. Workforce development efforts would need to consider how to attract and retain mental health professionals. In reality, mental health providers in LMICs often face low salaries and limited benefits, with few formal opportunities for training and supervision. Trauma-related stress is often high in

these contexts, which can lead to burnout. These challenges make it particularly difficult to attract and retain a community-based mental health workforce.

All told, while building capacity for community-based mental health care has the potential to greatly improve access to cost-effective mental health care, there are also significant concerns associated with this approach if not implemented with care. These concerns must be carefully considered when promoting it as a matter of policy or guidance.

Integrate mental health care into primary care systems.

"Integrate mental health in primary care and decentralize it to foster universal access. Build robust, integrated primary health care platforms of care." – *Local government representative*

As a rule, more people seek help for physical health concerns than for mental health care. Lack of awareness, stigma, and inadequate specialized care are all perceived as barriers to seeking treatment for mental health conditions. By integrating mental health care into primary care systems such as clinics and hospitals, people can receive mental health care in the same setting where they receive physical health care, thereby reducing the barriers associated with seeking care. Integrating mental health care can help to advance several of the short- and long-term goals, including improving access to mental health services, reducing stigma associated with seeking care by normalizing mental health care with primary care visits, enabling early intervention and prevention, and developing sustainable mental health systems by building on existing systems of care. Additionally, integrating mental health care into primary care systems can address mental health concerns that may be affecting physical health outcomes and vice versa. Furthermore, it can increase the efficiency of service delivery by reducing duplication of services and improving coordination of care.

While this approach has strong merit, participants flagged several important points of caution. **First**, some participants perceived strengthening primary health care systems as a necessary precursor to realizing this approach, while others recognized that integrating mental health could be one method of strengthening primary health care systems. **Second**, although integration can help identify medical issues that might influence mental health, some were concerned that it could lead to a dominance of the biomedical model and a devaluing of traditional forms of care. **Third**, existing primary care providers may not have sufficient training in mental health care, which could lead to inadequate or inappropriate care. This concern could be especially true in LMICs, where resources and support for training primary care providers in mental health care are already limited. **Fourth**, a concern raised in areas where integration is underway suggests that mental health care may not be prioritized within the primary care system. In clinics or hospitals where mental health is undervalued, it is also underfunded and understaffed, resulting in long wait times, which ultimately continues to limit access to care for people with mental health concerns. Therefore, while integration has great promise to achieve many of the goals discussed, it is important to recognize and address these concerns and critiques to ensure that mental health care is effectively integrated into primary care systems. Programs, policies, and associated guidance material may need to address mechanisms advocating for system change with support from governments and other key stakeholders.

Strengthen research and evaluation of mental health implementation.

Participants highlighted that sustainability could only be tracked with a thorough plan to monitor and evaluate implementation efforts. As noted above, participants suggested involving many types of stakeholders in the design and implementation of impact measurement activities to ensure they are aligned with the needs and priorities of the communities being served. In terms of what should be measured, participants suggested measuring long-term mental health outcomes (e.g., employment, participation in community, stigma), as well as focusing on acute indicators of mental health (i.e., clinical symptoms).

Participants also suggested using mental health indicators and integrating indicators of recovery into monitoring and evaluation efforts. These indicators can help build a stronger evidence base for mental health programs, which can inform decisions about support and funding needs for mental health initiatives. Such indicators can help ensure that mental health programs are contributing to sustainable progress on the full range of needs and challenges faced by people and communities affected by mental health issues. This would include not only clinical indicators of mental health, but also broader indicators of psychosocial well-being such as social support, community participation, and access to basic services. Likewise, integrating indicators of recovery into monitoring and evaluation can help to ensure that mental health programs are focused not just on symptom reduction, but on supporting individuals to achieve meaningful improvements in their overall functioning and quality of life. These could include indicators such as increased employment or education, improved relationships, and increased participation in community activities.

Many participants highlighted the need to create space for evidence generation by community-based organizations, such as participatory action research and community-based participatory research. This links back to questions about "what evidence counts?" **Enabling grassroots approaches and supporting innovation in evidence generation could help build wider evidence for community-based practices and approaches.** The lived experience participants advocated for supporting knowledge generation by allowing community partners to experiment with programs informed by their lived experiences, but which do not yet have an academic evidence base. These programs could be seen as "innovations", and communities could be given the opportunity to generate evidence that supports their approach. **Investing in community driven solutions is one way that the development community could help expand the definition of evidence.**

While there was little disagreement or concern about the need for research support, the strategies proposed to gather research were a matter of discussion. One concern was the potential for bias or lack of expertise. Knowledge and expertise in an area can influence the evidence that stakeholders generate. Independent of whether professional researchers or people with lived experience are perceived as experts, approaches should ensure that perspectives provide a balanced and objective view. If mental health approaches lack standardization in terms of assessment, diagnosis, and treatment, it can be difficult to establish their effectiveness through commonly accepted research methods. A related question was how to ensure that the perspectives of community members might be synthesized and integrated into the broader evidence base on mental health approaches given Western standards that may not view certain forms of evidence as legitimate.

Evidence of Treatment Approaches in the Global South

A summary of global approaches is the focus of a linked evidence brief, with an emphasis on understanding treatment approaches in the Global South. It describes how international development actors often apply mental health treatment approaches designed in the Global North to settings in the Global South, but many lack evidence of their effectiveness in these settings. It also touches on the debate about what constitutes 'evidence' and evidence-based practice due to cultural and resource differences. Many interventions developed in the Global South have not been well-researched according to Western standards for implementation in other settings. Overall, there is a need for more research and culturally appropriate interventions to address mental health needs in the Global South.

There were also some concerns related to gathering evidence on less-common mental health approaches used in LMICs. First, less-common mental health approaches may not be easily generalized to other settings due to cultural and contextual factors unique to the specific region or population. To what degree can global mental health use this evidence across settings? Second, there may be ethical concerns related to testing less-common mental health approaches – particularly as vulnerable populations are more likely to experience mental health issues. An experimental approach would need to carefully consider how to adequately obtain informed consent and to ensure other safeguards. Gathering evidence on mental health approaches that currently lack a strong evidence base will require careful consideration and planning to ensure that research is conducted ethically and effectively.

Strengthen and support inclusive partnerships.

Forming collaborative partnerships between communities, civil society groups, local governments, the private sector, and other stakeholders is critical to developing and delivering high-quality mental health care services. Mental health systems present complex and difficult challenges that are best achieved through collective action and impact.

Multi-sectoral partnerships enable stakeholders to share their expertise and work together to develop comprehensive solutions to complex mental health challenges in complex systems. Collaborative partnerships that draw on diverse perspectives and resources are essential for developing innovative approaches and solutions to mental health problems that cross over the boundaries of discrete disciplines or sectors. By leveraging the resources and expertise of different organizations and sectors, they can help ensure the long-term sustainability of mental health programs and services. This is particularly important for strategies aimed at strengthening community-based services in LMICs. For instance, strengthening partnerships between local governments and mental health providers and working with the private sector can improve supply chains for mental health medications, which would be near impossible for governments, NGOs or community-based organizations acting in isolation.

Although the principles and approaches discussed above are presented as discrete options, clear linkages between the options are evident. These approaches and principles prioritize person-centered care, highlighting the unique needs and rights of individuals and communities. They also emphasize the importance of working collaboratively with people with lived experience, communities, and other multi-sector stakeholders to develop and implement mental health policies and programs that are tailored to local needs and contexts. They emphasize the importance of cultural, social, and economic contexts in shaping mental health interventions that are contextually and culturally appropriate—even if these approaches are not yet considered mainstream in Western practice. They recognize that mental health is influenced by a range of factors beyond individual biology and assert that global mental health should prioritize interventions that address the social determinants of mental health and promote integrated care across health systems. Overall, these principles and approaches emphasize the need for prioritization of compassionate, equitable, and culturally sensitive care that promotes the dignity and well-being of all individuals and communities.

It is also worth noting that the strategies and approaches that emerged through the consultations align closely with the World Health Organization (WHO) Comprehensive Mental Health Action Plan 2013–2030. This is perhaps unsurprising, given that the WHO action plan was also developed through extensive consultations. However, the WHO action plan appears to focus heavily on mental health as a major public health priority—emphasizing the need to reduce the prevalence of mental health conditions as a disability and a major cause of mortality and lost productivity.

Partner with people with lived experience. Participants identified the inclusion and empowerment of people with lived experience as a key stakeholder group that should guide mental health programs, policies, processes, and outcomes. They emphasized the need to value and position people with lived experience as partners and experts with the ability to address issues across the full lifecycle of policy development and implementation. Involving people with lived experience has the added advantage of helping reduce stigma and discrimination around

mental health conditions. Giving people with lived experience platforms to share their stories and experiences can help raise awareness and educate the public about mental health issues. In this way, a participatory approach can improve the acceptability and effectiveness of health care interventions and ensure that they are tailored to the specific needs and priorities of each community.

> "If we start seeing persons with lived experiences as having a voice, opinions, and thoughts that they can bring to the table in developing whatever program, then we are definitely changing the narrative."
>
> *– Lived Experience Participant*

When developing programs and policies with multiple stakeholders—many of whom hold powerful decision-making roles—there is a risk that involving people with lived experience could become tokenistic, with their input sought but not acted on. Participants in the lived experience consultations were particularly concerned that mental health policies and programs would reflect biomedical interventions used in the West to the detriment of more person-centered approaches. They suggested engaging people with lived experience in diverse ways and ensuring that the engagement is meaningful and not tokenistic. While involving individuals with lived experience in the development and implementation can be valuable and important, it needs to be done in a way that is ethical, respectful, and truly meaningful.

Promote innovations in global mental health programming.

Throughout the consultations, participants highlighted the importance of developing innovations in global mental health programming to develop and integrate new approaches, tools, and technologies to improve mental health outcomes. The need for innovations was referenced as a means for improving the quality, accessibility, and affordability of mental health care in different settings and cut across other key approaches such as: building capacity for community-based care, enabling collaborative research and evaluation, and building and strengthening inclusive partnerships. Recommended innovations took various forms such as enhancing digital health technologies, developing innovative "localized" interventions to support and scale culturally adapted treatments, and encouraging entrepreneurial approaches to address the unique challenges arising in different contexts and populations.

The most common theme was using digital health technologies such as mobile health apps, telemedicine, and e-mental health platforms to increase access to mental health services. These technologies were seen as particularly helpful for improving access to care, for reducing stigma, and for improving cost efficiencies in mental health care delivery. These innovations could also support self-management and provide mental health education and resources to people and communities that otherwise may not have access. For instance, they could reduce the need for face-to-face appointments and lower the costs of care, particularly in LMICs and other low-resource settings.

Participants also highlighted the use of digital platforms for collective research and impact. These innovations can bring together individuals and organizations from various backgrounds and disciplines to collaborate and co-create solutions to mental health challenges. Importantly, they can enable people who otherwise may not be able to participate to voice their ideas and opinions, and to provide valuable insights and perspectives. For instance, they can engage members of the public and people with lived experience to participate as "citizen scientists" to scale localized methods of research, data collection, and analysis of situation-based mental health challenges and opportunities.

They also discussed the potential of entrepreneurship as a means for individuals and organizations to develop new models of mental health care delivery, to help address gaps in service provision, and to reach underserved populations. In addition to developing "global innovations," they emphasized that this approach could leverage the creativity, innovation, and problem-solving skills of local entrepreneurs to develop solutions that could overcome barriers to change in context where more generalized approaches have not worked.

Critiques to innovation were not always direct but were occasionally implied. A brief discussion mentioned a concern that focusing on innovation could lead to an overemphasis on technological or "new" solutions while underplaying more traditional interventions and supports that could have been working in practice for many years. Another was the potential for exclusion of people who may not be able to afford digital or telehealth services. A further concern mentioned indirectly was that new or entrepreneurial innovations in mental health care delivery may not have been sufficiently tested or evaluated, which could lead to interventions that are not evidence-based or are ineffective, potentially leading to harm. Thus, while there are many potential benefits to supporting and relying on innovations in global mental health, it is important that this be balanced with long-standing approaches supported by evidence and practice wisdom.

Funder, Multilateral, and Bilateral Organizations' Comparative Advantage for Mental Health Policy Design and Programming

The consultations, combined with additional documentation, identify several comparative advantages that position funder, multilateral, and bilateral organizations to design global mental health policies and programs. These organizations have a long history of administering aid and have extensive experience implementing development programs around the world. Although some of these organizations may have limited experience in mental health, their expertise in international aid and development enables them to consider the cultural and social needs of the people in the countries where they operate. These organizations' large network, resources, and global legitimacy can position them to help identify best practices and help establish

policies and programs grounded in both evidence-based and practice-informed mental health approaches. This section describes a few specific ways that these stakeholders might use their resources in tandem with mental health policies to advance global mental health progress. Some of these represent bold ideas that are unlikely but aspirational, while others represent ideas that some of these organizations may already be working on.

Funder, multilateral, and bilateral organizations have a relatively large budget and a variety of resources at their disposal. If more funds were allocated to mental health, these organizations would be able to invest at the national, regional, and local levels to develop comprehensive, evidence-based mental health policies and programs. Further, these organizations can provide financial resources and direct technical assistance to organizations and communities to implement the standards and principles outlined in mental health policies. They can also use funding to support the efforts of local organizations working to advance policies that promote quality mental health programs in LMICs, including changes to legislation and human rights standards at the country-level. While direct funding for advocacy may not be possible in some cases, these organizations may be able to support local groups working to effect change or promote legislation to protect people with mental health conditions.

Leveraging Funders, Multilateral, and Bilateral Organizations' Comparative Advantage

- Leverage global mental health policy and programming efforts as a convening mechanism
- Produce guidelines or core principles and ethical standards
- Promote research and innovation in mental health
- Develop capacity for community-based mental health systems
- Integrate mental health care in primary health care systems

Leverage Funder, Multilateral, and Bilateral Organizations' convening power to catalyze action.

Many participants noted that funder, multilateral, and bilateral organizations are uniquely positioned to convene decision makers in ways that could positively influence progress on mental health not only within their organizations but also among other organizations and perhaps legislation in different countries. Such organizations have an extensive network of partners and stakeholders in the development and humanitarian sectors, including governments, nongovernmental organizations, academic institutions, and the private sector. These networks provide them with access to a vast pool of knowledge and expertise which can be utilized when developing and implementing mental health policies and programs. Utilizing these networks in innovative ways can enable these stakeholders to catalyze collective action by bringing together relevant actors to address global and regional mental health challenges using their convening power. Global mental health initiatives can be used as tools to facilitate discussion and collaboration. A few concrete examples include:

- **Establishing working groups or task forces** that include representatives from different sectors, government agencies, and organizations to coordinate and co-implement different components of mental health policies and programs. Convening a diverse set of mental health experts including traditional healers and faith healers can support treatments consistent with local beliefs and practices.

> "Most governments have task forces, so work with them to figure out what works." – *Local government representative*

- **Hosting conferences or workshops** to engage stakeholders and promote collaboration and exchange of ideas. This can be particularly useful for discussing ways to implement some of the controversial or complex areas of global mental health. Conferences can be a useful mechanism for sharing results of research that may not fit standards for conventional research dissemination.

- **Co-financing and developing public-private partnerships** to leverage resources and expertise from the private sector to support the implementation of mental health policies and programs. This would be particularly helpful in areas where markets provide added value, such as medical supply chains, implementing workplace mental health programs, providing mental health benefits and resources, and promoting a culture of mental health awareness and support within the private sector.

- **Convening community-based organizations** to ensure that mental health policies and programs are relevant and responsive to the needs of the communities they serve. This could include co-hosting community forums or town halls, and forming community advisory committees that provide feedback on programs or practices.

- **Establishing working partnerships among aid agencies** to learn from other countries' experiences and best practices as they work to implement similar policies. Funders are increasingly realizing the importance of mental health and several bilateral agencies are engaged in parallel processes. For instance, bilateral agencies in the United Kingdom and Australia have hosted summits to galvanize global action and share good practice. However, participants in these summits have mainly convened stakeholders from within their own countries. Partnering with multilateral organizations may help to drive greater collaboration between countries.

> "Establish more coordination with institutions such as USAID, UNICEF, and WHO, which have organized resources that can be replicated in our countries."
>
> *– Local government representative*

- **Using digital platforms to encourage collaboration and exchange.** Social media, crowdsourcing, and open innovation platforms each have their advantages for engaging stakeholders in mental health policy co-development, refinement, and implementation. Digital platforms can solicit democratic feedback and ideas from a wide range of sources. For instance, in the United States, Challenge.gov is a crowdsourcing platform that has been used by various federal agencies to engage the public and solicit innovative solutions to various policy problems. SAMHSA used this platform to launch the "Opioid Recovery App Challenge," which aimed to identify innovative mobile app solutions to help people in recovery from opioid addiction.

- **Support mental health networks.** Establish funding mechanisms to provide financial support to community-based mental health organizations, particularly those that prioritize peer support as a core component of their services. This could include support for online platforms or peer-to-peer networks that enable various peer groups to connect including mental health professionals or peer counselors, people with lived experience, young people, etc. These platforms will enable various peer groups to connect with one another, share experiences and insights, collaborate, and share knowledge and resources on mental health relevant to their groups. The Mental Health Leadership and Advocacy Program (mhLAP) in Western Africa is one example of a capacity-building program for advocacy-led peer groups, which can allow people with lived experience to better serve as catalysts for attacking stigmatization and changing systems. Peer networks could provide a safe space for diverse people to share their experiences and perspectives on mental health.

Produce and disseminate guidelines, core principles and ethical standards.

While having a global mental health policy is certainly important for individual funders and organizations, participants also asserted that such policies could help other organizations justify and demonstrate their commitment to good practice and ethical standards. It is unlikely that grassroots organizations have the time or capacity to develop their own mental health policies. Global mental health policies of major stakeholders could serve as a guide for these types of organizations. As such, these policies could be designed with the intention of benefiting other organizations in the design and implementation of mental health policies and programs at the local level. A mental health policy developed by a given agency may be perceived as reflecting interprofessional ethical standards by mental health professions. If such policy is highly inclusive, this could extend to those representing ancestral and indigenous mental health approaches. With policy frameworks in place that emphasize the principles and ethics of global mental health, organizations can carefully weigh their own mental health practices, thereby reducing harm and organizational risks of ethical and legal violations. A few ways to help ensure that these guidelines and principles are useful include:

- **Translating global mental health policies into digestible chunks** for other agencies and organizations to use. This could include developing short ethical standards or best practice guidelines as standalone documents. For instance, WHO has developed a range of resources and toolkits to help countries and organizations implement the Organization's policies and guidelines on mental health, including practical guidance on developing and implementing mental health policies and strategies, as well as training materials for mental health professionals and other stakeholders.

- **Developing visual aids, infographics, videos, and campaigns** to communicate key principles and guidelines of mental health policies clearly and concisely. For instance, the NIMH has a practice of developing videos and infographics to promote mental health awareness and provide information on mental health disorders, treatments, and research. These resources are often shared on social media platforms and the agencies' websites to reach a wider audience and increase public understanding and engagement with their policies and initiatives.

- **Disseminating case studies and real-world examples** to demonstrate the practical application of global mental health policies and programs and their impact on individuals and communities. For instance, the US Environmental Protection Agency is known for developing case studies to illustrate the application of its policies and regulations in real-world situations protecting human health and the environment. Similarly, the US Department of Labor often develops and disseminates case studies and success stories to agencies and companies to communicate how its policies have helped workers and employers.

- **Applying good practice standards for mental health in global contexts involving potentially traumatizing events.** Expanded guidelines are needed to guide mental health practice in post-disaster and humanitarian crises. Some funders, multilateral, and bilateral organizations have extensive experience providing humanitarian assistance to people affected by natural disasters, armed conflict, and other crises. In these settings, the application of psychosocial support and other work to bolster protective factors can be expanded to strengthen prevention and to provide a broader array of specialized services. Participants suggested that additional good practice guidelines might be needed to help victims cope more effectively with the psychological and social consequences of these events. These guidelines would help to fill gaps in the use of a tiered mental health care framework ranging from basic to specialized services across different humanitarian and emergency contexts. It would aim to strengthen capacity of providers to deliver trauma-informed mental health care, which remains a high priority area for local health care providers.

"Create a blueprint for advocating for, and implementing the reconstruction of, mental health programs within a post-conflict country's public health system." *-Academic*

Promote research and innovation in mental health.

By directly funding or indirectly supporting research on mental health in LMICs, Funders, multilateral, and bilateral organizations can identify and promote innovative approaches to improving mental health care. Recognizing the importance of culturally competent practice, these organizations can help elevate and legitimize research on mental health approaches that align well with local community beliefs and priorities but may not be easily evidenced or that may deviate from mainstream mental health practices in high-income countries. They can also help legitimize and promote alternatives to the dominant biomedical model, which currently dominates mental health practice despite critiques of this approach in some contexts. A few examples of implementation might include:

- **Prioritizing ongoing evaluation to inform the implementation and continuous improvement of an organization's work.** This could include conducting regular surveys or focus groups in LMICs where mental health policy and programs are implemented to gather feedback from community members on effectiveness, as well as areas for improvement. Recognizing that quantitative measures to assess the outcomes of local interventions may not be validated in context, mixed quantitative and qualitative evaluation approaches would have strong merit.

"Establish co-creation, co-implementation, and co-monitoring and evaluation with local experts, from communities to local government." – *Local government representative*

- **Providing direct research grants to researchers and organizations working on mental health research, innovation, and development.** Some organizations already have effective examples of direct funding for mental health research. For instance, USAID partnered with the NIMH to fund research on mental health in LMICs, as demonstrated by the NIMH Global Mental Health Research program, which supports research that will lead to the development of evidence-based interventions, such as screening tools and treatments, to improve mental health outcomes in LMICs.

"I think innovation doesn't mean technology all the time. It could also be grassroots, innovative ideas, community-based innovative ideas." – *Lived experience participant*

- **Establishing research partnerships** with academic institutions and other research organizations to collaborate on research studies. For example, USAID has collaborated with the National Science Foundation and academic institutions to fund research on mental health in conflict and disaster settings, with the goal of identifying effective interventions to prevent and address mental health problems in these contexts. As one funder suggested, organizations could also, "Fund and implement a Public Mental Health Institute, to be run as a Fellowship."

- **Maintain a research depository** of effective evidence-based interventions that other funders and programmers can use to inform their decision-making processes. By sharing information about effective interventions and promoting evidence-based practices, organizations and agencies working in this space can reduce duplication and collaborate to improve mental health outcomes.

- **Using open innovation platforms** that encourage collaboration on mental health research by interdisciplinary experts. For example, the US CDC has developed an online platform called "Public Health Grand Rounds" to provide a forum for public health experts to share their work and discuss emerging health topics with a wider audience. Additionally, the United States Department of Health and Human Services has created several digital tools, such as an online data portal and mobile applications, to promote data sharing and collaboration between agencies, researchers, and the public.

"Collect, collate, and report on mental health data at the national level via District Health Information System 2, an open-source platform for reporting, analysis, and dissemination of data for health programs, including human resources and allocation of funds, prevalence, etc." - *NGO representative*

- **Hosting innovation challenges** to encourage researchers and organizations to develop new and innovative approaches to mental health. For example, the US NIH launched a "Follow that Cell" challenge in 2014, which aimed to develop new tools and technologies for tracking individual cells in the brain in real time, with the goal of better understanding the brain and developing new treatments for mental illness. The challenge was open to both academic researchers and industry partners.

- **Fostering entrepreneurship for mental health delivery** by providing seed grants or funneling innovative approaches through incubators or accelerators to support the development of innovative mental health care products, services, and technologies that work in LMICs. For example, the US NIMH has provided grants to researchers in LMICs to develop and evaluate innovative approaches to mental health care. As another example, the Small Business Innovation Research (SBIR) program of the National Institutes of Health incentivizes small businesses to develop and commercialize technologies and approaches that support mental health care. SBIR has specifically targeted innovations for implementation in LMICs. This approach could help to stimulate economic growth while also creating new opportunities for sustainable mental health care.

PHOTO CREDIT: THULANI/MOMENTUM WHEELS FOR HUMANITY

Develop capacity for community-based mental health systems.

Funders, multilateral, and bilateral organizations have a long history of helping to build individual and organizational capacity. They already work closely with communities to strengthen their health care systems and to improve access to quality health services. In addition to their current efforts to build or renovate health clinics, train health care workers, and provide equipment and supplies, these organizations could mainstream capacity development for mental health care alongside infrastructure investments in care facilities. Organizations can apply the lessons learned through years of capacity development abroad to train local mental health professionals and organizations, and to enhance and elevate indigenous mental health practices so both lay and professional mental health providers can deliver high-quality mental health care to their communities. A few examples of initiatives might include:

- **Providing training and technical assistance to community health workers**, caregivers, and other non-professional staff who provide mental health care in the community. This effort aims to shift tasks and diversify care to trained and supervised lay health providers, peer workers, self-help groups, supportive counseling, wellness programs, and mutual-aid groups. An example in this area is the USAID "Community Health in Africa" program, which works to strengthen community health systems in sub-Saharan Africa by providing training and technical assistance to community health workers, who play a critical role in delivering basic health services to their communities. Organizations could work to extend this type of program to training specific to mental health care.

"Support local civil society organizations rather than only the large NGOs, support local providers, including more lay workers." – *NGO representative*

- **Establishing partnerships and collaborations with community-based organizations**, including faith-based organizations, to support the provision of mental health services in local communities. For example, in response to the Ebola outbreak in West Africa, USAID partnered with local churches and faith-based organizations to help educate communities about the disease, distribute hygiene kits, and support survivors. Additionally, USAID partners frequently with community-based organizations to provide training and technical assistance for implementing development programs in various sectors, including health, education, and agriculture. Organizations could leverage these types of efforts to implement training and implementation of mental health programming.

- **Supporting the development and implementation of innovative technologies and telehealth** solutions to increase access to mental health care in underserved areas. While not technically a community-based approach, telehealth is often touted as a viable alternative to community-based care, helping to overcome many of the access issues in rural and underserved areas. For example, the Mental Health First Aid campaign, led by the National Council for Mental Wellbeing is designed to train people how to recognize signs of mental health issues and provide initial support to someone in a crisis. It is a practical, skills-based campaign that aims to improve mental health literacy and reduce stigma. Similar approaches could be developed and implemented in other cultures and contexts. Organizations could also consider partnering with private companies that already provide telehealth to extend access to underserved areas.

- **Providing funding and technical support to train school staff**, such as teachers, counselors, and nurses, in basic mental health first aid and how to identify and support students with mental health needs. This could include the development of mental health curricula that can be incorporated into existing school curricula to reduce stigma around mental health and to encourage students to seek help when needed. Organizations could also work with schools to establish school-based mental health clinics or mobile clinics to provide mental health services to students who need them.

- **Developing training and capacity-building programs** to support implementation of mental health policies and programs and ensure that stakeholders have the skills and knowledge of basic principles, standards, and ethics. Training can enable people to receive care and recover in their communities, rather than in institutions. For instance, funders, multilateral, and bilateral organizations could build partnerships with communities of traditional healers to facilitate bi-directional learning, education and training on mental health practices and approaches, in support of culturally appropriate and sensitive interventions. One person suggested that agencies could start a fellowship which would help place mental health champions across different levels and locations. As another idea, collaborating with companies to train community-based organizations (CBOs) in basic business practices could help to sustain mental health care long-term by ensuring that mental health services are financially viable and able to generate revenue to cover costs. By developing sustainable business models, leveraging technology, and fostering entrepreneurship, local mental health care providers can work towards building sustainable mental health systems that provide high-quality care.

- **Encouraging regulation.** Although controversial, funders, multilateral and bilateral organizations could potentially work with governments to recognize, regulate, and license practices that lack evidence of effectiveness to ensure that providers adhere to ethical and human rights standards and are doing no harm. This has important implications for safety and legitimacy of mental health provision in different contexts. Additionally, organizations could support research to better understand the effectiveness of traditional healing practices and their potential role in mental health care.

Integrate mental health care in primary health care systems.

"I have hope for the adoption and prioritization of mental health by non-mental health actors." - *Academic*

Some funder, multilateral, and bilateral organizations have long-standing experience and expertise in global health programming and strengthening health systems, including primary health care systems. Some of them have a track record of successfully implementing programs that integrate mental health care into primary care settings, and have the resources and technical expertise to provide training and support to health workers and community health workers in the delivery of mental health services. A few ways these organizations might implement this strategy include:

- **Training primary health care providers** on how to identify and manage common mental health issues. Funder, multilateral, and bilateral organizations could support the development and evaluation of training approaches led by local organizations and providers. Modular programs have been developed by other organizations to train non-specialist health workers in low-resource settings, which aim to deliver evidence-based treatments for common mental health conditions. However, common critiques of these programs highlight an overemphasis on biomedical and medication-based treatments, with additional concerns about limited stakeholder engagement and the cultural appropriateness of guidelines. Locally developed community-based training could complement these efforts by promoting alternative approaches and prioritizing the social determinants of mental health. In addition, technology-assisted training programs, such as online courses or tele-mentoring programs, could also be effective in providing ongoing training and support to primary care providers. Organizations could fund or adapt any of these approaches to better integrate mental health programs into primary care settings.

- **Developing organization-backed mental health care guidelines and protocols** for the management of mental health conditions in primary health care settings. Backed by the legitimacy of a funder, multilateral, or bilateral organization, guidelines may be trusted by providers, and could enable a relatively standardized approach to improve the quality of mental health care provided by primary health care providers. A key challenge with this approach would be leaving enough flexibility in protocol to account for cultural variation.

- **Strengthening referral systems** between primary health care facilities and specialized mental health services. This is often overlooked as a core practice but can greatly improve communication and collaboration between primary health and mental health providers, including traditional healers. Organizations could support the development of clear referral pathways and provide training materials on when and how to refer patients.

- **Incorporating mental health services and screening into routine health checkups** or providing mental health services through mobile clinics has the potential for strong gains. This could include developing cultural and language-specific screening tools or partnering with local CBOs to train health care providers on how to identify and manage common mental health disorders.

- **Partnering with health-oriented NGOs** to incorporate mental health in their programming. Funder, multilateral, and bilateral organizations already partner with large faith-based organizations such as Catholic Relief Services, Islamic Relief Worldwide, World Vision, and the Adventist Development and Relief Agency to provide emergency assistance, health care, education, and other support to people affected by conflict, natural disasters, and other crises around the world. Funders could incentivize these partnerships to incorporate and mainstream mental health into their health care programming.

- **Integrating alternative mental health providers into primary health care.** Funding organizations might encourage integration by providing resources such as medical supplies and equipment to traditional healers to facilitate partnership and to enhance the ability of traditional healers to provide quality health care services. They might also help to create referral pathways from traditional healers to hospitals or clinics so that people with severe mental health conditions can receive the necessary medical attention from primary health care providers.

Although implementing each of these may not be viable in practice, funders, multilateral, and bilateral organizations are uniquely positioned to develop global mental health policies and programs that can be useful for their organizations and other partners. As funding agencies, they can provide the resources necessary to create and maintain infrastructure for mental health care in LMICs, while also offering technical assistance to ensure that these systems are sustainable. Organizational mental health policies can serve as a convening mechanism to bring together stakeholders from diverse sectors to collaborate and exchange ideas. Organizations can produce guidelines, core principles, and ethical standards to guide mental health care practices and promote research and innovation in the field. In addition, they can build capacity for community-based mental health systems and integrate mental health care into primary health care systems, ensuring that people have access to care where they need it most. By focusing on these key areas, funders, multilateral, and bilateral organizations can make a significant and distinctive impact to improve mental health outcomes globally.

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Conclusion

The discussions summarized in this report help ensure that the development of mental health programs and policies are informed by those who are most affected by the issues and will be relevant and useful to a wide range of stakeholders. These consultations aimed to be inclusive, collaborative, and grounded in global realities, emphasizing mental health policies and practices in various regions of the world. As a result, they provided a platform for a diverse set of stakeholders to share their opinions, experiences, and perspectives on mental health. Through these consultations, we were able to gain a more thorough understanding of the mental health challenges and requirements in different contexts.

Several dominant themes emerged from the consultations. These themes identified key challenges and obstacles to mental health—particularly those occurring in LMICs. These themes also highlighted significant determinants of mental health challenges that affect people's overall health and well-being. The summary analysis revealed several themes that were frequently repeated by diverse stakeholder groups. The redundancies and saturation of these themes highlight common issues and core opportunities that could be addressed by global mental health stakeholders. In pursuit of short- and long-term mental health objectives, this report represents a summary of co-learning in pursuit of locally informed mental health action. It outlines common mental health concepts, ethics, and methodologies, and highlights priorities that the development and humanitarian assistance communities are well positioned to address.

The outcomes of these consultations have opened fresh avenues for exploration and consideration in development policy and programming. It is essential that decision makers continue to engage with diverse stakeholders to ensure that investments to improve global mental health lead to solutions that are feasible, effective, and contextually relevant.

Appendix 1: Summary of Participants

Participants in the consultation process joined the conversations from over 40 countries. The table below details the number of participants who joined the different consultation processes.

Table 1. Overview of participants across the different consultation sessions.

SESSIONS	DATES	PARTICIPANTS GROUP	NUMBER OF PARTICIPANTS
10 consultation sessions	November 2022 - January 2023	Diverse stakeholders, including mental health professionals, major NGOs working in the field of mental health, local NGOs specializing in mental health, donors and funders, academics, and youth	181
11 small group consultations	December 2022 - January 2023	Persons with lived experience	31
1 consultation session	January 19, 2023	Interagency (11 other government agencies and departments)	14

Appendix 2

As indicated in the Background section, the recommendations in this report were also informed by evidence collected from academic and non-academic sources in the framework of this activity. This evidence is summarized by topics in 11 evidence briefs as outlined below.

Brief 1: Terms and Approaches to Address Mental Health

Brief 2: Conceptualization of Mental Health

Brief 3: Ethical Principles in Global Mental Health

Brief 4: Ethical Principles Across Professions

Brief 5: Mental Health Treatment Approaches in the Global South

Brief 6: Mental Health Stigma and Discrimination

Brief 7: Mental Health Terminology

Brief 8: Contextualization of Mental Health Interventions in Global Mental Health

Brief 9: Proposed Theory of Change for Global Mental Health

Brief 10: Trauma-informed Approaches in Global Mental Health

Brief 11: Mental Health Research in Humanitarian and Development Settings