

# GLOBAL MENTAL HEALTH CONSULTATIONS: POLICY AND PROGRAMMING RECOMMENDATIONS

## Consultation Recommendations Report

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## Executive Summary

This report presents a set of policy recommendations that have been developed in collaboration with consultants and researchers from the University of Illinois Urbana-Champaign. These recommendations are founded upon a comprehensive summary of findings derived from a prior, separate report based on an extensive consultation process, facilitated listening sessions, a series of evidence briefs, and the collective expertise and input of a diverse and well-informed community. The potential implementation of these recommendations should be considered in light of this collaborative effort.

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 presents a comprehensive set of approaches and recommendations aimed at enhancing access to quality mental health services in low- and middle-income countries (LMICs). The recommendations are based on inputs received from the consultations and evidence briefs. These recommendations are grounded in a set of guiding principles that prioritize human rights, equity, evidence-based methods, person-centered practice, and cultural sensitivity.

The report proposes approaches across different sectors, emphasizing community-based care, integrated primary care systems, population-based approaches, research and evaluation, partnerships, and innovations. The report also provides suggestions for the development of strategies that prioritize language sensitivity, stakeholder engagement, creative communication strategies, clear implementation guidelines, and continuous feedback mechanisms.

**Building capacity for community-based care** is the first area considered in this report, as this strategy advances most of the guiding principles. Each of these recommendations would follow community-based assessments to identify gaps and needs. In communities where gaps exist, we first recommend providing support and technical assistance to train mental health professionals, peers, lay workers, and generalists to enhance their capacity to provide quality mental health care in their communities. Second, we recognize the need to strengthen community systems that support mental health services, which may include fostering community partnerships and promoting knowledge sharing among different service providers. Towards this aim we recommend strengthening collaborations with community-based organizations to ensure that mental health services are delivered in a manner that is culturally sensitive and locally driven. Third, we suggest incorporating alternative and traditional healing

approaches to expand the range of options available to people seeking mental health care. We also recommend deinstitutionalizing mental health care by intentionally shifting treatments toward community-based care. We further recommend providing funding and technical support to train teachers and school-based staff to recognize and respond to mental health concerns among children and young people. These policy recommendations are primarily aimed at enhancing access to quality mental health care for all.

**Integrating mental health into primary care systems** is the second approach considered in this report. To facilitate integration, we first recommend that the development community support training and the necessary skills for primary health care providers to provide mental health services, enhancing their capacity to identify, assess, and manage mental health issues. Second, we suggest training providers to incorporate mental health screening and services into routine health checkups to ensure early identification and prompt treatment of mental health conditions. Third, we recommend strengthening mental health referral systems to facilitate seamless and coordinated care between primary care and specialist mental health services. Fourth, we recommend providing incentives to attract and retain mental health providers to work alongside primary health providers. Finally, we suggest integrating alternative mental health providers into primary care systems to provide a diverse range of treatment options, many of which are the dominant forms of services already offered in communities. These localized forms of treatment are often more accessible and acceptable to people seeking care. These recommendations are aimed at promoting a collaborative and integrated approach to mental health care delivery, improving access to mental health care, and reducing the treatment gap for mental health conditions.

**Supporting population-based approaches to addressing mental health** is a critical accompaniment to individual, family, and community-level interventions. Under this approach, we first suggest investing in efforts to understand the global burden of mental health to inform the development of evidence-based programs and policies. Second, we recommend addressing the root causes and social determinants of mental health concerns to prevent mental health conditions from occurring in the first place. Third, we recommend supporting advocacy efforts to reform public health systems to encourage early intervention, promote awareness, and prevent mental health conditions. Fourth, we suggest strengthening multi-tiered mental health care systems to ensure that effective and accessible mental health care is available to all who need it. These recommendations are aimed at promoting

a comprehensive population-based approach to mental health care delivery, addressing the social determinants of mental health, and improving access to quality support systems.

**Strengthening research and evaluation of programs** will enhance each of the recommendations discussed in this report. First, we suggest providing direct research grants to support research into service delivery and incentivize innovative mental health interventions. As part of this effort, we recommend prioritizing locally based research partnerships. Second, we recommend funding research on the efficacy of local approaches and methods to ensure that interventions are appropriate to the needs of local communities. Third, we recommend establishing research partnerships with universities and think tanks to promote collaboration and knowledge development and exchange between researchers, policymakers, and practitioners. Fourth, we suggest disseminating mental health research, approaches, and inclusive terminology to increase awareness and understanding of mental health issues. These recommendations are aimed at promoting evidence-informed policy and evidence-based practice to improve the quality and effectiveness of mental health care services through research and evaluation.

**Supporting inclusive partnerships in mental health care delivery** is a critical strategy designed to pool expertise, resources, and knowledge in pursuit of shared goals. First, we suggest partnering with community-based organizations to ensure that mental health care services are delivered in a locally relevant and culturally sensitive manner closest to those who need services. Second, we recommend partnering with national and international non-governmental organizations (NGOs) to tap into specialized social sector expertise in mental health care. Third, we recommend partnering with private companies to leverage financial resources and promote the long-term sustainability of services. Fourth, we recommend working with governments to leverage domestic resources and expertise and to promote the adoption of global ethical standards. We also recommend partnering with bilateral aid agencies in other countries to promote shared ownership and learn from their experiences implementing mental health policy and programs in LMICs. Finally, we suggest facilitating multi-sectoral and interprofessional collaborations to ensure that mental health care services are delivered in a coordinated and effective manner across different sectors and professional disciplines. These recommendations are aimed at promoting collaborative and inclusive partnerships to promote global mental health.

**Promoting innovations in global programming** is the final approach covered in this report. First, we suggest creating open innovation platforms for collective research and impact to facilitate collaboration and knowledge exchange between researchers, policymakers, and practitioners. Second, we recommend hosting innovation challenges to encourage the development of new and innovative solutions to mental health delivery challenges in LMICs. Third, we recommend fostering entrepreneurship to support the development of sustainable and scalable mental health and psychosocial support models. Fourth, we recommend supporting innovative mobile and telehealth technologies to improve access to services, particularly in remote and underserved areas. These recommendations aim to promote innovation in mental health to address the treatment gap for mental health conditions.

**The final section of this report discusses strategies to ensure the successful implementation** of the recommendations for mental health policies and programs. First, we recommend incorporating language sensitivity into mental health policies to ensure these policies are accessible and appropriate for people from diverse cultural backgrounds and reflect practices not easily represented in Western psychological vernacular. Second, we suggest mainstreaming mental health within development organizations to ensure that mental health is recognized as a priority across sectors and organizations. Third, we recommend convening stakeholders to implement mental health priorities. Fourth, we suggest strategically planning for multi-level implementation to ensure that mental health initiatives are implemented in a coordinated and effective manner across different levels and sectors. Fifth, we recommend prioritizing creative communication strategies to increase awareness and understanding of these initiatives among different stakeholders and the public. Sixth, we suggest supporting the production and dissemination of culturally sensitive guidelines and protocols to provide clear and actionable guidance on the implementation of policy and programming recommendations.

We also recommend that organizations with strong convening power facilitate the development of interdisciplinary ethical standards applicable to global practice to ensure that services are guided by an inclusive set of ethical principles. Consistent with this recommendation, we suggest funders support local and global networks to facilitate knowledge exchange and collaboration between providers, people with lived experience, and other stakeholders. We specifically recommend that funders engage people with lived experience in the development of strategies to ensure that services are responsive to the needs and preferences of people with mental health conditions and their caregivers. Finally, we recommend establishing feedback mechanisms to monitor and evaluate the implementation of mental health initiatives and to make necessary adjustments. By implementing these recommendations, stakeholders can work together to build more inclusive, accessible, equitable, and resilient mental health systems.



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## List of Acronyms and Abbreviations

CAM	Complementary and alternative medicine
CBO	Community-based organizations
CDC	Centers for Disease Control and Prevention
CRPD	Convention on the Rights of Persons with Disabilities
LMIC	Low- and middle-income countries
mhGAP	Mental Health Gap Action Programme
NGO	Nongovernmental organizations
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
PAD	Psychiatric advance directives
PWLE	People with lived experience
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
WRAP	Well-being recovery action plans



## Background

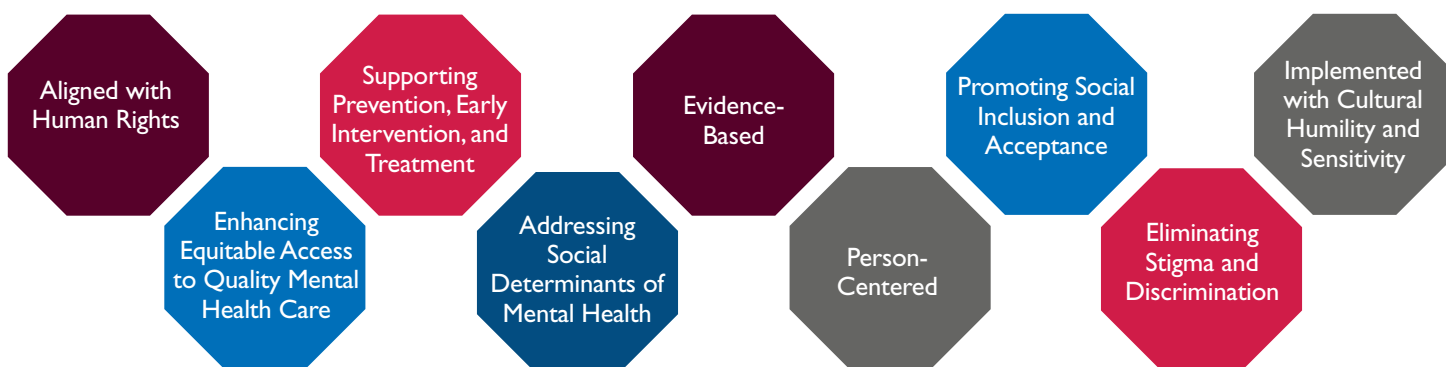
This report presents recommendations and promising approaches for international development and humanitarian assistance communities related to prioritizing mental health programming in their work. Recognizing that mental health is a critical component of global development efforts and has a significant impact on people's overall health and well-being, the recommendations summarized in this report rely heavily on a summary of findings from a separate report that provides a [comprehensive summary](#) of inputs from a diverse set of consultation processes. These processes included 11 facilitated consultation sessions with 31 people with lived experience from 14 countries ([lived experience consultation summary](#)), as well as 10 virtual consultations with nearly 200 internal and external stakeholders from 39 countries (consultation summary report). Participants in these consultation processes represented geographic, thematic, and professional diversity. These recommendations are also informed by a set of evidence briefs (see Appendix 2). These briefs are supported by evidence obtained from a wide range of academic and non-academic sources. The outline of this report is organized by the five main approaches discussed during the consultations. Although the recommendations may fit under several of these categorical approaches, they are presented under the approach that most closely aligns with their intention.

We attempt to provide clear and concise summaries of each recommendation with few details about their potential implementation. In most cases, however, this report highlights potential challenges or barriers that may need to be considered. In this way, we seek to strike a balance between the possible idealistic overreach of recommendations and their alignment with evidence-based, egalitarian, practical, contextually appropriate, and locally driven criteria with long-term (i.e., sustainable) benefit. We generally present priority recommendations earlier under each approach.

## Guiding Principles

The core approaches described in this document are governed by the guiding principles discussed during the consultation process. The guiding principles represent the foundational beliefs and values that should guide the development and implementation of mental health policies and programs. In the context of this report, the guiding principles shape the approaches and recommendations. For example, a guiding principle of equitable access suggests a need for policies and programs that prioritize the needs of marginalized communities and the provision of quality services in LMICs. These needs can be met by focusing on community-based care and integrating mental health care into primary care settings, while recognizing that local communities can have stark inequities, discriminatory practices, and marginalized groups. Similarly, the guiding principle of cultural humility and sensitivity suggests a need to ensure input from marginalized groups during planning phases and to develop locally appropriate interventions and strategies, such as the integration of traditional healing practices, into mental health and psychosocial support.

### Guiding Principles for Mental Health Policies and Programs



A more detailed discussion of these guiding principles is provided in the consultation report. The summary report also describes how these principles may not always align seamlessly with each other. For instance, the principle of evidence-based practice may be hard to reconcile with the principle of cultural sensitivity. These challenges are also reflected in several of the following recommendations. Ideally, the guiding principles and approaches to global mental health, considered together, can inform and shape policy and programming. The following recommendations are designed to highlight these opportunities and challenges, aiming for ideas that are both feasible (i.e., practical to implement by the development and humanitarian assistance communities) and acceptable to a wide group of stakeholders—particularly those who will be most affected by them.

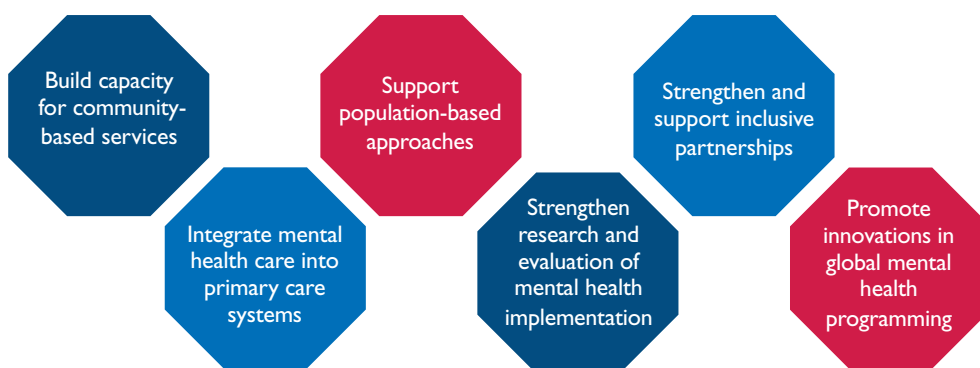




## Core Approaches and Recommendations

The key approaches to global mental health programming represent the broad strategies and interventions that development actors can prioritize to address many of the mental health challenges highlighted during the consultations. The approaches outlined below are prioritized based on their degree of emergence in the evidence briefs, how frequently they were mentioned during the consultations, as well as how heavily they align with the guiding mental health principles.

### Core Approaches



#### Build capacity for community-based services.

Community-based care refers to a range of strategies aimed at promoting psychosocial well-being and/or preventing or treating mental health conditions among individuals and communities by relying on community resources, involvement, and culturally sensitive methods. It aims to provide mental health care services within the community, rather than solely in centralized hospitals or clinics. Community-based care involves collaborating with various local stakeholders, including mental health professionals, government agencies, non-profit organizations, and community members, in multidisciplinary partnerships. The goal of community interventions is to implement a multi-level approach that aims to address care at the individual, interpersonal, community, and systems levels.

Funders can mainstream capacity development for mental health services alongside infrastructure investments in care facilities such as renovating health clinics, training health care workers, and providing equipment and supplies. They can also provide support towards training local mental health professionals and organizations. Additionally, funders and development actors can enhance and elevate evidence-informed local mental health practices so that both lay and professional mental health providers can deliver high-quality services to their communities. These efforts must be adequately funded. Devolving responsibility to communities to provide care without providing the requisite resources, training, support, and supervision is both misguided and unsustainable. The recommendations below focus on building community-based care on the principles of enhancing access to quality mental health care, prevention, and early intervention, promoting person-centered mental health care, reducing stigma and discrimination, and approaching mental health with cultural humility.

#### Provide training and technical assistance to peers, lay workers, and generalists.

Provide training and technical assistance to mental health professionals, community health workers, caregivers, and non-professional staff who provide services in the community. This effort aims to shift tasks and diversify care to trained providers and supervised lay health providers, peer workers, self-help groups, supportive counseling, wellness programs, and mutual-aid groups.

- Design and implement a comprehensive training program** designed for mental health providers in LMICs. The training program could focus on issues that are comparatively universal across cultures, covering general topics related to mental health care such as assessment and diagnosis, treatment options, and referral pathways. It could be delivered in a hybrid model through a combination of in-person and online training sessions and could also include ongoing professional development opportunities. Certification for completion of the program may be highly beneficial in some cultures as an incentive for participation and enhanced legitimacy. Organizations could develop training programs in-house, or partner with select universities or institutions to enhance legitimacy. To improve access, organizations could also consider launching training curricula on common massive open online course platforms such as Coursera, edX, FutureLearn, and LinkedIn Learning – several of which offer training options without cost.
- One core challenge of launching a training program for mental health providers in LMICs would be tailoring content to local conceptualizations of mental health support. Development stakeholders could **co-create services together**

with local organizations to provide training and technical assistance such as community-based mental health clinics and secondary care facilities and provide necessary support to local organizations for such collaborations. Local organizations often have established relationships with mental health professionals and non-professional staff and can provide valuable insights into the local context and cultural factors that may impact mental health. Another challenge will be designing and adapting training programs for people with low literacy levels, which may require using graphics, animations, or designing training in multiple languages. In a hybrid format, it may be possible to combine fully online (generalist) training with in-person (localized and specialist) training.

- **Further leverage technology and online training modules including telehealth platforms** to increase access to training and technical assistance for mental health professionals and non-professional staff in remote or underserved areas. In places with limited connectivity, training could be developed with micro-modules transmitted through mobile messaging and text applications that are widely used in a local context.

Funders can develop or support e-learning platforms and online training modules to provide technical assistance and capacity building to individuals and organizations in LMICs. For example, USAID developed the [Global Health eLearning Center](#), which offers free online courses and resources on topics such as maternal and child health, HIV/AIDS, and nutrition. Likewise, the Centers for Disease Control and Prevention (CDC) TRAIN [Online Learning Platform](#) offers free online courses on topics such as outbreak investigation and response, biosafety, and risk communication.<sup>1</sup>

- **Develop mentorship and supervision programs** that pair mental health professionals, such as psychologists, psychiatrists, and therapists, with non-professional providers, including community health workers, paraprofessionals, and volunteers. In situations where mental health professionals are available, we recommend facilitating a mutually beneficial relationship where knowledge, skills, and experiences are shared and exchanged to enhance mental health service delivery. Mentorship programs would offer structured guidance and support, encompassing a range of learning opportunities, such as hands-on training, workshops, seminars, and case consultations. Supervision would emphasize ongoing oversight and evaluation of non-professional providers' work, enabling the identification of strengths and areas of improvement. This process would include ongoing feedback sessions, performance appraisals, and constructive recommendations for development.
- **Leverage the expertise of local providers.** In circumstances where mental health professionals are unavailable

for mentorship or supervision, programs can leverage the expertise of local community health workers, traditional healers, and networks of peers familiar with cultural and contextual factors unique to the region to enhance mental health service capacity. Non-professional providers can be trained and can help to train and supervise each other in evidence-based, low-intensity psychological interventions. In all cases, providers should be supported with the essential resources needed to develop and expand mental health initiatives. This can foster a collaborative network of community-based care providers and ensure that people in underserved areas receive appropriate, culturally sensitive care tailored to their needs.

USAID's Global Health Bureau supports several mentorship, supervision, and train-the-trainer opportunities. For example, the [Maternal and Child Survival Program](#) has implemented a mentorship and supervision program in Kenya to enhance the skills and capacity of health care providers in maternal and child health. These types of programs could be extended to provide mentorship on mental health.

The CDC has several global health programs that focus on mentorship and supervision. For example, the [Field Epidemiology Training Program](#) provides hands-on training and mentorship to public health professionals in LMICs to strengthen their capacity to detect and respond to outbreaks and other public health threats.

- **Expand existing support to include the use, development, distribution, and scaling of interventions** that are easily implemented by those without specialized mental health training. For example, brief therapies provide short-term, targeted treatment for specific mental health issues. They are designed to be time-limited, with the goal of achieving rapid improvement in mental well-being. They often emphasize coping strategies and problem-solving skills that can be applied to various life challenges and do not necessarily require extensive training to implement. General therapies are designed to be applied to a range of mental health issues and focus on addressing common underlying factors. They can be designed to be used by non-specialists with little risk of harm to individuals and families and may be administered in brief individual or group sessions.

Examples of general therapies include behavioral activation, mindfulness-based stress reduction, problem-solving therapy, and bibliotherapy including cognitive-behavioral therapy self-help materials. Many approaches used in LMICs already fit these criteria and have existing community acceptance. They have potential for scaling up but may require support to develop an evidence base for particular use settings.<sup>2</sup> All efforts to make mental health care more accessible and available to individuals without specialized training must proceed with caution and a commitment to ensuring the quality and safety of the care

<sup>1</sup> Throughout the document, we include various examples such as this one to illustrate initiatives that relate to the recommendations made. These examples do not promote any particular activity or approach, nor represent a comprehensive list of such initiatives. These examples are included with the sole purpose of providing readers a sense of the type of initiatives that attempt to integrate the recommendations.

<sup>2</sup> Note: not all providers would agree with this approach. In countries with a strong base of mental health professionals, providers may argue that specialized training is necessary to provide effective and quality care.

provided. In all cases, the development and humanitarian assistance communities would need to encourage and support countries and communities to implement monitored safeguards to ensure that non-specialist providers have the necessary knowledge and skills to provide care safely and effectively. This may include developing certifications, helping to establish clear reporting mechanisms, and supporting peer and mental health professional supervision systems. While the development community could initially help put these mechanisms in place, by providing training and facilitating supervision from external partners, they would ultimately need to build capacity among local trainers and supervisors.



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**Strengthen collaborations with community-based organizations.**

As noted in the recommendation above, partnerships and collaborations with community-based organizations could be established to support the development of stronger mental health services in local communities. Funders could develop different types of partnerships for their mental health work by increasing technical assistance and supporting the development and implementation of locally contextualized, high-quality, and sustainable training programs.

- **Actively engage with and learn from community-based organizations (CBOs)** working in mental health. Task development staff working in related areas to attend community meetings and other events to meet with CBO representatives and learn about their work. This is a first step towards providing technical assistance and capacity building to CBOs to enhance their skills and capacity in mental health. Funders could work more proactively with CBOs to co-design mental health programs and initiatives tailored

to the needs of the community. They should actively engage community members in program design and implementation to leverage the unique knowledge and expertise of CBOs. Funders may also want to develop metrics to assess the process of community engagement and the outcomes of these partnerships.

- **Provide direct funding and other resources to CBOs** to support their mental health work. This could include providing grants to CBOs for program development, funding for mental health services, and resources such as training materials or technical assistance. Many CBOs may have the expertise in-house but may not have the flexibility to train others.
- **Devolving funding to CBOs** rather than large institutions can be challenging. However, funders could implement participatory budgeting and other flexible funding options to CBOs, allowing them to allocate resources where they are most needed, using social norms as collaborative accountability mechanisms. Funders could also facilitate partnerships between CBOs and other organizations such as universities, hospitals, or research institutes to build a network of support and expertise through joint initiatives. Funders may want to consider incentivizing university-CBO partnerships through grant mechanisms.

[The United States Environmental Protection Agency](#) office in Philadelphia, Pennsylvania launched a participatory budgeting initiative to engage residents in the allocation of \$2 million in funding for environmental projects. The initiative involved a series of community meetings and workshops in which residents were invited to submit proposals for projects to improve the environment and public health in their neighborhoods. The proposals were reviewed and refined by a local steering committee. Community members voted on the proposed projects, with the most popular projects receiving funding. This participatory budgeting initiative aimed to promote community engagement, increase transparency and accountability, and ensure that resources were allocated to the areas of greatest need. This initiative serves as an example of how participatory budgeting can be used to promote community engagement and accountability while devolving resources to strengthen CBO-led mental health initiatives.

- **Subsidize peer and community health worker mental health training programs.** This could include the provision of grants or contracts to organizations that are already working in mental health and related areas. Subsidies to providers could prioritize those not otherwise well supported, demonstrate clear plans for long-term career pathways of entry-level workers, and have a sustainability plan in other areas. To overcome concerns of sustainability and effectiveness, funders could also prioritize organizations with established partnerships with local governments or primary health systems and clear plans for sustainability and scale-up. Funders should also engage in ongoing monitoring and evaluation to assess the effectiveness of training programs and the effective use of resources.

- **Strategically incorporate mental health supports and services into other community-based programs.** To strengthen capacity to deliver mental health services, development organizations could add mental health modules or components to other community-based programs. In this way, these organizations can leverage existing resources and infrastructure to improve mental health outcomes for communities. For example, programs could link maternal depression to maternal and child health budgets (including mental health screening and treatment as part of routine prenatal and postnatal care), or depression in chronic diseases with HIV/AIDS funding (e.g., training health care providers on how to identify and treat depression in people living with HIV/AIDS and providing resources and support to individuals and families affected by these conditions). We also recommend humanitarian responses prioritize training providers in locally contextualized trauma-informed care practices to prevent the re-traumatization of service users and secondary traumatic stress in service providers. By raising the importance of mental health, funders could streamline mental health care within other strategically funded programs.

**Incorporate alternative and traditional healing approaches.**

Our review revealed that there is a growing body of research and anecdotal evidence to support the effectiveness of some traditional healing approaches in promoting mental health and well-being. Development and humanitarian assistance actors should acknowledge the overwhelming dominance of alternative mental health practices used in other cultural traditions (See Appendix I for examples of common concepts and practices). Many have no parallel conception in Western psychological vernacular but contain centuries of practice wisdom. In some cultures, they represent the main methods used to promote healing, yet [most are not easily evidenced](#), and are often overlooked or dismissed by Western mental health policy and practice. Global mental health actors may want to consider the degree to which this represents a missed opportunity to provide community-based assessments and interventions that are culturally relevant for diverse populations.

- **Partner with traditional healers and practitioners** to provide integrated mental health services. This requires working together for co-education and training to develop treatment plans that incorporate both Western and traditional healing approaches.
- **Work with local providers to support the development of locally relevant assessment and intervention methods** that carefully consider traditional beliefs and practices and incorporate local concepts into treatment plans. Overlooking or ignoring mental, emotional, and spiritual concepts that do not align tightly with Western conceptions is detrimental to effective community-based practice. In many cases, local concepts may align with Western nosologies, classifications, and diagnoses. In other cases, Western classifications may not have comparative [conceptualizations](#) (see the section below on incorporating culturally inclusive language in the programming and policy).

Integrating local concepts into assessments and intervention planning can help identify areas where traditional healing approaches may be beneficial.

- **Fund research on traditional healing approaches** to better understand their effectiveness and to identify best practices for incorporating such approaches into mental health and support services. Collaborate with communities to identify and address gaps, aiding the growth of established community-based practices and enhancing the evidence base through participatory research methodologies. This recommendation is further expanded below.

The National Institutes of Health (NIH) [National Center for Complementary and Integrative Health](#) is a U.S. federal agency dedicated to promoting the integration of complementary and alternative medicine (CAM) approaches into health care. The Agency was initially established by Congress in 1998 as the National Center for Complementary and Alternative Medicine. The Institute conducts research, provides training and education, and supports the development of evidence-based CAM practices.

**Deinstitutionalize mental health care.**

This recommendation recognizes that institutional care may be a last resort for some mental health conditions in the short term. However, we recognize that institutionalization is often used in contexts where it is not necessary. For instance, where psychiatric hospitals or other facilities are unavailable, people experiencing acute or serious mental health issues may be incarcerated together with violent criminals. The behaviors commonly exhibited by people with mental illness can be criminalized, either directly or indirectly. As a basic goal, development organizations can help to ensure that people’s human rights are protected from unnecessary incarceration and institutionalization. Where possible, organizations should prioritize recovery in the community aligned with cultural practices and norms. Supporting community mental health care is an important but often overlooked component of deinstitutionalization. Community-based care offers a more rights-based, person-centered model of mental health care.

- **Encourage the use of tools such as psychiatric advance directives (PADs) and well-being recovery action plans (WRAPs)** in therapeutic services to maintain the autonomy of people with severe mental health conditions. PADs are legal documents that allow individuals with mental health conditions to specify their treatment preferences and designate a trusted person to make decisions on their behalf if they become unable to make decisions for themselves. Likewise, WRAPs are personalized plans that people create to manage their symptoms and promote their recovery. By encouraging the use of such contextualized versions of tools, development organizations can promote the autonomy and self-determination of people with severe mental health issues, helping individuals take an active role in their own care, make informed decisions about their treatment, and promote their recovery. [It is critical that these](#)

tools are used in a culturally sensitive and ethical manner and that individuals are provided with the necessary support and resources to create and implement these plans effectively.

- o Work with local stakeholders to develop training and resources for mental health professionals on using PADs and WRAPs in therapeutic services. This could include training on helping providers and CBOs create and implement these plans.
- o Encourage the engagement of mental health service users and their families in the development and implementation of PAD and WRAP programs. To ensure cultural relevance, this may involve convening focus groups or advisory committees to provide input on program design and implementation. To ensure that PAD and WRAP programs comply with legal and ethical standards for informed consent and patient autonomy, organizations may also need to consult with local governments or health systems to develop guidelines and policies that support the use of these tools, and that regulate these requirements as law thereby putting them into practice.
- **Support programs to involve families and caregivers** involved in a person’s recovery. Making the family unit a focus of interventions can improve treatment outcomes, increase social support, and decrease caregiver burden over the long-term. Involving families and caregivers in mental health recovery can promote a more holistic approach to care that addresses the needs of service users and their support systems. However, it is important to ensure that the involvement of families and caregivers is accomplished ethically, and that the privacy and confidentiality of the service user are respected across cultural contexts. We recognize that family members can be a source of stigma and abuse. Policy and programming for family involvement would require careful planning for security considerations. In cases where the family unit is not the primary focus of interventions, development organizations may want to work with CBOs to provide resources and support to families and caregivers through support groups, counseling services, or respite care.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has funded several programs that involve families and caregivers in mental health recovery. One such program, the [National Child Traumatic Stress Network](#), offers a range of resources and training programs for families and caregivers of children with mental health issues.

National Institute of Mental Health (NIMH) has funded research on the role of families and caregivers in mental health recovery and has developed resources and training programs for them. For example, the NIMH-funded [Family Intervention for Suicide Prevention](#) program offers cognitive-behavioral family treatment training to mental health professionals on involving families and caregivers in suicide prevention efforts.

**Provide funding and technical support to train teachers and school-based staff.**

Funders and development organizations could leverage their partnerships with schools in LMICs to enhance mental health by implementing evidence-based interventions that promote positive mental health and well-being, prevent mental health problems, and provide support for students struggling with mental health issues. We also recognize the need to address the barriers faced by the most vulnerable children who have little access to education or schools.

- **Support basic first aid mental health training.** This would include school staff, teachers, and counselors, focusing on identifying basic signs and symptoms of mental health concerns and encouraging students to seek help when needed. Funding could be directed toward the creation of new material informed by local consultations or adapt existing materials on how to bolster mental health, and to identify and support students who may be experiencing mental health issues.
- **Embed mental health literacy in schools.** This strategy would expand beyond the scope of mental health first aid to focus on social determinants of mental health such as bullying, violence, and discrimination. Literacy programs can help young people develop language and understanding of mental health concerns before they are exposed to more stigmatizing beliefs. Mental health literacy programs can be integrated into existing school curricula and delivered by trained professionals or teachers.
- **Support the development and implementation of trauma-informed care training programs.** In many contexts, recognizing the impact of trauma on students’ mental health, learning, and behavior and creating safe and supportive learning environments is paramount. These interventions should promote a whole-school approach to trauma-informed care, incorporating principles of safety, trustworthiness, collaboration, and empowerment into school policies, procedures, and practices. Support in this area should also help facilitate partnerships with mental health providers for ongoing support, consultation, and resources for schools implementing trauma-informed care practices.
- **Support the development of school-based mental health programs.** This would include mental health curricula that promotes positive mental health and well-being, such as mindfulness and stress management programs. In larger schools, the development community could also work to establish school-based mental health clinics. For smaller schools, organizations could work with school education systems to establish mobile clinics to provide mental health services to students who need them.

The “[Health-Promoting Schools](#)” initiative of the World Health Organization (WHO) aims to create supportive school environments that promote health and well-being. The program addresses a range of health issues, including

mental health, and involves collaboration between schools, communities, and health authorities. Likewise, the United Nations Children’s Fund has implemented several [programs in schools that promote social and emotional learning](#), provide access to basic mental health services, and create safe and supportive school environments.

- **Strengthen referral systems between schools and specialized mental health services.** This may include support for clear referral pathways and processes, as well as support for the development and distribution of training materials on when and how to refer patients.
- **Increase children’s access to educational systems.** Education is a key social determinant of mental health. Recognizing that many children in the most vulnerable situations do not have access to educational opportunities, targeted interventions must also address identified barriers, ensuring that initiatives are tailored to the specific needs and contexts of children in these situations. This may include establishing financial assistance programs, transportation solutions, or providing support for community-based educational programs. It may also include advocating for policy reforms that promote inclusive education and reducing barriers to access, advocating for revised enrollment processes, and addressing hidden and unrecognized costs faced by families in these situations.

### **Integrate mental health into primary care systems.**

Primary care systems are typically the first point of contact for individuals seeking health care services. Integrating mental health into them can help ensure that individuals with mental health needs receive prompt and effective care. This approach advances the principles of enhancing access to quality mental health prevention and early intervention, treatment, and psychosocial support. Concerns have been raised that this approach runs counter to the principles of promoting person-centered mental health care. Concerns center on the lack of training and expertise among medical providers to accurately diagnose, treat, and manage mental health conditions, inadvertent stigma and discrimination that may occur when mental health concerns are associated with physical illness, fragmented, and poorly coordinated care if people are required to navigate multiple providers, an overemphasis on medication, and insufficient attention to the social determinants of mental health.

While recognizing these potential concerns, we believe that effective integration is possible. Integrating mental health into primary care systems can improve access to care, particularly in areas where specialized mental health services are limited or unavailable. It can also help improve the coordination and continuity of care for individuals with mental health needs. It has the advantage of early identification and intervention when mental health screening is completed during routine checkups, may result in more holistic care when mental and physical health needs are considered together, and may overcome some barriers to access associated with stigma. People may feel more

comfortable discussing mental health concerns with primary care providers with whom they already have an established relationship.

The [Program for Improving Mental Health Care](#) was a research and policy consortium that aimed to improve the integration of mental health services into primary care in Ethiopia, India, Nepal, South Africa, and Uganda. The program generated high-quality research on how to implement and expand the coverage of mental health treatments in primary health care contexts in the countries. The Program for Improving Mental Health Care ended in 2019 but its funding over eight years scaled up integrated mental health care in 94 facilities. The initiative underscored several key takeaways: 1) the necessity of adapting mental health care plans to the specific context and needs of each site, 2) the demonstrated success of integration in increasing access to mental health services in low-resource settings, 3) the critical role of partnerships among stakeholder groups, 4) the benefits of task-shifting and ongoing training to reduce stigma and enhance access, 5) the challenges and value of implementing evidence-based treatments in LMICs, and 6) the ongoing requirement for improvement and adaptation of mental health care plans.

### **Support the training of primary health care providers to provide mental health services.**

Several of the existing training initiatives focused on global health integration are highly diagnosis and medication-based. Existing health providers often lack the time, training, or competencies to provide talk-based therapy or other support. In addition, people needing specialized services often cannot be referred to other providers because specialized services are unavailable in their context. The development community could complement these programs by helping validate alternative approaches and by setting up support and referral services. They could also help better train doctors, nurses, and other medical providers identify and manage common mental health and psychosocial issues. 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. Any of these approaches could be adapted to better integrate mental health programs into primary care settings.

- **Support locally designed or adapted training materials,** such as manuals, videos, and interactive online modules, to train medical providers on common mental health and psychosocial issues. The materials should be designed locally or adapted to the local context and should be available in local languages. This strategy could include providing continuing education courses, conferences, and workshops to help ensure that medical providers stay up to date with the latest developments in mental health care. This may require prioritizing the identification of specific mental health services such as screening, prevention, and crisis counseling that can be transitioned to primary care providers to enhance accessibility and integration of mental health care. It is also crucial to evaluate the fidelity and outcomes of these services to

ensure their effectiveness in improving patient outcomes and overall mental health care delivery.

The WHO’s “[Mental Health Gap Action Programme](#)” (mhGAP) provides a set of evidence-based interventions for mental, neurological, and substance use disorders that can be delivered by non-specialist health workers, including primary care providers. While mhGAP has been widely acknowledged for its efforts to address the treatment gap in mental health care, it has also faced several critiques including an overemphasis on biomedical model and medication-based treatments; concerns about limited stakeholder engagement and the cultural appropriateness of the mhGAP guidelines, task-shifting concerns that can compromise the quality of care if non-specialist providers diagnose and seek to treat complex mental health conditions, and an insufficient focus on prevention, promotion, and the social determinants of mental health, which may inadvertently divert systemic efforts to reduce the overall burden of mental health concerns. Funder contributions to community-based care and primary health integration could complement the [mhGAP Community Toolkit](#) by providing culturally appropriate training and screening resources, promoting alternative approaches, and prioritizing the social determinants of mental health conditions.

- **Support in-person training sessions for medical providers in LMICs**, that use a train-the-trainer approach. Funders could support the integration of trainings into systems strengthening programs and potentially fund local groups to lead these training sessions. Ideally, trainers would be mental health experts familiar with the local culture and language—although such experts can be difficult to find in some contexts. They may need to develop collaborations with local non-professional providers, relying on methods adapted from external experts. In-person training sessions could include lectures, case studies, role-playing, and group discussions. The development community could also provide remote training to providers in LMICs using remote communication technologies in areas where in-person training is not feasible or where medical providers are dispersed across a wide geographic area.

The non-profit Partners in Health implemented a training program for primary care providers on the integration of mental health services into primary care in Rwanda’s Burera District through their [Mentoring and Enhanced Supervision at Health Centers](#) initiative.

- **Partner with local universities in LMICs to integrate mental health training** into medical school curricula. This could help ensure that medical students are equipped with the knowledge and skills to identify and manage common mental health issues.

[BasicNeeds](#) is an international NGO that works to improve the mental health and well-being of people living with mental health conditions in LMICs. BasicNeeds has partnered with local universities in several countries to integrate mental health training into medical school curricula. For example, BasicNeeds collaborated with the University of Ghana Medical School to develop and implement mental health literacy in secondary schools and a pilot mental health literacy training program for medical students.

- **Support specialized training initiatives for related disciplines** and the development of curricula for clinical mental health services for psychologists, social workers, and social service workers. Depending on the nature of training and professional regulation in different countries, many such programs aim to teach competencies in various non-clinical domains such as research methods and statistical analysis, educational or industrial-organizational workplace development, social psychology, social movements, community development, and social policy and advocacy. Helping integrate micro- or clinical practice skills and competencies in these programs may help to increase mental health capacity.



**Incorporate mental health screening and services into routine health checkups.**

Routine health checkups present an ideal opportunity to screen for mental health issues, as they provide regular access to health care services for individuals who may not otherwise seek mental health care. This recommendation aims to improve the detection and management of mental health conditions.

- **Develop or collate screening tools relevant to the local context and languages in LMICs.** Culturally sensitive screening tools, such as standardized questionnaires or scales tested and normed to specific populations, can be used to assess a patient’s mental health status. Provide an open access set of screening tools designed to identify common mental health issues easy for primary care providers to administer.
- **Incorporate screening and brief intervention into routine health checkups.** Partner with governments and local CBOs to train health care providers on screening and

identifying common mental health issues. Train providers in brief interventions and goal setting for issues such as substance use choices.

The [Mental Health Integration Programme](#) and the Southern African Research Consortium for Mental health Integration teams offered through the Centre for Rural Health at the University of Kwazulu-Natal have worked to integrate mental health services into primary care settings. The program includes training on mental health screening and services as part of routine health checkups in primary care clinics.

**Strengthen mental health referral systems.**

Improve the effectiveness and efficiency of mental health services by ensuring that individuals with mental health needs are referred to the appropriate level of care. Many primary health care systems lack referral pathways to specialized mental health services for patients with more complex or severe mental health needs. Where specialized services exist, developing referral systems can help ensure individuals receive timely and appropriate care and prevent unnecessary treatment delays.

- **Strengthen referral systems** between primary health care facilities (as well as schools and other frequented institutions) and specialized mental health services. This is often overlooked but can greatly improve communication and collaboration between primary health and mental health providers, including traditional healers. This could be facilitated by developing clear referral pathways and providing training materials on when and how to refer patients.

NIMH has supported several research initiatives designed to strengthen mental health referral systems in LMICs. For example, NIMH supported the [Partnership for Mental Health Development in Sub-Saharan Africa](#) program, which aimed to strengthen mental health referral systems in Ghana, South Africa, and Uganda, through knowledge development, among other integration efforts.

- **Build capacity for first-line mental health treatment** in primary health care systems by co-locating (or collaborating with) mental health professionals of all disciplines to be covered by medical benefits without additional co-pays. In many cases, integration programs center on addressing common mental health challenges but fail to cater to the needs of individuals experiencing more complex mental health concerns or to cover costs for basic mental health care. The development community could work with health care systems to develop in-house referral mechanisms in which the initial round of mental health sessions is covered without a formal diagnosis.

USAID’s [Health Finance and Governance](#) project worked with the Ministry of Health in Rwanda to develop referral pathways for the integration of mental health services into primary care. Likewise, the United Kingdom’s Department for International Development (now the Foreign, Commonwealth and Development Office) provided funding to

the [Mental Health Innovation Network](#), which worked to increase access to mental health services by strengthening referral systems and promoting the use of technology to support mental health care.

**Incentivize mental health providers in primary health care systems.**

The shortage of mental health professionals in LMICs can be exacerbated as qualified professionals seek better opportunities in other countries. Programs and policies need to address the factors that drive qualified mental health professionals to leave their home countries such as lack of career opportunities, limited access to resources and training, or political instability. The development community could provide incentives to mental health providers to encourage them to stay and contribute to the development of the local mental health workforce. Although funders could help initiate new activities, ongoing financial support would need to come from local sources.

- **Provide financial incentives to mental health professionals** who work in LMICs, such as bursaries, higher salaries, bonuses, and other financial incentives to encourage health professionals to stay in their home countries and contribute to the development of the local mental health workforce and other professional development opportunities for career advancement. These financial incentives could be targeted to mental health professionals who work in underserved areas or who provide services to vulnerable populations. They could be combined with educational initiatives to reduce the costs of education and training. For sustainable impact, funders and development organizations would need to work with domestic sources to ensure such incentives are ultimately home-grown and locally sourced.

The [WHO Global Code of Practice](#) for the international recruitment of health professionals provides standards for state-sponsored educational initiatives that integrate the training of prospective health professionals with recruitment and retention methods for human resources. These strategies, also known as [return-of-service schemes](#), award scholarships to students in the health sciences in return for a commitment to work for the government on a year-for-year reciprocal contract after completion of their studies.

The United States NIH and President’s Emergency Plan For AIDS Relief (PEPFAR)-funded [Medical Education Partnership Initiative](#) strengthens medical education and research in sub-Saharan Africa by funding faculty retention programs and providing financial incentives to encourage medical professionals to work in their home countries.

- **Provide professional development opportunities** to mental health professionals in LMICs, such as training programs, conferences, or mentorship opportunities. These opportunities can help mental health professionals develop new skills and expand their knowledge, which can increase their job satisfaction and reduce the likelihood of brain drain.





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**Integrate alternative mental health providers into primary care systems.**

The term “alternative mental health providers” refers to individuals not often recognized by the Western medical community as legitimate mental health professionals. Alternative providers include traditional healers, community health workers, peer support workers, *curanderos*, *dukun*, *sangomas*, ayurvedic practitioners, shamans, and naturopaths. We recommend that alternative mental health providers be integrated into primary care systems to work alongside more mainstream mental health professionals. This recommendation must be balanced with diverse forms of evidence and practice wisdom to ensure that people receive quality services.

The United States Veterans Health Administration [Integrative Health Coordinating Center](#) was established within the Agency’s Office of Patient Centered Care and Cultural Transformation in 2014. The Center promotes integrating complementary and alternative approaches into health care for veterans. Approved complementary and integrative health approaches covered by the Veterans Medical Benefits package include acupuncture, biofeedback, clinical hypnosis, guided imagery, massage therapy, meditation, Tai Chi, Qi Gong, and yoga. Other alternative approaches are under continual consideration.

- **Build capacity for alternative providers.** In many local contexts alternative mental health providers are highly respected practitioners in their communities. However, these providers could be further trained and supported to identify and manage mental health conditions, provide psychosocial support, and refer individuals to specialized mental health services. The development community might encourage integration by providing resources such as medical supplies and equipment to alternative providers. These could include mental health-related resources such as psychoeducational materials, medications, and equipment for monitoring side effects. Providing these resources can foster collaboration and build trust between traditional healers and professional providers. In this way, development organizations can facilitate partnerships and create an environment where traditional healers feel more open to integrating mental health services into their practices. This would demonstrate a commitment to supporting traditional healers in improving the overall health care services they provide, while also emphasizing the importance of addressing mental health within their practices and helping promote quality health care services. Development actors might also support the creation of better referral pathways from alternative providers to hospitals or clinics so people with severe

mental health conditions can receive medical attention from primary health care providers.

[Community-based mental health programs in Nepal](#) have trained traditional healers, known as *Dhami-Jhākri*, to provide mental health services to individuals in rural communities. These healers describe their work as alleviating traumas affecting the soul and spirit. They work alongside primary care providers to deliver treatment.

NIMH partnered with the University of Zimbabwe to develop a train-the-trainer intervention called the [Friendship Bench](#). The program trains lay health workers, known as Grandmother Health Advisors, to provide counseling and support to people with common mental health concerns. [The Grandmother Health Advisors](#) are integrated into primary care clinics and work alongside other primary care providers to deliver mental health services.

- **Identify the social supports appropriate to the local cultural context.** Some cultures view mental health as inseparable from the well-being of the earth, community, and ancestral spirits. In these cultures, mental health is often viewed as a collective responsibility and is connected to a person’s relationship with the environment, ancestors, and community. Practices may involve healing ceremonies, earth integration, and the involvement of family and community members in the healing process. Integrating alternative healing will require the development community to recognize and integrate differences in emotional expression, mind-body dualism, collectivism, and spiritual beliefs as valid and important considerations for mental health care services in many LMICs.

The [Integration of Behavioral Health Program](#) in Hawaii is a collaboration between the Hawaii Department of Health, the Department of Human Services, and traditional Hawaiian healers to provide culturally sensitive mental health care to Native Hawaiians. The program incorporates traditional Hawaiian healing practices, such as *ho’oponopono* (a form of group therapy) and *la’au lapa’au* (herbal medicine), into mental health treatment programming.

The [Aboriginal and Torres Strait Islander mental health program](#) in Australia aims to improve mental health outcomes for Islander peoples in Australia by incorporating traditional healing practices into mental health care and primary care networks. The program recognizes the importance of cultural and spiritual beliefs in mental health and supports the use of traditional healing practices, such as bush medicine and storytelling, in mental health treatment programs.

### Support population-based approaches.

Although clinical services to individuals and groups are needed, they are inadequate for meeting the mental health needs of entire populations. A focus on population-level mental health interventions aims to improve the well-being of an entire population or community, rather than targeting individuals or groups. This approach recognizes that mental health is influenced by a range of social, economic, and environmental factors that affect entire populations, and that interventions implemented at the population level may be most effective. [Addressing the root causes, drivers, and social determinants of mental health challenges](#) at the population level is essential to addressing the substantial impact of mental health challenges on individuals and communities. Doing so will also help achieve progress in other development and humanitarian goals.

### Invest in efforts to understand the global prevalence and impact of mental health conditions.

The global prevalence and impact of mental health conditions, include the number of people affected, the severity of symptoms, and the associated disability and mortality associated with mental health problems. Under this recommendation, the development community would prioritize efforts to better understand the global prevalence and impact of mental health, including the specific mental health issues most prevalent in LMICs, the impact of mental health conditions on individuals and communities, and the economic and social costs of mental health disorders.

- **Increase data and research on population-level mental health**, including epidemiological surveillance. Funders can provide funding and technical support to local organizations and governments to collect and analyze data on mental health in LMICs using standardized measures. This approach will require adaptation and testing to ensure that these measures are locally appropriate. Train local health workers to collect data using these standardized tools and methods, as well as provide technical support for data analysis.
- **Disaggregate by sub-populations** such as children in schools, people in prison, minority populations, children and youth, gender groups, older adults, refugees, internally displaced persons, and other people affected by humanitarian crises. Mental health challenges can vary significantly among different sub-populations; tailored interventions are often needed to effectively address these challenges. Support for targeted research should seek to identify the unique mental health challenges faced by these sub-populations as well as the most effective interventions for addressing these challenges in context.

### Address the root causes and social determinants mental health.

Mental health challenges are often influenced by social, economic, and environmental factors. Addressing these root causes is necessary for achieving sustainable improvements in mental health outcomes. It is important to prioritize efforts to address the social determinants of mental health, including poverty, discrimination, social isolation, and lack of access to basic services.

- **Improve people's access to basic needs** such as food, water, shelter, and health care. By addressing basic needs, the development and humanitarian assistance communities' current work is already helping people and communities build resilience and cope with stress, which can reduce the risk of developing mental health issues.
- **Support social and economic development programs** that address the root causes of mental health challenges including programs that promote economic growth, reduce poverty, and improve access to basic services, such as health care, education, and housing. Funders and other development organizations may want to build mental health outcomes explicitly into their [program logic models](#) to highlight programs with the greatest potential to support mental health.
- **Increase support for programs that strengthen child protection systems** by working with governments and civil society organizations. Provide support for laws and policies that protect children, establish and strengthen local and national level child protection mechanisms, support families, parents, and caretakers, support school-based programs, and provide training to child protection workers.
- **Increase investments in programs to reduce the exposure of children to potentially traumatizing stressors and other adverse experiences** including abuse, neglect, and witnessing and participating in violence. Exposure to potentially traumatizing stressors and other adverse experiences in childhood can have significant long-term effects on mental health, leading to an increased risk of poor mental health outcomes.

### Advocate for public health practice interventions.

Some members of the development community may be able to advocate directly for specific policies or interventions. These actors could also work with local governments, NGOs, and other stakeholders to support the implementation of evidence-based public health practice interventions that promote mental health.

- **Support the implementation of collaborative care models**, which involve the integration of mental health services into primary care settings. This intersects with earlier recommendations such as providing training and support to primary care providers, developing referral networks for mental health services, and integrating mental health services into existing primary care systems.
- **Support the integration of mental health prevention and treatment into policy agendas** to prioritize and increase the visibility and importance of prevention and early detection, as well as treatment. Efforts could help promote partnerships among local CBOs, funders, foundations, and other stakeholders to provide technical assistance to governments to develop and implement policies that support mental health prevention and social support, and to integrate and balance these approaches together with treatment-oriented initiatives.



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[Grand Challenges in Global Mental Health](#) is led by NIMH and the Global Alliance for Chronic Disease in partnership with Wellcome Trust, the McLaughlin-Rotman Centre for Global Health, and the London School of Hygiene and Tropical Medicine. This collaborative global initiative advocates for the adoption of innovative solutions to address the mental health burden in LMICs. The initiative provides funding, technical support, and advocacy to governments to promote the adoption of innovative solutions for public mental health, including technology-based interventions and community-based programs.

- **Develop and share information** to raise awareness of mental health issues, focusing on stigma reduction, prevention, and early detection. The development community can also use global platforms, such as WHO’s communication channels and toolkits, to indirectly advocate for mental health prevention in LMICs. Information and communication tools can help local civil society organizations advocate for policy changes.

WHO has advocated for public health practice interventions in LMICs by developing guidelines and supporting research and development. The organization has invested heavily in communication strategies to share guidelines for the management of mental health issues and provides technical assistance to public health departments to support the implementation of these guidelines.

- **Provide technical assistance to public health departments** to help them develop and lead mental health initiatives. The development community could provide training on evidence-based and evidence building practices, help to strengthen surveillance and monitoring systems, share guidelines and protocols for service delivery, and help to train the public mental health workforce as described above.

- **Invest in supportive environments that promote positive mental health and well-being** such as safe, supportive, and well-connected communities, schools, workplaces, and homes. Living in areas with high crime rates or limited resources can have serious adverse effects on people’s mental health. In addition to recommendations presented earlier such as increasing access to safe and affordable housing, policies and programs that provide support and reduce social isolation can have a significant positive effect on the mental health of populations. Likewise, investing in programs that modify the built environment, for instance, by increasing access to green space, decreasing noise pollution, and enhancing air quality can greatly improve population-level mental health.

**Strengthen mental health care systems.**

This recommendation emphasizes the need to focus on strengthening population-level mental health systems as a necessary precursor to, or simultaneous with, integration efforts. We recommend that funders and governments invest in the development of mental health care infrastructure by allocating funds and offering technical assistance to primary care clinics and secondary care facilities. Such support will enable the construction and renovation of mental health care facilities, ensuring they are better equipped to deliver person-centered and community-based care. Additionally, support should extend to helping facilities acquire essential mental health care equipment and supplies, further enhancing the quality and accessibility of mental health services. Beyond providing support for secondary care facilities and clinics, development stakeholders can also strengthen mental health systems through investments in mobile clinics, community outreach training programs, tele-mental health services, mental health research centers, and mental health policy and advocacy organizations.

A five-year collaboration between the Rwanda Ministry of Health and the Johnson & Johnson Family of Companies has resulted in [several initiatives to improve mental health care systems in the country](#). Since 2018, the efforts include increasing understanding of the prevalence and impact of mental disorders in Rwanda, decentralizing care by educating traditional healers and religious leaders on mental health diagnoses, using a free remote training service platform to democratize training (more than 60,000 community health workers have been trained using the platform since 2018), and increasing access to affordable, quality neuroleptics and other psychotropic medication.

Partners In Health collaborated closely with the Government of Rwanda to rebuild the Burera district’s health system. They [transformed Butaro Health Center](#) into a temporary hospital and initiated the construction of a new 150-bed district hospital. The new hospital includes expanded services, advanced technology, infection control measures, and an academic environment that fosters learning and collaboration. The completion of the hospital represented the culmination of a comprehensive partnership to strengthen the district health system and establish the hospital as a regional center of clinical excellence.

### Strengthen research and evaluation of mental health approaches in LMICs.

Funders can support the strengthening of the evidence base for 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 continues to govern mental health practice in many LMICs. These recommendations align with the principles of diversifying evidence for mental health care, enhancing prevention and early intervention, addressing the social determinants of mental health, and reducing stigma and discrimination.

### Provide direct research grants.

Direct research grants can be an effective way for the funders to support mental health research in LMICs. Grants provide local and non-local researchers resources to conduct high-quality studies, which can improve understanding of culturally relevant mental health conditions to develop more effective interventions

NIH, NIMH, and the Fogarty International Center all provide [direct research grants](#) to support research on global health issues, including mental health in LMICs. The grants have provided funding for research on the prevalence and epidemiology of mental health disorders, on the implementation of mental health services, and on the impact of mental health conditions on individuals and communities in LMICs. Funders could strengthen their strategic research partnerships with agencies studying mental health issues in LMICs.

- **Promote and fund research into local, non-Western approaches.** Provide direct research grants to researchers and organizations working on mental health research, innovation, and development in LMICs. Support research that integrates methods relying on local knowledge and intuitive practice wisdom to deliver mental health services that consider the cultural context. Funders may also decide to partner with government agencies to buttress the legitimacy of historically underfunded approaches.
- **Strengthen the evidence base of mental health methods that extend beyond the biomedical model.** Expanding evidence of the effectiveness of indigenous and local practices, including somatic and collectivist mind/body practices, is particularly relevant. The methods have been used for centuries, are highly effective anecdotally, yet are vastly understudied. Some alternative methods, including yoga, acupuncture, biofeedback, meditation, Tai chi, Qi gong, and some forms of psychedelic-assisted therapy, have a growing evidence base of their effectiveness. Many other traditional approaches are widely practiced in LMICs but poorly evidenced. Funded research may want to examine the underlying mechanisms of these methods (e.g., the therapeutic alliance, altered states of consciousness, social connection, and creative expression) to understand the influence and effectiveness of ancestral, indigenous, and collectivistic methods of mental health practice.
- **Invest in evidence-generating approaches to understand the efficacy of lower-tiered interventions across contexts.** Lower-tiered interventions, often referred to as “low-intensity” or “stepped care” interventions, are approaches that are less resource-intensive, less specialized, and generally less costly than traditional or higher-tiered mental health services. They are designed to provide initial support for people experiencing mild to moderate mental health issues or to serve as a first step in a more comprehensive care plan. [Examples include](#) psychoeducation, guided self-help, peer support and counseling, and some brief psychological interventions such as interpersonal therapy. Lower-tiered interventions such as child-friendly spaces and psychological first aid are widely disseminated within humanitarian settings. However, evidence supporting their impact across contexts is lacking. Evidence should go beyond quantitative outcomes (e.g., measurement of psychological distress), and include qualitative methodology (e.g., case study, ethnographic, narrative approaches) to gain a more robust understanding of cultural considerations and nuances involved in effectively delivering these approaches across contexts. The integration and interaction of lower-tiered interventions with specialized mental health services should also be examined.

**Fund local research proposals**

- **Ensure that research proposals are culturally sensitive.** In advance of providing research grants to strengthen the knowledge base of global mental health, funders and development organizations should ensure that research proposals are culturally appropriate and locally informed.
  - **Build formative research requirements into requests for proposals,** asking researchers to incorporate local conceptualizations of mental health before undertaking mental health research. Recognize the cultural and historical significance of traditional healing practices and incorporate localized conceptions of knowledge and practices into research on proposals to study mental health (see Appendix).
  - **Prioritize research that explores different cultural ways of knowing** and local constitutions of knowledge to strengthen the evidence base for less recognized treatments. Recognize research methods such as case study analyses, narrative-based data, participatory observation, and other forms of qualitative data as valid forms of evidence. Fund new or adaptive research methods that aim to address challenges endemic to development and humanitarian contexts using community-based participatory research methods to co-create and implement research questions, designs, and methods.

The [Center for Culture, Trauma, and Mental Health Disparities](#) at the University of California, Los Angeles is a multi-ethnic and multidisciplinary group promoting interdisciplinary research on mental health disparities. This research group has researched cultural variations in mental health symptoms and treatment preferences among diverse communities impacted by trauma exposure, including Latinos in Central America and Africa. Several of the Center’s research projects examine cultural differences in ways of knowing, generating evidence and appraising traumatic events.



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- **Promote the development and use of culturally appropriate indicators of mental health conditions** that are multi-dimensional, assessing well-being in addition to social, emotional, and cognitive functioning. This could be accomplished by developing new, locally informed tools or modifying and testing existing assessment tools to include indicators to align with localized conceptualizations of mental health and support research that tests the psychometric properties of locally developed or adapted indicators of mental health conditions.
- **Increase funding for research on locally developed interventions that reflect deep structural adaptations.** Much research in LMICs focuses on surface-level adaptations, such as changes to the language, images, or symbols used in the intervention, or changes to the format or delivery method of the intervention. Deeper research into [community-level, systemic, and population-level contextualization](#) is needed. Funders might consider partnering with NIMH or other funders that specialize in research to encourage in-depth study that challenges or rethinks underlying assumptions and values that shape interventions. Support for deep contextualization may require radical changes to the theoretical framework or approach of interventions, or changes to the underlying goals or objectives of the intervention to reflect local cultural context.
- **Support initiatives to build more comprehensive local research infrastructure.** This strategy would support local mental health researchers in leading mental health intervention and efficacy trials. This may include funding the establishment of local training programs, research centers, or data collection systems.
- **Invest in dissemination and implementation science** to study the unique challenges, barriers, and facilitators of delivering mental health services in LMICs. Dissemination and implementation of science research investments would support local researchers and address the initial stages of mental health implementation, as well as the unique challenges associated with long-term sustainability in these countries.

The NIH supports [dissemination and implementation research](#) on how evidence-based practices, interventions, and policies are effectively translated to and used in real-world settings like hospitals, schools, and communities. This initiative provides funding and support for researchers in LMICs to conduct implementation science research to improve the implementation and delivery of evidence-based health interventions in LMICs.

The [Africa Mental Health Research and Training Foundation](#) is a research and training institution based in Kenya dedicated to mental health research and capacity building in Africa. The Foundation conducts implementation science research to improve the delivery of mental health care services in LMICs and provides training and support for mental health professionals to promote the uptake of evidence-based practices.

**Establish research partnerships with universities and think tanks.**

Academic institutions and research organizations bring specialized expertise and resources to research partnerships, including research infrastructure, funding, and access to research participants. These partnerships can also help promote the development of locally informed and context-specific research questions to ensure that research findings are relevant and applicable to local contexts. Such partnerships can help to build local research capacity, generate new knowledge and evidence, and promote the translation of research into policy and practice.

The [Global Disaster Intervention research lab](#) at the University of Illinois aims to advance the science of disaster mental health and to promote evidence-based interventions that support the mental health and well-being of individuals and communities affected by disasters around the world. The lab builds local research capacity in LMICs by providing training and support to local researchers, promoting research collaborations, and developing networks and partnerships with local academic institutions and research organizations to better understand the mental health consequences of disasters and evaluate interventions tailored to the unique needs and contexts of communities affected by them. The research lab aims to promote the global dissemination and implementation of evidence-based interventions for disaster mental health.

A prerequisite for funding should be a feasible strategy outlining how trainees would secure financial support. For instance, USAID’s Innovation, Technology, and Research Division is dedicated to building local research capacity in LMICs by not only by providing training in grant discovery and application, but also by fostering the development of successful local research teams through publications and grant completions. This often includes funding the establishment of research “hubs” centered around local universities for sustained support and expansion beyond one institution.

- **Establish a training institute that offers short online courses and certifications** to mental health providers in LMICs. Funders could establish a training institute in collaboration with an existing academic institution with expertise in mental health research and training. A digital platform could be designed to provide mental health providers in LMICs with access to short courses and certifications that focus on evidence-based practices for the prevention, diagnosis, and treatment of mental health conditions tailored to the needs of mental health providers in LMICs, with a focus on locally relevant and context-specific approaches to mental health care. Training material could be delivered in a variety of formats, such as video lectures, interactive workshops, and case studies. Upon completion of the courses, mental health providers could receive certifications that demonstrate their mastery of the content. Certification by universities from the Global North and South in partnership may enhance perceived legitimacy and increase incentives for participation. Stackable certifications could also lead to degree programs. The platform could also facilitate online discussions, webinars, and other networking opportunities for mental health providers in LMICs.

Rather than a solely Western approach, this institute could convene stakeholders from LMICs to co-create training modules, drawing upon the local expertise and knowledge. Working in collaboration with an existing academic institution with expertise in mental health research and training, the institute would vet training content by professionals and other representatives from LMICs, promoting a globally inclusive perspective. Furthermore, funders could provide funding for the platform and its management. This initiative supports the broader aim of professionalization in the field. Certifications offered by the institute could be based on international standards, fostering equitable learning opportunities across regions, including Western contexts.

The [Global Mental Health Programs at Columbia University](#) offers a series of online courses in global mental health. Their two-week certificate program provides training for health care practitioners, humanitarian relief workers and policy planners addressing the health and mental health sequelae of trauma. The short courses cover topics such as mental health policy, implementation science, and cultural adaptations of evidence-based practices. While this program provides several short courses, it is crucial to ensure that this model doesn’t inadvertently promote a predominantly Western perspective on mental health. The effectiveness of short-term certificate programs largely depends on the level of practical applicability and adaptability to local contexts.

The Refugee Research Network’s [Trauma and Recovery Certificate Program](#) offers a blended learning program with two weeks of on-site training in Italy followed by five months of virtual instruction. The program covers topics such as the psychological effects of trauma, the principles of trauma-informed care, and the cultural adaptation of evidence-based practices. Certificates of completion are awarded by the Harvard Program in Refugee Trauma in collaboration with the Harvard Medical School Department of Continuing Education. While this program represents a valuable blend of in-person and online training, it is important to consider the potential challenges. Specifically, it risks promoting a Western-centric approach to trauma and recovery. Additionally, the logistical aspects of hosting on-site training in Italy may present barriers to accessibility for individuals in LMICs. A co-creation model that includes professionals from diverse cultural contexts with local on-site trainings in LMICs could help in developing more culturally sensitive and inclusive trauma-informed care practices.

- **Establish an institute dedicated to advancing mental health research and practice in LMICs** through a structured fellowship program. Funders could help establish a public mental health institute as an independent institution or in partnership with existing academic institutions or research organizations. The fellowship program could be designed to attract mental health professionals and researchers from LMICs committed to advancing mental health research and practice in their communities. The fellowship could include training on research methodologies, grant writing, and implementation science, as well as hands-on experience conducting research and implementing evidence-based mental health interventions in LMICs. The institute could also serve as a

hub for mental health research and practice in LMICs, by providing a platform for collaboration between mental health professionals, researchers, and policymakers. It could facilitate the exchange of knowledge and best practices in mental health research and practice and provide technical assistance to policymakers and practitioners working to implement evidence-based mental health interventions.

**WARMHEART: [Malawian Program for Mental Health Research Training](#)** is a collaboration between The University of North Carolina at Chapel Hill, Kamuzu University of Health Sciences in Malawi, and the Malawi Ministry of Health. This pilot program provides a two-year mentored postdoctoral fellowship opportunity for up to five citizens of Malawi or other sub-Saharan African country trainees with a Ph.D. in any discipline.

**Disseminate mental health research, [approaches](#), and [terminology](#).**

Many interventions have shown significant promise in improving mental health outcomes in the regions where humanitarian assistance and development organizations work. However, there is a need to expand a resource bank for effective mental health practices and disseminate research on effective practices in LMICs. These organizations can help consolidate high-quality, trustworthy, and evidence-based solutions that can be implemented at scale in LMICs.

- **Maintain a research depository** of effective evidence-based interventions that other funders and programmers can use to inform their decision-making processes. Global mental health approaches are heavily influenced by Western models of care. Funders should acknowledge and respect less recognized mental health approaches, including indigenous approaches, by maintaining and promoting a depository of effective practices. By sharing information on effective interventions and by promoting evidence-based practices, organizations and agencies working in this space can reduce duplication and collaborate to improve mental health outcomes. A potential issue arises in that lesser-known interventions, which may lack robust supporting data, would not be included in this approach, thereby failing to enhance their legitimacy.
- **Initiate a process to understand and record the variations in mental health terminology** specific to each population within the countries and regions where development organizations operate. Recognizing the influence of Western models on global mental health approaches, it is crucial to acknowledge and respect the diversity in mental health terms and definitions based on language and culture. This could be achieved by conducting qualitative assessments in each local setting, thus ensuring the relevance and cultural appropriateness of the terms used in mental health practice and interventions. On the other hand, the development of standardized mental health terminology with cultural and linguistic equivalency could ensure greater consistency in the interpretation and application of mental health concepts

across different regions and countries, with its own advantages. Consistent terminology can help to avoid confusion and promote clarity in mental health research, policies, programs, and interventions. Regardless, critics of current tools developed by other organizations (see below) argue that these standardized terms are biased toward Western cultural norms and values. Critics also argue that these terms do not adequately account for cultural variations in the experience and expression of mental health issues, and do not adequately represent the diversity of mental health experiences and needs across different cultural groups. In addition to addressing these critiques, funders and other organizations can also support education and awareness initiatives (i.e., social marketing) to expand knowledge of local conceptualizations and approaches to mental health for the wider public.

Funder’s efforts should build on and complement the efforts of other organizations, perhaps using language representation, equivalency, and alternatives to account for greater cultural variations in the experience and expressions of mental health issues:

- The WHO has developed the [International Classification of Diseases](#), which provides a standardized system for classifying various mental health disorders. Some contend that the classification of “mental and behavioral disorders” cannot be considered international, as it is rather exclusive to classifications accepted in Western nations.
- The NIMH has developed several tools and resources, including the [Research Domain Criteria Initiative framework](#), which provides a framework for investigating mental health disorders based on underlying neurobiological and behavioral dimensions.
- The American Psychiatric Association provides a standardized system for classifying mental health disorders published in the [Diagnostic and Statistical Manual of Mental Disorders](#). This manual does not claim to be applicable internationally.
- The European Network for Mental Health Service Evaluation has developed several tools and guidelines related to mental health research and evaluation, including the [European Service Mapping Schedule](#), which is an instrument for the description and classification of mental health services. It offers a standardized approach to mapping mental health services across Europe.

\*These diagnostic manuals or frameworks contain few references to the many varied concepts, vernacular, methods, or approaches that are overwhelmingly used in most non-Western traditions to diagnose and address mental health concerns (see Appendix for a small sampling of terms and methods).

- **Invest in research to understand the effectiveness of stigma reduction interventions.** Evidence supporting the effectiveness of programs that address stigma at all levels (population, community, provider, family, and individual) is not readily available. Evidence-generating activities should include clear documentation of multi-level interventions at

each level. An assessment of barriers and facilitators that influence the effectiveness of programs and policies can help connect interventions to reductions in mental health stigma. Infographics and other tools to easily communicate anti-stigma interventions at different levels could be a valuable contribution. The importance of recognizing traditional, biomedical, and psychosocial treatments should be tempered with dispelling any form of blame that can stigmatize people living with mental illness.

- **Use research as an advocacy tool.** Funders can incentivize think tanks and NGOs to use research to engage in policy and advocacy work related to mental health LMICs. This can be achieved by providing funding to think tanks and NGOs to conduct research on mental health issues in LMICs. They can also support capacity building for think tanks and NGOs to strengthen their ability to conduct research, analyze data, and develop policy recommendations related to mental health. In addition, funders can provide incentives for think tanks and NGOs to engage in policy and advocacy work related to mental health through grants or recognition. Although contentious, think tanks and NGOs could be encouraged to focus their policy efforts on depoliticizing mental health, which can help to reduce stigma and improve access to mental health services in LMICs.

[The Time to Change campaign](#), funded in part by the United Kingdom’s Department of Health and Social Care, is an example of an advocacy initiative aimed at reducing stigma and altering how individuals see mental health. This program worked with employers to improve attitudes about mental health in the workplace and assisted schools in delivering assemblies and developing curricula on mental health, as well as integrating people with lived experience to share their stories in advocacy campaigns for their rights. An early evaluation of this program assessed the activities of nearly 120 organizations that supported this initiative. It resulted in a four percent decrease in reported mental health discrimination and a six percent reduction in job losses due to mental health problems.

### Strengthen and support inclusive partnerships.

Strengthening and supporting inclusive partnerships is a crucial step in promoting mental health in LMICs. To ensure that mental health interventions are effective and sustainable, it is important to engage a wide range of stakeholders and build strong partnerships that leverage the strengths and resources of each partner.

#### Support partnerships with community-based organizations.

- **Convene CBOs** to ensure that mental health programs and policies 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.
- **Support the establishment of local advisory boards** to review and provide feedback on localized approaches or

deep adaptations that align with the cultural context of a community. To ensure full inclusion, it is important to recognize the existence of subcultures within countries and tailor advisory boards to include subgroups, with a particular focus on hard-to-reach groups.

- **Consider supporting the establishment of memoranda of understanding with CBOs** as a marker of reciprocity and respect with local/indigenous communities and organizations. Development organizations can work more closely with these communities and organizations to understand their needs, and to ensure their perspectives are considered and their voices are heard.
- **Partner with organizations led by individuals with lived experience** with mental health issues or caregiving. These organizations can provide valuable insights and perspectives on mental health issues, help to ensure that mental health interventions are relevant and effective for the communities they serve, and will promote greater participation and representation of individuals that have personal experience with mental health issues in mental health policy and advocacy efforts.

#### Partner with nongovernmental organizations.

- **Partner with mental health NGOs.** NGOs play a critical role in delivering mental health services and raising awareness of mental health issues, particularly in areas where access to mental health services is limited. By partnering with mental health NGOs, stakeholders can support the delivery of effective and culturally sensitive mental health services in LMICs, build the capacity of mental health NGOs to deliver services and develop programs, and promote greater awareness and understanding of mental health issues. These partnerships can greatly expand development stakeholders’ efforts to improve mental health outcomes in LMICs and reduce the treatment gap for mental health disorders.
- **Partner with health-oriented NGOs on mental health integration.** Funders should 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 mainstream mental health into their health care programming.
- **Incentivize development and humanitarian NGOs to expand their focus on mental health.** Many development and humanitarian focused NGOs have not previously incorporated a specific focus on mental health. Partnerships with mental health organizations may provide incentives for these NGOs to incorporate a greater focus on mental health. These NGOs could play a crucial role in promoting mental health by addressing social determinants of mental health, and supporting relevant research, advocacy, and capacity development.



### Partner with private companies.

Private sector partnerships can leverage resources and expertise from companies to support mental health programs and implementation of mental health policies. 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.

The USAID Private Sector Engagement Policy encourages USAID to engage with private sector companies to promote development outcomes in LMICs. While this policy encourages USAID to develop public-private partnerships, efforts to promote mental health are not explicitly mentioned in this policy.

- **Partner with private sector companies to co-finance mental health** programs and services in LMICs. Private sector companies can provide financial resources and expertise to support the delivery of mental health services in LMICs, while funders can provide technical expertise and support to ensure that the services are culturally sensitive and locally informed.
- **Develop public-private partnerships to implement mental health** policies in LMICs. For example, funders could partner with private sector companies to provide mental health services in workplace settings or to develop mental health education programs for employees and their families. They could also incentivize a broader and actionable conversation about mental health in the workplace to reduce stigma associated with mental health conditions.

The Coca-Cola Company's [5by20 Initiative](#) aimed to empower 5 million women entrepreneurs by 2020 since its launch in 2010. One focus area of the initiative was to improve the mental health of women. The initiative supported several programs to improve mental health outcomes for women entrepreneurs in LMICs.

- **Partner with private sector companies to develop and implement mental health technologies** in LMICs. For example, funders could partner with a technology company to develop a mental health app that provides self-help tools and resources for individuals with mental health issues. They could also partner with private companies that provide digital mental health services to extend telehealth access to underserved areas.

### Partner with US government agencies.

- **Foster coordination between US agencies.** There are strong possibilities for interagency partnerships by recognizing complementary services between US government agencies that focus efforts on mental health. A few potential partnerships, far from exhaustive, include:
  - **NIH and NIMH** support research on mental health disorders and the development of effective treatments. Partnerships with NIMH could support mental health research and the development of evidence-based mental health interventions.
  - **CDC** has a division dedicated to mental health that focuses on the prevention of mental health disorders and the promotion of mental health. Partnerships with CDC could help to develop and implement mental health promotion and to support the integration of mental health into primary health care services.
  - **SAMHSA** provides funding and technical assistance to states and CBOs to support mental health and substance abuse prevention, treatment, and recovery services. Partnerships with SAMHSA could support mental health service delivery in LMICs, and the [contextualization or co-development of resources](#) tailored to mental health delivery in LMICs.
  - **The Department of State Bureau of Democracy, Human Rights, and Labor** works to promote human rights and democratic values around the world. Partnerships with the Department of State could promote mental health as a human rights issue and to advocate for policies that support mental health in LMICs.

### Work with other governments.

National policies carry a heavier weight than voluntary guidelines and standards. When governments implement policies, the mental health sector within a country can receive substantial political backing and exposure. Although international interventions may produce impacts and influences that cross national and regional boundaries, the main responsibility for developing and managing mental health systems lies with national governments.

“There is anecdotal evidence indicating that spillovers do happen across national and regional boundaries, in cases such as medical tourism, brain drain, multinational corporations offering health products and services, and humanitarian relief efforts, but the development and management of the mental health systems remain, for the most part, responsibilities of national governments.” (Shen 2014, p. 270)<sup>3</sup>

3 Shen, G.C. 2014. Cross-national diffusion of mental health policy. *International Journal of Health Policy Management*; Oct (3(5)): 269-282. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4204746/>



PHOTO CREDIT: BAIJORK COLLEGE OF MEDICINE CHILDREN'S FOUNDATION-HALAWU/CHRIS COX

- **Partner with governments to extend social protection and health insurance** to those with mental health disorders. For many funders, this may be difficult to advocate at the national level. However, expanding health insurance schemes for wider coverage of the population, and pushing for comprehensive coverage of mental health conditions with health insurance reforms could greatly expand the availability of services in LMICs. In some countries, only psychiatrists and other biomedical professionals are covered by public services or insurance schemes, while social workers, psychologists, and many alternative types of providers are not. Funders could work with governments to expand access to a wider range of mental health providers.
- **Partner with public health agencies.** Public health agencies play a key role in promoting mental health, and many of these agencies have the expertise and resources needed to support mental health interventions in communities. By partnering with public health agencies, funders can leverage the strengths and resources of these organizations to promote mental health awareness and support the delivery of effective and sustainable mental health services in LMICs. Specific recommendations for partnership and capacity development with public health agencies are discussed earlier in this document.
- **“Never waste a crisis.”** The need for humanitarian aid from governmental and nongovernmental entities during times of crisis can spur the establishment of national mental health policies. Consider integrating mental health policies as a conditionality of ongoing development aid and relief efforts. Take advantage of natural opportunities to move beyond psychosocial first aid to expand mental health services across the country.
- **Encourage professional regulation and licensing of primary care facilities to offer mental health treatments.** Although controversial, funders could 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 the safety and legitimacy of mental health provision in different contexts. Additionally, they could support research to better understand the effectiveness of traditional healing practices and their potential role in mental health care.

**Establish partnerships between bilateral aid agencies.**

- **Establish inter-governmental partnerships between aid agencies** to learn from the experiences and best practices of diverse countries’ agencies as they work to implement mental health practices and policies. Funding organizations are increasingly realizing the importance of mental health and several bilateral organizations are engaged in processes to understand how they can support mental health.

Bilateral organizations in the United States, United Kingdom and Australia have hosted summits that aim to galvanize global action and share good practices. However, participants in these summits have mainly convened stakeholders from within their own countries. Strengthening partnerships between bilateral and multilateral organizations may help to drive greater collaboration between countries.

**Facilitate multi-sectoral and interprofessional collaborations.**

- **Incentivize intersectoral and interprofessional collaborations** at the population level to increase synergy and focus on policies that ensure a full spectrum of economic, civil, and cultural rights. These collaborations can help to establish common ethical principles, define and articulate common outcomes, and incorporate mutually reinforcing or joint strategies to incorporate ethical principles beyond “do no harm” into organizational guidelines that can address a broad array of professional and humanitarian organizations.
- **Foster collaborations between a diverse set of mental health experts** such as traditional healers, faith

leaders, psychologists, social workers, and psychiatrists as well as those with lived experience to support treatments consistent with local beliefs and practices. Working with and acknowledging the expertise of indigenous practitioners can upend the power dynamic and provide a stronger voice to underrepresented approaches. These interprofessional collaborations can also promote effective and coordinated mental health care and help to ensure that mental health care is delivered in a holistic and patient-centered manner.

- **Convene regional or national advisory groups of mental health professionals** from LMICs to advise and offer input on best practices and ethical considerations within specific global contexts. This advisory group may review existing codes of ethics and guide the adaptation of principles to fit legal rules and cultural norms, values, and beliefs. Offer guidance on addressing cultural mismatches of ethical principles and standards within and between professions.
- **Encourage the development of multi-sectoral approaches** to mental health that involve collaboration between different sectors such as health, education, social welfare, and employment. Multi-sectoral approaches can help to address the various determinants of mental health and promote a comprehensive approach to mental health that recognizes the interconnectedness of different sectors.

### Promote innovations in global mental health programming.

Promoting innovations in global mental health programming is critical for addressing the complex challenges associated with mental health in LMICs. This section primarily focuses on entrepreneurial and technological innovations—although many innovative approaches are discussed in other sections of this report, such as task-shifting, community-based services and other novel approaches innovated to strengthen mental health programs and services in LMICs.

### Create open innovation platforms for collective research and impact.

- **Use open innovation platforms** that encourage collaboration on mental health research by interdisciplinary experts. This is a promising approach for promoting collective research and impact on mental health in LMICs. Open innovation platforms are online platforms that allow individuals and organizations to collaborate and share ideas, data, and resources to solve complex problems. They are associated with techniques of crowdsourcing, co-creation, and collaborative data sharing.

The 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.

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.



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### Host innovation challenges.

- **Conceptualize and launch innovation challenges** to encourage stakeholders to develop new and innovative approaches to mental health. Innovation challenges are competitions that invite individuals and organizations to develop and present solutions to specific problems or challenges. Development organizations would define the problem or challenge the innovations will address. This could be a specific mental health issue or challenge in LMICs that requires new and innovative solutions. Funders would then develop clear criteria and guidelines for the innovation challenge, including submission guidelines, evaluation criteria, and timelines. It would eventually provide awards, grants, and opportunities for further collaboration and implementation.

The NIH hosts the [Helping to End Addiction Long-term \(NIH HEAL\)](#) Initiative Challenge, which aims to develop innovative solutions to address the opioid crisis. The challenge invites researchers, clinicians, and community members to submit proposals for new approaches to addiction prevention, treatment, and recovery.

### Foster entrepreneurship for mental health delivery.

- Encourage 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.

The [Small Business Innovation Research](#) program of the NIH incentivizes small businesses to develop and commercialize technologies and approaches that support mental health care. Although the program has specifically targeted innovations for implementation in LMICs, mental health innovations evolved organically. This approach could help to stimulate economic growth while also creating new opportunities for sustainable mental health care.

**Support innovative mobile and telehealth technologies.**

- **Support the development and implementation of innovative technologies** to increase access to mental health services in underserved areas. Virtual training and telehealth programs are often touted as viable alternatives to community-based care, helping overcome many access issues in rural and underserved areas.

The [Mental Health First Aid campaign](#) led by the National Council for Mental Wellbeing in the United States is designed to train people to recognize signs of mental health issues and provide initial support to individuals in 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 local contexts.

- **Innovate and disseminate the use of follow-up text messaging** and other technologies to extend the effectiveness of in-person mental health interventions. Text messaging applications may particularly appeal to young people and may help bridge the digital divide related to internet connectivity in some regions. Programs have developed tailored messaging for young people that address their specific mental health needs and concerns. Messaging can be sent at regular intervals to provide ongoing support and motivation. Other innovations are providing educational materials on mental health to patients via text messaging. These materials can help to promote mental health awareness and improve people’s understanding of mental health conditions and treatment options. Text messaging and other technologies have also been used to monitor the symptoms of mental health and to identify and assess potential relapses or complications to ensure that people receive timely and appropriate care.

- **Support innovations in telehealth** to improve access to mental health services and address regional urban/rural inequity and cost concerns, while prioritizing protection of privacy. Teletherapy can be delivered via text messaging, video conferencing, or other technologies, and can help increase access to mental health services in LMICs. The power of social media platforms can also be leveraged to establish online communities and provide peer support for isolated or stigmatized groups, such as queer youth, who may face challenges finding support in their immediate surroundings. This recommendation is supported by a growing body of literature highlighting the positive impact of online peer support networks in fostering a sense of belonging, offering guidance, and reducing feelings of isolation among marginalized communities.

Project Extension for Community Health Care Outcomes ([Project ECHO](#)) is a telehealth model that connects primary care providers in rural and underserved areas with specialists in urban areas. The program uses video conferencing to facilitate case-based learning and support and improve the quality of care and increase access to specialty care.

Considering the challenges of poor internet connectivity in many regions, the development and humanitarian assistance communities may also need to explore alternative methods of accessing online resources, trainings, and webinars to address the digital divide. This could include providing offline versions of materials, distributing physical resources like physical material or USB drives, establishing community centers with internet access, or utilizing mobile technology to reach populations with limited internet connectivity. In this way, the accessibility of valuable online resources can be improved while also ensuring that people in regions with poor internet connectivity can still benefit from these resources.



PHOTO CREDIT: ASAFUZZAMAN, CARE BANGLADESH

## Policy Implementation

The following recommendations are presented to guide policy implementation efforts. The recommendations are grounded in the core policy principles discussed in this consultation process, with a focus on a human rights-based approach, promoting social inclusion and acceptance, eliminating stigma and discrimination, and implementing policies with cultural humility and sensitivity.

### Strategically plan for multi-level implementation.

Mental health is influenced by a wide range of individual, interpersonal, community, and population-level factors, and addressing these factors requires a coordinated and multi-level approach. Multi-level approaches will reduce and/or prevent mental health distress more comprehensively than only providing lower-tiered approaches.

- **At the individual level** programs and policies can focus on improving access to mental health services, including screening, diagnosis, and treatment. This may involve policies to improve talk therapy, medication, and other forms of individualized mental health services. Education and awareness-raising efforts can also be targeted at the individual level, to improve understanding of mental health issues and to reduce stigma.
- **At the interpersonal level** programs and policies can focus on strengthening social support networks and promoting healthy relationships. This may involve building capacity for peer support programs, family-based interventions, or group interventions. Policies that address social networks can help to reduce social isolation and promote feelings of belonging and connection.
- **At the community level** programs and policies could address social determinants of mental health, such as poverty, discrimination, and social exclusion. This would involve strengthening community-based mental health services, promoting social inclusion, and working to reduce stigma and discrimination. Community-based policies and programs can also focus on building resilience and promoting mental health by expanding community-based care and integrating mental health services into primary care clinics and secondary care facilities.
- **At the population level** programs and policies could focus on system-level changes that promote mental health and well-being. This may involve advocating or supporting efforts that promote mental health awareness and reduce social and economic inequalities. Population-level interventions can also focus on building resilience and promoting mental health through large-scale public health campaigns and initiatives.

### Example: Support multi-level approaches that address stigma

#### Population-level:

promote clear mental health policies that support equal rights and allocate funding for psychiatric medicines, treatment, and training of primary care providers. Promote broad policies to reduce stigma. Reduce the structural hierarchy and address language and power dynamics between people with lived experience, their providers, and policymakers.

#### Community level:

may include public education campaigns to increase mental health awareness while taking into consideration cultural norms, values, and beliefs. Provide awareness training and information at community centers on the harmful impacts of stigma and discrimination on the prevention and treatment of mental health conditions.

#### Provider level:

provide mental health awareness training to lay and professional health care providers (e.g., community health workers) and establish clinical guidelines that reduce the chances of mental health stigma impacting patient-provider interactions.

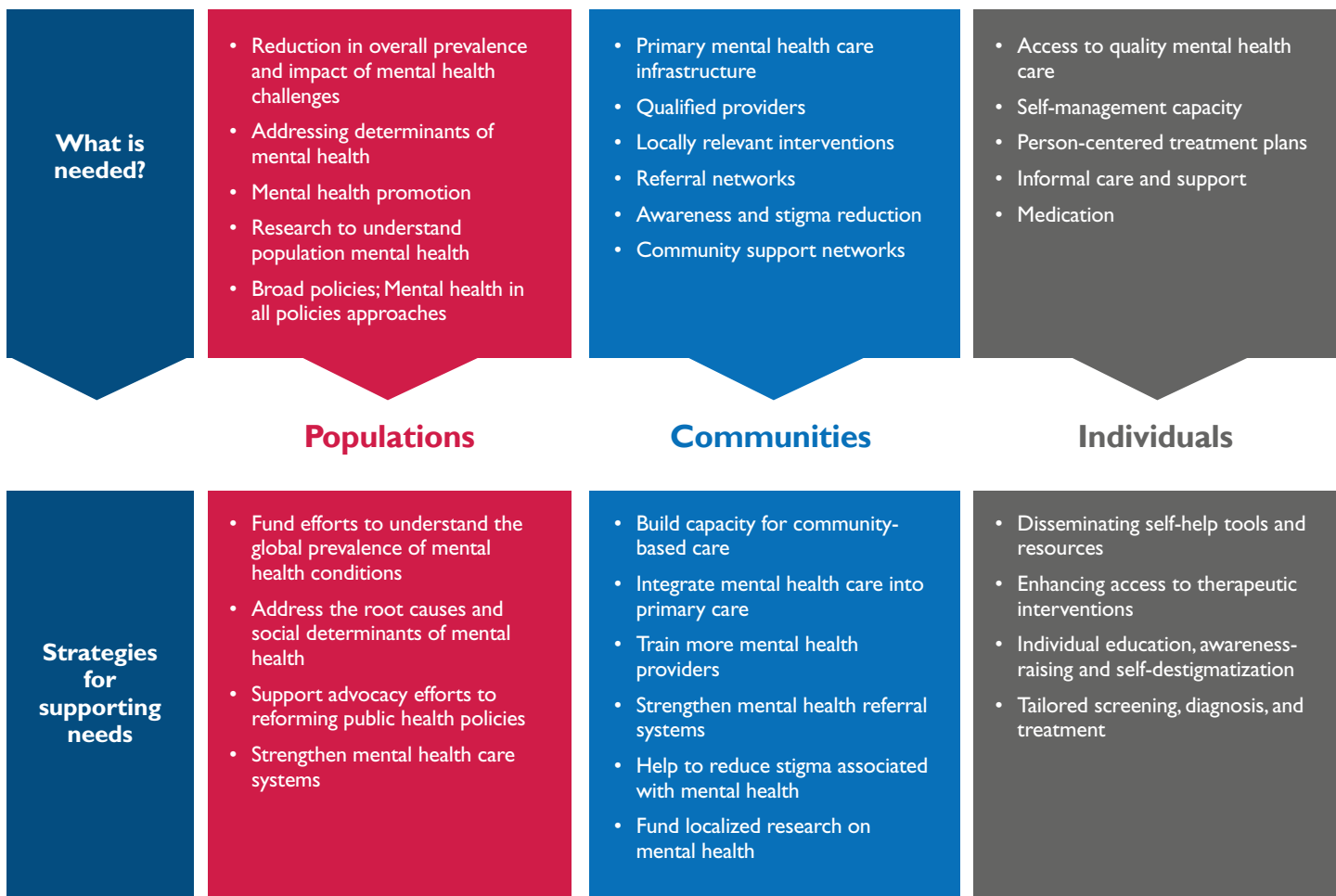
#### Family level:

provide information to families on mental health conditions and resources and treatment options for immediate and extended family members to support those with mental health conditions. Peer support programs can provide families with opportunities to connect with others who have similar experiences.

#### Individual level:

provide education on mental health conditions and dispel myths that mental health disorders are a result of personal failure or weakness. Use person-centered language that emphasizes the individual, rather than their condition. Treat mental health issues with compassion and empathy to promote more accepting and supportive relationships.

Figure 1: Planning for multi-level implementation



**Mainstream mental health within the development and assistance communities**

- Invest in staff well-being and self-care.** Staff members who work in this field are often exposed to high levels of stress, potentially traumatizing situations, and burnout due to the nature of their work, which can impact their mental health and well-being over time. Creating a culture that prioritizes staff well-being and mental health and that recognizes and addresses the mental health challenges staff members may face can foster a workplace environment that allows staff to claim and utilize their own lived experience. Failing to prioritize staff well-being and mental health can lead to decreased motivation, lower job satisfaction, and increased turnover rates, which can undermine the effectiveness and sustainability of mental health programs and interventions. Organizations should provide resources and support for staff self-care, including access to mental health services, training on stress management, and policies that promote work-life balance such as flexible schedules or remote work options. They may also prioritize trauma-informed approaches and create opportunities for staff to debrief and process after challenging experiences. By prioritizing the well-being of their

staff, development and humanitarian assistance organizations can promote a culture of care, compassion, and resilience that can have positive spillover effects on the organization’s programs.

- Provide training and education to staff** on cultural constructions of mental health and how they may differ between and within countries. Organizations should ensure its staff and partners approach cultural differences in their work with curiosity, respect, and humility. We recommend incorporating [cultural competency](#) into pre-service and in-service training programs, as well as an option for continuing education requirements. Cultural competency training could include educational modules on linguistic and cultural differences that influence the effectiveness of mental health services in the areas where development organizations work, best practices for the contextualization of mental health interventions, and the specific methods of [trauma-informed approaches](#). Training is particularly needed in the healing methods that are used in the cultures and contexts where these staff serve, but that may be far outside of the scope of methods learned by staff trained in the West, such as herbalism, yoga,

meditation, spiritualism, acupuncture, and other traditional remedies. We also recommend incentivizing all staff who are involved with mental health work to take the [WHO Quality-Rights](#) e-training on mental health, which is now available in 11 languages.

- **Integrate mental health concepts in most development policy documents.** To implement this recommendation, it will be necessary to integrate mental health issues and concerns into most development and humanitarian assistance policy documents and frameworks, including those related to health, education, economic growth, and inclusion.

**Incorporate language sensitivity in policies.**

- **Promote respectful language.** Certain terms may carry negative connotations or stigmatize groups, even if readily accepted in Western culture or practice. For instance, diagnostic labels such as “schizophrenic” or “bipolar” tend to deepen stereotypes, are stigmatizing, and oversimplify complex and varied mental health symptoms. Likewise, terms like “mentally ill” or “mental disorder” can be helpful and validating in some instances but can also contribute to a sense of otherness and stigma, while “commit suicide” associates suicide with criminal activity and can be highly stigmatizing. In addition to these considerations, language should be sensitive to the needs of diverse populations, who may face additional stigmatization due to factors such as age, gender, ethnicity, sexual orientation, and disability. Organizations may want to develop a specific mental health lexicon that is less stigmatizing when applied in other languages and cultures. Consider using the principles embedded in the Convention on the Rights of Persons with Disabilities (CRPD) to ensure that this mirrors international treaty law. This convention uses several strategies in its language that could help to destigmatize mental health:

- The CRPD consistently uses the term “persons with disabilities” rather than “disabled persons” or “the disabled.” This person-first language emphasizes that individuals are more than their disabilities. In the context of mental health, this could mean referring to “people with mental health conditions” rather than “mentally ill people.”
- Article 1 of the CRPD recognizes the inherent dignity and worth of all individuals, which can counteract the devaluing of people with mental health conditions that often contributes to stigma. The first two principles of the CRPD are “respect for inherent dignity” and “individual autonomy.” These terms emphasize that individuals with disabilities, including mental health conditions, are autonomous individuals with intrinsic value. They challenge the idea that these individuals are helpless or dependent, which can be stigmatizing.

- **Incorporate culturally inclusive language.** Organizations can enhance the cultural sensitivity and legitimacy of their programs, policies, guidance, and other documents by strategically incorporating concepts from other cultures and traditions. Some concepts used to discuss mental health conditions are culturally bound and are difficult to convey in English or other common languages. Acknowledging and applying local and indigenous conceptualizations to describe mental health and well-being may help to decolonize mental health and demonstrate cultural sensitivity. A few examples include:

- “*Ataque de nervios*” (Spanish) refers to a cultural-bound condition commonly referenced among Latinx individuals and is characterized by symptoms such as crying, trembling, and aggression.
- “*Dukkha*” (Pali language) refers to a Buddhist concept of suffering, seen as a natural and universal part of life. It normalizes periods of suffering and sadness. Using this term can help to demonstrate cultural sensitivity and understanding for people from Eastern cultures.
- “*Latah*” (Indonesian) refers to a condition in which people experience exaggerated startle responses and may involuntarily imitate the actions of others. This is generally understood to be a cultural-bound syndrome with no direct equivalence in the English language.
- “*Kufungisisa*” (Shona language) refers to a common mental health condition in African countries characterized by excessive worry, fear, and somatic symptoms.
- “*Kamikakushi*” (Japanese) refers to a belief that people may be taken by supernatural forces due to mental health conditions or other factors.

Using Western diagnostic vernacular and instruments to pathologize normative beliefs in screening and treatment can be particularly problematic when applied to non-Western cultures, as they may perpetuate cultural biases and undermine the validity of alternative belief systems and healing practices.

- **Use accessible language for implementation.** In some regions, tribal or ethnic languages push program implementers to settle on a single linguistic modality (e.g., using Hindi in areas where multiple languages from the Indian subcontinent are spoken). Policies and other documents should be designed with language access in mind, including the potential provision of translation as needed.

**Convene stakeholders to implement the policy.**

- **Host conferences, seminars, 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 more complex areas of mental health. Conferences can also be a useful mechanism for sharing results of research that may not fit standards for conventional research dissemination. A follow-up declaration to a summative conference might include a statement of shared values and principles related to mental health, as well as a set of specific goals and objectives for promoting mental health and well-being. It might also include a call to action for mental health advocates, policymakers, and stakeholders to work together to promote mental health and well-being on a global scale.
- **Charge working groups or task forces** to implement the programs, policies, strategies, etc. These working groups could include representatives from different sectors, government agencies, and organizations to coordinate and co-implement different components of the policy. Convening a diverse set of mental health experts that includes traditional healers, faith healers, and others can support treatments consistent with local beliefs and practices.
- **Provide a more visible platform to young people** interested in sharing their experiences with mental health and resolve complicated concerns, such as removing parental consent requirements. Young people can also co-produce and self-determine programming that is most appropriate for them. They experience a variety of pressing mental health challenges specific to young people, including distinctive social pressures, economic hardship, and an increase in suicide mortality. The development community should also value young people as partners in mental health innovation.

[Youth MOVE National](#) envisions a future where young people are recognized as empowered leaders and advocates, actively shaping communities that promote the well-being of all youth. They aim to connect, support, and cultivate youth leadership in advocacy to bring about positive change. By prioritizing authentic youth engagement and amplifying the voices of those with lived experiences, young people are actively involved in decision-making processes within agencies, communities, and systems that impact their lives. This youth-driven movement is organized into chapters and focuses on improving services and systems related to mental health and other issues that support the development of young people.

**Develop training (and learning) programs to support the implementation of mental health policies.**

- **Train stakeholders** to ensure they have a clear understanding of the skills and knowledge of basic principles, standards, and ethics informing mental health policies and programming. Development organizations could build partnerships with communities of local providers and other community-based stakeholders to facilitate bi-directional learning and training on the implementation of mental health



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practices and approaches in support of locally appropriate and culturally sensitive ways to implement their programs and policies.

- **Start a fellowship to cultivate mental health champions** among foreign service nationals and other valued partners to become spokespersons for mental health within their own organizations and communities. This could involve a structured program of workshops, training sessions, and networking opportunities designed to build skills, and provide mentorship and support. In addition to providing training and support to fellows, the program would also create a network of mental health champions who could collaborate and share best practices, as well as with other mental health experts and stakeholders in the field.
- **Collaborate with companies to build capacity.** Organizations that provide mental health support often have limited resources and financial challenges that can make it difficult to sustain their operations over the long term. By partnering with companies to provide training and support in basic business practices, organizations can learn how to effectively manage their resources, attract funding, and build sustainable business models that support their mission of providing mental health and related services. Training organizations in financial management, grant writing, marketing and communications, and other skills can ensure that mental health services are sustainable in communities and available to those who need them. Collaboration between companies and organizations that provide mental health services can also help to create new partnerships and opportunities for fundraising and resource mobilization. Companies can pool their resources for mental health support as a component of corporate social responsibility practices, and build stronger, more sustainable models for delivering care. By developing sustainable business models, leveraging technology, and fostering entrepreneurship, local mental health providers can work towards building more sustainable mental health systems that provide high-quality care.



**Prioritize creative communication strategies.**

- **Develop visual aids, infographics, videos, and campaigns** to communicate key principles and guidelines clearly and concisely. [Infographics](#) and visual aids can be distributed through social media to make mental health programs, policies, and guidance accessible and to engage a wide audience. [Videos](#) can provide a more in-depth overview, highlight key success stories, and feature interviews with stakeholders and policy experts. Videos can reach a wider audience than visual or written policy documents. [Targeted campaigns](#) can promote the goals of programs and policies over a defined period, with specific messages to raise awareness among key stakeholders. Translating these materials and tailoring communications to meet the specific needs and preferences of stakeholders (including children and youth) can help increase engagement and promote successful implementation.

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.

- **Distribute information that debunks myths and stereotypes.** Myths surrounding mental health etiology, course, and treatment can contribute to stigma, discrimination, and negative attitudes toward people with mental health issues. The information distributed should be clear, concise, and evidence-based, drawing on the latest research and best practices in mental health.

The United States Department of Health and Human Services has basic information about [mental health myths and facts](#). Likewise, the United Nations Children's Fund aims to [separate fact from fiction](#). While useful, creating and distributing this type of information in videos and other creative media outlets can increase the likelihood that these myth-busters will reach the appropriate audiences—particularly youth.

- **Engage the media.** Work with the media to present accurate, positive, and sensitive portrayals of mental health issues. Development and humanitarian assistance organizations may want to prioritize media engagement in LMICs where mental health is stigmatized or not readily discussed openly. They can develop and disseminate guidelines, fact sheets, infographics, and videos for media outlets on how to report on mental health issues accurately and sensitively. It may be helpful to develop templates for infographics that local health officials can adapt. These organizations can also work with journalists to develop stories that promote a message of hope and recovery, or partner with social media influencers to share positive messages about mental health. Such portrayals can serve to challenge negative stereotypes and promote a more positive image of people with mental health conditions.

During Mental Health Awareness Month in the United States, NIMH provided journalists with story ideas and sources, and helped fact-check stories to ensure they focused on the latest research and treatment options for mental health issues. NIMH also promoted these journalistic stories on its social media channels, reaching a wider audience and helping to reduce stigma around mental health issues.

- **Translate the policies, guidance and plans into digestible chunks** for other stakeholders to use. This could include developing short ethical standards, best practice guidelines, training materials, or toolkits as standalone documents.

WHO has developed a range of resources and toolkits to help countries and organizations implement 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. For instance, the [WHO QualityRights toolkit](#) equips countries with practical resources and knowledge to evaluate human rights standards in mental health and social care facilities. They have also produced a mental health and psychosocial needs and resources [toolkit for humanitarian settings](#), a toolkit to [help adolescents thrive](#) and a community engagement toolkit [aimed at preventing suicide](#).

- **Disseminate case studies and real-world examples** to demonstrate the practical application of the policy and its impact on individuals and communities. Case studies provide specific examples of how programs, strategies, policies, and guidance have been implemented, highlighting both the successes and challenges encountered along the way. By sharing these cases, policymakers, media outlets, and the public can see the impacts on people in tangible, real-world settings.

The United States 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. Likewise, the United States 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.

**Produce and disseminate guidelines.**

- **Develop guidelines, templates, and protocols to support the implementation of mental health policies and support** the management of mental health conditions. Grassroots organizations may not have the time or capacity to develop their own mental health policies or develop guidelines, templates, and protocols from scratch. The policies and guidelines could be designed to benefit other organizations in the design and implementation of mental health policies at the local level. Guidelines can provide relatively standardized and evidence-based approaches to improve

the quality of mental health support provided by health care providers. A key challenge with this approach will be leaving enough flexibility in protocols to account for cultural variation. The optimal strategy may involve advocating for local processes to formulate mental health services rather than proposing specific approaches.

- **Expand good practice standards for mental health care and services in global contexts involving high levels of potentially traumatizing circumstances.** Expanded guidelines are needed to guide mental health practice in post-disaster and humanitarian crises. Many funders have extensive experience providing humanitarian assistance to people affected by natural disasters, armed conflict, and other crises. In these settings, the application of mental health support and work to bolster protective factors should be expanded to strengthen prevention and provide a broader array of specialized services. Participants in the consultations 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 fill gaps in the use of a tiered mental health service framework ranging from basic to specialized services across different humanitarian and emergency contexts. They would aim to strengthen the capacity to deliver trauma-informed mental health care, which remains a high priority area for local health care providers. These guidelines should fill gaps in existing guidance to ensure they contain specific guidance about how to apply umbrella approaches such as “protective shelters” in specific disaster and humanitarian settings. Guidance in the following areas is particularly needed to help enhance specialized care:
  - *Assessing the specific needs of populations affected by disaster or displacement.* This includes identifying the types of potentially traumatizing events that people may have experienced and recognizing the different determinants of these events by type.
  - *Providing trauma-informed care responsive to the cultural beliefs, values, and practices* of populations affected by potentially traumatizing events, recognizing that impacts of these events can vary substantially across contexts, and tailoring interventions to differing cultural and local scenarios.
  - *Training local health care providers in trauma-informed approaches* and providing them with the necessary resources to deliver effective services. In circumstances in which capacity is low, humanitarian organizations may establish referral systems (including digital mental health care) to refer individuals who need specialized care to providers in specialist trauma clinics. Investing in and providing resources to increase capacity building, training, and supervision can greatly increase the sustainability of community-level approaches.

**Develop interdisciplinary ethical standards applicable to global practice.**

- **Convene an interdisciplinary group of experts** working in the field of global mental health to provide input on best practices and ethical considerations that can be applied to a code of ethics applicable to the international scope of mental health support practice. This group should include local experts as well as representatives from social work, psychology, psychiatry, people with lived experience, and peer support networks. A highly inclusive approach would extend to those representing alternative, ancestral, localized, and indigenous mental health approaches.
- **Move beyond the incorporation of “do no harm”** and safety principles to construct ethical relationships that proactively encourage justice and equity and promote capacities of individuals, families, and communities. Incorporate ethical standards that promote equal rights by implementing anti-discrimination ethics and standards advocating for reasonable accommodations in employment and promoting mental health as a human right.
- **Provide education and training materials** for members of all professional bodies on ethical considerations and adaptations needed to provide competent practice in global settings. This should include guidelines to navigate how a human rights-based approach to mental health provision may conflict with other ethical principles such as self-determination. This is particularly important for professions that do not currently require practitioners to be accredited or licensed for international practice.

**Support mental health service networks.**

Providing support for mental health networks at the local to global levels can have a significant impact on improving mental health outcomes for individuals and communities. Funders can provide monetary support to global mental health networks to help them expand their reach. They can also leverage their partnerships with other international organizations and philanthropic foundations to scale impact and support for mental health networks.

- **Provide funding support for community-based mental health intervention 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. Peer support is a powerful tool for fostering resilience and recovery because it can provide emotional support to people with mental health issues while also empowering them by helping them feel understood and less alone. Peer support is also typically more cost-effective than professional mental health services and may be the most practical reality in settings where resources are limited. Organizations can also provide technical assistance and capacity building support to mental health networks in LMICs. A centralized hub for local mental health service networks to connect with each other and access technical assistance and other

resources to pursue global mental health objectives can help reduce stigma, improve access to care, and promote community resilience. Funders can also organize, or support events designed to connect and build networks of dispersed communities.

The Mental Health Leadership and Advocacy Program in Western Africa is one example of capacity building for advocacy-led peer groups, which can allow people with lived experience to better serve as catalysts for preventing stigmatization and changing systems. Peer networks could provide a safe space for diverse people to share their experiences and perspectives on mental health.

- **Support digital networks.** Support online platforms for digital communities or peer-to-peer networks that enable various groups to connect including mental health professionals, people with lived experience, young people, etc. These platforms will enable communities to connect, share experiences and insights, collaborate, and share knowledge and resources on mental health relevant to their groups. Digital platforms can solicit democratic feedback and ideas from a wide range of sources. Social media, crowdsourcing, and open innovation platforms each have their advantages for engaging stakeholders in mental health policy implementation. Funders could provide grants or help facilitate loans to support the development and maintenance of digital platforms. They could also provide training on best practices for delivering mental health services through digital platforms.

Challenge.gov is a crowdsourcing platform used by various United States 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.

**Involve people with lived experience in design and implementation.**

Typically, the inclusion of lived experience representatives does not represent the entire spectrum of mental health conditions. In most cases, participation by people with lived experience reflects tokenization rather than empowered participation. The development community should work to ensure that they include the diversity of identities of people with lived experience (PWLE) (e.g., sexual and gender minorities, mental and physical disability, etc.) that intersect with diverse mental health concerns.

- **Engage PWLE in co-designing policies, programs, and services.** People with lived experience can provide valuable insights into what works (and what does not work). By involving PWLE in the co-design of mental health care initiatives, policymakers can ensure that services are more accessible, culturally appropriate, locally driven, and person-centered. Recognize people with lived experience as not just beneficiaries of services but as experts. Funding

agencies may want to require grantees to include PWLE as key personnel and to compensate them for their work on the project. Panels of experts should include people with lived experience alongside other experts. This could ensure more meaningful youth engagement and recognize the valuable contributions of PWLE in addressing relevant issues. Revisit organizational policies to enhance inclusion and representation; consider compensating PWLE consistent with the organization’s compensation policy with other types of consultants.

- **Engage PWLE in advocacy and awareness-raising activities.** By sharing their stories and experiences, PWLE can help to reduce stigma, raise awareness, and promote understanding of mental health challenges. The development community can help support PWLE in advocacy campaigns and the development of mental health awareness-raising initiatives.

**Establish feedback mechanisms.**

Establish processes to continuously gather feedback from stakeholders, including mental health service users, providers, and other stakeholders, throughout the implementation phase of policies and programs. Establishing a feedback mechanism is essential for ensuring that the work is accessible, responsive, relevant, appropriate, and effective. We recommend development and humanitarian assistance organizations conduct regular surveys or focus groups in LMICs where programs and policies are implemented to gather feedback from community members on effectiveness, as well as areas for improvement.

- **Involve stakeholders in the design of feedback mechanisms** to ensure they are relevant, accessible, and locally driven. Select appropriate methods, such as surveys, focus groups, or interviews, for gathering feedback from different stakeholder groups.
- **Regularly collect and analyze feedback** throughout implementation to identify areas for improvement and to monitor progress. Development stakeholders may want to establish a task force or consultancy group specifically tasked with externally auditing the policy implementation. Feedback can be used to identify areas where policies are working well and where they are not, and to adjust as needed. They may consider evaluating their programs and services using metrics from the QualityRights Ratings.
- **Report feedback and progress back to stakeholders** including PWLE, mental health service users, providers, and other stakeholders. This can help build trust and transparency and encourage stakeholders to engage more proactively with the mental health policies. Implementers can provide regular reports or newsletters, create open-source online platforms to share information and updates, organize public events, or provide briefings and presentations on the implementation of the policies to stakeholders.



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## Conclusion

The recommendations outlined in this report focus on a range of approaches to strengthen the global mental health ecosystem. They are expansive rather than reductive or overly selective. The intention was to provide the development and humanitarian assistance communities with a broad range of options informed by the varied and inclusive set of stakeholder consultations and broad range of resources reviewed throughout the process. These recommendations prioritize building capacity for community-based services, integrating mental health care into primary care systems, supporting population-based approaches, strengthening research and evaluation of mental health treatments and implementation, strengthening and supporting inclusive partnerships, and promoting innovations. These are all critical strategies for improving mental health outcomes and building more resilient communities.

Implementing these recommendations will require a commitment to ongoing collaboration, engagement, and investment in mental health initiatives at the global, national, and local levels. Recognizing that these recommendations are expansive and wide-ranging, their success will ultimately depend on the willingness of diverse stakeholders to work together, share resources and expertise, and prioritize the mental health and well-being of individuals and communities in the countries and regions where they work. By working together to act on these recommendations, funders, their partners, and other stakeholders can build more inclusive, accessible, equitable, and resilient services and systems.

## Appendix I

Examples of alternative concepts and practices used in various traditions to support mental health and well-being.

**Prana** in Eastern traditions refers to the life force or vital energy that flows through all living things. It is like the concept of **Qi** in traditional Chinese healing and can be accessed through common practices such as yoga, tai chi, and qigong to promote self-awareness and mental health.

**Mana** in Polynesian and Melanesian cultures refers to energy that can be harnessed for emotional and spiritual healing. Practitioners use touch, *tusiafono*, and other techniques to transfer mana and promote mental health.

**Marakame** is a traditional healing practice frequently used by the Huichol people of Mexico. It involves the use of sacred plants to induce spiritual experiences and promote healing. It is often used to treat native expressions of depression, anxiety, and addiction.

**Jin Shin Jyutsu** is a Japanese healing practice that uses acupressure points on the body to promote balance and harmony, and to relieve stress, anxiety, and depression. It has been used for centuries as a core method to promote mental health.

**Nadipariksha** in Tibetan traditions is used to assess the quality, strength, and rhythm of the pulse at various points on the body. *Nadipariksha* is used to diagnose a wide range of emotional, and spiritual imbalances and to develop personalized treatment plans.

**Karmic balance** refers to the concept of cause and effect. Eastern practitioners assess karma to diagnose mental health issues and to inform practices of forgiveness, acceptance, and making amends for past harms to balance karmic energy.

**Collective consciousness** refers to a shared understanding that connects all living things. This concept is applied in the language of many cultures (e.g., as *gikendaas-owin* in Ojibwe or *whanaungatanga* in te reo Maori) to help people understand the social, cultural, communal, and spiritual factors that influence mental health.

**Ancestral veneration** is often used to help people gain insight into their family connections and cultural heritage; to gain

a deeper understanding of themselves and their place in the world, and to promote a sense of connection and belonging.

**Spirit guides** are used in many traditions to offer guidance, support, and protection. Practitioners engage these guides and other **archetypal figures** through visualization, meditation, or shamanic journeying to receive personal messages or insights.

**Soul retrieval** in shamanic traditions refers to the process of recovering parts of the soul that have been lost or damaged through trauma or illness. Practitioners draw on this concept through ritual and ceremony to explore memories, dreams, or other forms of self-exploration.

**Fasting** or abstaining from food or drink for a period is used in many traditions to promote physical and mental health and to cleanse and purify the body and mind.

**Somatic integration** between the mind and body is used in many traditions to promote holistic well-being. Modern practices involve techniques such as body awareness, breathwork, massage, *yoga nidra*, *tai chi*, *watsu*, *hilot*, and progressive muscle relaxation.

**Ecstatic dance and rhythmic drumming** use sound and movement to promote emotional release, physical healing, and spiritual connection. Practitioners use techniques such as free-form dancing, guided movement meditation, collective drumming, drum journeying, and ritual dance.

**Sound healing** uses sound vibrations to promote relaxation, reduce stress, and promote mental health and well-being. It involves techniques such as chanting, singing bowls, and gong baths.

**Kirtan** and other forms of **chanting** are used in many ancestral, indigenous, and Eastern traditions to integrate the mind/body with spiritual healing. It uses repetitive sounds, mantras, and words to promote relaxation, focus, and spiritual connection.

**Aromatherapy** and **essence work** use natural scents, oils, and extracts to promote spiritual and body awareness and healing.

**Soul Talk** aims to communicate with the higher self to tap into inner wisdom. Used in some traditions in connection with meditation and internal visualization.

**Dreamwork** or exploring and interpreting the symbolic meaning of dreams is used in many traditions to gain insights and promote healing.

**Symbolic rituals** use intentional symbolic actions to mark important events or transitions in life. Rituals are often communal and may involve meditation, chanting, or other forms of spiritual or ceremonial practices.

**Holotropic breathwork** uses controlled breathing techniques to induce altered states of consciousness to treat anxiety, depression, and trauma.

**Sacred geometry** is used in many Eastern and Egyptian healing traditions. This practice uses geometric patterns and shapes to access higher states of consciousness and promote mental health and well-being.

**Vision quests** are used in many indigenous and shamanic traditions to gain insight and wisdom from the natural world as people embark on a physical journey of self-discovery and spiritual growth--particularly during times of difficulty. Vision quests often involve extended periods of solitude and fasting.

**Shamanic journeying** induces a trance-like state to access the spiritual realm and gain insights and healing. It is used in many indigenous and shamanic traditions.

**Plant medicine** uses plants and plant extracts for medicinal and spiritual and shamanic journeying. Examples include *Ayahuasca* in the Amazonian tradition, *Peyote* in Native American traditions, and *Cannabis* in Rastafarianism.

**Sweat lodges** are used in many indigenous traditions. Practitioners enter a small, enclosed space to participate in communal chanting and heat exposure to promote physical and spiritual cleansing, purification, and healing.

## 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](#)