



Leadership in Mental Health

Goa, India

22nd November to 3rd December 2010

Conducted by **Sangath**

in collaboration with

the London School of Hygiene & Tropical Medicine,

the Schizophrenia Research Foundation,

the Public Health Foundation of India &

the Centre for International Mental Health,

the University of Melbourne

Objectives: This course has been designed to equip participants in the methods to develop and scale up interventions for people with mental disorders in communities, based on a population model (i.e. to achieve maximum coverage in an administrative unit such as a district). The course is designed to build capacity to meet the goals of the Movement for Global Mental Health (www.globalmentalhealth.org) and the Lancet series on global mental health 2007.

The course was first run in 2008; in the two courses run each year since then, 68 persons from diverse backgrounds and nationalities have participated. The participants consisted of mental health professionals, general physicians, policy makers, representatives of funding agencies, humanitarian agency workers, NGO staff, epidemiologists, anthropologists and members of the user community. Apart from countries in South Asia such as India, Nepal, Bangladesh and Sri Lanka, participants have come from Vietnam, Afghanistan, Germany, Canada, South Africa, UK, USA, Japan, Brazil and Peru.

See <http://www.youtube.com/watch?v=dRMPKFOZ4Uk> for a short video on the experiences of participants in the 2008 course and <http://www.sangath.com/sangath/gallery.html> for images of participants in the 2009 course.

Course structure and Learning outcomes: The course is structured in three parts, and participants will expect to learn the following:

Part 1: Why scale up coverage of effective and affordable care for mental disorders?

1. The public health importance of mental disorders: what is the burden and impact of mental disorders and their relationship with other health conditions?
2. The social determinants of mental disorders: how are social factors such as poverty, gender inequity and violence associated with the risk for mental disorders?
3. The effective treatments of mental disorders: what is the evidence on drug and psychosocial treatments for specific mental disorders, particularly from developing countries where there are few specialist mental health resources.
4. The barriers for scaling up effective treatments for mental disorders: what are the major barriers which need to be addressed when scaling up services, for example: stigma, lack of human resources, mental hospitals which institutionalize persons with mental disorders, the lack of mental health leadership etc

Part 2: How to scale up coverage for specific mental disorders?

1. Integrating the management of common mental disorders (depressive and anxiety disorders) and alcohol use disorders in primary care: training will be based on the collaborative stepped care model, implemented in the Manas project in Goa, India, the largest trial of its kind in the developing world.
2. Community based management of serious mental disorders: training will be based on the Ashagram model evaluated in the rural district of Barwani in Madhya Pradesh, India, currently being evaluated in a clinical trial in Goa and Chennai, and will cover the detection and management of psychoses.
3. Management of child mental disorders: training will be based on a community based model to improve the detection of and interventions for developmental disabilities and child mental disorders through pre-school and school systems.

Part 3: the leadership skills for scaling up

1. Mental health systems development
2. Monitoring and evaluation of programs and setting benchmarks or targets for mental health

programs.

3. Advocacy to counter stigma and discrimination and championing the human rights of people with mental disorders.
4. Implementing public health interventions for school mental health promotion and prevention of alcohol abuse and suicide.
5. Intersectoral and interdisciplinary participation in scaling up, including the role of user communities.

Course Methods: The course will be taught through a number of teaching methods including a set of resource materials (including the Lancet Series on Global Mental Health, the WHO Mental Health Policy Package, the manual *Where There Is No Psychiatrist* and key research and policy articles); class-room lectures; practicals; and participant presentations. A core component of the course is guided group work spread through the two weeks aimed at developing a population based mental health program for settings chosen by participants and chosen to reflect a diversity of contexts. Thus, participants will have the opportunity to develop a plan based on the communities/districts they work in and wish to serve.

The course also provides an opportunity to participants to present and discuss their own experiences of scaling up services for mental health problems.

A certificate will be awarded to all participants who complete the course.

Who is the course for? The course is designed for people who are interested to improve the care for people with mental disorders in settings where mental health resources are scarce. Participants may include academics in public health or mental health; people working with NGOs; policy makers; donors; users; or clinical practitioners. Prior expertise in a clinical specialty related to mental health is not essential.

Course Tutors: The course is led by Professor Vikram Patel (London School of Hygiene & Tropical Medicine and Sangath). Tutors will include Dr Sudipto Chatterjee, Dr Neerja Chowdhary & Dr Gauri Divan (all from Sangath); Dr R Thara and Dr Padmavati (SCARF), Dr Rahul Shidhaye (PHFI) and Associate Professor Harry Minas (CIMH, University of Melbourne). Four of these tutors are members of the Lancet Global Mental Health Group which authored the Call for Action paper of the Lancet Series on Global Mental Health. Guest resource persons from other institutions may also be invited.

Fees and Registration: The course fees (including all materials, but not including lodging and boarding) are:

- o Indian residents: Indian Rs 10,000.
- o Residents of other low-income countries (as defined by World Bank): US\$500
- o Residents of middle-income countries: US\$700
- o Residents of high-income countries: US\$1000

Rules for deduction of fees following cancellation of registration:
before 6 months of commencement of course – 10% fees will be deducted
before 3 months of commencement of course – 25% fees will be deducted
before 1 month of commencement of course – 50% fees will be deducted

For further inquiries, please contact:
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Here is what previous course participants have to say

Most of the lectures were beautifully crafted, substantial and highly informative. Some of the most valuable material related to "real life" clinical examples presented by faculty and course participants.

Thank you again for this experience. After 25 years of clinical work, I feel excited and hopeful about some new opportunities for the future. You have been an inspiration: in the work you do, the generosity and kindness you have shown to us. Thank you for allowing me to be part of this.

Susan Warren Psychiatrist, USA

A big thank you to everyone involved in running the course. You set yourself a very difficult task of bringing together a group of disparate backgrounds, experience and language and really enjoyed the whole 2 weeks

Angus Stevenson, Senior Psychiatry Registrar, Katherine Mental Health Service, Australia

I learnt that people with mental health disorders can be treated in community much better than in institutions. I also learnt about scaling up services in specific settings for MH disorders by identifying gaps and barriers

Do Ngoc Khanh, Clinical Psychologist, Vietnam Academy of Social Sciences, Vietnam

The workshops were very useful because it was an opportunity to put into action all the inputs we received through our tutors & lectures

Mary Jasmine, Social Worker, Kerala, India

(I liked) the perspectives on global mental health and the workforce challenges in LAMIC. The passion and commitment is palpable.

....excellent program that was quite effective about overcoming the high burden of psychiatric disorders and the severe mental health workforce shortage

Craig Van Dyke, Professor of Psychiatry, University of California, San Francisco, USA

It gave me a sense of belonging – that I am part of a global mental health movement

Jyotirmoy Samajder, Psychiatrist, Kolkata

The format was a nice balance between learning styles - didactics, discussion and workgroups.

...provided systematic terminology and strategies for developing and communicating about scaling up mental health services.

Steven Vannoy Assistant Professor in Psychiatry, University of Washington Medical Centre, USA

The most important thing I have learned is how to work towards a joined goal in a group with people from very different backgrounds. It was a challenge in the beginning but I have learned a lot besides that I have learned and got more inspiration on working with little resources in developing a program.

Edith van't Hof, Phd student (Psychologist), S.Africa

My most important learning of this course is that it is inevitable to respect the work of each other and to co – work for the similar goal to the promotion of mental health.

Jagannath Lamichhane , Journalist, Nepal

The course will have a strong impact on my professional development. It strengthened my ethical status for the direction of the development. I liked the strong focus on ethics, human rights, inclusion, social psychiatry. It was wonderful to learn and work with this variety of professions and cultural backgrounds. The great enthusiasm and passion of the teachers for the cause of the course were contagious to me so I want to stay engaged in the field.

Adrian Mundt, Psychiatrist, Berlin University

The course gave me the opportunity to share my experience at the MSF Project and the opportunity for others too to do the same.

Julia Bartsch, Psychologist supervisor, MSF, Brazil

I liked the structure of the course starting with theoretical background followed by group work and then presentation and discussion / clarification

Nawaraj Upadhaya, Executive Manager of TPO, Nepal

Packed with lots of information and a wealth of expertise among instructors and participants. A great learning opportunity from everyone.

Ritsuko Kakuma, Epidemiologist, Center for Addiction and Mental Health, Canada

To me this was an invention: I have personally learnt a lot! The course gave me the highest of spirit and opened my eyes showed me the way to work in discipline in this field. The mentors, all were brilliant in their own specific way. The co-ordination amongst the teachers are praiseworthy.

Saima Rahman, Social worker, Bangladesh