

South Asia Collaboration on Mental Health

PHASE 2 REPORT

**Kathmandu, Nepal
April 2018**



INTRODUCTION

■ The British Council and Bangor University hosted an event in Kathmandu, Nepal on 10th to 12th April 2018 that brought together policy makers, researchers, and clinicians in the South Asia region and researchers in the UK to develop an agenda and strategy for mental health research and practice. The event represented a step to building collaborations between South Asia and the UK, and served to promote science, innovation and partnership between South Asian countries (Afghanistan, Bangladesh, India, Iran, Nepal, Pakistan, and Sri Lanka) and the UK.



Many countries, especially those with a low and middle income (LAMIC) struggle to provide adequate mental health services, particularly with regard to children and adolescents. The United Kingdom and the countries in the British Council's South Asia region each provide opportunities to enhance and improve understanding of, and intervention for, mental health issues in their populations.

Barriers to effective mental healthcare include a lack of inclusion of updated scientific findings to practice, an overreliance on historical approaches to mental health such as hospitalisation and stigmatisation. There are also needs for capacity building linking basic research to practice and knowledge and information sharing (i.e., bidirectional sharing between the UK and South Asia).

WORKSHOP FOCUS

The workshop focused on the following objectives which sit within the WHO's mental health action plan (to promote effective leadership and governance for mental health; to support the provision of comprehensive, integrated mental health and social care services in community-based settings; to implement strategies for promotion and prevention; and to strengthen information systems, evidence and research):

1. Provide a platform for scientists, researchers and policy-makers to discuss different aspects of mental health and share knowledge and expertise.
2. Help fill the gap between mental health research and policy/ practice.
3. Explore possibilities of promoting research and studies in the area of mental health.
4. Develop a sustainable network of mental health research, policy and practice within South Asia and with the UK.

The purpose of the themes was to focus the discussions during the event while ensuring flexibility. Flexibility allowed for other current needs to be identified and addressed by delegates.

The emphasis of the event was on developing links and projects that will result in **sustained and future collaborations** beyond the event itself.



DELEGATES

UNITED KINGDOM

Professor John Parkinson
Bangor University

Dr Rebecca Sharp
Bangor University

Dr Rebecca Crane
Bangor University

Dr Michaela Swales
Bangor University

Dr Fatemah Ahmadi
British Council

Dr Jaqueline Rodgers
Newcastle University

Dr Sumeet Jain
The University of Edinburgh

Dr Aditya Sharma
Newcastle University

BANGLADESH

Dr Fahmida Tofail
icddr,b

Dr Farzana Islam
CDC, Apollo Hospital

NEPAL

Mr Suraj Koirala
Transcultural Psychosocial Organization

Mr Nagendra P. Luitel
Transcultural Psychosocial Organization

Dr Kedar Marahatta*
World Health Organisation

IRAN

Dr Sayyed Ali Samadi
Ulster University

Dr Mohammad Nami
Shiraz University of Medical Sciences

Dr Zahra Tabibi
Ferdowsi University of Mashhad

Dr Javad Fadardi
Ferdowsi University of Mashhad

PAKISTAN

Mr Muhammad Ali
British Council

Ms Nida Dossa
British Council

Dr Farkhanda Ghafoor
Roshni Association

Dr Sabahat Haqqani
Fatima Jinnah Women University

Prof Dr Fareed A. Minhas
WHO CCMHRT

Mr Shahid Zaman Momand
Secretary Education KP

INDIA

Dr Rajesh Sagar
All India Institute of Medical Sciences

Dr Anand Krishnan
All India Institute of Medical Sciences

Dr Sanjeev Jain
National Institute of Mental Health and Neurosciences

Dr Rahul Shidhaye
Public Health Foundation of India

*Dr Kedar Marahatta delivered a keynote address in which he gave an overview of global mental health, and presented the WHO's global initiatives on mental health. He also discussed the evidence gap to take public health approaches to mental health and the challenges in translating evidence into national policy into action.

Additionally, a serendipitous meeting with Dr Sima Samar (Chairperson of the Afghan Independent Human Rights Commission) in the hotel led to Dr Samar attending a session and talking to delegates. Dr Samar spoke about her experiences and placed mental health considerations, within a broader Human Rights context, in a South Asian context in a moving and poignant way.

<p><i>What are the known barriers that contribute to mental health challenges in your country? What contributes to good mental health?</i></p> <p><i>How is research evidence translated to clinical practice?</i></p> <p><i>Who is involved in mental health provision?</i></p> <p><i>What are the potential barriers to effective service provision (policy level, societal level, practical level)?</i></p>	<p>Theme 1: Identify the major mental health research and clinical practice challenges in South Asia and opportunities for international collaboration for overcoming these challenges</p>
<p><i>Where / when / how are effective mental health services provided in your region?</i></p> <p><i>What are the research strengths in your region? Who are the key researchers / organisations?</i></p> <p><i>How is success measured and demonstrated?</i></p> <p><i>Identify an area in which mental health provision has been improved through a systemic change? What were the factors that contributed to the improvement?</i></p>	<p>Theme 2: Identify needs and demands for capacity development at regional scale.</p>
<p><i>What sources of funding might be required? Who applies?</i></p> <p><i>What sort of infrastructure is required to facilitate collaborations (e.g., research centres, personnel)?</i></p> <p><i>Do we need to identify specific areas of work (e.g., a particular population, a particular approach) with which to start? If so, how do we prioritise areas?</i></p> <p><i>Is a country-specific / context-specific approach or method-based approach more appropriate?</i></p>	<p>Theme 3: Identify South Asia countries' areas of competence in mental health provision</p>
<p><i>Who needs to be involved?</i></p> <p><i>Consider 1) training and education, 2) clinical skill transfer, and 3) research</i></p>	<p>Theme 4: Highlight potential contributions of UK researchers and affiliated international entities</p>

THEMES

The following themes (right column) were used to structure the sessions and facilitate discussion. Small, facilitated and interactive discussions enabled this type of participation. Each group was comprised delegates from a range of countries and group composition was changed in every session to ensure diversity of delegates and rich discussions.

THEME 1: MAJOR MENTAL HEALTH RESEARCH AND CLINICAL PRACTICE CHALLENGES IN SOUTH ASIA

CHALLENGE	ISSUES / CONCERNS
Social and socio-economic work pressures	Migration can lead to poverty. Dependent family members can place stress on carers. Work-life balance can be challenging. Unemployment. Political instability. Caste, gender, and ethnicity. Sexual violence. Natural disasters.
No clear distinction between 'normal' mental health and challenges	Can be offensive to tell someone they have mental ill-health. People might be more comfortable talking to doctor than lay person.
Negative reactions to research	Not desirable to conduct or fund research – bureaucrats need to be convinced. Research takes a long time to conduct and the results influence practice.
Most mental health help is medical or general advice	Lack of social-psychological services and professionals. Lack of guidelines and outcome measurement. Multi-disciplinary teams are expensive and difficult to assemble.
Mental health is not a priority	Very small proportions of budgets are reserved for mental health.
Research limits	Researchers may not know what to research (no bidirectional research linking need to science). Only a few institutions have the capacity to conduct high-quality research. Research is often for academic purposes only.
Lack of diverse services	Many services geared towards adults but many adults develop difficulties as young people. Expansive populations common in South Asian countries. Services sometimes designed for neuro-typical populations. Lack of screening programmes for pregnant women and newborn children that could result in prevention or early intervention.
Stigma, public perception, and understanding	Can be limited and hinder access to services.



THEME 2: IDENTIFY NEEDS AND DEMANDS FOR CAPACITY DEVELOPMENT

NEEDS / DEMAND	ISSUES / CONCERNS	OBJECTIVES / SOLUTIONS
Sources of social support and importance of informal as well as formal supports	Formal supports might not be acknowledged or desirable. Informal or traditional supports (e.g., family) valued but might be disappearing.	Some examples of models to engage informal supports include peer support in the workplace, connecting older people with young people, festivals (e.g., for women in Nepal).
Teaching skills for promoting mental health	Funding can be a barrier. Quality assurance can be difficult and governments may be unwilling to pay for psychology (instead will pay for medication).	Building skills into school education (i.e., into skills for life classes). Seek methods to increase professional competence beyond medical models. Add to teacher training.
Psychological services are often delivered by psychiatrists or medical professionals	Lack of children's psychology services and professionals. Lack of social-psychological services.	Increasing training of paraprofessionals. Add counselling and psychology training to medical training. Ensure training is practical and not just didactic.
Lack of psychological research using mixed methods	Much research is regarding screening, prevalence. Little on intervention and very little on prevention.	Develop infrastructure and capacity to conduct qualitative research studies. Conduct meta-analyses and combine with epidemiological studies to generate database.

THEME 3: IDENTIFY SOUTH ASIA COUNTRIES' AREAS OF COMPETENCE IN MENTAL HEALTH PROVISION

EXISTING INFRASTRUCTURE	OBJECTIVES / SOLUTIONS
Some countries have policies for improving mental health.	Action plans based on existing policies to promote and further provision.
Implementation of policies is often adequate but quality control is not always present.	Increase emphasis on quantity and impact. Education for policy-makers.
Progress can be market- and need-driven rather than policy-driven.	Learn from experiences of other countries and identify needs that can feed into policy.
Policies can be population-driven rather than addressing mental health for all.	Increase emphasis on promoting mental health and preventing ill-health.
Some international collaborations and research centres exist.	Increase capacity for psychological research with an emphasis on impact (de-emphasise psychological research in hospitals conducted for academic purposes).
Some current public education campaigns.	Widen public education and awareness efforts.



THEME 4: HIGHLIGHT POTENTIAL CONTRIBUTIONS OF UK RESEARCHERS AND AFFILIATED INTERNATIONAL ENTITIES

NEED / EXAMPLE COLLABORATIONS	POTENTIAL CONTRIBUTIONS
Pressuring governments from the bottom up occurs in other fields but not in health	Identify local leaders and make health a political issue. Include UK policy-makers.
PRIME model demonstrated an action plan for 15 days, trained practitioners, measured outcomes, and then used data to upscale	Good model for identifying behaviours for inclusion in policy
Translational research	Supporting culture-specific, cost-effective, doable research. Work collaboratively to ensure political sensitivities are addressed.
Iterative action plans	Develop action plans that have monitoring and measurement built in. Train policy-makers to learn and adapt to needs.
Outcomes are often measured in terms of number of patients seen rather than outcomes for an individual.	Develop training for people to conduct effective outcome monitoring.
Implementation science	Involve UK experts in implementation science. Broaden involvement to include experts working in other areas of the world and capitalise on their expertise and existing projects. Emphasis on meaningful outcomes, operationalising objectives, and changing the behaviour of people implementing.

Delegates were asked to provide their thoughts on the themes of the workshop and the challenges that were identified regarding mental health in South Asia. Delegates were also asked to identify any themes or challenges that were not addressed that they felt were important (second column). The following is a summary of the comments given by the delegates.



DELEGATE FEEDBACK

THEMES AND CHALLENGES THAT WERE MOST IMPORTANT	THEMES AND CHALLENGES TO BE ADDRESSED IN THE FUTURE	SUGGESTED OUTPUT / WORK TO BE CONDUCTED
Governance and infrastructure to support research and practice	Best ways to promote successful collaborations between South Asian countries	Effective follow-up and monitoring
Stigma of mental health and public awareness*	Methods of upskilling clinicians, education and training	Report and action plan derived from event
Linkages between research, practice, and policy	Geriatric mental health	Identifying ways to use indigenous resources
Assessment and screening	Quality of care measurement in mental health	Skill sharing*
Training of clinicians*	Screening processes and factors affecting mental health	Developing master trainers
Government support*		Identifying knowledge gaps in each country
Improving access to services		Collaborative network*
Promoting mental health research		Joint publications and proposals
Development of child and adolescent services*		National surveys to identify priority areas
Political and bureaucratic hindrances when streamlining research and practice efforts*		Behavioural design interventions project to target

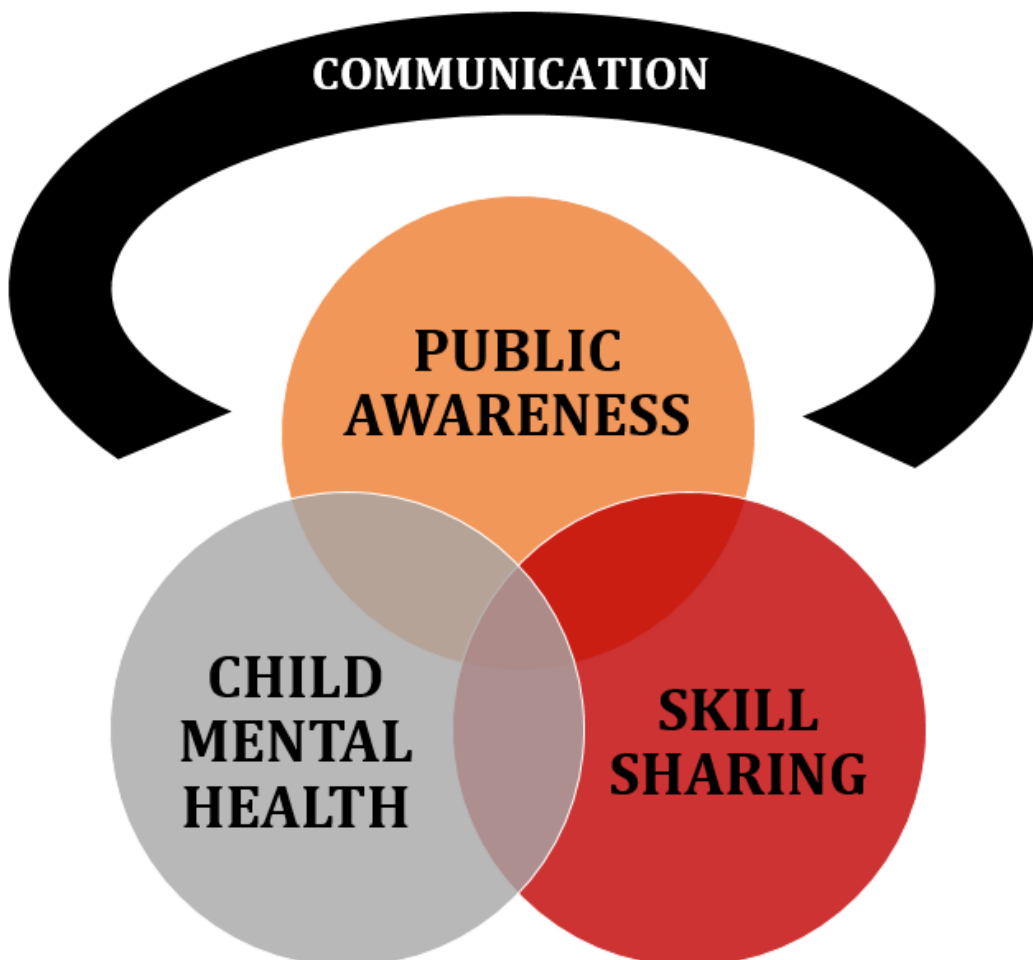
Additionally, delegates indicated that they felt strongly that mental health was an appropriate priority for South Asia, and that the event raised the potential for future collaboration with others. Some suggestions for specific pieces of work to be conducted by the group included a meta-analysis to identify gaps (e.g., a common project involving all participating countries using the same research tool that will highlight needs and can be used to convince the policy-makers of implementation steps. The research should target a specific group, and should be investigated with reference to socio-economic level and in rural and urban population).

*A number of themes underpin the next steps that have been targeted. The next steps have been selected based on what is achievable within the time and funding available. Similarly, there were a number of crucial themes and possible contributions identified during the workshop. We have selected next steps that reflect some of the common themes, and themes that were identified as most important by delegates.

NEXT STEPS

It was identified that there were many possible outcomes and pathways that could be derived from the workshop focusing on mental health as a broad area. Based on the discussions during the workshop, delegate feedback, and an evaluation of achievable goals, three targets for focused next steps were identified. Additionally, communication was identified as an enabler for the three target areas; child mental health, public awareness, and skill sharing.

Proposed timeline: The three targets will be addressed through a number of events that will be held during 2018 and 2019.



A. COMMUNICATION. Bangor University will pursue the development of a research network that will allow delegates ongoing communication, sharing of resources, and further collaborative projects. The network aims to promote an ongoing South Asia Mental Health Initiative led by Bangor University and supported by the British Council. The specific goals regarding communication are:

- To maintain and expand the network of key researchers, policy-makers, and clinicians from South Asia.
- To facilitate data and information sharing.
- To involve in, inform of, and support delegates to access funding opportunities for capacity building and research projects in mental health.
- To promote collaboration between the UK and South Asia in mental health infrastructure, policy, research, and practice.

SPECIFIC ACTIONS:

1. Bangor University to identify an appropriate platform for and create a network (e.g., on the Bangor University website, external platforms) (Themes 2 and 4).
2. Delegates to invite other key stakeholders to join the network (Theme 4).
3. Bangor University to explore Welsh Government funding and support (Theme 4).
4. Bangor University to explore appropriate sources of funding for further projects and collaborations (e.g., Erasmus+) (Themes 2 and 4).

B. AWARENESS. Engaging policy-makers and their awareness of mental health was identified as a target. An event in which policy-makers meet with key researchers to engage in a policy dialogue and develop strategies is an identified outcome for this target.

SPECIFIC ACTIONS:

5. Bangor University and British Council to plan and host an event in April 2019 to connect policy-makers and key academics from the UK and South Asia (hosted in Nepal).
6. Bangor University to develop materials to be delivered and distributed at the event that will identify major research and practice challenges, needs for capacity development, and potential contribution of UK and South Asia researchers. Delegates to contribute to the development of the materials by providing input and ideas (Themes 1, 2, and 4).

C. Skill sharing. Skill sharing and training in higher education was identified as a need in South Asia whereby early career researchers and clinicians could be trained in collaboration with UK-based researchers and clinicians. There have been a number of programmes identified that could form the basis of some specific training and would meet capacity building needs identified during the workshop. The British Council's *Researcher Links* scheme could be used to facilitate addressing skill sharing. These may include, but are not limited to:

- The Blue Room virtual reality treatment phobias that has been used with children and adults with autism spectrum disorder (*Dr Morag Maskey, Newcastle University*)
- Training approaches to working with people with autism spectrum disorder (*Dr Jacqueline Rodgers and Dr Aditya Sharma, Newcastle University*)
- Motivational assessment and problematic health behaviours (*Dr Javad Fadardi, Ferdowsi University of Mashhad*)
- Behaviour analytic approaches to children with autism (*Dr Rebecca Sharp, Bangor University*)
- Main models for offering mindfulness-based interventions and how to adapt them for specific contexts (*Dr Rebecca Crane, Bangor University*)
- Dialectical Behaviour Therapy applications to suicidal behaviour in clinical populations and as a preventative intervention in schools (*Dr Michaela Swales, Bangor University*)

***It is important to note that Bangor University emphasizes strongly that the project and follow-up work is to be driven by South Asian colleagues based on their needs. There is also an emphasis on knowledge sharing and co-production.**

SPECIFIC ACTIONS:

7. Bangor University and British Council to plan and host a workshop before the end of 2019 that falls under the Researcher Links scheme. The purpose of the workshop will be to provide training in a specific skill to clinicians or researchers in South Asia (Themes 2 and 3).

D. Child mental health. There was an acknowledged lack of services and awareness of child mental health in South Asia, and therefore a campaign to address stigma in schools was identified as a key target. This will be addressed by linking to existing projects such as the British Council's *Connecting Classrooms* and *Premier Skills* programmes. This target will also include capacity building events and may use the British Council's *Researcher Connect* scheme to fund an event in which participants are provided with the insights, understanding and tools to communicate effectively, whatever the situation or context and are supported to develop communication Skills for international, multicultural contexts.

SPECIFIC ACTIONS:

7. Bangor University to facilitate the development of a 'What Works Centre' to collate and evaluate evidence to inform policy. Delegates to collaborate (Themes 2 and 4).
8. Bangor University to develop a Global Challenges Research Fund project to apply for funding. The project to be developed will be targeted at a specific area (children's mental health, including intellectual and developmental disabilities) (call released in autumn 2018) (Themes 2, 3, and 4).
9. Bangor University and British Council to plan and host a workshop before the end of 2019 that falls under the *Researcher Connect* scheme (Themes 2 and 3).



Report by Dr Rebecca Sharp and Professor John Parkinson
May 2018

