



The Movement for Global Mental Health: Newsletters

As part of the Banyan Academy of Leadership and Mental Health's running of the Movement for Global Mental Health secretariat from 2020-22, we put out newsletters covering work we have done, people we have spoken to in the field, and events and talks that we conduct as part of our efforts to talk about mental health activism world over. We aim to put out a newsletter at least every 3 months. You can subscribe [here](#).

Read on for the January 2022 newsletter where we talk about the webinar we held in December 2021, bringing together leaders present and past from the Movement for Global Mental Health; an upcoming mental health summit in Chennai, focussed on peer leadership; and applications for hosting the Secretariat in its next term – starting in 2023.

MGMH January 2022 Newsletter

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Dear Reader,

Another year has passed, living in a dystopian reality.

India was amongst the worst hit during the 2nd wave of the pandemic. It's safe to say that almost all of us had at least one family member or acquaintance suffer immense pain due to the Coronavirus, and witnessed losses on an every-day basis, owing to lack of availability of beds, oxygen and quality medical care. A large section of the population did not even have the opportunity to honor their dead, and crematoriums and burial spaces found themselves overwhelmed and under-resourced. Heart wrenching images of bodies floating in rivers or cremated in nondescript empty lands became a daily affair between April and July 2021. There is an underlying simmer of injustice in all this coursing through our veins, which will take a while to douse, if ever. But we find ways to survive, and pull ourselves together for each other, and that makes the world go around.

In parallel, the mental health sector received significance and value hitherto unseen. Social media lent itself very usefully to promote conversations on psychological distress experienced by individuals and communities during the pandemic and ensuing lockdown. As a consequence, the mental health impact on ultra-vulnerable populations, millions of whom slid further into poverty and oftentimes destitution came to light, offering much needed reinforcement to service providers and policy makers alike on the inextricable link between poverty and mental ill health.

Peer support in mental health also gained steady momentum across the world. More and more testimonials were shared by persons with lived experience through diverse media platforms, who also created virtual safe spaces and support groups for persons in distress. Even before the pandemic, global evidence highlighted the preference for peer support over other services, as the former is entrenched and sustained by principles of reciprocity, respect, shared responsibility, and a mutual agreement of what's helpful.

Despite everything else that's happening around us, these are welcome changes that we hope will be permanent. We can safely say that mental health has, in every sense of the word, arrived.



Highlights from our Webinar: December 10, 2021



Movement for Global Mental Health: notes across borders



December 10 2021, 9.30 PM IST

**CHARLENE SUNKEL/SOUTH AFRICA/ FOUNDER, GLOBAL
MENTAL HEALTH PEER NETWORK**

**JAGANNATH LAMICHHANE/NEPAL/ WRITER, MENTAL
HEALTH ACTIVIST**

**KATHRYN GOETZKE/UNITED STATES/ FOUNDER,
INTERNATIONAL FOUNDATION FOR RESEARCH AND
EDUCATION FOR DEPRESSION (IFRED)**

**MRINALINI RAVI/INDIA/ CO-LEAD, SUNDRAM FASTENERS
CENTRE FOR SOCIAL ACTION AND RESEARCH**



watch on Zoom: link below
or Facebook live:
www.facebook.com/theMGMH

On December 10, 2021, some of the present and past heads of the Movement for Global Mental Health got together to talk about how the pandemic was impacting mental health in their countries; their role and view of the movement; and the most urgent and important clarion calls for the mental health activism world. The session had Jagannath Lamicchane, Charlotte Sunkel and Kathryn Goetzke - you can see their bios, in the photos below - and it was moderated by Mrinalini Ravi, current principal coordinator for the Movement. You can watch the entire video on Youtube. Here are some highlights we thought were particularly inspiring and thought-provoking. The webinar was such a wonderful opportunity to hear from people with diverse experiences across borders, swap notes, and come away feeling part of a greater community and group, who all ultimately want and are working towards the same thing. Greater mental well-being, visibility and living conditions for everyone. Their activism, articulation and warmth were something that we took away and continues to inspire us in our work.

[Watch on YouTube](#)

Jagannath:

- Compared to the early stages of the pandemic, say in mid-2020, when there was a lot of momentum on social media about mental health, Jagannath felt now, this conversation had died down, somewhat.

(Minute 14:16 in the video.)

“During the first and second wave of COVID and lockdown, in Nepal we had more than six months of lockdown. During that time, I was so active on social media, doing Lives, inviting people to talk. I started a social media based talk show. My platform helped some youngsters get public recognition. Some are mental health, social rights and climate change activists.” (Around 4:20 in the video.)

“Since the pandemic started, social media platforms became a means to express vulnerability. Even during the lockdown time, mental health was the number one topic discussed on every social media platform. But that kind of deep impression is fading out... The impact of COVID decreased and people started to forget about mental health. It was business as usual... I still think, why did we fail in Nepal to make mental health a national agenda?”

- The difficulties in sustaining a movement, and Jagannath’s struggle:

(57: 05.)

“It’s difficult. I invested a decade dreaming to create a movement, but didn’t see the movement I wanted to see in the field. I’m still dreaming. But in the case of MGMH, there is so much work to be done to create an effective movement. It’s still not

a movement. But like Charlene and Kathryn said, it has huge prospects. We need charismatic leadership and I hope even a small meeting like this might create a bigger space to create that movement - a real movement.”

- Highlights of his time with MGMH:
(30:16.)

“I had a big experience with MGMH. I engaged with the movement from day 1, when it was started in 2008. In the early years, I was more active on the media side.... Since I became the principal global coordinator of the movement, my main contribution was raising social, economic and human conditions of people with mental health problems. Because I was less involved in the medical domain - I was convinced I had nothing to contribute there...”

“We saw good changes like big foundations and governments accommodate non-medical aspects for mental health resource funding - to understand living conditions and lived experiences of people with mental health problems.”

Charlene:

- **On** divisive opinions within the mental health activism world:

(39:22.)

“Everybody’s human right is to have their own opinion... Your perspective and opinion is based on your experiences, so you cannot tell someone they are wrong, because what they believe comes from their experience... But maybe there are some disagreements in some areas, but there is always the majority of common ground. WE need to respect if there are some people who disagree with us.”

- Her time with MGMH bringing out people’s lived experience

(26:58.)

“My vision was to strengthen the voices of people with lived experience, and break down power imbalances but a partnership and collective effort to change things, strengthen services - especially in lower and middle-income countries - and learn from each other...”
From this came the Global Mental Health Peer Network, as part of “the vision to strengthen lived experience voices.”

“Over the years... I can really see that this has accelerated. You can just go on social media and see how many people pop up and speak up, feeling comfortable, knowing their voice,

opinions, experiences matter.”

- The importance of peer networks:

(21:57.)

“Whether in a formal or informal way - probably more informal - peer support... Peer support in a formal way is more in high income countries. In Africa we don't have peer support work training or anything available. It was so amazing at Peer Network to see how everyone supported everyone through COVID. We have our members on Whatsapp groups, the most effective across the world. At one point, even Zoom. That was extremely valuable, and mental health services and systems lack it, especially in low and middle income countries - the integration of peer support work. Peer support workers could fill so many gaps.”

Kathryn:

- Teaching hope; hope vs. hopelessness:

(6:18.)

“Hopelessness is the single consistent predictor of suicide. It’s a primary symptom of depression, a symptom of anxiety. It’s a feeling of despair - emotional, and motivational. Why am I not taught how to get from hopelessness to hope? That’s what led us to develop Hopeful Minds...”

- Role that funding could play?

(1:00:30.)

“I would argue that the movement should get a lot of funding from someone so that people can be hired to do work. Folks in mental health are worked to the bone and often aren’t paid for their work. We’ve started to see organizations get supported in this type of work. Volunteers can play an important role and it would be nice if a big funder came in... to take it to the next level. There should be funding around really activating, organizing. Mental health and brain health is one of the most underfunded health challenges globally... Our brain is the most complex organ in the human body.”

- Role of international interaction in the movement/hearing from other people:

(35:46.) “The movement brings together global voices in mental health. To solve problems, we know diversity is key for innovation... It’s so important that global communities connect in this way...” Especially, she says, since psychiatrists and psychologists are in short supply compared with the demand for mental health care in the world. Perhaps we can support each other - via peer support - and, as she says, “share strategies.”

Mrinalini:

- There need to be ‘light’ conversations in mental health activism:

(1:17:18.)

“Making light of these situations really helps people... We cast people aside when we say ‘this is a taboo topic we can’t touch...’ I think we need to bring a little bit of lightness, fun and laughter into the conversation. We need to make it a little silly. Otherwise it becomes so burdensome to people to think and talk about mental health... We should make mental health accessible, funny and quirky.”

- Suicidality is not always the same as a mental health diagnosis:

(8:09.)

“Suicidality is sometimes unfairly attributed to people with mental health issues. Hope and hopelessness is not just a function of mental health. There is so much going on. Only 23% of suicides in India are attributed to mental health issues. Sometimes it becomes a ‘get out of jail free’ card when someone dies by suicide to say it was due to a mental health issue.”

- Emphasis on the ‘voiceless’ with MGMH:

(25:25.)

“We have tried to bring out the voices of people in the global South, who don’t speak English or have the privilege of a computer, smartphone or even phone... who don’t get to be part of conversations such as this.”

Overall conclusions from the webinar:

- While social media is by no means perfect, it lets us all as part of the Movement connect to each other; connect to those who are going through difficult situations - whether through peer support WhatsApp groups or, for a smaller audience, webinars like this one. It can be a powerful tool of activism, it can draw attention to people’s experiences and lived experiences, and it can - hopefully - create a movement for real and sustained change.

- We learned about each other's experiences with COVID, with mental health advocacy, and with their own mental health organizations or efforts through the webinar and it brought to mind once again that the best lessons we can learn from one another in this community transcend borders; stories of success, growth or inspiration are what keep us going. Just reflecting on the Movement and each person's experience with it is evidence of this. Some lessons from South Africa apply to India; similarly, Kathryn's talk of hope and hopelessness in the U.S. - and 'teaching hope' - apply to Nepal or South Africa too. Jagannath's positive utilization of social media applies to the other countries represented in this webinar too. Ultimately, we are all reaching for the same goal, and we can learn how to reach faster by asking each other.
 - The efforts needed to really help people are immense. Peer support; government funding; volunteers and large adoption by huge populations; strong leadership; involving those who are financially, age-wise or region-wise left out of the conversation. There are challenges we all accept and recognize. This isn't pessimistic, necessarily: it's a reminder of how much needs to be done. But the good thing, as so many people on the panel noted, is that we are so much further ahead now than 2008 when the Movement first began. We talk; we share; the words 'mental health' have entered conversation more seriously. So we can keep this going. This coming year presents more challenges - and this is a reminder on what we need to cut through all of those to really get to and understand.
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Global Mental Health Summit, 2022

As early as 2006, services run for and by people and their families (peers and caregivers) were more than double the number of professionally run mental health organisations. Organisations such as Depression and Bipolar Alliance in the United States have created structured engagements by training persons with lived experience to become state supported peer therapists who serve a role to foster hope and inspire as role models for those walking the road to wellness. The Global Mental Health Peer Movement has brought to the centre stage work of peer leaders from across the world. The World Health Organisation is now in the process of creating a framework on the meaningful engagement of people living with NCDs and mental health conditions.

While this is tremendous progress, paid arrangements for these groups have not been formalised, or integrated into insurance schemes. As a global community, we need to create a clarion call for the due recognition of peer leaders as essential workers who need to be integrated into policy and service frameworks, and into mental health pedagogy.

It is equally important to celebrate the contributions of peer leaders whose hard work and advocacy has led to a metamorphosis in the sector.

In this spirit, we are so happy to congratulate Charlene Sunkel, Founder, Global Mental Health Peer Movement on her well-deserved Parades Humanitarian Award. Charlene, kudos to everything you've done and are going to do for the global peer community!

The current secretariat for MGMH aims to further highlight contributions of Charlene and many others at the next Global Mental Health Summit, on November 25th and 26th, 2022 in Chennai, India. The theme will be Peer Leadership in the Mental Health Sector.

We are working towards an in person summit, and invite speakers working independently and as part of organizations, peer networks and charities to participate. We welcome both in person and virtual participation, depending on the COVID-19 situation in your region. We request applications for in person participation to be sent no later than 31st April 2022, and applications for virtual participation no later 31st July 2022. Please email us at: admin@globalmentalhealth.org. The summit will host keynote speeches, testimonials from peer leaders, conduct panel discussions on various peer-led movements and their contributions to the sector, and the way forward.

We cannot wait to have you all with us.

Call for Applications, Secretariat for the Movement for Global Mental Health, 2022

We also take this opportunity to invite applications for individuals/organisations working in the mental health sector to apply to host the secretariat for the Movement for Global Mental Health from 2023 to 2026. A formal call for applications will be up on the MGMH website by mid February. Interested individuals may apply by submitting the following documents to the Principal Coordinator (admin@globalmentalhealth.org) in support of their application:

- Curriculum Vitae/ Resume
- Brief biography (350 words)
- Photograph
- Motivation letter explaining how the persons skill/ experience is suited
- Reference letter/ letter of support from e.g. colleague, mentor, lecturer
- Any supporting documents/ links to articles, website, social media, etc

The applications will be screened by the Principal Coordinator and a shortlist submitted to the International Advisory Board. Preference will be accorded to persons with lived experience. We will make a formal announcement of the new Principal Coordinator at the Global Mental Health Summit in November 2022.

We hope you enjoy this issue. Our next issue will focus on trauma and mental health, and we invite contributions to the same.

Here's to a better 2022 for us all.

Mrinalini Ravi and Shreya Ramachandran