Advancing multisectoral and life-course approaches in mental health research

Workshop report

21-22 November 2022
Johannesburg, South Africa

The Academy of Medical Sciences

ASSAf
ACADEMY OF SCIENCE OF SOUTH AFRICA

Advancing multisectoral and life-course approaches in mental health research

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All web references were accessed in April 2023.

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Executive summary

Although there is some evidence of increasing investment, mental health services are a neglected aspect of healthcare in sub-Saharan Africa.* However, the COVID-19 pandemic – and control measures associated with it – has shone the spotlight on mental health challenges and their human, social and economic costs.

The impact of the pandemic has highlighted the importance of the **biopsychosocial model** of mental health, which recognises that mental wellbeing is affected by the interplay between 'internal' biological and psychological factors and 'external' social, political, and environmental influences. For the latter, **the social determinants of mental health** concept highlights how a wide range of external factors across several domains have a critical impact on mental wellbeing. Interventions targeting social determinants or structural factors have the advantage of potentially delivering benefits to large numbers for prolonged periods.

In November 2022, the UK Academy of Medical Sciences and the Academy of Sciences of South Africa jointly organised a workshop to explore ways to advance multisectoral and life-course approaches in mental health research in sub-Saharan Africa.

In breakout groups, workshop participants discussed successful examples of mental health research in sub-Saharan Africa, similarities and differences across countries, and how greater collaboration could advance multisectoral and life-course approaches to mental health research. These discussions highlighted a range of key themes:

- **Strengthening and diversifying data sources:** Participants suggested that, in some settings, additional data are needed on disease burdens, priority populations and social determinants of mental health which could be used to support advocacy, target action and guide the development of new interventions. As well as epidemiological data, long-term longitudinal data could provide insights into pathways to mental health impact and identify potential points of intervention.
- **Developing consistent, locally defined, standardised and appropriate metrics for valued outcomes:** Delegates stressed the importance of consistency in approaches across studies, and use of contextually validated and standardised measures, to ensure quality and facilitate comparisons and data pooling. These measures need to be culturally relevant and meaningful to people with lived experience, capturing broader social and economic outcomes alongside clinical improvement. It is also important to capture qualitative as well as quantitative inputs through these metrics. To promote a life-course perspective, measures need to be suitable for use beyond the traditional focus on working-age adults.
- **Promoting translational development:** The need for additional research across the translational spectrum was highlighted, including more evaluation of 'grass-roots' initiatives, additional confirmatory and larger-scale studies following promising pilot studies, and implementation/operational research to accelerate introduction and scale-up of evidence-based policies and interventions. It was argued that interventions should prioritise integration with existing health system and community platforms, and adopt people-centred approaches.
- **Strengthening partnerships to achieve the above:** Participants identified interdisciplinary and multisectoral collaborations as critical to progress, potentially supported by an integrated conceptual framework to facilitate cross-sectoral interdisciplinary research programmes and intervention development. Strengthened collaboration within the region and internationally, through equitable international partnerships with a commitment to capacity-building, was seen as fundamental. Participants also stressed the need for a systems-based approach and engagement with all relevant actors, including members of the public, the informal health sector (such as traditional and faith healers) and the private sector where appropriate.
- **Building relationships with people with lived experience to ensure input at all stages:** Delegates highlighted the critical importance of engaging with people with lived experience, to provide opportunities for meaningful inputs at all stages of research, including prioritisation of research questions and co-creation and delivery of interventions.
- **Optimising the mental healthcare workforce:** Strengthening and building workforce capacity in mental health were seen as high priorities. Mental health specialists are few in number in the region and further research on strategies such as task-shifting, and scaling up of proven task-shifting interventions, could help to address large treatment gaps. Participants also suggested that there is a need to promote skills development to support greater service and multi-sectoral integration, task shifting, and mental health awareness across relevant sectors.
- **Supporting advocacy to promote the above:** Delegates identified the need for the research community to engage with policymakers to understand their needs and provide evidence-based inputs, to leverage the mainstream media to translate messages for more general audiences, and to work with people with lived experience to achieve co-ordinated and more effective advocacy.

By strengthening ties – within Africa and internationally – the mental health research community in the region will be better placed to share knowledge and experience, develop joint and multicentre studies, and raise the profile of mental health research among politicians and policymakers. In doing so, they can help to close the mental health care gap and build a field with the capacity to enhance mental health for all and at all stages of life.

* To narrow the broad scope of the workshop, the workshop focused predominately on and provided a platform for perspectives from East, Central, West and South Africa. To denote this geographical focus, we used the term 'sub-Saharan' Africa

Introduction

The UK Academy of Medical Sciences (AMS) held two previous international meetings on the topic of mental health: addressing mental health in the Sustainable Development Goals era (2018); and the social determinants of global mental health (2019) respectively, both exploring the development of a strategic research agenda in the area. In November 2022, a follow-up meeting was held in Johannesburg, South Africa, to take stock of developments since 2019 and to discuss how best to take forward mental health research in the Sub-Saharan Africa region.

Developed following a 'systematic review of systematic reviews'[1], the **social determinants of mental health** framework recognises that a complex mix of factors interact to influence the mental health of individuals. These factors can be broadly categorised into five domains – economic, environmental, household, social/ cultural and demographic (see Figure 1). They can be considered as **'proximal'**, acting close to an individual, or **'distal'**, having indirect impacts, potentially through complex pathways. The impact of risk factors varies according to stage of life, and influences at one stage of life, such as childhood, can have consequences that persist or become apparent at later stages, emphasising the importance of the **life-course perspective.**

The 2019 meeting brought together participants from a wide range of sectors, disciplines and countries, including 21 low- and middle-income countries (LMICs). For each of the five domains of the social determinants of mental health framework, discussions identified research gaps and intervention priorities[2].

Building on this foundation, the 2022 workshop aimed to:

- Review emerging evidence on multisectoral and life-course approaches for mental health in sub-Saharan Africa and identify any gaps.
- Discuss research innovations and interventions that could be applied to strengthen social, community and health systems for mental health.
- Bring together stakeholders from multiple sectors to explore research priorities and opportunities for collaboration.

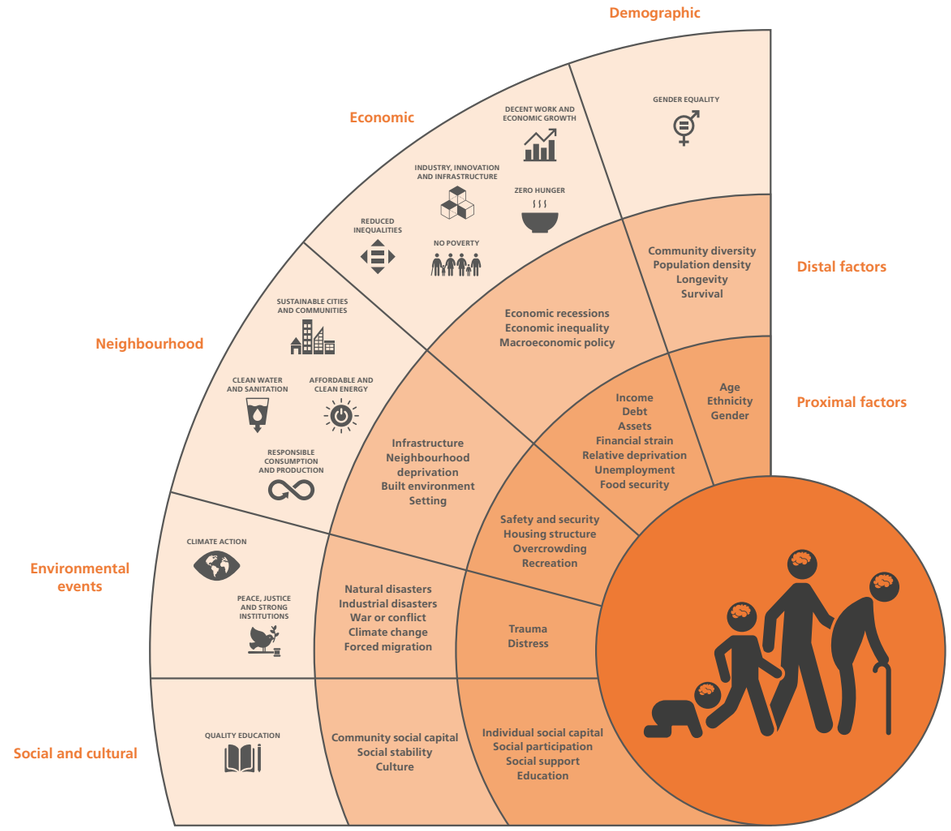

Figure 1: Social determinants of mental health framework[1].

1. Lund C, Brooke-Sumner C, Baingana F et al. Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews. Lancet Psychiatry. 2018;5(4):357-369. doi: 10.1016/S2215-0366(18)30060-9.
2. Rose-Clarke K, Gurung D, Brooke-Sumner C et al. Rethinking research on the social determinants of global mental health. Lancet Psychiatry. 2020;7(8):659-662. doi: 10.1016/S2215-0366(20)30134-6.

Post-2019 developments

One key issue since 2019 has been the **COVID-19 pandemic.** Although mortality rates in Africa have not reached those seen in other continents, the pandemic has nevertheless had a profound impact on populations. In particular, public health and social measures enacted to control the spread of COVID-19 have had multiple detrimental consequences, including economic shocks and loss of income due to an inability to work, increased levels of interpersonal violence, and the negative experience associated with extended periods of lockdown and social isolation. It is estimated that up to 100 million people have been driven into extreme poverty[3].

The personal and economic consequences of the pandemic have been associated with harmful impacts on mental health, with the global prevalence of anxiety disorders increasing by an estimated 25% during the pandemic[4]. In addition, those most affected were typically already disadvantaged and at increased risk of mental health conditions.

Notably, however, increasing evidence of widespread psychosocial distress triggered a diverse range of responses in multiple countries, including LMICs. As well as suggesting an increasing awareness of the importance of mental health, these responses may also reflect a shift towards a more psychosocial and less biomedical framing of mental health, potentially laying the ground for a re-conceptualisation of mental health service provision and research in LMICs[5].

Recent years have also seen additional evidence being published on the **effectiveness of mental health interventions,** following rigorous large-scale trials[6]. Evidence on innovative approaches to the delivery of mental health care on the continent is also emerging. The **COSIMPO trial** in Ghana and Nigeria, for example, demonstrated that a collaborative care model for people with psychosis, incorporating primary health care workers and traditional and faith healers, led to improved health outcomes and a reduction in harmful practices[7]. In addition, the **TaSCS study** in Ethiopia found that task-shared care for people with severe mental health issues was as effective as specialist care[8], potentially providing an option for LMICs with limited numbers of mental health specialists.

Evidence from South Africa suggests that two approaches for integrating task-shared psychological interventions, using community health workers, were equally effective at treating depression in people with chronic conditions[9]. **Implementation research** is also being used to facilitate the scale-up of evidence-based interventions, such as integrated mental health care based on a task-sharing collaborative care model[10].

3. World Bank. Global Outlook. Pandemic, Recession: the global economy in crisis. 2020. Washington DC: World Bank, June 2020. Available at: https://elibrary.worldbank.org/doi/10.1596/978-1-4648-1553-9_ch1
4. COVID-19 Mental Disorders Collaborators. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. Lancet. 2021;398(10312):1700-1712. doi: 10.1016/S0140-6736(21)02143-7.
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6. Barbui C, Purgato M, Abdulmalik J et al. Efficacy of psychosocial interventions for mental health outcomes in low-income and middle-income countries: an umbrella review. Lancet Psychiatry. 2020;7(2):162-172. doi: 10.1016/S2215-0366(19)30511-5.
7. Gureje O, Appiah-Poku J, Bello T et al. Effect of collaborative care between traditional and faith healers and primary health-care workers on psychosis outcomes in Nigeria and Ghana (COSIMPO): a cluster randomised controlled trial. Lancet. 2020;396(10251):612-622. doi: 10.1016/S0140-6736(20)30634-6.
8. Hanlon C, Medhin G, Dewey ME et al. Efficacy and cost-effectiveness of task-shared care for people with severe mental disorders in Ethiopia (TaSCS): a single-blind, randomised, controlled, phase 3 non-inferiority trial. Lancet Psychiatry. 2022;9(1):59-71. doi: 10.1016/S2215-0366(21)00384-9.
9. Myers B, Lombard CJ, Lund C et al. Comparing dedicated and designated approaches to integrating task-shared psychological interventions into chronic disease care in South Africa: a three-arm, cluster randomised, multicentre, open-label trial. Lancet. 2022;400(10360):1321-1333. doi: 10.1016/S0140-6736(22)01641-5.
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Current context

The population of Africa is young and rapidly growing. As well as high levels of poverty and inequality, the region is experiencing rapid urbanisation, infectious disease outbreaks, and persistent conflicts and humanitarian crises. It is also undergoing an epidemiological transition, with a growing burden of non-communicable diseases (NCDs). However, although NCDs are responsible for 67% of deaths in LMICs, they account for only 2% of global health funding[11].

Mental health conditions are one of the five major NCDs that share five key risk factors – unhealthy diet, tobacco use, harmful use of alcohol, physical inactivity and air pollution. Most countries in the region are off-track to achieve Sustainable Development Goal (SDG) target 3.4 – reducing premature mortality from NCDs by a third and promoting mental health/wellness by 2030.

Depression and anxiety account for an estimated 30% of general outpatient clinic consultations and the treatment gap is as high as 85% in some countries[12]. Africa has the world's highest suicide rates, accounting for six of the top ten countries globally with the highest rates of suicide[13].

The WHO Mental Health Atlas 2020[14] showed some tentative signs of progress, with 76% of countries in the African region reporting mental health policies or plans, up from 71% in 2014. However, only 2.1% of health expenditure is dedicated to mental health, and expenditure per capita, although rising, is only US$0.46 a year. The region has the smallest number of mental health workers per 100,000 population, with particular shortages in specialist medical staff, and with staff concentrated in urban areas. The COVID-19 pandemic led to disruptions in multiple mental health services across most countries in the region.

11. IHME University of Washington. Financing Global Health 2017: Funding Universal Health Coverage and the Unfinished HIV/AIDS Agenda. Seattle, WA: IHME, 2018.
12. WHO. mhGAP Intervention Guide for mental, neuro¬logical and substance use disorders in non-specialized health settings, version 2.0. 2016. Geneva: WHO. Available at: https://www.who.int/publications/i/item/9789241549790
13. WHO African Region. Reversing suicide, mental health crisis in Africa. 6 October 2022. www.afro.who.int/news/reversing-suicide-mental-health-crisis-africa
14. WHO. Mental Health Atlas 2020. 2021. Geneva: WHO. Available at: Mental Health Atlas 2020

Ghana: A country perspective

Mental health services in Ghana are undergoing a radical transformation, following the passing of a new Mental Health Act in 2012. Previously, support had focused on psychiatric institutions, just two of which existed, in urban centres. The new Act prioritised community-based care, which has expanded greatly over the past decade.

From a few hundred, the community mental health workforce has grown to around 4000, with almost every district now having dedicated support workers. These are based in health facilities and also carry out outreach at community sites, including prayer camps. Productive collaborations are being developed with indigenous healers, enabling people to benefit from both culturally important support and biomedical interventions when appropriate. These relationships have led to a marked reduction in harmful practices such as use of mechanical constraints.

Groups such as Psych Corps Ghana, psychologists with mental health training, provide additional psychiatric care and psychosocial support. A strong lived experience advocacy movement has emerged, providing peer support, challenging stigma, and advocating for additional support, primarily through online channels.

These changes have greatly improved access to mental health services in Ghana. They have required political commitment and investment, and further efforts are still required, for example to strengthen and formalise partnerships with indigenous healers and to broaden inclusion in lived experience activities by moving beyond the virtual world.

A regional mental health strategy

In May 2022, the Africa Centres for Disease Control and Prevention (Africa CDC) published a new **NCDs and mental health strategy[1].** Africa CDC is an autonomous health agency of the African Union launched in 2017. Developed through an evidence-based consultative approach, the NCDs and mental health strategy aligns with other key regional frameworks and agendas, including the African Union's Agenda 2063, and its Africa Health Strategy, the Africa CDC's wider Strategic Plan and WHO's essential public health functions framework.

The strategy covers key areas such as laboratories and diagnostics, the health workforce, surveillance, governance, health promotion and research. It includes four **guiding principles,** which emphasise the importance of a systems focus, integration and interdisciplinarity, complementarity with other initiatives, and a multisectoral approach.

It incorporates six **strategic objectives,** spanning building the capacity of ministries of health and national public health institutes to develop policy frameworks for NCDs and mental health, advocacy for greater political commitment, alignment across member states, sub-regional organisations and partners, strengthening the workforce, mobilising funding, and improving access to tools.

Supporting the launch of the new strategy, workshops have been held on key topics such as building leadership capacity for NCDs and mental health within ministries of health and incorporating mental health in emergency responses. Side events were also held at the Second International Conference on Public Health in Africa (CPHIA 2022), which took place in Rwanda in December 2022.

Emerging themes

In breakout groups, participants discussed notable examples of mental health research in different countries, as well as commonalities and differences across countries. The groups then discussed prevention, promotion or interventions for people with mental health conditions, focusing on gaps in research that could be addressed through multisectoral collaboration and a life-course approach, and how countries could work together collectively in this area.

A number of key themes emerged during the breakout group discussions:

Strengthening and diversifying data sources:

- It was recognised that there are still limited data on mental health challenges in sub-Saharan Africa, which could be used to advocate for action, target action and develop new interventions.
- **Additional epidemiological data** were seen to be important to improve understanding of disease burdens, identify priority populations, assess the impact of interventions, and to inform policymaking. In particular, long-term **longitudinal data** offer opportunities to explore causal pathways, to help identify potential points of intervention.
- Suggested possible new sources of data included **existing longitudinal cohorts,** several of which have been established in different parts of sub-Saharan Africa, which could be augmented by collection of data relating to mental health and social determinants. In some healthcare settings, there may be also be opportunities to analyse routine **practice-related data.**
- **Developing consistent, local, standardised and appropriate metrics of valued outcomes:** Participants highlighted the importance of consistency in approaches across studies to facilitate comparisons and data pooling.

Studies currently adopt a range of metrics for assessing different aspects of mental health. This can make it difficult to compare burdens or impacts across studies in different contexts or to combine data from multiple studies so more robust conclusions can be drawn on the effectiveness of interventions.

Participants identified a need to develop **standardised and validated measures** to ensure quality and to facilitate comparisons and data syntheses. Although these could draw on existing tools used in high-income countries, it was emphasised that they needed to be **culturally relevant** and adapted to or established based on local contexts.

It was also noted that measures needed to be **meaningful to people with lived experience of mental health conditions,** highlighting the importance of involving such groups in studies to define and validate appropriate metrics. The need to gather **qualitative** as well as quantitative insights was also stressed.

Promoting translational development:

- Discussions highlighted the need for additional research at all stages of translation and implementation.

Many small-scale projects are undertaken as **'grass-roots' initiatives.** There is a need to collect rigorous data on such initiatives to demonstrate impact on mental health outcomes, using relevant metrics as discussed above. To generate evidence transferable across settings, such studies should be positioned within a rigorous theoretical framework and have a focus on identifying the 'active ingredients' contributing to successful outcomes.

A significant bottleneck in the development of interventions is the **transition from pilot studies** that demonstrate proof of concept to larger confirmatory studies. There is a need for additional **larger studies across several sites** to provide more compelling evidence for policymakers and to assess issues such as applicability in alternative settings, likely implementation challenges and facilitators, and cost-effectiveness.

For interventions that are backed up by a strong evidence base, delegates identified a need for **implementation/operational research** to accelerate introduction and scale-up.

Across all stages, the importance of **integration with other health and social care services and community platforms** was repeatedly emphasised, as was the need for **people-centred** approaches. This further emphasises the need to involve people with lived experience, members of the public and potential service users in all stages of research, particularly the design of interventions.

Strengthening partnerships to achieve the above:

- Participants recognised the need to coordinate efforts and to align activities across multiple stakeholder groups.

The social determinants of mental health model emphasise the critical importance of multiple social and environmental factors operating across the life course. This argues for the importance of complex interventions potentially spanning several domains, highlighting the need to build **interdisciplinary and intersectoral collaborations** – including with policymakers – rooted in the social determinants of mental health model/SDG framework.

To support cross-sectoral interdisciplinary research programmes and intervention development, it was suggested that an **integrated conceptual framework,** rooted in the social and political determinants of mental health model, might be needed to facilitate conversations and collaborations that bridge disciplinary barriers.

The importance of adopting a **systems-based approach** was also emphasised, with engagement of all relevant actors, including the informal health sector (such as traditional and faith healers) and the private sector where it plays a significant role in healthcare.

Participants also identified opportunities to **strengthen global research connections,** while ensuring that the centre of gravity of such collaborations is within sub-Saharan Africa. This will require a commitment to the establishment of **equitable international partnerships** that incorporate capacity-building, recognise two-way learning, and devolve power and decision-making to African partners.

Complementing such global partnerships, participants also suggested that there was a need to strengthen **collaborations within sub-Saharan Africa,** to promote more coordinated approaches, share knowledge and support multicentre studies. The development of an African institute for Mental Health or similar entity within the African Union, alongside the re-establishment of African-centred publications, will enable the continent to drive local research led by its own priorities.

Optimising the mental healthcare workforce:

- Delegates identified a need to address the mental health workforce challenges in sub-Saharan Africa, which are a major constraint on the delivery of effective services.

Sub-Saharan Africa has a significant shortfall in trained mental healthcare workers, such as psychiatrists, clinical psychologists, and clinical/mental health social workers. As well as addressing this shortfall, participants identified a need for imaginative local solutions to expand the mental health services available to populations, including groups such as young people and older adults for whom relatively little evidence is available.

Some encouraging progress has already been made in developing the evidence base for task shifting, involving non-specialist healthcare workers in delivery of mental healthcare services. There may also be opportunities to investigate how other components outside the traditional mental health workforce can support care in a multisectoral context. As well as evaluating additional such models in diverse contexts, there are also opportunities for implementation and operational research to support the adoption and scale-up of approaches shown to be effective.

More generally, participants identified a need to promote **skills development** of healthcare workers, to support greater integration of mental health support into existing services, to facilitate task shifting, and to raise awareness of the importance of mental health in all areas of care. There are under-utilised opportunities to explore roles for **healthcare-associated groups** in mental health service delivery, such as community health workers, traditional and faith healers, and private sector stakeholders.

It was also noted that healthcare workers should be considered an important **target population.** The COVID-19 pandemic has added further pressures on healthcare workers, and also created backlogs that have added to workloads. Hence there are strong arguments to prioritise mental health support for healthcare workers.

Building relationship with people with lived experience to ensure input at all stages:

- Participants highlighted the critically important role that people with lived experience can play in the development and implementation of research studies.

People with lived experience are a key stakeholder group in mental health research, providing a unique perspective as service users. By bringing this perspective to research, they can help to ensure that research focuses on the issues that matter most to people, provide input into the design of studies to promote participation and ensure they achieve their objectives, contribute to the development of effective interventions, and potentially also participate in the delivery of interventions, for example through peer support. Equipping and facilitating people with lived experience to lead research could be a powerful means to strengthen their voices on the continent.

For all these reasons, it is important that there is a commitment to **meaningful inputs** from people with lived experience **at all stages of research**, including development of research questions. Participants argued that **engagement should not be tokenistic** and urged researchers to see people with lived experience as partners in research and invest time and resources in **co-creation and co-production of interventions.**

Supporting advocacy to promote the above:

- Delegates identified the need for researchers and convening bodies (including national academies) to engage deeply with policymakers to understand their needs and to promote evidence-based mental health responses.

Despite some increases in funding, investment in mental health in sub-Saharan Africa bears little correlation with disease burden. While the COVID-19 pandemic has raised awareness of mental health impacts, there is a continuing need to raise awareness of the importance of mental health responses, for a focus on evidence-based strategies and interventions, and for an interdisciplinary, multisectoral and life-course-focused approach that recognises the key impact of social determinants.

By developing relationships with **policymakers,** researchers can better understand their evidence needs and provide inputs from research that are in a suitable format for policymakers. In particular, researchers can communicate the health, social and economic impacts of mental health conditions, as well as the corresponding benefits of effective mental health interventions.

Complementing the work of individual researchers or research teams, convening bodies (including national academies) can play a key role bringing together researchers, policymakers and other stakeholders around specific focus areas. This can help to break down barriers and generate consensus. There is potential to link such events to meetings organised by key groups such as the African Union.

By communicating through the **mainstream media,** researchers can leverage its capacity to shape the political agenda and exert pressure on policymakers. Similarly, effective use of **social media** creates opportunities to share evidence with multiple stakeholder communities and counter damaging misinformation. Researchers can also partner with people with lived experience, who can act as powerful **advocates** for mental health care and research.

Conclusions

The COVID-19 pandemic, its economic fall-out, and the public health and social measures widely used to control it, have catalysed greater awareness of mental health issues, including in sub-Saharan Africa. The human, social and economic cost of mental health conditions is becoming ever clearer. Although investment in mental health services remains low in the region, there are signs that it is becoming a higher priority.

Research has a critical role to play in ensuring that best possible use is made of the limited resources invested in mental health support. An increasing number of rigorous, large-scale studies are generating evidence on what works, providing an evidence base on which to base policy and programmatic responses.

Nevertheless, there remains an urgent need for additional research across all stages of the translational pathway, spanning basic and epidemiological studies to understand burdens and pathways of impact, initial pilot studies to demonstrate proof of concept, larger-scale and multisite confirmatory studies to generate evidence to inform policy, and implementation and operational research to promote adoption and scale up of evidence-based policies and interventions.

These studies need to be conducted within an integrated biopsychosocial framework that recognises the fundamental importance of social determinants as well as biology in mental health outcomes. This will require an interdisciplinary and cross-sectoral approach based on extensive partnerships and collaboration, with greater sub-regional and international collaboration.

Given their unique perspectives, people with lived experience will be crucial partners in this research endeavour. One key role will be the development of a coherent set of metrics that incorporate what truly matters to people with lived experience.

By strengthening international ties – within sub-Saharan Africa and beyond – the mental health research community in the region will be better placed to share knowledge and experience, develop joint studies, and raise the profile of mental health research among politicians and policymakers. In doing so, they can help to close the mental health treatment gap and build a field that ultimately enhances mental health for all.

Grass-roots initiatives

The meeting heard examples of grass-roots initiatives in a range of African countries that are having a beneficial impact on the lives of people with mental health conditions:

- The **Community Recovery Achieved Through Entrepreneurism (CREATE)** scheme in Kenya[15] has helped people with mental health conditions develop a thriving social enterprise (a print shop). A locally developed and context-appropriate psychosocial rehabilitation toolkit has been used to help participants in the scheme develop new skills and manage their conditions, while contributing to the development of the enterprise.

  Participants have derived multiple benefits, including a sense of purpose, greater financial independence and improved mental wellbeing. Family members have also benefited, while the community as a whole has developed a better understanding of mental health, helping to address stigma.

  Importantly, the project has adopted a systems approach and engaged with multiple stakeholders, including the health sector, local communities, businesses and local authorities. The model is one that could be adopted for other social enterprises in other settings.

15. https://www.createwellbeing.global

Grass-roots initiatives (cont.)

- **DINE and HEAL: ART** (Awareness and Resilience Programme on Trauma), based in Ethiopia, is designed to create awareness about psychological trauma and build the resilience of individuals and communities.

  The ART programme is based on two interlocking strands of work: community-based awareness and resilience-focused trauma intervention using a group therapy/training platform; and use of radio broadcasting that enables participants – survivors of traumatic experiences who took the session and training – to share their stories and discuss lessons learned from the therapy/training sessions.

  The sessions provide a safe environment in which participants can come to terms with their traumatic experience and break the link between the memory and the mental distress associated with it. This can help to ensure that the memory does not remain locked away, where it can be reactivated at any time and cause great distress.

Promoting engagement with people with lived experience

The meeting included presentations on initiatives aiming to promote greater engagement of people with lived experience in research in sub-Saharan Africa and beyond:

- Engagement of people with lived experience is now an expected aspect of mental health research projects. True engagement provides meaningful opportunities for people with lived experience to be involved at all stages, to have joint ownership and to be part of decision-making processes.

  One example where these principles have been put into practice is the **PROMISE** (Psychosis Recovery Orientation in Malawi by Improving Services and Engagement) project[16], which is developing acceptable and sustainable detection systems and management pathways for psychosis. The **SUCCEED** (Support, Comprehensive Care and Empowerment of People with Psychosocial Disabilities in Sub-Saharan Africa) initiative[17] is developing local centres for co-production of mental health care and research in Malawi, Nigeria, Sierra Leone and Zimbabwe.

  People with lived experience are also contributing to new WHO guidance, a WHO Framework for Meaningful Engagement of People Living with Non-communicable Diseases and Mental Health Conditions, which is currently in draft form[18].

- The **Global Mental Health Peer Network** is run by and for people with lived experience[19]. Its aims are to empower and strengthen the capacity of individuals with lived experience to act as advocates and representatives of the wider community of people with lived experience.

  This is achieved through various types of support, including mentoring, networking and peer support. As well as development of services, members of the network can also provide valuable and unique input into research projects.

16. https://www.ed.ac.uk/clinical-brain-sciences/division-of-psychiatry/research-themes/global-mental-health/psychosis-recovery-orientation-in malawi-by-improv
17. https://www.lshtm.ac.uk/research/centres-projects-groups/succeed
18. https://www.who.int/news-room/articles-detail/meaningful-engagement-framework-consultation
19. https://www.gmhpn.org

Conclusions

Annexes

Annex 1: Workshop steering committee

Co-chairs

- **Professor Tholene Sodi,** Professor, Department of Psychology, University of Limpopo
- **Professor Louise Arseneault,** Professor of Developmental Psychology and Mental Health Leadership, Kings College London

Committee

- **Dr Rochelle Burgess,** Associate Professor in Global Health and Deputy Director, UCL Centre for Global Non-Communicable Diseases, Institute for Global Health, UCL
- **Professor Charlotte Hanlon,** Professor in Global Mental Health, King's College London
- **Professor Sarah Skeen,** Associate Professor in Global Health and Co-Director of the Institute for Life Course Health Research, Stellenbosch University
- **Professor Leslie Swartz,** Professor of Psychology, University of Cape Town
- **Professor Mark Solms,** Professor in Neuropsychology, University of Cape Town
- **Professor Lucie Cluver,** Professor of Child and Family Social Work, University of Oxford
- **Action Amos,** Pan African Network of Persons with Psychosocial Disabilities
- **Dr Victoria Mutiso,** Africa Mental Health Research and Training Foundation

Annex 2: Attendee list

Dr Mohammed Abdulaziz, Africa CDC, Ethiopia
Prof Amina Abubaker, Aga Khan University, Kenya
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