



The consortium held its Annual Meeting in Kathmandu, Nepal last month

Emerald researchers to participate in the mhGAP Forum

- **The next World Health Organization Mental Health Gap Action Programme (mhGAP) Forum will take place 10 -11 October in Geneva, under the title “Moving forward with the Global Mental Health Agenda”**
- **A mental health and psychosocial support (MHPSS) assessment was conducted by TPO Nepal after the 2015 earthquakes in that country**
- **1 in 4 people will experience an episode of mental illness in their lifetime**
- **A United Nations resolution highlights the discrimination that people with mental health conditions suffer**
- **Mental health was included among the targets of the Sustainable Development Goals adopted by the UN General Assembly**

October 10, 2016 – Emerald researchers will participate in the next mhGAP Forum, to take place 10 -11 October 2016 in Geneva under the title “Moving Forward with the Global Health Agenda”. The project’s coordinator, Prof. Graham Thornicroft, will participate Monday, 10 October in the panel discussion on the use of mhGAP-IG with the conference “From Evidence to Implementation”, as part of Session 1: *The Mental Health Gap Action Programme*, from 9:00 to 10:30. UAM researcher Prof. José Luis Ayuso-Mateos, from Spain, will talk about the „Global Clinical Practice Network (GCPN)“ and Dan Chisholm about „Mental Health Innovation Network (MHIN)“ in Session 5: *Reception and Networking*, to be held from 16:00 to 18:00. On Tuesday, 11 October, Emerald researcher Mark Jordans will



comment about „adolescent mental health“ as part of small group discussions of session 7 to be held 11:00 – 12:30, when Graham Thornicroft will do about „Excess mortality among persons with severe mental disorders“. The mhGAP Forum will be held in the Executive Board Room of the WHO headquarters in Geneva.

“The Emerald programme comprises a powerful consortium of partners encompassing 10 countries, including colleagues in Ethiopia, India, Nepal, Nigeria, South Africa, and Uganda, all working together to improve mental health care,” explains Prof. Graham Thornicroft, the Emerald Project’s Coordinator. “We have innovative projects on developing teaching and training, developing actionable methods to know the costs of future mental health care, on integrating services, and about measuring progress in service development. It’s going from strength to strength and we now have, for example, engagement with senior policy-makers across all sites in these low- and middle-income countries, over 25 training courses completed at the Masters level, over 10 PhD students, and a growing series of policy briefing papers, and over 40 scientific papers in preparation.”

From 11 to 15 September, the Emerald group met for its annual project coordination group meeting in Kathmandu, Nepal. The meeting was hosted by Emerald partner Transcultural Psychosocial Organization Nepal (TPO Nepal) and chaired by the Emerald Project Coordinator, Prof. Thornicroft from King’s College, London. This year the group met for a project coordination group (PCG) meeting and Work Package (WP) specific writing workshops. “Our highly interactive meeting in September 2016 in Kathmandu, Nepal allowed us to co-ordinate our work and to plan for further future success,” says Prof. Thornicroft.

The Emerald consortium was keen to leverage this meeting’s impact through dissemination activities with stakeholders and local media, involving local policymakers and journalists. On the morning of 15 September, Prof. Crick Lund, from the Department of Psychiatry and Mental Health at the University of Cape Town, flew from Kathmandu to Chitwan, the PRIME/Emerald district



implementation site in Nepal. This researcher from the Emerald project was accompanied by Nagendra Luitel, the PRIME Nepal Project Coordinator, in a visit to health facilities where the PRIME district mental healthcare plan had been implemented, as well as to review the integration of mental health indicators (developed as part of Emerald Work Package 5) into routine health management information systems at these facilities. During the course of the next two days they were warmly received at different primary healthcare centres, often with a generous reception and garlands of flowers.

Facility managers and other staff showed them the use of case registers and the Emerald proforma, which records the diagnosis, severity, treatment, referral and clinical outcomes of people attending the primary care facilities with depression, psychosis, epilepsy and alcohol use disorders. Despite some initial challenges, the system was working well, and was being successfully integrated into routine care by the primary care staff. In one health post the facility manager patiently took them through the case register, demonstrating a range of cases, the clinical diagnosis, management plan and outcomes of service users who were, for the first time, receiving mental healthcare at the primary care level in Chitwan. “I came away from Chitwan inspired by the potential for this model to make a real difference in the lives of people suffering from mental illness in poor communities,” explains Prof. Lund.

TPO Nepal has signed an MoU with Ministry of Health and Population (MoHP) to explore the feasibility of integrating mental health into PHC in Chitwan district through an international consortium project called PRIME (Program for Improving Mental Health Care) funded by DFID UK. Under this project, the WHO’s mhGAP modality is being pilot tested, and a district mental health care package is being developed.



The aftermath of the Nepal earthquake

More than 8,000 people were killed, over 450,000 people displaced, and approximately 8.5 million people directly affected after two massive earthquakes hit Nepal on 25 April 25 and 12 May 2015. Following disasters such as these, most people experience different kinds of mental health and psychosocial issues that can range from common, normal reactions to stress (e.g. problems sleeping, feeling anxious) to developing serious mental health problems or an exacerbation of existing mental disorders. A mental health and psychosocial support (MHPSS) assessment was carried out from August to September 2015 in the Kathmandu, Gorkha, and Sindhupalchowk districts, three of the most affected areas in Nepal. The assessment was conducted by TPO Nepal, which is one of the Emerald project partners, and supported by International Medical Corps (IMC). The aftermath of the Nepal earthquake caused significant emotional and psychological burden on members of affected communities.

Nepal has a national mental health policy which aims to improve access and availability of mental health services. Local non-governmental organizations engage in ongoing mental health advocacy efforts at the national level. Existing mental health infrastructure and services in Nepal are centralized in major cities such as Kathmandu and receive limited budgetary allocations. At the time of the assessment, there were no MHPSS services in Sindhupalchowk, one of the districts where mental health problems were most pronounced. Access to MHPSS services are provided by the government and several local and international NGO's through hospitals and clinics in Kathmandu, Nepal's Capital. TPO Nepal with International Medical Corps support has started to implement programs supporting MHPSS services in earthquake affected Gorkha, Dhading and Sindhuli districts.

Mental health in low- and middle-income countries

One in four people will experience an episode of mental illness in their lifetime, leaving 600 million people disabled—most of them living in low- and middle-income



countries (LMICs), and four-fifths receiving no treatment, according to WHO estimates. Worldwide, people with psychosocial disabilities experience severe human rights violations, ranging from discrimination to being chained, caged in small cells, and physically abused. The life expectancy of those with mental disorders is 20 years shorter on average, and mental disorders are the single largest cause of disability in the world, more than cardiovascular diseases and cancer combined.

All around the world, people with mental illness have limited access to treatment, and in many countries, not even 10% of them receive any effective treatment whatsoever. In many LMICs, there are insufficient resources to offer adequate care. Patients with depression, alcohol use disorders, schizophrenia and other mental illnesses are often left to the care of their families, causing severe economic and social disadvantages. This failure of humanity represents a global emergency requiring immediate and sustained action.

More than 13% of the global burden of disease is due to neuropsychiatric disorders, and almost three quarters of this burden lies in LMICs. The need for mental health services is high worldwide. The Emerald project hopes to make progress towards reducing some of this mental health treatment gap by improving the knowledge base on how to enhance health system performance in practice in LMICs. Our researchers are working to raise awareness, combat stigma and discrimination, and improve local and national health systems and policies.

The United Nations Sustainable Development Goals

Mental health was included among the targets of the Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly in September 2015. Achievement of these 17 goals—SDG 3 is Good Health and Well-Being—will be measured by indicators. Out of the 304 proposed indicators, two of them are fully aligned with the WHO Global Mental Health Action Plan 2013-2030: the first indicator regards the probability of dying between the ages of 30 and 70 from



cardiovascular disease, cancer, diabetes, chronic respiratory disease, or suicide. The second involves the proportion of persons with a severe mental disorder (psychosis, bipolar affective disorder, or moderate-severe depression) who are using services. The inclusion of mental health targets in the SDGs can play a key role in efforts to achieve social inclusion and equity, universal health coverage, access to justice and human rights, and sustainable economic development.

The SDG targets and indicators related to mental health were presented by the Emerald Project Coordinator, Prof. Graham Thornicroft at the last mhGAP Forum, which took place 8-9 October 2015 at the WHO headquarters in Geneva, under the title “Mental Health Innovations and Their Uptake into Policy and Practice”. Prof. Thornicroft attended the forum with other Emerald members, including Prof. Martin Prince, from the Institute of Psychiatry, Psychology & Neuroscience at King's College, London (UK); Prof. Crick Lund, from the University of Cape Town (South Africa); Prof. Inge Petersen, from University of KwaZulu-Natal (South Africa); and Prof. José L. Ayuso-Mateos, from Universidad Autónoma de Madrid (Spain).

The UN Resolution on Mental Health and Human Rights

The UN Human Rights Council adopted a Resolution on Mental Health and Human Rights, in which the UN expresses concern about possible violations and abuses of human rights and fundamental freedoms, sometimes amounting to torture or other cruel, inhuman, or degrading treatment or punishment. This resolution, led by Portugal and Brazil and cosponsored by 61 countries, with more countries still joining, provides additional impetus to addressing human rights in mental health, and also signals a commitment by countries to achieve this goal.

The resolution highlights that “persons with mental health conditions or psychosocial disabilities, in particular those using mental health services, may be subject to, *inter alia*, widespread discrimination, stigma, prejudice, violence, social exclusion and segregation, unlawful or arbitrary institutionalization, over-



medicalization and treatment practices that fail to respect their autonomy, will and preferences.”

The resolution also stresses that “the need for States to take active steps to fully integrate a human rights perspective into mental health and community services, particularly with a view to eliminating all forms of violence and discrimination within that context, and to promote the right of everyone to full inclusion and effective participation in society.”

The EMERALD project

EMERALD stands for Emerging Mental Health Systems in Low- and Middle-Income Countries, and was launched in November 2012, funded by the European Commission for five years. Based on a strong partnership between mental health research experts from Europe and from six African and Asian countries (Ethiopia, India, Nepal, Nigeria, South Africa, and Uganda), the project represents a major step forward in improving mental health systems and capacity-building for low- and middle-income countries. For more information on our work, please visit our website: www.emerald-project.eu

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Transcultural Psychosocial Organization (TPO) Nepal is a non-governmental organization established in 2005 with the aim of promoting psychosocial and mental health wellbeing through the development of sustainable, culturally appropriate and community-based psychosocial and mental health support systems. TPO Nepal’s core foci are community-based psychosocial and mental health service delivery, capacity building and scientific research.

WHO Mental Health Gap Action Programme (mhGAP) Forum, 10-11 October 2016, WHO, Geneva http://www.who.int/mental_health/mhgap/en/

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