GULBENKIAN
GLOBAL MENTAL HEALTH
PLATFORM

Organized by the Gulbenkian Global Mental Health Platform in collaboration with the World Health Organization

International Forum on Innovation in Mental Health

Introduction

Until now, mental disorders have been overlooked as part of the global health agenda. However, there are at least two compelling arguments to put mental health in the global and development agendas: a public health argument based on the huge burden attributable to mental disorders and a moral argument based on the unacceptable gap in access and treatment of mental disorders and in the systematic violation of the human rights of people with mental disabilities.
The Gulbenkian Global Mental Health Platform aims to make mental health part of the global health agenda. The Platform, a collaboration between the Calouste Gulbenkian Foundation, the World Health Organization (Department of Mental Health and Substance Abuse) and the Faculty of Medical Sciences of the NOVA University of Lisboa, has decided to contribute to the global debate on mental health tackling four relevant issues:

- Social determinants that can be modified to promote mental health and prevent mental disorders;
- The fundamental connections between physical and mental health, and the implications for integrating mental health care with general health care;
- The urgency of a radical shift in the way mental disorders are managed, away from long-term hospitalization and towards community-based mental health care;
- The importance of protecting the rights of people with mental disabilities, especially children in psychiatric settings.

The Gulbenkian Global Mental Health Platform is collaborating with the World Health Organization to generate and disseminate knowledge about these topics, that urgently need to be addressed to improve global mental health. More than 60 international experts from a broad range of countries, cultures, and areas of professional expertise were convened to generate innovative knowledge about these four key issues, to be published for the benefit of everyone seeking to take action in these areas.

We are here presenting the executive summaries of the reports on the first three topics:

- *Integrating the response to mental disorders and other chronic diseases in health care systems* — health-system based strategies for organizing and delivering comprehensive and integrated care for mental disorders and other chronic health conditions;
- *Innovation in deinstitutionalization: a WHO expert survey* — innovative methodologies for shifting from hospital to community-based care, including operational approaches for establishing community mental health services and promoting social inclusion;
- *Social determinants of mental health* — population-based strategies that can be implemented through health and non-health sectors to reduce the impact of social determinants on mental ill-health and to promote mental health.

The objective of this first public meeting is…

to generate cross fertilization between the groups of experts involved in the production of these reports and everyone wishing to participate in the process, and allow key global mental health leaders to present lectures on these issues. We hope that the International Forum on Innovation in Mental Health will be an opportunity for a deep reflection and an incentive to actions towards a more inclusive and humane society.

PROGRAMME

3rd October

14h30 Opening: President of the Calouste Gulbenkian Foundation and the WHO Representative

DOCUMENT ONE · 14h50 - 18h30

Integrating the response to mental disorders and other chronic diseases in health care systems

(Chair: Benedetto Saraceno)

PRESENTERS:

15h05 Jürgen Unützer (USA)

15h35 Oye Gureje (NIGERIA)

16h05 Coffee Break

DISCUSSANTS:

16h30 Pamela Collins (USA)

17h00 Gabriel Ivbijaro (UK)

17h45 LECTURE - Vikram Patel (INDIA)
Integrating mental health care in priority health programs: addressing a Grand Challenge in Global Mental Health

18h45 - 20h15 Reception

4th October

DOCUMENT TWO · 9h00 - 12h45

Innovation in deinstitutionalization: a WHO expert survey (Chair: José Miguel Caldas de Almeida)

PRESENTERS:

9h15 Julian Eaton (TOGO)

9h45 John Mahoney (AUSTRALIA)

10h15 Coffee Break

DISCUSSANTS:

10h45 Palmira Santos (MOZAMBIQUE)

11h15 Mohan Isaac (INDIA)

12h00 LECTURE - Sashi Sashidharan (UK)
Beyond the Asylum - Innovations in community mental health

13h00 - 14h15 Lunch Break

DOCUMENT THREE · 14h30 - 17h45

Social determinants and mental health

(Chair: Sérgio Gulbenkian)

14h45 LECTURE - Sir Michael Marmot (UK) - Social determinants and mental health

15h45 Coffee Break

DISCUSSANTS:

16h15 Shekhar Saxena (WHO)

16h45 Pedro Pita Barros (PORTUGAL)

17h15 Harry Minas (AUSTRALIA)

GULBENKIAN
GLOBAL MENTAL HEALTH
PLATFORM

Executive summaries

Integrating the response to mental disorders

and other chronic diseases in health care systems

EXECUTIVE SUMMARY

SUMMARY POINTS

► Mental disorders share common features with other chronic diseases, including diabetes, heart disease, and HIV/AIDS.

► Across the spectrum of chronic diseases, comparable ways of organizing and providing health care have been implemented.

► The principles and practices for the successful scale-up and integration of mental disorders and other noncommunicable diseases are essentially the same as those already being used for HIV/AIDS in many low- and middle-income countries.

► The main challenge in the future is not so much to further demonstrate the utility of chronic disease management models, but rather to bring them to scale.

BACKGROUND AND CONTEXT

Countries around the world are facing the challenge of ageing populations, the rapid rise of noncommunicable diseases (NCDs), and increasingly strong calls to address the social determinants of health and to move towards universal health coverage. There is also an intensifying call for governments to address the health and social consequences of mental disorders. To date, the response to these public health challenges can be generally characterized as slow, inadequate, and fragmented. An integrated, proactive approach is needed, now more than ever.

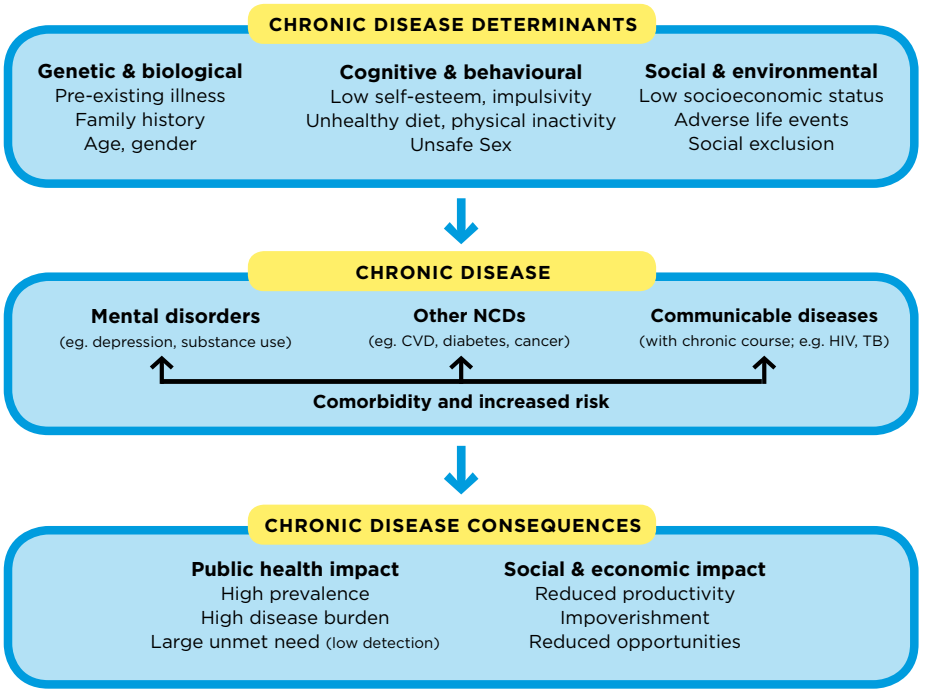
METHODS

Staff members of the WHO Department of Mental Health and Substance Abuse worked closely with an advisory panel of international experts to:

1. Review and describe links between mental disorders and other chronic diseases;
2. Highlight models of care and prevention;
3. Identify key actions by different actors for overcoming barriers to change.

MAIN FINDINGS

Links between mental disorders and other chronic diseases



*Many mental disorders, major NCDs, and certain communicable conditions such as HIV/AIDS and tuberculosis share common features. First, they are **chronic**, in that they persist over time and require on-going monitoring and management, frequently over the life course. Second, they share common **determinants**, in that they arise from a combination of genetic and biological factors, psychosocial and behavioural factors, and social and environmental factors. Likewise, substantial commonalities exist in their **consequences**. All lead to significant levels of disability, which in turn diminish socioeconomic opportunities. Finally, mental disorders and other chronic diseases are highly **interdependent and tend to co-occur.***

PRINCIPLES AND ACTIONS

The principles and practices for the successful scale-up and integration of mental disorders and other NCDs are essentially the same as those already being used in many low- and middle-income countries to manage burdensome communicable diseases, in particular HIV/AIDS. These include: proactive case finding, monitoring, and follow-up; person-centred care practices; self-management support; multidisciplinary team care; and continuity of care across different providers, settings, and system levels.

Based on a review of past and present efforts, the paper identifies three governing principles for an integrated response to mental disorders and other chronic diseases in health systems.

- A genuinely **public health approach** is needed. This includes a focus on disease prevention and health promotion over the life course, as well as the provision of accessible, comprehensive, and coordinated services to those with identified needs.
- A **systems approach** is key and involves good governance, appropriate resourcing, and timely information, as well as the actual delivery of health services or technologies.
- A **whole-of government, multisectoral approach** is required. Tackling the health, social, and economic consequences of mental disorders and other chronic diseases is not something that the health sector can or should do alone.

The expert panel also identified a number of practical steps that convert each of these overarching principles into a set of concrete actions or practices. These are shown in the table below.

Principles and actions for an integrated response to mental disorders and other chronic diseases:

OVERARCHING APPROACH	KEY PRINCIPLES OR FUNCTIONS	PRACTICAL STEPS THAT CAN BE TAKEN
PUBLIC HEALTH APPROACH	**Life course approach**	(Re)design policies and plans to address the health and social needs of people at all stages of life, including infancy, childhood, adolescence, adulthood, and old age.
	Healthy living/ behaviours	Promote mental and physical health and well-being through public awareness campaigns and targeted programmes.
	Person-centred, holistic care	Involve service users in the planning of their care; promote and adopt a recovery approach to care and rehabilitation.
	Coordinated care	Provide training in chronic disease management and prevention; strengthen clinical and health management information systems.
	Continuity of care/ follow-up	Develop or enhance case management mechanisms.
SYSTEMS APPROACH	**Governance and leadership**	Ensure health policies, plans, and laws are updated to be consistent with international human rights standards and conventions.
	Financing	Identify and plan for future resource needs; extend financial protection to the poor, the sick, and the vulnerable.
	Human resources	Train and retain non-specialist health workers to provide essential health care and support for mental disorders and other chronic diseases.
	Essential medicines	Ensure the availability of essential medicines at all levels of the health system (and allow trained, non-specialist providers to prescribe them).
	Information	Establish and embed health indicators for mental disorders and other chronic diseases within national health information and surveillance systems.
WHOLE-OF--GOVERNMENT APPROACH	**Stakeholder engagement**	Support and involve organizations of people with mental disorders and/or other chronic conditions.
	Multisectoral collaboration	Establish a multisectoral working group to identify synergies and opportunities for integrated care and support.

CONCLUSION

Strong links exist between mental disorders and other chronic diseases, not only with respect to their management, but also in terms of their causes and consequences. Numerous high-income countries have developed, tested, and implemented a range of innovative and effective models of chronic care. Low- and middle-income countries are also introducing and evaluating new or adapted chronic care models. The main challenge in the future is not so much to further demonstrate the utility of these chronic disease management models, but rather to devise innovative methods for bringing them to scale. Inevitably, the redesign of health systems and services towards integrated chronic care will pose serious challenges to and place serious pressures on existing infrastructure, budgets, and health workers. But providing seamless, integrated care that caters to the overall health needs of the person is not just a laudable goal; it is also the most appropriate, feasible, and efficient way of preventing and managing mental disorders and other chronic diseases.

This thematic paper was prepared by Dr Dan Chisholm under the overall guidance of Dr Shekhar Saxena, WHO Department of Mental Health and Substance Abuse, with contributions from the following expert panel members (for affiliations, please see the main paper): Dr Ricardo Araya; Dr Wafaa El-Sadr; Dr Melvyn Freeman; Dr Oye Gureje; Dr Frank Mwangemi; Dr Ionela Petrea; Dr Eva Jane-Llopis; Dr Sania Nishtar; Dr Shoba Raja; Dr Shah Ebrahim; and Dr Jurgen Unutzer. The contribution of Dr JoAnne Epping-Jordan to technical editing of the paper is warmly acknowledged.

Innovation in deinstitutionalization:
a WHO expert survey

EXECUTIVE SUMMARY

SUMMARY POINTS

- **Although community-based services are widely regarded as the best approach for providing mental health treatment and care, most low- and middle-income countries continue to spend most of their scarce mental health resources managing people with mental disorders in long-stay institutions.**
- **To better understand this vexing issue, 78 mental health experts were surveyed on the relative usefulness of different methods to expand community-based mental health services and/or downsize institution-based care.**
- **Results indicate that there are several successful paths to deinstitutionalization. Most respondents emphasized—directly or indirectly—the importance of political skill and timing.**
- **Based on the survey, five principles for deinstitutionalization were identified: community-based services must be in place; the health workforce needs to be managed carefully; political support at the highest and broadest levels is crucial; timing is key; and financial realities need to be recognized and respected.**

BACKGROUND AND CONTEXT

Despite decades of promoting deinstitutionalization and community-based care, an astonishing 80% of government mental health budgets still go to mental hospitals in low- and middle-income countries. Some health systems have been successful in deinstitutionalizing people with mental disorders and transitioning towards community-based care. Yet most countries continue to spend the vast majority of their scarce resources on the inefficient and frequently inhumane approach of managing few people with mental disorders in long-stay institutions.

If deinstitutionalization is to start happening on a wider scale, it is imperative to understand how some mental health systems have been able to overcome the odds and successfully transform their services. This paper captures important lessons learnt from those who have been involved directly with deinstitutionalization and/or expanding community-based services. It reports results of both quantitative and qualitative analyses, which were aimed at identifying innovative strategies and methods associated with success.

METHODS

The main method of data collection for this paper was a survey of 78 mental health experts. For the purpose of this survey, experts were defined those who had been substantially involved in the strategic work or management of expanding community based-mental health services and/or downsizing hospital-based care. Respondents completed a questionnaire on the perceived usefulness of commonly-used methods to achieve these aims. If respondents had worked in numerous countries, they were asked to identify one country for which they would respond to all questions.

MAIN FINDINGS

Overall, respondents reported three general approaches to deinstitutionalization. Conceptually these three types are distinct, but can and do overlap in practice. The first type consists of independently conceiving of an innovation, pilot testing it, and then scaling-up. The second approach to deinstitutionalization is adapting an innovation created elsewhere based on local conditions and then applying it to one's own setting. The third approach is taking disparate programmatic components and melding them together for the purpose of promoting deinstitutionalization. Taken together, these results indicate that there are several successful paths to deinstitutionalization.

"(...) Decisions must be made at the highest possible level, involving most levels possible, and with enough political and budgetary support."

EXPERT SURVEY RESPONDENT

More specifically, respondents were asked to rate how useful they found 24 different methods to downsize institution-based services. The 10 most highly rated methods (in rank order) are displayed in the following table.

Percentage of respondents rating the method as *'quite useful'* or *'very useful'* in downsizing institution-based services

RANK ORDER	PERCENTAGE OF RESPONDENTS	METHOD
1	67.4%	Mobile clinics/outreach services
2	64.3%	Psychiatric beds outside mental hospitals (e.g. in general hospitals)
3	58.3%	Discharge planning/hospital to community residence transfer programmes
4	57.7%	Residential care in the community
5	56.5%	Stopping new admissions in institutions or 'closing the front door'
6	55.8%	Reducing admissions through new admissions procedures
6	55.8%	Local catchment area or hospital-level plans
6	55.8%	Supported employment
9	54.2%	National or regional mental health policy, strategies, plans
10	51.0%	Self-help and user groups

Respondents were also provided with opportunities to write freely about other important factors in downsizing institution-based care. Four additional themes emerged, which were: **managing the workforce; financing; rallying political support; and capitalizing on moments of openness to change. Most emphasized — directly or indirectly — the importance of political skill in moving towards deinstitutionalization.**

PRINCIPLES AND ACTIONS

Based on the survey, five principles for deinstitutionalization were identified.

► **Community-based services must be in place.** According to survey results, the most useful components of community-based services (in terms of facilitating deinstitutionalization) were mobile clinics/outreach services and psychiatric beds in general hospitals.

► T**he health workforce needs to be managed carefully.** As reported by respondents, the health workforce has dual potential: to be either a great asset or a great liability to deinstitutionalization. As such, health workers and professional associations need to be consulted, motivated, organized, and equipped for change.

► **Political support at the highest and broadest levels is crucial.** Building support across broad groups of stakeholders helps overcome resistance. In particular, support from senior leaders can be challenging to obtain, but is worth every effort.

► **Timing is key.** Moments of openness, such as emergency situations and changes in political leadership, provide opportunities to rally support and introduce reform.

► **Financial realities need to be recognized and respected.** Although institutional care is inefficient, the process of deinstitutionalization requires additional funds, at least in the short term. If resources are limited, it is useful to start work within available funds while strongly advocating for more support.

CONCLUSION

Long-stay psychiatric institutions are inefficient and frequently inhumane, yet continue to consume the majority of mental health budgets in low- and middle-income countries while managing very few people. This survey of 78 mental health experts illuminates this vexing issue and provides insight into the innovations that led to successful deinstitutionalization in selected mental health systems around the world. The path to deinstitutionalization is not linear: change tends to be complex. Political skill, or the ability to understand the motivation of stakeholders and changing situational demands and to use that knowledge in strategic ways, appears to be a key facilitator of deinstitutionalization.

This thematic paper was coordinated by Dr Mark van Ommeren under the overall guidance of Dr Shekhar Saxena, WHO Department of Mental Health and Substance Abuse. The contribution of Dr JoAnne Epping-Jordan to drafting the paper is warmly acknowledged. The expert survey was designed by Mr Gordon Shen, Dr Mark van Ommeren, and Dr Julian Eaton. The expert survey was analysed by Mr Gordon Shen and Ms Emily Ng. The survey involved contributions of 78 experts (names and affiliations in the main paper). The project steering group members are Dr Julian Eaton (chair), Dr José Miguel Caldas de Almeida, Dr John Mahoney, Ms Shoba Raja, Dr Benedetto Saraceno, and Mr Gordon Shen (affiliations in the main paper).

Social determinants of mental health

EXECUTIVE SUMMARY

SUMMARY POINTS

- **Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live.**
- **Social inequalities are associated with increased risk of many common mental disorders.**
- **Taking action to improve the conditions of daily life from before birth, during early childhood, at school age, during family building and working ages, and at older ages provides opportunities both to improve population mental health and to reduce the risk of those mental disorders that are associated with social inequalities.**
- **While comprehensive action across the life course is needed, scientific consensus is considerable that giving every child the best possible start will generate the greatest societal and mental health benefits.**
- **Action needs to be universal: across the whole of society, and proportionate to need in order to level the social gradient in health outcomes.**
- **This paper highlights effective actions to reduce risk of mental disorders throughout the life course, at the community level and at the country level. It includes environmental, structural, and local interventions. Such actions to prevent mental disorders are likely to promote mental health in the population.**

BACKGROUND AND CONTEXT

The prevalence and social distribution of mental disorders has been well documented in high-income countries. While there is growing recognition of the problem in low- and middle-income countries, a significant gap still exists in research to measure the problem, and in strategies, policies and programmes to prevent mental disorders. There is a considerable need to raise the priority given to the prevention of mental disorders and to the promotion of mental health through action on the social determinants of health.

METHODS

Building on analyses completed by the WHO Commission of Social Determinants of Health, the Marmot Review in England, the WHO Review of Social Determinants of Health and the Health Divide, and recent, well-researched resources by experts in mental health, researchers at the Institute of Health Equity examined two key issues:

1. The social determinants of common mental disorders;
2. Action on social determinants that can prevent mental health disorders and/or improve population mental health.

The work was undertaken in collaboration with staff members of WHO's Department of Mental Health and Substance Abuse and an international panel of experts.

MAIN FINDINGS

Certain population subgroups are at higher risk of mental disorders because of greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances. Disadvantage starts before birth and accumulates throughout life. A significant body of work now exists that emphasizes the need for a life course approach to understanding and tackling mental and physical health inequalities. This approach takes into account the differential experience and impact of social determinants throughout life. A life course approach proposes actions to improve the conditions in which people are born, grow, live, work, and age.

Actions that prevent mental disorders and promote mental health are an essential part of efforts to improve the health of the world's population and to reduce health inequities. There is firm consensus on known protective and risk factors for mental disorders. In addition, a growing body of evidence exists, not only from high-income countries but growing in low- and middle-income countries, that shows effective actions can be successfully implemented in countries at all stages of development.

> "Taking action to improve the conditions of daily life from before birth, during early childhood, at school age, during family building and working ages, and at older ages provides opportunities to both improve population mental health and reduce the risk of those mental disorders that are associated with social inequalities."

PRINCIPLES AND ACTIONS

A key principle to be taken forward from this paper is proportionate universalism. Focusing on the most disadvantaged people will fail to achieve the required reduction in health inequalities necessary to reduce the steepness of the social gradient in health. Therefore, it is important that actions be universal yet calibrated proportionately to the level of disadvantage.

Risk and protective factors act at several different levels, including the individual, the family, the community, the structural, and the population levels. A social determinants of health approach requires action across multiple sectors and levels.

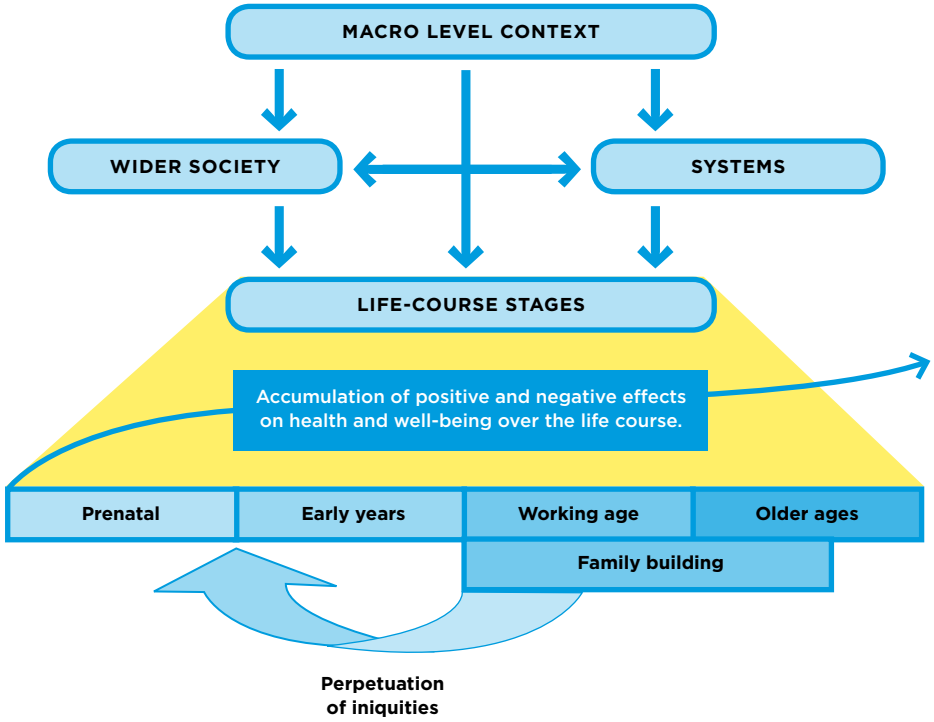
Taking a life course perspective recognizes that the influences that operate at each stage of life can affect mental health. Social arrangements and institutions, such as education, social care, and work have a huge impact on the opportunities that empower people to choose their own course in life. Experience of these social arrangements and institutions differs enormously and their structures and impacts are, to a greater or lesser extent, influenced or mitigated by national and transnational policies.

CONCLUSION

Good mental health is integral to human health and well being. A person's mental health and many common mental disorders are shaped by social, economic, and physical environments. Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk. It is of major importance that action is taken to improve the conditions of everyday life, beginning before birth and progressing into early childhood, older childhood and adolescence, during family building and working ages, and through to older age. Action throughout these life stages would provide opportunities for both improving population mental health, and for reducing risk of those mental disorders that are associated with social inequalities.

While comprehensive action across the life course is needed, there is a considerable evidence base and scientific consensus that action to give every child the best possible start in life will generate the greatest societal and mental health benefits. In order to achieve this, action needs to be universal, across the whole of the social distribution, and it should be proportionate to disadvantage in order to level the social gradient and successfully reduce inequalities in mental disorders.

A life course approach to tackling inequalities in health, adapted from *WHO European Review of Social Determinants of Health and the Health Divide*:



This thematic paper was prepared by a team at University College London's Institute of Health Equity: Jessica Allen, Reuben Balfour, Ruth Bell, and Michael Marmot. The review and feedback of an expert review panel on the draft paper is warmly acknowledged (see main report for list of panel members). The contribution of Dr JoAnne Epping-Jordan to technical editing of the paper is also warmly acknowledged.

Jürgen Unützer

USA

Jürgen Unützer is an internationally recognized psychiatrist and health services researcher. **His work focuses on innovative models of care that integrate mental health and general medical services and on translating research on evidence-based mental health care into effective clinical and public health practice.** He has over 200 scientific publications and is the recipient of numerous federal and foundation grants and awards for his research to improve the health and mental health of populations through patient-centred integrated mental health services.

Jürgen Unützer is **Professor and Vice-Chair in the Department of Psychiatry and Behavioral Sciences at the University of Washington** where he directs the Division of Integrated Care and Public Health. He also holds adjunct appointments as Professor in the Departments of Health Services and Global Health in the UW School of Public Health and as Affiliate Investigator at the Group Health Research Institute in Seattle, WA.
Jürgen Unützer **directs the AIMS Center** (www.uwaims.org) **dedicated to "Advancing Integrated Mental Health Solutions" and the IMPACT Program** (www.impact-uw.org) which has supported the development, testing and implementation of an evidence based program for depression treatment in more than 600 primary care practices in the United States and abroad. IMPACT has been shown in randomized controlled trials to double the effectiveness of usual care for depression while lowering long-term health care costs. In recent years, Jürgen Unützer's work has focused on developing local, regional, national, and global partnerships that support workforce development and capacity building in primary and behavioral health care.
Jürgen Unützer has served as Senior Scientific Advisor to the World Health Organization and as an advisor to the President's New Freedom Commission on Mental Health. He works with national and international organizations to improve behavioral health care for diverse populations. His awards include the Beeson Physician Faculty Scholars Award from the American Foundation for Aging Research, the Klerman Junior Investigator Award from the Depression and Bipolar Support Alliance, the Distinguished Scientist Award from the American Association of Geriatric Psychiatry, the Research Award from the Academy of Psychosomatic Medicine, the Oken Fellowship from the American Psychosomatic Society, and the David Solomon Award from UCLA.

Jürgen Unützer **trained in Medicine** (MD, Vanderbilt University), **Public Policy** (MA, University of Chicago), **and Public Health / Health Services** (MPH, University of Washington). He completed fellowships in Geriatric Psychiatry at UCLA and in Primary Care Psychiatry at the University of Washington.

Oye Gureje

NIGERIA

Oye Gureje, MBBS, PhD, DSc, FRCPsych, FRANZCP is **Professor and Director of the WHO Collaborating Centre for Research and Training in Mental Health in the Department of Psychiatry at the University of Ibadan,** and **Director of the Institute of Neuroscience at the University College Hospital, Ibadan, Nigeria.**
He is a member of the WHO International Advisory Group for the Revision of the International Classification of Diseases for Mental and Behavioural Disorders and Chairs the Work Group on Somatic Distress and Dissociative Disorders. A pioneering member of the Movement for Global Mental Health, he is Chair of the Mental Health Action Committee of the Nigerian Federal Ministry of Health. **He is the current President of the African Association of Psychiatrists and Allied Professionals.**
A Fellow of the Nigeria Academy of Science, he is widely published and cited and is a recipient of several honors. In 2008, he was conferred with the highest national honor for academic achievement in Nigeria, the Nigerian National Order of Merit Award, by the country's President, for his services to medicine.

Pamela Y. Collins

USA

© Leo Sorel

Pamela Y. Collins is the **director of the Office for Research on Disparities & Global Mental Health and the Office of Rural Mental Health Research at the National Institute of Mental Health (NIMH).** Prior to joining NIMH, she was a professor in the departments of epidemiology and psychiatry at Columbia University where she conducted research on the mental health aspects of the AIDS epidemic, and through her research, worked to improve access to HIV prevention for people with severe mental illness as well as access to mental health care services for people with HIV domestically and internationally.

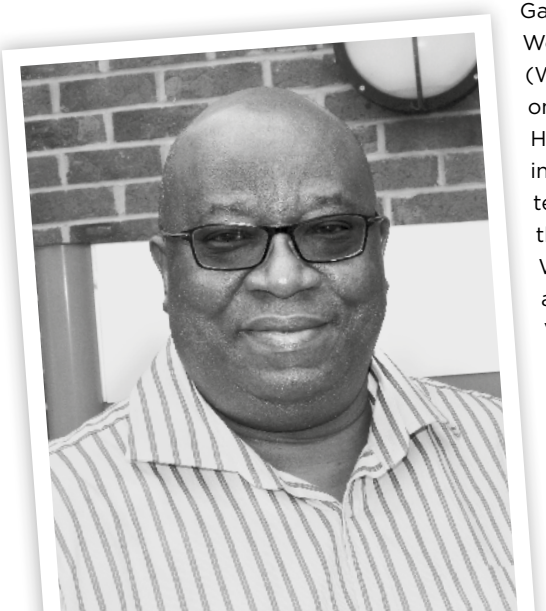
Pamela Collins's **research has focused on the HIV prevention needs of ethnic minority women with severe mental illnesses and the contribution of social stigma related to mental illness and ethnicity to women's HIV risk in the United States.** Internationally, she has conducted and evaluated training of healthcare providers in mental health, HIV/AIDS transmission, prevention, and counselling in Latin America and sub-Saharan Africa. Pamela Collins has served as a **consultant to the Directorate of Mental Health in South Africa and as a member of its Task Team for Policy Guidelines on HIV/AIDS in Psychiatric Institutions.** She serves on the Advisory Group for the Movement for Global Mental Health and is a member of the World Health Organization's Mental Health Gap Action Programme Forum. With colleagues at NIMH, Pamela Collins directs the NIMH Collaborative Hubs for International Research on Mental Health. She was one of the editors of the 2011 Lancet series on Global Mental Health, she is a leader of the Grand Challenges in Global Mental Health initiative, and recently led the development of the 2013 PLoS Medicine Policy Forum series on global perspectives for integrating mental health.

Gabriel Ivbijaro

UK

Gabriel Ivbijaro MBE qualified in Benin City, Nigeria where he specialized in Psychiatry and Neurology. He subsequently specialized in General Practice in the United Kingdom and completed a Masters degree in Psychiatry and Neurology at the University of Leeds, UK and a Masters degree in Leadership at Middlesex University, UK. **He is Chair of the North East London Faculty Royal College of General Practitioners and Visiting Assistant Professor of the NOVA University, in Lisbon.** As a member of World Organization of Family Doctors (Wonca), Gabriel Ivbijaro has championed the cause of mental health globally among family doctors by setting up the Wonca Special Interest Group (SIG) in Psychiatry & Neurology in 2001.

This international group of Family Doctors worked together to highlight the mental health needs of patients presenting to general practice and, **in recognition of the SIG's work under the leadership of Gabriel Ivbijaro, Wonca awarded it Working Party status and it became the Wonca Working Party on Mental Health** in 2006. Since then Gabriel Ivbijaro has supported primary care globally and **worked in collaboration with the World Health Organization (WHO) to produce the influential jointly edited Wonca/WHO document "Integrating Mental Health into Primary Care: A Global Perspective".** He brought together over 100 internationals contributors and edited the Companion to Primary Care Mental Health in 2012 which received a five star Doody's review in 2013.



Gabriel Ivbijaro was a member of the World Federation for Mental Health (WFMH) International Experts Forum on Reducing Disparities in Mental Health Services for Ethnic Minorities in December 2008 and has provided technical expertise and support for the WFMH promotional material for World Mental Health Day 2009, 2010 and 2012. He was elected European Vice President of WFMH in October 2011 and **President of the WFMH in August 2013.**

Vikram Patel

INDIA

Vikram Patel is a **Professor of International Mental Health and Wellcome Trust Senior Research Fellow in Clinical Science at the London School of Hygiene & Tropical Medicine (UK).** He is the Joint Director of the School's Centre for Global Mental Health (www.centreforglobalmentalhealth.org) and the Honorary Director of the Public Health Foundation of India's Centre for Mental Health. He serves on the WHO's Expert Advisory Group for Mental Health and the Technical Steering Committee of the Department of Child & Adolescent Health and the World Economic Forum Global Agenda Council on Mental Health and Well-Being. **He is a co-founder of Sangath, a community based NGO in India** (www.sangath.com) which won the MacArthur Foundation's International Prize for Creative and Effective Institutions in 2008. **He is a member of two committees constituted by the Ministry of Health (Government of India):** the Mental Health Policy Group tasked with writing India's first mental health policy and designing the National Mental Health Program for the period of 2012-7; and the National Rural Health Mission ASHA mentoring group providing technical inputs to the National Health Systems Resource Centre. He was elected a Fellow of the Academy of Medical Sciences of the UK. **His book *"Where There Is No Psychiatrist"* (Gaskell, 2003) has become a widely used manual for community mental health in developing countries.** He was the lead editor of both *Lancet* Series' on Global Mental Health (2007 & 2011); the *PLoS Medicine* series on packages of care for mental and neurological disorders in developing countries (2009); the *Lancet* series on promoting universal health care in India (2011); the *PLoS Medicine* Global Mental Health Practice series (2012); and the forthcoming Oxford University Press textbook on global mental health. **He led the efforts to set up the Movement for Global Mental Health** (www.globalmentalhealth.org).

He is lead editor for the Disease Control Priorities Network volume on mental, neurological and substance use disorders. He is based in Goa and New Delhi, India where he leads a program of public health research and capacity development with Sangath, the Public Health Foundation of India and government agencies focusing on three broad areas: child development, adolescent health and mental health.

Julian Eaton

TOGO

Julian Eaton, a psychiatrist by training, is **a mental health advisor for CBM (Christian Blind Mission) in West Africa and Co-ordinator of their technical global Advisory Working Group on Community Mental Health**. His work involves engaging with Governments and other service providers to strengthen mental health systems as well as promoting CBM's broader focus of working for an inclusive society where service users are empowered to participate in processes of policy and legislation development, as well as practical aspects of their implementation. In this capacity, he must ensure meaningful application of evidence-based practice, and has published on issues relating to scaling up mental health services in low income countries. Julian lived for 8 years in Nigeria **after completing psychiatry specialist training and a Masters in Mental Health Services Research in the UK.** He now lives with his family in Lomé, Togo, where CBM's West Africa Regional Office is located.

John Mahoney

AUSTRALIA

John Mahoney is a **Senior Fellow at the Centre for International Mental Health at the University of Melbourne** and a **member of the WHO Director-General's International Expert Panel on Mental Health and Substance Abuse (2007–2014)**.
John Mahoney was from 2005 to 2009 an UK National Counterpart (Mental Health) at the World Health Organization (Switzerland), Head of Mental Health and Social Care for the National Health Service (NHS) at the Department of Health (UK) and Chief Executive of the Northern Birmingham Mental Health NHS Trust.

John Mahoney developed in 2011 the **Draft of the National Action Plan for Mental Health (2011 – 2015) for the Vietnam Ministry of Health and Vietnam Veterans of America Foundation.**

WHO Occupied Palestinian territory: in 2009 John Mahoney assessed the mental health needs of the Palestinian Diaspora in Syria, Jordan, Lebanon, West Bank and Gaza – the report was accepted in full by Commissioner General and Top team (United Nations Relief and Works Agency Cabinet). He reviewed progress on the 2005 to 2010 Mental Health Strategy for the Palestinian Authority and the Hamas led Government, Ministry of Health, Gaza and wrote the new Strategy (2010 to 2015).

WHO Sri Lanka: from 2005 to 2009 John Mahoney worked on the Mental Health response to the tsunami and overall Health Liaison with the North. He coordinated the work of all UN Agencies in the recovery phase. He developed a new National Mental Health Policy which was accepted by the Cabinet in October, 2005 and implemented in several Districts. He led the work on violence reduction and social care.

In February 2004 John Mahoney developed the first Mental Health Strategy for the Palestinian Authority, signed by Ministers in Gaza.

He chaired the Evaluation team which undertook a review of the mental health programme at the WHO Regional Office for Europe. He advised the WHO Iraq, Albania and Islamic Republic of the Maldives Country Offices on their mental health policies and supported developing countries across the world to enhance their capacity in strategic and policy planning through international collaboration.

Palmira Santos

MOZAMBIQUE

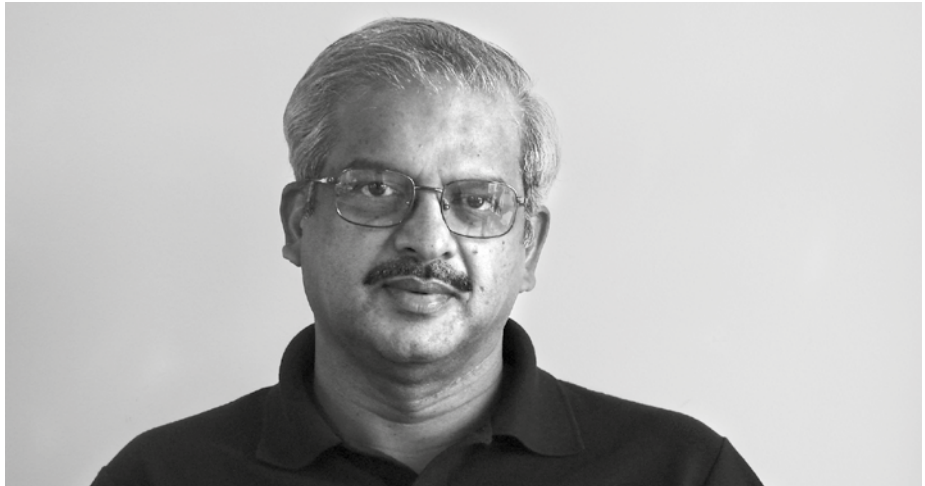
Palmira Santos is **a senior clinical psychologist at Mozambique's Ministry of Health (MISAU), with a Masters in Mental Health Policies and Services.**
She has played a key role in the development of Mozambique's MISAU mental health strategy, which relies on task-shifting and focuses on primary care for mental health services provision.
She has coordinated a program with new, specialized mental health services for children and adolescents, which has been implemented in three major regions of Mozambique and will ultimately be available in all 10 provinces.
She is the coordinator of training programs for mental health professionals of the National Health Service from all over the country.
Her research seeks evidence for the main causes of lack of response to rehabilitation programs and she has coordinated the first national evaluation of mental health services.

Mohan Isaac

INDIA

Mohan Isaac is **Professor of Psychiatry and Deputy Director of the Community Culture and Mental Health Unit at the School of Psychiatry and Clinical Neurosciences, The University of Western Australia, Perth,** and **Consultant Psychiatrist in the Assertive Community Treatment (ACT) Team at the Fremantle Hospital and Health Services, Fremantle, Australia.** Formerly, he was Professor and Head of the Department of Psychiatry at the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India – the oldest and largest post graduate mental health training centre in India, where he now continues as a Visiting Professor. **Mohan's special interests in psychiatry include community mental health and delivery of mental health services in resource poor settings.**

On numerous occasions, Mohan has assisted various international organizations and agencies which include the Division of Mental Health, World Health Organization (WHO), Geneva, the United National Relief and Works Agency for Palestinian Refugees (UNRWA), Amman, United Mission to Nepal (UMN), Kathmandu, the Royal Netherlands Embassy, New Delhi and the Asian Development Bank (ADB), Manila on matters related to mental health. He also works with several non-governmental organizations (NGOs) active in the field of health and mental health both in India and Australia. He is the President of the Medico Pastoral Association in Bangalore, India (www.mpa.org.in), immediate past President of the Society for Community Health Awareness, Research and Action, India (www.sochara.org) and Foundation Member of the Psychosocial Recovery and Rehabilitation Association of Western Australia (PRRAWA) (www.prrawa.org.au).



SP Sashidharan

UK

SP Sashidharan is a psychiatrist based in Glasgow UK. He currently **works for *Mental Health Rights*, a third sector organisation that seeks to improve mental health care for people from disadvantaged and socially marginalised communities.**

He has been involved in developing and implementing community mental health services over the last 25 years. Previously he worked as Consultant Psychiatrist, Medical Director and Professor of Community Psychiatry in Birmingham, England.

In 1992 **he established one of the first crisis resolution & home treatment services in England,** as an alternative of institutional psychiatry. **He was also involved in the closure of three large mental hospitals in Birmingham and replacing these with an integrated model of functionalised community mental health care.**

This was subsequently adopted as national policy in England.

He has also worked as a mental health consultant to the World Health Organization and the Asian Development Bank and, in this capacity, **he has been involved in mental health reform in several low and middle-income countries.**

He is involved in campaigns for race equality in mental health in the UK.

Michael G. Marmot

UK

Sir Michael Marmot MBBS, MPH, PhD, FRCP, FFPHM, FMedSci, FBA is the **Director of the Institute of Health Equity (Marmot Institute) at the University College London** (UCL), **Chair of the European Review on the Social Determinants of Health and the Health Divide, Director of the International Institute for Society and Health** and **MRC Research Professor of Epidemiology and Public Health at UCL.**
Sir Michael Marmot has led a research group on health inequalities for 35 years.
He was Chair of the Commission on Social Determinants of Health (CSDH), which was set up by the World Health Organization in 2005, and **produced the report entitled: *"Closing the Gap in a Generation"*** in August 2008. At the request of the British Government, he conducted a Strategic Review of Health Inequalities in England post 2010, which published its **report *"Fair Society, Healthy Lives"*** in February 2010. This was followed by the European Review of Social Determinants of Health and the Health Divide, for WHO Euro. He chaired the Breast Screening Review for the NHS National Cancer Action Team and is a member of The Lancet-University of Oslo Commission on Global Governance for Health. He is **Principal Investigator of the Whitehall II Studies of British Civil Servants, investigating explanations for the striking inverse social gradient in morbidity and mortality.** He leads the English Longitudinal Study of Ageing (ELSA) and is engaged in several international research efforts on the social determinants of health. Sir Michael Marmot is the new President of the British Lung Foundation. He served as President of the British Medical Association (BMA) in 2010-2011, is a Fellow of the Academy of Medical Sciences, an Honorary Fellow of the British Academy, and an Honorary Fellow of the Faculty of Public Health of the Royal College of Physicians. He was a member of the Royal Commission on Environmental Pollution for six years and in 2000 he was knighted by Her Majesty The Queen, for services to Epidemiology and the understanding of health inequalities. Internationally acclaimed, Professor Marmot is a Foreign Associate Member of the Institute of Medicine (IOM), and a former Vice President of the Academia Europaea. He won the Balzan Prize for Epidemiology in 2004, gave the Harveian Oration in 2006, and won the William B. Graham Prize for Health Services Research in 2008.
www.instituteofhealthequity.org

Shekhar Saxena

WHO

Shekhar Saxena is the **Director of the Department of Mental Health and Substance Abuse at the World Health Organization (Switzerland).**
Shekhar Saxena is a psychiatrist by training, working at World Health Organization since 1998. **He is responsible for implementation of WHO's activities in the area of mental, neurological and substance use disorders.** He is also supervising the ongoing revision of ICD-10 mental as well as neurological disorders chapters.
His responsibilities include providing advice and technical assistance to ministries of health on mental, developmental, neurological and substance use disorders issues and establishing partnerships with academic centres and civil society organizations.

Pedro Pita Barros

PORTUGAL

Pedro Pita Barros is **Professor of Economics at Nova University of Lisbon where he teaches industrial organization and health economics.** He is also a research fellow at the Centre for Economic Policy Research (London). Pedro Pita Barros' **research focuses on issues on health economics and on regulation and competition policy.** His work has covered different topics including: health expenditure determinants, waiting lists, bargaining in health care, competition policy in Portugal and in the European Union, among others.
His research has appeared in many academic journals (such as the Journal of Health Economics and Health Economics). Pedro Pita Barros has also contributed to several books, and has two books on health economics (written in Portuguese).
He has served as Member of the Board of the Portuguese Energy Regulator (2005/2006) and on the Governmental Commission for the Financial Sustainability of the National Health Service (2006/2007). Pedro Pita Barros **was also President of the Portuguese Association for Health Economics, and serves on the editorial boards of several academic journals in the field of Health Economics.** Over time he has acted as consultant for both private and public entities, in Portugal and at the European level, in the areas of health economics, competition policy and economic regulation.

Honours:

- "Grande-Oficial da Ordem do Infante D. Henrique", awarded by the President of the Republic of Portugal, June 2005;
- Merit Medal of Distinguished Services of the Ministry of Health, Gold, awarded by the Minister of Health, April 2013.

More information on the CV can be obtained at:
www.momentoseconomicos.wordpress.com/cv

Harry Minas

AUSTRALIA

Harry Minas is the **Director of the Centre for International Mental Health of the University of Melbourne, Director of the Victorian Transcultural Psychiatry Unit at St Vincent's Health Melbourne** and the **Co-Director of the WHO Collaborating Centre on Research and Training in Mental Health and Substance Abuse**.

Harry Minas is a psychiatrist working in three broad areas:

- Mental health system development, particularly in low-resource and post-conflict settings;
- Culture and mental health, with a focus on mental health of immigrant and refugee communities and the development of services for culturally diverse societies;
- The human rights of people with mental illness.

Harry Minas is also head of the Secretariat of the Movement for Global Mental Health (MGMH), Honorary Lecturer on Social Medicine at the Harvard Medical School, Visiting Professor at the Taipei Medical University, Editor-in-chief of the International Journal of Mental Health Systems, Member of the World Health Organization International Expert Panel on Mental Health and Substance Abuse, International Advisor to the ASEAN Mental Health Taskforce and Regional Vice-President for Western Pacific Region of the World Association for Psychosocial Rehabilitation.

Advisory Committee

- Doctor Paulo Ernani Gadelha Vieira, President, Fiocruz, Brazil
- Professor Marian Jacobs, Emeritus Professor of Paediatrics and Child Health, University of Cape Town, South Africa
  Former Dean of the Faculty of Health Sciences, University of Cape Town, South Africa
- Professor Arthur Kleinman, Esther and Sidney Rabb Professor of Anthropology, Harvard University, USA
- Professor Sir Michael Marmot, Director of the International Institute for Society and Health,
  Professor of Epidemiology and Public Health, University College, London, UK
- Doctor Mirta Roses Periago, Director Emeritus of Pan American Health Organization Washington, USA
- Professor P. Satishchandra, Director/Vice Chancellor & Professor of Neurology, National Institute of Mental Health & Neuro Sciences (NIMHANS), Bangalore, India
- Doctor Tazeen H. Jafar, Professor, Medicine and Community Health Sciences, The Aga Khan University, Karachi, Pakistan
- **Observer to the Advisory Committee:**
  Doctor Shekhar Saxena, Director, Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland

Steering Committee

- Professor Benedetto Saraceno, University of Geneva and NOVA University of Lisbon: Scientific Coordinator of the Platform
- Professor José Miguel Caldas de Almeida, Faculty of Medical Sciences of the NOVA University of Lisbon
- Professor Sérgio Gulbenkian, Calouste Gulbenkian Foundation
- Professor Jorge Soares, Calouste Gulbenkian Foundation

REDUCING

risk of mental disorders throughout the life course through environmental, structural, and local interventions.

INTEGRATING

the response to mental disorders and other chronic diseases in health care systems.

INNOVATING

processes of deinstitutionalization of people with severe mental disorders and transitioning towards community-based care.

CALOUSTE GULBENKIAN FOUNDATION

Gulbenkian Programme for Innovation in Health
Av. de Berna, 45 A · 1067-001 Lisboa · Portugal
saude@gulbenkian.pt · **www.gulbenkian.pt**

NOVA UNIVERSITY OF LISBOA
FACULTY OF MEDICAL SCIENCES

Campo Mártires da Pátria, 130 · 1169-056 Lisboa · Portugal
Tel. (+351) 21 880 30 30
geral.dir@fcm.unl.pt · **www.fcm.unl.pt**