Webinar Report

Community Engagement within Research Uptake:

Mental Health

April 2022

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Introduction

On 23rd March 2022, the Applying Research to Policy and Practice for Health (ARCH) programme and the Community Engagement Hub, Mesh at The Global Health Network conducted the "**Mental Health**" virtual webinar, which was the second of the "**Community Engagement within Research Uptake**" webinar series.

Currently, there is a wide separation between teams that undertake health research, those making decisions on health priorities and policies, and those who are delivering healthcare and pushing social change, particularly in resource-limited settings. Nevertheless, if research is to deliver its maximum impact and positively change health outcomes, findings from health research should be translated into recommendations that are relevant to communities and can be implemented within policy and practice.

The session brought together experts in the field: **Dr Cristian Montenegro** (a qualitative health researcher with a background in sociology, community psychology and health policy) and **Mx Gabriel Hoosain Khan** (the Inclusivity and Capacity-Building Specialist at the Office for Inclusivity and Change, University of Cape Town), and was chaired by **Julio A. Canario** (Co-Founder & President at ISAMT Instituto de Salud Mental y Telepsicología, Dominican Republic).

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Content Summary

Reimagining Wellbeing: Inclusive and Creative Responses to Gender, Sexuality and Health Inequalities

Mx Gabriel Hoosain Khan *are the Inclusivity and Capacity-Building Specialist at the Office for Inclusivity and Change, University of Cape Town.*

The Creative Change Laboratory (CCoLAB)

The Creative Change Laboratory (CCoLAB) was conceived as an immersive learning space for young people interested in art-based activism. The project brought together a diverse group of collaborators in Cape Town, South Africa, with an emphasis on the youth on the margins of society. The focus was on young people of color, specifically young women migrants and refugees, and young lesbian, gay, bisexual, transgender, and intersex persons. The aim was to support collaborators to develop unconventional responses or solutions to the problems they were facing in their community. Participants were introduced to several expressive modes including interactive drama, photography and videography, visual arts narrative, writing, and scene-making, which were used to identify, analyze, and respond to social justice issues.

Exercises with collaborators

Some young people joined CCoLAB to explore how they could combine their art careers and activism. For instance, because dolls were one of the most common representations of women; how women look and should look, collaborators wanted to explore more about what makes a woman on the inside and what burdens they carry inside. The idea was for young people to stuff their own dolls in a way that the stuffing spoke about the experiences that women go through and the implied violence that women experienced. Some examples of the stuffing were bandages to imply a wound that needs to be bound or wrapped and provide comfort and healing after trauma.

The Creative Resistance Toolkit

Through the process of the project as a whole, several dominant themes emerged, a crucial one being 'the intersection of sexuality gender and health'. Some of the pedagogical and epistemological orientations of this work included the '**creative resistance toolkit**' which evolved out of a multi-year art space project implemented across South Africa, specifically with LGBTQIA youth. Whilst the workshops that inspired this creative resistance toolkit and approach were successful in many ways, they were limited by resources and time. This led to the thoughts of how social change could be catalyzed given time and resource availability. The approach drew connections between the realities of the collaborators on the project; their experience of race, gender sexuality, and class, and used that to develop a political analysis of the world. Secondly, the project used arts-based approaches and research to explore and unpack the deep, effective and embodied experiences. This was also a way of appreciating how art space methods were used historically and in the contemporary world as a vehicle for liberation and solidarity.

Methodology

Collaborators at CCoLAB participated in 42 full-day sessions held over an eight-month period to support participation. Collaborators received a stipend as this was a necessity when working with such marginalized groups. The collaborators also had access to an art laboratory space throughout so that they could explore the use of these methods and respond to challenges in their context. The project was aimed at young people aged between 15 and 25 years, although this was flexible.

CCoLAB methodology Blocks

1. **Co-think block**: focused on collaboratively identifying and understanding injustice and exclusion using gender, race, and decolonialism as critical frames.
2. **Co-create block**: focused on introducing a range of art techniques that allowed collaborators and the project team to design, develop, and test responses to social challenges and inequalities.
3. **Co-curate block**: focused on curating creative responses for access by public audiences e.g., publicly available videos and a public seminar.

Results and Conclusion

There is a need to start acknowledging the staggering rates of inequality and violence. There are racial and social-economic disparities, and these have a direct impact on health outcomes. It is also important to appreciate specific kinds of intersections that are key in making sense of this inequality such as the persecution faced by black lesbian women and gender non-conforming individuals, particularly among refugees and migrants. Theories such as intersectionality and assemblage are useful in making sense of such intersecting inequalities within this context. Collaborators in the project did not look at health in their context as access to health services, illness, or pathology, but rather reflected on what it meant to belong, thrive, and feel safe within their environment. This highlights that struggles faced by young people are more social factors such as violence, poverty, and exclusion, than pathology. Individual and collective resistance to oppression using art can be empowering and possibly bring healing to communities.

The Dynamic Relationship Between Academic and Advocacy Work on Mental Health: Lessons from Chile

Dr Cristian Montenegro *is a qualitative health researcher with a background in sociology, community psychology and health policy*

The Quality Rights Initiative in Chile

The Quality Rights Initiative is an important initiative that was started in 2012 by the World Health Organisation (WHO). The goal of the initiative was to improve access to good quality mental health and social services and promote the human rights of people with mental health conditions, as well as psychosocial, intellectual, or cognitive disabilities. The initiative has a strong emphasis on scaling up low-cost interventions particularly centred on primary health care and using peer support and other forms of community-based strategies to enable the availability and support of mental health services in resource-limited settings.

Nevertheless, in literature, there is no emphasis on the promotion of human rights as a tool for improving well-being and the mental health of people and there was little mention of how many psychiatric interventions in the past and present had not respected the human rights of users. As such, the '**Quality Rights Tool**' serves as a way of scaling up services and promoting human rights.

Objectives of the Quality Rights Tool

- Build capacity to combat stigma discrimination and promote human rights and recovery
- Improve the quality and human rights challenges in mental health and social services
- Create community-based services and recovery-oriented services that respect and promote human rights
- Support the development of a civil society movement to conduct advocacy and influence policymaking with the Convention on the Rights of Persons with Disabilities (CRPD) and other international human rights standards
- Reform national policies and legislation in line with the standards

Development of the Quality Rights Tool

Initially, the WHO Quality Rights was a set of written tools, and the core aspect of this tool was an assessment tool that was guided by the standards of the convention for the rights of persons with disabilities. Although many countries signed the convention, they were unable to live up to the tool's expectations.

The tool was also an attempt for local communities to assess their mental health systems, not in terms of investments in psychiatric or pharmacological interventions, but looking at the respect of human rights in psychiatric facilities. The tool has been implemented and its materials used for trainings in several countries including Chile, Kenya, Ghana, and Croatia. The tool is highly successful because it is not overly technical, and it can be performed at various scales such as facility, community, city, or country level.

Implementation of the Quality Rights Tool in Chile

In Chile, the tool required recruiting service users as part of the research team, and people were interested in the initiative. The service users had to be integrated into some mental health services to talk with other users such as families and clinicians. As such, there was ongoing training and discussion with service-users and other types of experts and shared analysis of information.

Results and Conclusion

The tool revealed contradicting findings; Chile seemed to be doing quite well as the shift from psychiatric institutions to community-based institutions that started in the 1990s seemed to be going in the direction that was defined in the policy. However, participation was poor and dismissed by professionals and healthcare workers. Although this process was just a research project, the users started talking to each other and started creating their own initiatives. For instance, disability activists used the research initiatives for their own concerns and goals. This implies that it takes little, but well-designed approaches for projects to have a positive impact; users will drive the intervention and create their own history from what you give them.

Summary of Q&A

To Gabriel: Despite policymakers suggesting that community participation is good for rural communities, policy enactment must move beyond mandated tokenism for there to be a recognition that meaningful participation is neither easy nor linear. What are your thoughts on this? *"I hear you and I'm particularly passionate about creating spaces for those on the margins of spaces/politics/discourses. Queer and decolonial activists in particular have a history of talking about creating a politics from the margins, rather than including those who are marginalized in an already hierarchical and exclusionary system of power. Which is why CCoLAB specifically included and centred the experiences of those on the margins of the city of Cape Town. Working on the margins, comes with its own challenges though. For example, working with a diverse group in CCoLAB meant that facilitators had to spend a great deal of time dealing with race, gender, sexuality within the group, as we did responding to these issues out in the world."*
To Gabriel: How can academic institutions work with communities from low income areas to tackle the mental health issues. How can they utilise the existing resources? *"In creating partnerships its important to acknowledge the power dynamics at play. For example, the university I am based at - the University of Cape Town - has a history linked to colonialism and treating communities in an extractive manner. Its important for partnerships to be rooted in principles which limits how universities might use (economic, epistemological, political) power and enables the voice, agency and right to dissent of communities? This is definitely harder said than done, and I often struggle with this in my own work."*
To Gabriel: For patients with psychosis, the use of both biomedical services and traditional healing practices are focs points when it comes to community healing but it lacks harmonisation. How can this challenge be overcome? *"I think that within the space of access to health care services, often hierarchies are present in terms of how different frameworks (biomedical, indigenous, creative healing practices) are acknowledged and appreciated. In order to create harmonisation, it would be important to challenge heirarchies which devalue some frameworks (possibly indigenous and creative approaches). This would allow for creative and indigenous approaches to be better understood and utilized"*
To Cristian: How frequently do you encounter mental health issues in your work such as the human right abuses, for example, non-consenting disclosure of severe status in the global south what are the specific barriers you faced in scaling this programme? *"The interaction between mental health and human rights is much more complex than it is usually prescribed and it's not only about designing treatments that respect human rights because that is a poor and limited view of human rights. It is more about the promotion of human rights; how people can flourish and how autonomy can be respected, consolidated, and enhanced"*

Call to action and next steps

We look forward to seeing you in the future events under the "Community Engagement within research Uptake" Webinar Series in 2022 (AMR in May, and Sexual and Gender Rights in July). You are encouraged to register for the free for the ARCH and Mesh knowledge hubs and at arch.tghn.org and mesh.tghn.org respectively. The webinar recordings and speakers' slides are shared here: Mental Health Webinar.

Demographics

Geographical coverage

A total of **372** people registered for this event, from **61 countries**, and **188 participants** from **33 countries** attended the webinar which corresponds to an **attendance rate of 51%.**

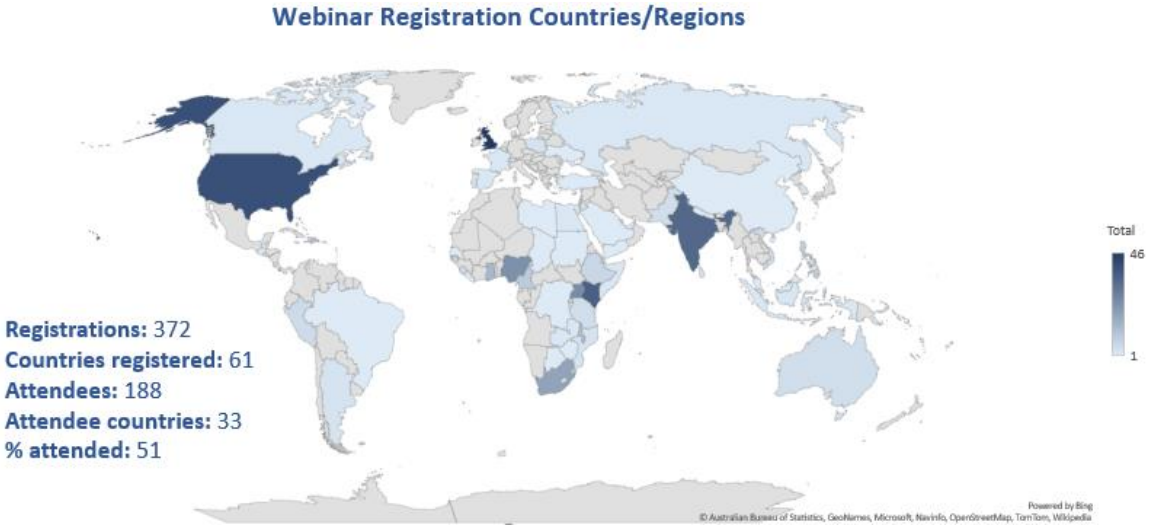

Figure 1. Heat map showing the geographical distribution of webinar registrants. The scale bar shows how the colour corresponds to the number of registrants from each country.

Participants' work

In the registry, participants were asked to fill in their occupations. Most of the participants were health researchers, physicians, nurses, students, project managers, and public health practitioners.