

MHPSS LEARNING COLLABORATIVE

Meeting Report #21 January 31, 2024

Focus on Community-based Mental Health

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MHPSS LEARNING COLLABORATIVE

Established in 2020, the ISC MHPSS LC is a global network of practitioner and researcher pairings, policy-makers, donors and other stakeholders who regularly convene to share and consult the group on intervention studies, collaborate on evidence-to-use products, and consider emerging priorities.

Supported through the HEARD project, the ISC MHPSS LC aims to identify priorities informed by diverse stakeholders, link experts and identify opportunities for collaboration, and facilitate information exchange.

ISC MHPSS strategies include:

- Strengthening regional partner leadership
- Identifying and addressing key priorities across the ISC
- Expanding membership

The LC is co-hosted by CUNY Graduate School of Public Health, Universidad de los Andes, and The East, Central and Southern Africa Health Community (ECSA-HC).

Meeting Co-hosts:



MHPSS Learning Collaborative Hosts



CUNY Center for Innovation in Mental Health (CIMH)



The East, Central and Southern Africa Health Community (ECSA-HC)



The IMAGINA Center at Universidad de los Andes



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AGENDA

Community-based Mental Health (CBMH)

The goal of this meeting was to introduce CBMH as priority for the MHPSS Learning Collaborative, offer diverse stakeholder perspectives on CBMH initiatives, and establish a learning network to advance CBMH policies and interventions

8:30 - 8:40	Opening and Introduction Victoria Ngo CUNY CIMH
8:40 - 8:55	Supporting a Learning Network for Advancing Community-based Mental Health Policies & Interventions Annie Bonz HIAS Matthew Schojan HIAS Emily Peca URC
8:55 - 9:05	Community-based Mental Health as an Emerging Priority: Stakeholder Perspectives Laurel Fain USAID Matthew Schojan HIAS Jones Masiye ECSA-HC
9:05 - 9:45	Breakout Groups: Advancing the Landscape Analysis Arturo Harker-Roa UniAndes Jones Masiye ECSA-HC Asri Adisasmita Univesitas Indonesia Mariola Rosser URC/GWU
9:45 - 9:55	Moderated Plenary Report Out Annie Bonz HIAS Matthew Schojan HIAS
9:55 - 10:00	Next Steps, and Closing Victoria Ngo CUNY CIMH



Speakers



Victoria Ngo, PhD

Victoria Ngo is Director of the Center for Innovation in Mental Health at CUNY SPH, Her research focuses on developing mental health interventions and implementation strategies to promote access and quality of care to ethnic minorities and underserved populations worldwide.



Emily Peca, DrPH, MA

Emily Peca is the Technical Director for USAID's HEARD Project at University Research Co., LLC (URC). Her expertise lies in professional experience fostering global public health partnerships to advance use of evidence to improve health of vulnerable populations in low and middle-income countries.



Annie Bonz, LCAT, ATR-BC, MA

Annie Bonz is the Senior Director of Technical Excellence at HIAS. Her clinical training and background have focused on the implementation of MHPSS and protection programs globally, including research focused on understanding how to better promote engagement and continuity of MHPSS services across contexts. She has over 15 years of experience serving children and families impacted by conflict and displacement.



Matthew Schojan

Matthew Schojan is the Assistant Director of Programs, Research and Learning at HIAS. He is a development and humanitarian specialist with over ten years of international experience in Health and Mental Health program design, delivery, project management, monitoring, evaluation, research, and implementation.



Laurel Fain

Laurel Fain is the Deputy Director of the Inclusive Development hub in the Bureau for Inclusive Development, Partnerships and Innovation at USAID. Ms. Fain is a USAID Foreign Service Officer who was served missions in Tanzania, Vietnam, Ghana and Kazakhstan among other positions in Washington, DC. She is the AOR for the HEARD Project.

Speakers



Jones Masiye, MD, MPH

Jones Masiye is the Manager for Non-Communicable Diseases, Food Security and Nutrition at the East, Central and Southern Africa Health Community (ECSA-HC). His expertise lies in collaborating with communities to educate patients on the risks and dangers of NCDs and improve the capacity of community health workers.



Arturo Harker-Roa, PhD

Arturo Harker Roa is the Director of the IMAGINA Research Center at Universidad de los Andes, Colombia. His research agenda has focused on studying the impact of adverse childhood experiences such as exposure to crime, violence, forced displacement and extreme poverty on the development of cognitive, social, and emotional abilities.



Mariola Rosser, Ed.D

Mariola Rosser is a Project Director at the Center for Health and Health Care in schools at the George Washington Unversity. She brings 20 years of experience in social learning, system convening and building communities of practice in education and school behavioral health.



Asri Adisasmita, MPH, M.Phil, Ph.D

Asri Adisasmita is a Professor at the Department of Epidemiology, Faculty of Public Health, at Universitas Indonesia, and Vice Dean for Human Resources, General Administration, Collaboration, and Venture. Her research expertise spans maternal and newborn health, epidemiology, and health surveillance.



Supporting a Learning Network for Advancing Community-based Mental Health Polices & Interventions

Framing remarks from hosts: Introducing Community-based Mental Health (CBMH)

- Despite growing evidence supporting the effectiveness of community-based interventions for alleviating symptoms of common mental disorders and psychosocial distress in vulnerable populations, access and utilization of these services remain limited.
- Barriers to access include: lack of information of where to seek services, inability to access care due to legal/ migratory status, disparities in insurance coverage, and insufficient resources of capacities to address needs within existing health systems.
- There is a need to develop better strategies to integrate community-based services into systems both inside and outside the health sector, to promote increased access for quality mental health interventions in vulnerable communities.
- Moving forward, community-based mental health research and policy development must keep communities at the center and ensure local communities have leadership roles in the development of new services.



Supporting a Learning Network for Advancing Community-based Mental Health Polices & Interventions

Examples of USAID funded work that aims to identify supportive policies and interventions in the community-based mental health space

Through USAID's HEARD Project, URC and partners are supporting activities that aim to contribute to the evidence base around community-based mental health programming in conflicted affected, low resource, and vulnerable settings, and expand the MHPSS network to understand the current intervention and policy environment in select regions.

Highlighted HEARD activities:

- 1. Implementation science-oriented studies examining ongoing CBMH approaches
 - To document and analyze the effectiveness and functionality of select CBMH interventions in diverse regions supported by the RFA award process
- 2. Global landscape analysis of CBMH approaches and policies led by our regional anchor partners
 - To produce inventories of promising CBMH interventions across regions, actors in the space, and national mental health-oriented policies

Landscape Analysis:

Countries within: Africa, Latin America, Asia, Eastern Europe *

Parameters for inclusion in review:

- Interventions provided at and below "district levels" of primary care system
- Interventions which include mental health diagnosis and/or treatment
- Can be implemented by public, private, NGOs or INGOs
- Can be integrated within healthcare or other systems
- Can target individuals across the life course
- Policy documents that relate to national mental health: policies, strategies, laws, acts and guidelines

Methods: desk review of grey and peer-reviewed literature, short surveys, mini consultations with key informants, and regional "newsletters" to continuously share findings

*have the ability to expand the included countries and regions



Community-based Mental Health as an emerging priority: stakeholder perspectives

Funding agency perspective: Laurel Fain, USAID

- There is a growing understanding that mental health is intricately tied to the ability of USAID to meet its development objectives across sectors
- Vulnerable individuals tend to enter the mental health system through the general community or primary care level. Therefore it is essential to improve access to these services broadly, and to ensure local communities have leadership roles in service development
- Significant progress requires strategic, coordinated approaches that
 consider a broad range of factors from the population to the community
 and individual levels. Through supporting the landscape analysis and sub
 awards, USAID seeks to strengthen the evidence base on the
 effectiveness, acceptability, replicability, and scalability of promising
 CBMH interventions in low and middle income countries

Implementer perspective: Matthew Schojan, HIAS

- When initiating new programs, it is critical for implementors to understand the setting, specific region contexts, existing actors, and how to engage with local organizations
- However, implementors often have to act rapidly, and are frequently unable to access information from governments, NGO's, and other international organizations. This is especially challenging when attempting to engage local participants and co-led community interventions
- It is therefore invaluable to have access to inventories of potential interventions and existing policies, to better understand the contextual nuances in a region, and be able to track those against emerging trends in policy and new evidence generation in CBMH

Regional policy perspective: Jones Masiye, ECSA-HC

- ECSA-HC supports 9 member states: Kenya, Lesotho, Eswatini, Malawi, Mauritius, Uganda, Tanzania, Zambia, Zimbabwe, and other non-members
- Mental health challenges in the region include inadequate mental health infrastructure at the primary and community level, a significant shortage of mental health professionals, and high stigma, leading to low demand and utilization of services
- Therefore, CBMH has become a priority for ECSA-HC as it presents an opportunity to improve care access through capacity building, service integration, and task-sharing with non-specialist stakeholders
- Strengthening the evidence base on CBMH interventions is imperative to developing more effective programs, improving access, increase investment, and informing policy makers and strategists in the region

MEETING HIGHLIGHTS

Breakout Groups: Advancing the landscape analysis:

Goal: Support regional efforts a in identifying and overcoming challenges in early stage of CBMH landscape analysis

Group 1:

Latin America

Context: In Columbia, laws state that only certified health providers (e.g hospitals and medical centers), are allowed to perform mental health diagnoses and interventions, therefore the team is struggling to identify non-health sector interventions

Africa

Context: Attempting to contact and identifying government collaborators, identifying non-health actors, identifying policies which address community-level challenges

- To overcome challenges with engaging with government, the LC suggested to utilize civil society to identify the most appropriate government contacts
- To identify more non-health sector interventions, the LC suggested engaging grassroots organizations directly, utilizing snowballing methods, and considering digital interventions
- The LC acknowledged the challenge of balancing the necessity of strict definitions to distinguish between MHPSS services for effective government action, and the limitations which imposing such definitions present when attempting to identify and advance CBMH initiatives

Group 2:

Asia:

Context: Lack of documentation, limited information on program evaluation, uncertainty if existing guidelines and policies are if being implemented, language barriers, finding interventions that meet target criteria (e.g many only focus on screening or health promotion, not diagnosis)

Eastern Europe:

Context: Language barriers, silos between mental health and other health programs, identifying other networks and umbrella organizations in the community-based mental health space

- The LC shared knowledge of existing networks and interventions within the relevant regions
- The LC recommended consideration and inclusion of school-based mental health services when attempting to identify non-health sector interventions
- To overcome challenges of engaging or identifying local grassroots organizations in CBMH, LC members recommended utilizing national networks to connect to local organizations
- Moving forward, the limited information and lack of advertising from organizations on their activities will be important to keep in mind as this project evolves and we think about disseminating findings

NEXT STEPS

We welcome new and existing members to fill out our <u>expertise</u> <u>survey</u>, if you would like your profile to be included in our Experts Directory on the MHPSS Knowledge Hub.

We also welcome you to share with us research news, initiative announcements, and publications to be included in out ISC Newsletter and MHPSS Knowledge Hub websites.

Are you interested in presenting your work at an upcoming ISC meeting or webinar? Do you want to explore collaboration opportunities on a project? Are you considering utilizing data from our MHPSS Data Repository for your research? Please reach out to Francesca McLaren (francesca.mclaren@sph.cuny.edu) for more information.

UPCOMING EVENTS

Upcoming Learning Collaboratives:

- Follow up discussions on Community-based Mental Health
- MHPSS Funding Opportunities

Upcoming webinars:

- Family psychosocial interventions in Latin America
- Youth violence prevention in Latin America
- For upcoming funding opportunities, please visit our MHPSS
 Knowledge Hub
- To learn more about the ISC Learning Collaborative, please visit https://iscollab.org/

KNOWLEDGE HUBS



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