MENTAL HEALTH IN AFRICA

A BRIEFING FOR THE ALL-PARTY PARLIAMENTARY GROUP FOR AFRICA

FEBRUARY 2020

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FOREWORD

The increased attention that has been paid to mental health in the past decade in our own country and on the international stage, has finally helped bring out of the shadows an area that has been neglected for far too long. Recent years have seen global leaders in politics, sports, entertainment, and academia, standing up to show their commitment to ending this neglect, and often to share their own stories of suffering, struggle and recovery. This has included members of the House of Commons and the House of Lords.

Mental health is uniquely both a global issue and a personal one. Stress, and mental ill health can affect us all, but the opportunity to get help varies enormously around the world, and there are particularly huge gaps in access to decent, dignified and affordable care in Africa. London hosted the Global Ministerial Mental Health Summit in 2018 and is a recognised centre of extensive research work in global mental health.

Both events were an opportunity not only to address these gaps, but by bringing African leaders together, to find solutions from the continent.

The APPG for Africa exists to facilitate mutually beneficial relationships between Africa and the UK and works to further understanding within UK parliament of contemporary African and Pan-African matters, to promote African led-development agendas and to challenge negative stereotypes pertaining to Africa where they persist. As such I wholeheartedly welcome the attention that the All Party Parliamentary Group for Africa is bringing to this issue. The UK Government has made important first steps in driving this agenda forward, and in this report, we see the means by which we can build on this, demonstrating our commitment to enabling African nations to benefit from the many developments in this area, but more importantly, by partnering with them to realise the enormous potential of the many ideas and innovations that are emerging from Africa to make a brighter future for us all.

Chi Onwurah MP
(Chair of the APPG for Africa)

Cover image: A psychiatric nurse in her clinic in Sierra Leone
Credit: CBM/Sarah Isaacs, Sierra Leone, 2013

EXECUTIVE SUMMARY

As we enter the final 10 years to the Sustainable Development Goals era, we have seen huge success in raising the profile of global mental health and wellbeing. Accompanying this has been the establishment of a strong foundation of evidence and experience for addressing some of the barriers to improving the lives of people with mental conditions. Africa has the biggest gaps in access to mental health care, compounded by ongoing insecurity and the effects of climate change, but has also produced some of the most exciting solutions to responding to these needs in innovative and effective ways.

This report summarises some of the key conclusions of a consultation process based around two conferences – in Burkina Faso and London – and research by the Mental Health Innovation Network, London School of Hygiene and Tropical Medicine, CBM, and the Royal African Society. Through this process, we were able to document needs and priorities identified by African mental health leaders, showcase examples of good practice from the continent, and convene key actors in global development, governance and financing, to lay out potential means of scaling up these solutions.

PRIORITY ACTIONS INCLUDE;

- Strengthening governance structures and policy frameworks by establishing a strong and dedicated government mental health unit in every country to drive substantial and progressive reform of services.

- Establishing a civil society coalition in each country to support the reform efforts and address the challenge of human rights abuses and social exclusion.

- Improving the accessibility and extent of mental health services so people are not held in long-term institutions, but are supported to live and thrive in their own communities.

- Building research capacity in Africa to provide relevant, appropriate and robust evidence and to measure the impact of reform. Strong African research networks should lead this work.

- The UK should establish a dedicated mental health focal point in DFID to help implement a strategy (based on the new Theory of Change) and integrate mental health across sectors including youth, education, health, humanitarian preparedness and response, and violence against women and girls.

Now is the time to translate the growing interest in mental health into effective action for change. This must be led by African governments and people, but the UK has an important supporting role to play.

Department for International Development together with other departments, especially the Foreign and Commonwealth Office, should maintain the UK's prominent role in promoting mental health as a global priority, including in the United Nations, and World Bank, and through the campaigns for Universal Health Coverage and the Sustainable Development Goals.

The UK should also build on its strong track record in research to support the efforts throughout Africa to provide the information and evidence needed to make mental health work more effective in having a positive impact on the lives of people with mental illnesses and improving general wellbeing.

What is the role of the United Kingdom?

The United Kingdom has proved to be a champion for global mental health, raising its profile through international alliances for mental health, investing in research and implementation, and holding the first Global Ministerial Mental Health Summit in 2018. The Summit demonstrated the UK government's prioritization of mental health and their commitment to building partnerships with ministries of health around the world to improve action on mental health.

The UK invests significantly in mental health and wellbeing through its UK Aid programmes, especially in mental health and psychosocial support efforts, which is now routinely embedded in the UK's humanitarian response, as well as through the Tropical Health and Education Trust and NHS/African hospital links such as the one between the East London NHS Trust and the Butabika Psychiatric Hospital in Uganda. This partnership aims to build capacity for mental health specialists through training and knowledge transfer of innovative and cost-effective approaches e.g. Narrative therapy (being used with local communities in East London). Comic Relief is another important funder of global mental health projects and works with other funding bodies to strengthen fundraising efforts e.g. in 2019 UK Aid matched £2 million of public donations from Comic Relief's Red Nose Day campaign to create a £4 million programme to invest in mental health in Kenya. During the Global Ministerial Mental Health Summit, the UK government committed to further strengthen global mental health research by investing another £30 million through the UK's National Institute of Health Research. The Wellcome Trust has also committed £200 million to research into mental health and young people globally.

Further, the UK takes a key role in advocating for global players to adopt the UN resolution on Universal Health Coverage, and for the Global Fund to integrate mental health into its funding structures. Through its international influence in development, trade and diplomacy, the government can build on this leadership, particularly through historically strong ties with commonwealth countries. We need to build on this existing and ongoing momentum and the key priorities we recommend for UK government and policy makers have been highlighted below:

- **Invest:** Take forward the very positive work that the Department for International Development (DFID) has done in framing a comprehensive approach to mental health in development, by investing substantially in mental health as a component of all sectors of the UK's development and emergency relief work, across gender work, education, youth, health and humanitarian response. In order to do this, dedicated personnel are required to lead this work and provide technical expertise across sectors.

- **Advocate:** Continue to provide a strong voice for a global commitment to increase investment in mental health, including in Africa, for example through Official Development Assistance, World Bank and other funding mechanisms. This should complement an increase in national contribution, in keeping with the recommendation of the Global Ministerial Mental Health Summit in 2018 in London, that Low and Middle Income Countries should spend at least 5% of their health budget on mental health.

- **Evidence:** UK research institutions have collaborated with partners in Africa to establish much of the foundational evidence in this field. This research should continue to focus on implementation, recognise and build local leadership and research skills, and take an approach grounded in local priorities and cultural contexts, recognising the central voice of people affected in driving the agenda and methods.

Text Box 1. The role of the United Kingdom in advancing the global mental health agenda

MENTAL HEALTH – A BRIEF OVERVIEW FROM THE CONTINENT

It is estimated that approximately 13% of the global population experiences a diagnosable mental health condition in their lifetime[1], and yet the majority do not receive proper treatment. This is estimated to cost the world approximately US$2.5 trillion per year, and yet only a fraction of this amount is invested in addressing the causes and consequences of this issue[2].

The situation is exacerbated in low and middle-income countries (LAMICs), specifically in the African region due to limited resources for mental health and health systems that are not equipped to address this need, with over three-quarters of people lacking access to the mental health services they require[3]. Mental conditions account for 5% of the total burden of disease (Disability Adjusted Life Years, DALYs) and 19% of all disability (YLDs) in Africa, yet the mental health workforce in Africa is lower than in any other WHO region, at a median rate of 0.9 per 100,000 people. In the United Kingdom, this rate is between 12-14 per 100,000. Access to mental health care is most challenging for vulnerable populations within countries; including people with low socioeconomic status, women, people residing in rural areas, minority ethnic groups, immigrants and other excluded populations. These same groups are often those most affected by mental health problems, while being least likely to receive care.

> The demographic transition will increase mental health care needs in Africa. Between 2000 and 2015 the continent's population grew by 49%, and the number of years lost to disability as a result of mental and substance use conditions increased by 52%.[4]

Mental health conditions are a cause of substantial disability and exclusion, affecting the ability of many people to fully contribute to their communities and the economy. In most of Africa, they have been historically neglected, mainly due to structural and barriers such as poor and out-dated health infrastructure and low coverage of health services, too few trained mental health professionals, out-dated legal frameworks and policies, and inadequate investment. Limited awareness of mental illness, and community stigma and discrimination, forces many people to suffer in silence, failing to reach their full potential, and often experiencing abuse, including in the services that are meant to provide care and support[5]. These factors reinforce the vicious cycle of mental ill health, poverty, and marginalization[6].

KEEPING ON TRACK WITH GLOBAL GOALS

Unfortunately, Africa is significantly behind other regions in making progress towards the objectives set by the WHO in its Comprehensive Mental Health Action Plan. Average government spending on mental health is less than 1%, and Official Development Assistance is a tiny fraction of that spent on other areas of health. This also means that the potential impact of addressing mental health as a development issue, contributing to the achievement of the Sustainable Development Goals (SDGs), will not be realised (See Table 1 below to review Africa's progress against the MHAP targets).

MENTAL HEALTH RESOURCES AND RESILIENCE

Social, family and community support are key facilitators for resilience and recovery in mental health. These are rightly recognised as strong in many communities in Africa, though the process of rapid urbanisation is disrupting traditional support systems. In settings where mental health conditions may be viewed as having supernatural or spiritual causes, traditional and faith-related approaches play an important role in the response to the needs of populations targeted. This sector must be engaged, as such informal care and support can often be the first point of contact for seeking help, as it is aligned to strongly held beliefs and world-views. However, especially for people with severe mental illness (and epilepsy), for optimal outcomes, this type of support is not adequate, and it is important that it is complemented by access to good quality, evidence-based health services.

EVIDENCE FOR CHANGE

In light of constrained resources, efforts have been made to apply a global and increasingly rigorous evidence base for effective interventions in low-resource settings. Much of the existing evidence on mental health approaches, for example that shared by the WHO and other global agencies, has been dominated by perspectives of high-income countries, especially English-speaking countries. The traditions of mental health and psychiatry that guide global mental health practice and research need to be carefully examined to ensure that assumptions and approaches to mental health care are respectful and aligned to local needs and cultural understanding, so that the support provided is appropriate to the context. It is for this reason, that lessons learnt from research practice and innovation in Africa, are recognised and enabled to inform future solutions to the care gaps identified.

WHO Mental Health Action Plan Objective	WHO Mental Health Action Plan Target	Africa average (global average) (Mental Health Atlas 2017)
Objective 1: To strengthen effective leadership and governance for mental health	**Target 1.1:** 80% of countries will have developed or updated their policies or plans for mental health in line with international and regional human rights instruments	58% of countries with updated policy (global = 72%) 27% with resources allocated for the policy (global = 53%)
	Target 1.2: 50% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments	21% updated legislation (global = 40%) 55% with no dedicated authority to assess human rights (global = 40%)
Objective 2: To provide comprehensive, integrated and responsive mental health and social care services in community-based settings	**Target 2:** Service coverage for severe mental disorders will have increased by 20%	33% collaborations with service users (global = 52%) Government mental health expenditure per capita =$0.1 (global = $2.5) 57% insured (global = 83%) Mental health workforce= 0.9 per 100k population (global = 9)
Objective 3: To implement strategies for promotion and prevention in mental health-based settings	**Target 3.1:** 80% of countries will have at least two functioning national, multi-sectoral mental health promotion and prevention programs	48% with at least two functioning promotion and prevention programs (global = 71%)
	Target 3.2: The rate of suicide in countries will be reduced by 10%	12 per 100k population (global = 10.5)
Objective 4: To strengthen information systems, evidence and research for mental health	**Target 4:** 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems	24% of countries with no active mental health indicators data gathering by public sectors (global = 17%)

Table 1. Comparison of Mental health Action Plan (2013-2020) achievements by targets; Africa compared to global averages

There has been increasing momentum to prioritize mental health in the global health agenda, evident from the specific provisions for mental health in the Sustainable Development Goals, the integration of mental health into the Global Declaration on Universal Health Coverage at a UN High-Level Meeting in 2019, and recent Ministerial Summits on mental health in London (2018) and Amsterdam (2019). However, Africa has had little voice in these developments even though to make an impact on the global burden of mental, neurological and substance use conditions, solutions must be appropriate for, and effectively scaled, in Africa.

KEY PRIORITIES AND SOLUTIONS IDENTIFIED BY AFRICAN MENTAL HEALTH LEADERS

It is in this context that a consultation process on priority actions to advance mental health in Africa was established. The West African Health Organisation (WAHO) and CBM International organized a conference on 5-6th November 2019 in Bobo-Dioulasso, Burkina Faso. The conference brought together 40 participants including national mental health focal points from 18 West, Central and North African countries, civil society organizations, academia, regional professional bodies, WAHO and WHO, and developmental partners. This provided an opportunity to assess progress of countries in meeting targets in the global WHO Mental Health Action Plan 2013-2030, and the ECOWAS Regional Strategic Plan on Mental Health 2018-2025. This was followed by a one-day conference in London, organised by the Royal African Society and the Centre for Global Mental Health at the London School of Hygiene and Tropical Medicine, and hosted by the Wellcome Trust on 20th November 2019. The event bought together 200 African, diaspora and global

Amaudo staff and patients work together on their garden
© Amaudo, 2015.

Amaudo, Nigeria works in 4 states of South East Nigeria, an area where public mental health care is centred in urban cities, leaving gaps in care for over 20 million people in need of mental health support. The programme implements their work through a community mental health service which provides local mental health care through 73 community mental health clinics across South East Nigeria. The programme also provides transitional care for homeless people who have mental health conditions, reuniting them with their families and communities after a period of health care, rehabilitation and vocational training. Amaudo's work transforms lives and brings hope, demonstrating how even the most vulnerable people can find recovery and new life, and ensuring that no one needs to be left behind. *For more information on Amaudo, please visit www.amaudo.org*

leaders and innovators in mental health to highlight and explore new innovations from Africa and consider how to mobilise investment, building on the ideas of the first conference.

A primary output of the conferences was to summarise recommendations for governments, civil society and international development actors to drive transformative change. Participants were invited to explore challenges and potential solutions at a national and regional level, developing priority recommendations for the effective delivery and promotion of mental health care as well as governance, financing and coordination for the improvement of mental health in the region.

While recognising that not all countries have the same circumstances and needs, the recommendations presented in this briefing represent the common priorities that emerged from both conferences, and a high-level roundtable in London on investment and funding mechanisms. They are organised according to the WHO Mental Health Action Plan's thematic areas, which is recognised as the common framework for action, and the basis for measurement of global progress in mental health.

THEME 1: ENHANCING LEADERSHIP AND INVESTMENT FOR MENTAL HEALTH

The Mental Health in Africa conferences were an opportunity to build new momentum and to remind leaders that the future of mental health in the region can be driven by a common vision. It highlighted the exciting approaches and solutions being championed by innovators from the continent. Investing in mental health is crucial for attaining the Sustainable Development Goals and promoting physical, social and economic development. For every dollar invested in care for depression and anxiety for instance, there is a $3-5 return on economic and health benefits[7]. The workstream on challenges and facilitators for effective leadership and governance in African countries was led by Prof. Stanley Okolo, Director-General of WAHO.

Prof. Stanley Okolo, Director General of the West African Health Organisation (WAHO) facilitating a workstream for strengthening leadership and governance in Africa. Credit: © Ivan Gonzalez, 2019.

- **Establish a strong mental health unit within government**, to plan and coordinate the full range of mental health services including health promotion, disease prevention, clinical care and rehabilitation with a focus on public mental health. This must be headed by a person with full-time responsibility only for this, and ideally be supported by a steering committee that draws upon a range of stakeholders. Sufficient administrative and financial autonomy is needed to ensure that mental health is prioritised across all sectors.

- **Establish a civil society–led coalition for mental health in countries.** A common voice will strengthen advocacy and representation of all actors. Good communication and a multi-sectoral approach will encourage learning and consideration of mental health in other sectors, for example education, employment, housing, and social welfare.

- **Ensure that people with mental illness and psychosocial disabilities are recognised as key stakeholders,** for example, to be consulted on services reform, and in awareness-raising/community engagement. They should enjoy the same rights and privileges as other people with disabilities, as laid out in the UN Convention on the Rights of Persons with Disabilities, including benefiting from social welfare safety nets. Investment is needed in building capacity of representative organisations of people with mental illness and psychosocial disabilities, ideally through core funding.

- **Urgently invest in reforming mental health care and develop innovative funding mechanisms.** Funds should move from psychiatric institutions in favour of community-based care, and promote an increased role of social interventions, e.g. addressing social determinants, and strengthening peer support. Moreover, strategies should aim to reduce out of pocket expenses, including national health insurance coverage, statutory mental health levies and private sector participation. Gaining political buy-in will require research to build a better investment case.

A strong theme emerged across all the events for greater collaboration across Africa and for the leadership of these developments to be centred there. In order to achieve this, a particular focus on the participation of Francophone and Lusophone country actors will be necessary to promote engagement of countries that have historically felt excluded from the conversation in global mental health, and ensure that the full range of traditions and approaches are included.

THEME 2: PREVENTION, PROMOTION AND ACCESS TO CARE

According to the WHO Mental Health Atlas, African countries struggle to raise the resources required to provide mental health care for their populations, and most spend less than 1% of their health budget on mental health. Most of this is spent on expensive and inefficient institutions. However, substantial trials confirm that practical, cost effective treatments for major psychiatric conditions including anxiety, depression, substance use and schizophrenia can be effectively and efficiently implemented in low-resource settings[8]. The initial focus on closing this care gap in low income countries has been expanded in scope to focus also on promotion of wellbeing, prevention of risk factors (especially early in the life-course), and integrating mental health across sectors like education, livelihood and other areas of health.

Discussion during the second workstream, led by Dr. Victoria Mutiso from the African Mental Health Foundation (AMHF) focused on the challenges and solutions related to increasing the coverage of preventive, promotional and treatment services for mental health by 20% and identifying facilitators for implementation.

- **Strengthen community-based interventions** by collaborating with civil society, religious and traditional healers, and empowering people with mental illness to contribute, e.g. in health service planning, community awareness raising and anti-stigma work. Ensure good links to more specialist services available at district level.

- **Advocate for the inclusion of mental health in other programmes** (such as emergency response, nutrition/ food and water security, maternal health, education) as well as in other relevant system building blocks such as information systems, financing, multi-sector response. Given the huge demographic transition in Africa, mental health needs to be integrated into all programmes and sectors targeting young people in particular.

- **Promote greater respect for human rights and dignity** during the treatment of people with mental illness, in hospitals, religious and traditional treatment camps and community settings. Put in place mechanisms to report abuse and hold offenders accountable, and promote more dignified and respectful language. Link to reporting and accountability mechanisms in National Human Rights Commissions and the UN Convention on the Rights of Persons with Disabilities.

- **Undertake awareness campaigns about stigmatisation and suicide** in workplaces, places of worship, schools and communities. Improve communication about mental health (e.g. by sensitizing journalists to avoid negative messages, and engaging with specific groups whose work intersects with mental health, e.g. police, judiciary, teachers, traditional healers). People affected themselves are central to this work, including young people, champions and social influencers.

Dr. Victoria Mutiso from the Africa Mental Health Foundation (AMHF) leads the workstream on mental health promotion, prevention and access to care. Credit: © Ivan Gonzales, 2019.

Image of a woman washing her clothes outside her home. Image taken for PRIME photo essay in South Africa. Credit © Simone Scholtz, 2013.

The Programme for Improving Mental Health Care (PRIME), funded by DFID, worked across sites in Africa (South Africa, Uganda and Ethiopia) and Asia (Nepal and India) to create high quality research evidence on implementing and expanding the coverage of mental health treatment programmes in low-resource settings.

- PRIME's work in Ethiopia informed current revisions to the 2012 Ethiopian Mental Health Strategy and Federal Ministry of Health plan to scale up mental health to every district by 2020.

- PRIME South Africa played a role in developing district mental health care plans for two districts.

- Resources developed through PRIME continue to influence work in Uganda to scale up mental health services in multiple districts

- **Substantially scale up training of mental health personnel** including psychiatrists, mental health nurses, clinical psychologists and social workers. Clear pathways for professional development and appropriately remunerated career advancement should be in place. Mainstream knowledge about mental health across professions like general health care, law/justice, education and social sectors. Recognise the importance of incorporating traditional healers and informal care into the systems where people can access support.

Many countries have made concerted efforts to strengthen human resources at a national level, including reforming cadres of practitioners, and applying principles of task sharing to increase capacity to deliver care by generalists in more decentralised sections of the health system. For example; Ethiopia, Ghana, Sierra Leone, Nigeria and other countries have mental health policies that includes key roles for community

health workers, nurses and others in delivering care. The availability of guidance on packages of care, and training guidelines like the WHO's Mental Health Gap Action Programme (mhGAP), enable application of good practice to make more efficient use of the few personnel available to provide mental health care.

THEME 3: STRENGTHENING INFORMATION SYSTEMS, EVIDENCE AND RESEARCH

The last 15 years have seen a considerable growth in mental health research on the African continent, with findings starting to be applied on the continent, and further afield. Much of this research has been based on UK/Africa collaboration, and focused on practical approaches to implementing effective care in low resource settings, for example the Mental Health and Poverty Project, EMERALD, the DFID-funded PRIME programme, and many others. Research capacity has also grown, with strengthening of academic institutions and collaborations, and more training opportunities available. A great example of a successful collaboration is the African Mental Health Research Initiative (AMARI), a capacity-strengthening programme aiming to recruit, train and support 50 African early-career researchers, funded by the Wellcome Trust.

Prof. Crick Lund (University of Cape Town) facilitates the Mental Health Information Systems, Evidence and Research Workstream.
Credit: © Ivan Gonzales, 2019.

These efforts seek to address the problems facing the lack of African research voices and representation in many core academic publications, guidelines and reports that are developed and compiled by researchers from the global north and are almost exclusively in English. Thus, language barriers, poor access to information, and limited exposure of local innovation result in exclusion of Francophone and other non-Anglophone mental health actors, and their ideas, from much of the global mental health field.

The WHO Mental Health Atlas also highlights that 24% of countries in Africa have no active reporting mechanisms in place for monitoring mental health indicators. Through discussion in the third workstream, further challenges such as patchy or poor quality of data were identified as limiting its use in informing subsequent progress on a national level. Given that the socioeconomic burden of mental illness has been rising both internationally and regionally in Africa, documenting needs and impact of intervention is essential. The following were recommendations and priorities generated from the conference.

- **Ensure that a core set of mental health indicators** is included in health information systems at all levels, including the latest version of the electronic District Health Information Systems (DHIS2). Information about mental health and wellbeing should also be used as a means of measuring needs and outcomes in other sectors like education and social welfare. This would align the development sector on the important universal outcome of wellbeing.

- **Use evidence to make decisions.** Accurate data helps to make effective choices about appropriate financial prioritisation, staff deployment, drug acquisition, etc, but countries should ensure that these data are aligned and linked to global mechanisms to measure progress (SDGs, WHO MH Action Plan, WHO Atlas, and Countdown 2030).

- **Establish mechanisms to allow African priorities to drive the research agenda**. This will be facilitated by strengthening continental research bodies and institutions, providing sufficient training opportunities for African researchers, and establishing funding mechanisms that do not pre-determine research priorities. Space should be made for development of appropriate research methods and tools to facilitate culturally relevant and accurate data collection, including local understanding of mental health and illness, and locally-derived solutions.

- **Increase quantity and quality of research** by taking a multi-disciplinary and collaborative approach, recognising the value of research to civil society practice, and the need to root research in real-world settings. Linking to identified local/community and political needs, including the voice of service users, and effective communication will strengthen both community engagement and national investment.

- **Build collaboration across the African continent** through the use of harmonized training curriculum and accreditation systems, exchange programmes, professional networking and collaborative research. Improve links between different linguistic blocs with different traditions.

CONCLUSIONS AND RECOMMENDATIONS FOR UK GOVERNMENT

We are presented with a unique opportunity at this time for Africa to benefit from the great advances being made in global mental health. Much of the evidence and practice in the field has been generated in Africa, but there is now need for political leadership and investment to scale up these reforms, so as to have a meaningful impact on the lives of millions of people with mental health problems.

The UK Government is well placed to build on its leadership role in global mental health to drive this transformative change, by:

- **Finalising and publishing the Department for International Development's (DFID) Theory of Change on mental health, and developing a concrete strategy** to integrate mental health across sectors and magnify impact by targeted investment in the UK's development and international research portfolio. The next five years are likely to see a substantial prioritisation of youth mental health, which is well aligned to the UK Government's focus of work in international development

- **Appointing a dedicated a focal point in DFID** to coordinate and drive mental health throughout the sectors identified in the recent UK Aid funded Topic Guide on Mental Health for Sustainable Development9. Without this, mental health will not have an internal driver across sectors.

- **Maintaining a lead in the international global mental health space**, advocating in the United Nations, World Bank, and other international forums for greater prioritisation and investment in mental health and wellbeing. Key processes to target at present are Universal Health Coverage, Global Fund allocation, and the establishment of major funding streams for mental health, probably through the World Bank and other existing mechanisms.

- **Supporting African leadership in research and innovation**, by promoting links between UK and African research bodies, and investing in scaling up services through implementation science on the continent. Local researchers can facilitate provision of evidence for increased investment, eg. through country business cases, and economic evaluation of intervention packages, in collaboration with UK research bodies.

ACKNOWLEDGEMENTS

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BRIEFING PARTNERS

CBM is an international development agency focused particularly on disability and inclusion. With over 100 years of experience, CBM started formal work in mental health 15 years ago, and since then has supported over 300,000 people a year to access better quality mental health care, improve their livelihoods, and actively engage in peer-led groups for self-advocacy. In 2019, CBM launched her Community Mental Health Initiative, which refocused work based on the principle of 'nothing about us without us', placing people with lived experience at the heart of driving the agenda for transformative change in global mental health.

W: cbm.org @CBMworldwide

The Centre for Global Mental Health is a collaboration between LSHTM and the Institute of Psychiatry, Psychology and Neuroscience at King's College London. This year the Centre is celebrating its 10th anniversary. In that time, CGMH has been at the forefront of research and thought leadership in the field of global mental health, guiding policy and practice in many countries, and in the development and research sectors. The Centre's research includes work with an extensive African network, including partners in over 15 African countries. W: centreforglobalmentalhealth.org @ GMentalHealth

The Mental Health Innovation Network (MHIN) is the leading knowledge management platform for the field of Global Mental Health field. Implemented through the London School of Hygiene and Tropical Medicine and the World Health Organization's Department of Mental Health and Substance Abuse. The Network brings together over 6000 mental health stakeholders, including mental health researchers, innovators, practitioners, policy makers and funders to share evidence, resources and experiences. MHIN aims to facilitate the development and uptake of effective mental health interventions through knowledge exchange and learning, building partnerships and leveraging resources.

W: mhinnovation.net @MHInnovation

The London School of Hygiene & Tropical Medicine (LSHTM) is a world-leading centre for research, postgraduate studies and continuing education in public and global health. LSHTM has a strong international presence with 3,000 staff and 4,000 students working in the UK and countries around the world, and an annual research income of £140 million. LSHTM is one of the highest-rated research institutions in the UK, is partnered with two MRC University Units in The Gambia and Uganda, and was named University of the Year in the Times Higher Education Awards 2016. Our mission is to improve health and health equity in the UK and worldwide; working in partnership to achieve excellence in public and global health research, education and translation of knowledge into policy and practice.

W: lshtm.ac.uk @LSHTM

The All Party Parliamentary Group for Africa exists to facilitate mutually beneficial relationships between Africa and the UK and works to further understanding within UK parliament of contemporary African and Pan-African matters. The APPG creates space for parliamentarians to engage in dialogue with African diaspora, civil society, institutions, thought leaders and private sector to promote African led-development agendas and challenge negative stereotypes through positive relationships between the UK and African countries. And with a membership of over 200 parliamentarians from across-parties and houses, it is one of the largest and most active APPGs in UK parliament. The group is chaired by Chi Onwurah MP & Lord David Chidgey.

W: www.royalafricansociety.org/whatwedo/politics/appga @AfricaAPPG

The West African Health Organization (WAHO) is a Specialized Institution of the Economic Community of West African States (ECOWAS) responsible for health issues for the West African region. WAHO's Headquarters are located in Bobo-Dioulasso, the second largest city in Burkina Faso. The relevant Article stipulates that "the objective of the West African Health Organization shall be the attainment of the highest possible standard and protection of health of the peoples in the sub-region through the harmonization of the policies of the Member States, pooling of resources, and cooperation with one another and with others for a collective and strategic combat against the health problems of the sub-region."

W: wahooas.org @OoasWaho

"We are deeply concerned about the extent of suffering experienced by our brothers and sisters on our vast continent. Poverty, human rights violations and psychosocial disability go hand in hand. We know that there can be no dignity where poverty exists. No medicines or sophisticated western technology can eradicate poverty and restore dignity...

We wish for a better world in which all people are treated equally, a world where human rights belong to everyone.

We invite you to walk beside us. We know where we want to go."

Pan African Network of People with Psychosocial Disabilities, Cape Town Declaration 2011. Quoted in the UK Aid Topic Guide on Mental Health for Sustainable Development

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