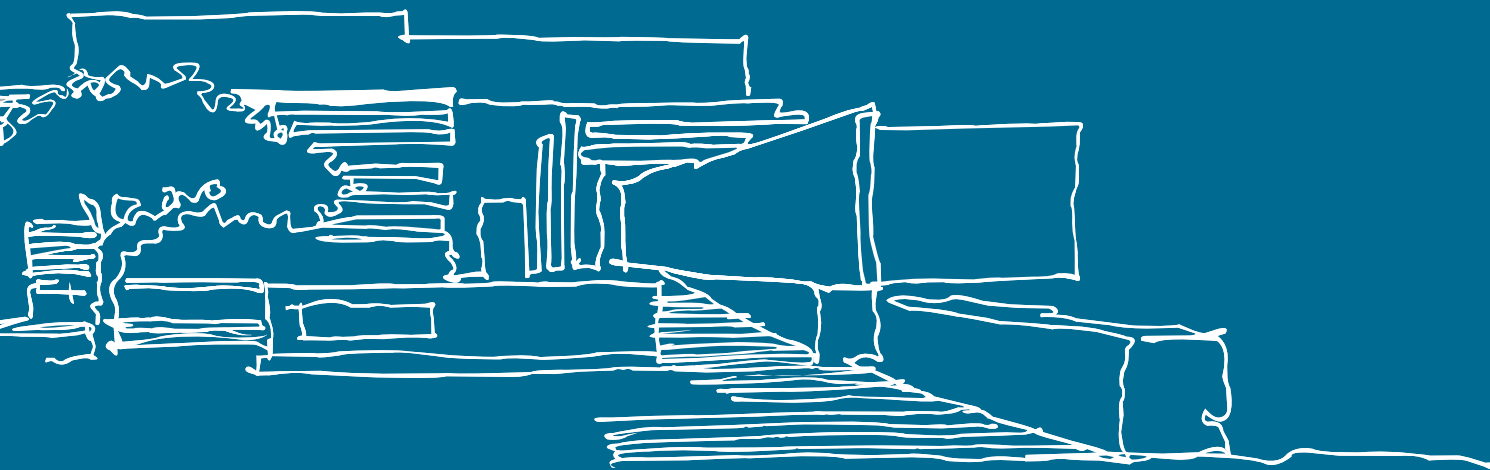


MENTAL HEALTH CHALLENGES IN SUB-SAHARAN AFRICA: MOVING TO IMPLEMENTATION

A CREATIVE SPACE FOR THE MIND



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STELLENBOSCH INSTITUTE FOR ADVANCED STUDY
STELLENBOSSE INSTITUUT VIR GEVORDERDE NAVORSING

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STIAS – CONTEXT OF THE ROUNDTABLE PROGRAMME

The stated objectives of the Stellenbosch Institute for Advanced Study (STIAS) are to advance the cause of science and scholarship and invest in the intellectual future of the country; to focus on Africa; and to provide an independent space where innovative ideas and original thinking can thrive.

In addition, STIAS facilitates dissemination of research results and insights obtained in its research programme to a wider public. This includes creating platforms for dialogue amongst academia, policy makers, professionals and practitioners, business and industry and civil society structures.

Within this context, the Marianne and Marcus Wallenberg Foundation, key funders of the STIAS programme, supports an annual roundtable forum where representatives from South Africa, Sweden and a broader international community can engage in dialogue and debate around a central theme, typically one related

to current global challenges, and in particular focusing on its local manifestation.

The first STIAS Roundtable focused on the energy and electricity landscape in South Africa, with the theme: “Investment and technology choices in the SA power sector: economic, social and environmental trade-offs”.

In 2014 the STIAS Roundtable will focus on the broad topic of public mental health.

THE 2014 ROUNDTABLE THEME

The theme for the 2014 Roundtable is ***Mental health challenges in sub-Saharan Africa: Moving to implementation***. This initiative is linked to a broader research theme on “Health in Transition” which STIAS will promote over the next five years with the support of the Wallenberg Foundation.

A preparatory Workshop in November 2013 covered technical discussion of recent developments in the literature and in the relevant policy domains. The Roundtable will examine the ways in which this region’s mental health challenges can be met in the next twenty to thirty years, addressing the topic in terms of the unfolding options and implications to policy makers and practitioners.

At the same time the Roundtable strives to create opportunities for researchers to learn about the concerns and challenges faced by

those trying to implement policies and by those directly affected by these policies and practices.

The Roundtable will be held at STIAS over two days from 24 to 25 February 2014.

ROUNDTABLE THEME: MENTAL HEALTH CHALLENGES IN SUB-SAHARAN AFRICA – MOVING TO IMPLEMENTATION

ROUNDTABLE PROGRAMME

SUNDAY 23 FEBRUARY 2014		
18:30 – 20:30	Welcome dinner	
MONDAY 24 FEBRUARY 2014		
09:00-17:15	SETTING THE SCENE	
08:00 – 09:00	Registration desk open	
09:00 – 09:10	Welcome on behalf of STIAS	Hendrik Geyer
09:10 – 09:20	Address by Sweden's ambassador to South Africa	Anders Hagelberg
SESSION 1	GLOBAL MENTAL HEALTH	Chair: Abdallah Daar
09:20 – 09:50	Health in Transition <i>Framework and broad outline of the STIAS research theme "Health in transition" and its links to the Roundtable theme</i>	Stig Wall
09:50 – 10:20	Global Mental Health Challenges for the 21st Century <i>Mental health is rapidly becoming recognised as one of the leading global health challenges. What is known about the challenge and the solutions? Requirements and prospects for closing the gap.</i>	Shekhar Saxena
10:20 – 10:40	Discussion	
10:40 – 11:00	Break	
SESSION 2	PUBLIC MENTAL HEALTH IN SUB-SAHARAN AFRICA	Chair: Lars Jacobsson
11:00 – 11:30	Improving Mental Health in Africa: Experiences from Kenya <i>Access to mental health care is one of the most critical health issues in Africa. The African Mental Health Foundation tries to change this. How? Are we making progress?</i>	David Ndetei
11:30 – 12:00	Improving Mental Health in Africa: The case of Nigeria <i>Nigeria implemented Primary Health Care (PHC) as its national health policy, and adopted mental health as its ninth component in an attempt to provide care and improve the quality of life of persons with mental illness.</i>	Oye Gureje
12:00 – 12:30	Africa's participation in the global mental health movement <i>Scaling up appropriate evidence-based services, and promoting an inclusive world.</i>	Julian Eaton
12:30 – 13:00	Programmes for improving mental health care (PRIME) and Africa Focus on Intervention Research for Mental health (AFFIRM) <i>Overview of two innovative research programmes on narrowing the treatment gap and scaling up mental health care in sub-Saharan Africa.</i>	Crick Lund
13:00 – 14:00	Lunch	
SESSION 3	PUBLIC MENTAL HEALTH IN SOUTH AFRICA	Chair: Marian Jacobs
14:00 – 14:30	Developing and implementing a mental health policy and action plan <i>Reflections on the processes followed in the development of a "road map" for improvement of public mental health in South Africa, and on the way forward to implementation.</i>	Melvyn Freeman
14:30 – 15:00	The role of civil society organisations in addressing mental health needs in South Africa <i>Human rights approach to the implementation of comprehensive community based interventions and the impact of advocacy and lobbying on services delivery.</i>	Ingrid Daniels
15:00 – 15:30	Closing the mental health treatment gap in South Africa: A review of costs and cost-effectiveness <i>The challenges in a rural, Low-income setting. How PRICELESS was developed and the contribution it can make. Importance of setting priorities.</i>	Karen Hofman
15:30 – 15:45	Break	

SESSION 4 MENTAL HEALTH CARE IN A DEVELOPED COUNTRY: SWEDEN		Chair: Stig Wall
15:45 – 16:15	From care to prevention: changes in mental health services <i>The goals and effects of a new organisation of psychiatric care. The legal framework for reform towards community mental health care.</i>	Lars Jacobsson
16:15 – 16:45	Mental Health projects on the local and regional level <i>What can we learn from experiences and interventions on the regional and local levels about the implementation of mental health policies? Are such interventions coherent? Do they need to be? Contribution of the Swedish Association of Local Authorities and Regions (SALAR).</i>	Ing-Marie Wieselgren
16:45 – 17:15	Local politics and mental health policies <i>The dynamics of local politics and how they affect mental health care reform at the local level.</i>	Lotta Jernström
17:15 – 17:30	Discussion	
18:30 – 21:30	Dinner Guest speaker: Dr Nancy Knight, director: CDC SA	

TUESDAY 25 FEBRUARY 2014		
09:00-17:15 MOVING TO IMPLEMENTATION		
SESSION 5 ENABLING MENTAL HEALTH RESEARCH		Chair: Shekhar Saxena
09:00 – 09:25	Grand Challenges and mental health <i>A description of the Grand Challenges programme, its footprint in mental health and the roll-out in Africa.</i>	Abdallah Daar
09:25 – 09:50	Researcher-provider partnerships for building an accountable substance abuse treatment system. <i>Experiences from the Service Quality Measures (SQM) initiative and prospects for reducing the burden of substance use disorders in South Africa.</i>	Bronwyn Myers
09:50 – 10:15	Integrating Global Mental Health and Clinical Neuroscience <i>Recent developments in clinical neuroscience and its implications for the mental health research agenda.</i>	Dan Stein
10:15 – 10:40	On the complex relationship between mental illness and violent behavior <i>A review of research showing that the prevention of violence is far more effective if we replace punishment with treatment and education, and a discussion of some of the implications.</i>	James Gilligan
10:40 – 11:00	Break	
SESSION 6 FROM RESEARCH TO ACTION		Chair: Crick Lund
11:00 – 11:30	Generating the evidence for action <i>What innovative programmes promise to produce the evidence needed for action? What obstacles remain?</i>	Pamela Collins
11:30 – 12:00	Empowerment and partnership in Mental Health – Discovering their Voice <i>The importance of giving voice to those directly affected by disease and by treatments and interventions.</i>	Charlene Sunkel
12:00 – 12:30	Domestic violence in a global mental health perspective <i>What are some important public health findings on domestic violence? How do they or should they affect action and interventions? Reasons for approaching domestic violence from a mental health perspective.</i>	Mary Ellsberg
12:30 – 13:00	Maternal and child mental health: from care to prevention <i>Given strong evidence of the link between early parental care and child intellectual, behavioural, and emotional outcomes, how should or could undesirable outcomes be improved or prevented?</i>	Mark Tomlinson
13:00 – 14:00	Lunch	

TUESDAY 25 FEBRUARY 2014 CONTINUED		
SESSION 7	VULNERABLE GROUPS	Chair: Soraya Seedat
14:00 – 14:30	Infant mental health challenges <i>Challenges in establishing services to address infant-parent interactions at primary care level. Overcoming multiple emotional, social and material stressors in a local community.</i>	Astrid Berg
14:30 – 15:00	Mental health services for survivors of gender based violence (GBV) <i>Given the prevalence of GBV, it is imperative that the mental health needs of survivors are addressed. What is available? Is it effective?</i>	Anik Gevers
15:00 – 15:30	Low resource settings: Mental health in primary care in Mozambique <i>The challenge to reach the unmet mental health need within outreach communities.</i>	Palmira dos Santos
15:30 – 16:00	Break	
SESSION 8	PANEL DISCUSSION: MOVING TO IMPLEMENTATION	Moderator: Abdallah Daar
16:00 – 17:00	Summarising the lessons learnt with respect to: the South African Mental Health Road Map, potential opportunities and challenges, learning from developed and developing countries' experiences, strengthening continental and global alliances, implementation of the WHO Mental Health Gap guidelines; the proposed future work of STIAS in the Health in Transition theme; the Roundtable as a forum.	Pamela Collins, Crick Lund, David Ndeti, Shekhar Saxena, Gail Andrews, Stig Wall
17:00 – 17:30	Questions from the floor (press invited), discussion	
17:30 – 17:45	Closing messages	Marian Jacobs, Maud Olofsson
17:45 – 18:45	Cocktail hour	

POST-ROUNDTABLE MEETINGS

WEDNESDAY 26 FEBRUARY 2014		
09:00 – 10:30	Mental Health Roundtable (2014): review <i>Maud Olofsson, Abdallah Daar, Marian Jacobs, Crick Lund, Stig Wall</i>	
10:30 – 11:00	Break	
11:00 – 13:00	Health in Transition – future research plans? <i>Stig Wall, Abdallah Daar, Marian Jacobs, Hendrik Geyer, Mark Collinson (Karen Theron by phone)</i>	
13:00 – 14:00	Lunch	
14:00 – 16:00	Roundtable 2015: Sustainable Agrarian Practices <i>Maud Olofsson, Richard Sikora</i>	
10:00 – 13:00	Roundtable 2016: Innovation <i>Maud Olofsson, Bjorn Nilsson</i>	
13:00 – 14:00	Lunch	

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NOTE TO PRESENTERS

The Roundtable is meant to bring together at STIAS key individuals, some of whom will have participated in the November 2013 Mental Health Workshop, with key decision-makers from research, government, practitioners and civil society.

- The aim of this meeting will be to identify concrete ways of moving forward with implementing the South Africa National Mental Health Roadmap, taking into account potential opportunities and challenges, learning from the Swedish experience, identifying and helping sub-Saharan African countries that would like to be involved in their own road-mapping and implementation of WHO's MHGap recommendations
- The Roundtable will highlight briefly the work of STIAS in general but also the useful work that STIAS intends to do in its long term strategic research themes, which include the Health in Transition theme (starting with Global Health/Global Mental Health)
- The Roundtable should create a forum for discussion amongst researchers, practitioners, policy makers, civil society and potential beneficiaries of research in this area and its application or implementation.

Programme briefing notes

The programme was structured to start with a global perspective and then, in the following sessions, gradually move to Africa, then to South Africa, and then to specific focus areas or topics.

Each topic is followed by a "briefing note" which indicates, in a sentence or two, the nature of the problem(s) or focus area(s) that

will be addressed in the presentation. The briefing notes serve both the alert invited speakers to the ground they should try to cover in their presentation, and to alert the audience to the kind of contents that might be expected to be covered in the presentation.

Presenters

STIAS will try to include in the Roundtable, apart from experts and researchers on the theme of the Roundtable, also representatives from a broad spectrum of interest groups such as politicians, policy makers, practitioners from the public and private sectors, NGO's, community organisations and affected persons. This is because the purpose of the Roundtable is to create a forum for exchange of ideas among researchers on the one hand and practitioners or potential beneficiaries on the other. No parallel sessions or breakaway groups are planned, i.e. all sessions are plenary and therefore the numbers will also be kept within a reasonable limit (in general not more than about thirty-five to forty participants).

Because of the presence of non-technical persons in die audience, presenters are encouraged to rely less on technical jargon and to present their insights and contributions in a way that may be accessible to persons outside their field of specialisation.

The programme is usually divided into slots of 30 minutes per topic. As a rule, presenters are requested to use not more than about 20 to 25 minutes to speak on the agreed topic, so as to allow some time for questions, clarification and discussion.

NOTE TO SESSION CHAIRS

Apart from interesting and stimulating presentations, the success of the Roundtable depends in equal measure on the proper facilitation by the session chairs, who are inter alia responsible for –

- Introduction of the presenters to the audience. The information on presenters included in the programme will generally be quite limited. It is therefore incumbent on the session chair to collect the necessary information either from the speakers themselves, or from other sources, in pre-arranged meetings or communication.
- Introduction of the topics and the session theme, if but only if it is deemed necessary or appropriate. Such introductions should, in the interests of time, be kept very brief and to the point.
- The overall time management in the session which they are chairing. This may include
 - Alerting speakers/presenters about the time left to finish their talk or presentation.
 - Arranging with speakers to present in such a way that questions, clarification or discussion can be facilitated.
 - Closing the session at the appropriate time.

- Facilitating an orderly meeting where different opinions can be expressed and debated in a respectful manner. This may include requesting members of the audience who wish to be heard
 - To introduce themselves (which may be unnecessary in smaller groups or which may become unnecessary in the later stages of the meeting when participants have become familiar with each other).
 - To wait their turn before speaking.
 - To limit their contribution so as to allow others an opportunity to respond or participate.
- Introducing topics or questions related to the theme of the Roundtable for discussion (especially when none is forthcoming from the audience).
- Thanking presenters for their contributions.

MENTAL HEALTH WORKSHOP, NOVEMBER 2013



Participants in the Mental Health Workshop at STIAS photographed on 19 November 2013

From left to right –

Front row: Soraya Seedat, Maud Olofsson and Marian Jacobs.

Middle row: Lou-Mari Kruger, Marie Hasselberg, Crick Lund, Stig Wall, Leslie Swartz, David Ndetei and Dan Stein.

Back row: Hendrik Geyer, Johann Groenewald, Lars Jacobsson, Rolf Olofsson, Mark Tomlinson, Ashraf Kagee and Abdallah Daar.

Absent: Yomi Esan, Keymanthri Moodley, Rene Nassen and Lize Weich.

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