

## **Policy in the everyday: Exploring the realities of "community" mental health systems in the Global South.**

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Colombian society has experienced a prolonged period of violence since the 1940s. Rural areas, low-resource settings, and marginalized groups have been particularly affected; these events have impacted their infrastructure, economy, social and political life, which has had an impact on overall population well-being. In response to the above, the Colombian government developed a long process of legal and political examination aiming to recognise people's rights and promote mental wellbeing. Law 1448 of 2011, established the creation of the Psychosocial Care and Comprehensive Health Program for Victims of the Armed Conflict (PAPSIVI) within the framework of the National Plan for Comprehensive Care and Reparation to the Victims. The program aims to guaranty healthcare and physical, mental and/or psychosocial rehabilitation for the victims of serious violations of Human Rights and Infractions of International Humanitarian Law in the context of armed conflict, with special emphasis on promoting the recovery or mitigation of psychosocial damage and emotional suffering.

In this context, the region of Caquetá has the largest residence of fully identified victims and widest deployment of psychosocial wellbeing programs (PAPSIVI Evaluation, 2020). In 2016, a peace treaty was signed between the Colombian government and opposing organized armed groups. Stability and reduction of violence allowed for research and development opportunities to arise, such as our project "Starting from the bottom: Using Participatory Action Research to re-imagine local mental health services in Colombia" (STARS-C). This is a collaboration between academic institutions (UCL, LSE, Universidad de los Andes), and community partners

Corporación Manigua and COOMBUVIPAC, aiming to implement and evaluate a participatory intervention to strengthen community mental health care. Corporación Manigua and COOMBUVIPAC are NGOs that work towards peace-building, gender equity, and wellbeing in Caquetá.

On 24th of March we held a bilingual online event with 45+ attendees, including academics, NGOs, and policy makers. The event consisted of presentations from STARS-C researchers and community partners. First, Laura Fonseca Durán and Diego Ferney Tovar (Federico Montes) discussed the implementation of the Natial Plan of Rural Health in the region, grounded in their experience collaborating in [projects to promote wellbeing in the Territory for Capacity-building and Reincorporation \(ETCR, in Spanish\) Agua Bonita](#). Then, Corpomanigua researcher Kely Palacio Londoño and Research Fellow Dr. Norha Vera San Juan presented emerging findings from the STARS-C research around understandings of mental health and mental health service provision. Topics discussed included an outline of mental health services available in Caquetá, barriers to access care, and healers' practices based on acceptance and good communication. Following this, two community mental health nurses from Ghana, George Osei Kwame and Stephen Asante, discussed their experiences as frontline workers in conversation with Dr. Ursula Read who has conducted extensive research on the evolution of community-based mental health care in the country, most recently as part of the [Wellcome Mental Health and Justice Project](#). George and Stephen work in the Bono East and Northern regions of Ghana which have historically been neglected in terms of mental health provision. Ghana is notable in the West African region for the successful expansion of its community mental health services in recent years. George and Stephen discussed the impact of these changes in bringing mental

health care to communities as well as the enduring challenges, such as lack of transport and medication. They also shared their experiences of partnering with traditional and faith-based healers and families to prevent harmful practices. Stephen described the value of collective action for community mental health and the work of his NGO, the [Mental Health Advocacy Foundation](#), which he set up to help people who are restrained by families or healers. George talked about his activities as a trainer with WHO Quality Rights, travelling around the country to train fellow practitioners and other stakeholders in human rights in mental health.

Despite the geographical and cultural differences between Colombia and Ghana, numerous aspects of mental health service implementation overlapped. An example mentioned during the event was the presence of stigma against mental health service users, their families and mental health professional. The influence of culture on approaches to mental health care in both contexts was also discussed, specifically in terms of finding meaning and making sense of mental distress, approaches to help-seeking, and ways of interpreting psychological and psychiatric interventions. The audience discussed the ways in which different knowledge systems can co-exist and interact and the importance of responding to mental health in a way which makes sense to the community.

This event was recorded and can be viewed [here](#). Further details about work from colleagues from Ghana can be found in the following [article](#), [film](#), and [website](#).

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