SALZBURG GLOBAL SEMINAR

New Paradigms in Behavioral and Mental Health

In partnership with: The Dartmouth Center for Health Care Delivery Science

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If you're interested in writing either an op-ed style article or a personal reflection blog post for our website SalzburgGlobal.org whilst you're here this week, please let Salzburg Global Editor, Louise Hallman know or email your submission directly to lhallman@salzburgglobal.org.

If you intend to write for your own organization's website or publication either while you're here or after the session, please make sure to observe the **Chatham House Rule** (information on which is in your Welcome Pack). If you're in any doubt, please do not hesitate to contact Louise.

You can also join in the conversation on Twitter with the hashtag #SGShealth and see all your fellow Tweeting Fellows and their organizations on Twitter via the list: www.twitter.com/salzburgglobal/lists/SGS-536

Session Chair Robert Drake with Salzburg Global Program Director, John Lotherington

"I wouldn't start from here..." Building better mental health services

As the old joke goes: There was a man lost in the countryside and he asks a passing farmer for directions to the city; helpfully he responds, "Well, I wouldn't start from here!"

If we were to design an ideal mental health care system, we probably wouldn't start from "here", admitted Salzburg Global Program Director, John Lotherington in the opening session of the Salzburg Global Seminar program *New Paradigms for Behavioral and Mental Health*.

Mental health service provision has come a long way since the days of Victorian "insane asylums", but the Western model (especially that of the USA) of "over-diagnosis, over-treatment, and over-medication" is hardly one to be emulated by developing countries which are expanding their mental health services provision.

Even if Western medicine were the best example to follow, much evidence-based mental health care is based on the dominant cultural group of the country in which the research has been conducted, and as such should not be necessarily be applied wholesale to other minorities, communities or cultures.

Individualization of care is important; there should not be a one-size-fits-all approach.

So, where would be the best place to start building a better mental health service? Answers from the 70 participants – who include psychiatrists, policy makers and patients – gathered in Parker Hall included: avoid big costly hospitals, provide more community housing and support for families, introduce better information on mental health and education in schools, and ensure patients keep their sense of agency.

One of the greatest challenges within mental health is stigma that the patients and their families often face in their communities and workplaces. One possible way to help reduce that stigma would be to integrate mental health better into the broader health field and to focus on mental "wellness" instead of mental "illness."

Over the next five days, through panel discussions, role play and group discussions, Fellows will consider best practices from across the world and how best to apply these to their home contexts, looking closely at human rights, patient-centeredness, new systems, existing resources and cultures, and new technologies. But they should avoid searching for a modern day panacea – even much-heralded "big data" is no silver bullet.

Hot Topic

What are the best (and worst) practices in mental health service provision?

"One of the best practices of mental health in **Uganda** has been primary health care provision...unpacking the complex concepts of mental health and making them easily digestible by the general health worker... and also understanding the links when running a maternal health clinic and being able to pick up on the issues around mental health.

But one of the things that is impacting our growth is that our laws continue to be oppressive... If we can get this bill that we will presenting to Parliament next year right, then we can revolutionize how mental health services are provided."

Tina Ntulo

Chief Executive Officer, BasicNeeds Foundation, Uganda

"The previous system in **Kosovo** was hospital-based, so when we talk about mental health services in Kosovo from a systems perspective, I think we have achieved success in [working towards] establishing community-based mental health centers.

But this could be further improved in terms of the engagement of patients and their families and the communities in the process of medical decision-making and the process of care delivery."

Ilijana Bajraktari

Founder, Healthcare Professionals for Peace and Social Responsibility, Kosovo

"The best practices are that we have a very strong consumer movement in the **USA** and there are more and more peer-run support services for people with addictions and mental health problems... And that has empowered people.

But our system, to a very large extent, is determined by an alliance between the pharmaceutical industry and the American Psychiatric Association – what somebody [at the session] called today "the medical industrial complex" – and I think that's led us to a really awful level of over-diagnosis, over-treatment, and over-medication that's extremely harmful to people."

Robert Drake

Professor of Psychiatry, Community and Family Medicine, Geisel School of Medicine, Dartmouth College, USA

"In **Colombia**, one of the best changes in the last few years is the increasing presence of advocacy groups from patients and families that have been organizing and have effectively changed practices at different levels of the delivery system.

But the health system is still very fragmented; there are too many actors, and so there is not a unified policy in the mental healthcare delivery system."

Miguel Uribe

Former Medical Director, Clinica La Inmaculada, Colombia

"I think the best thing in **Korea** is the revising of the Mental Health Act entirely; it hasn't been enacted yet but will be hopefully by 2015.

But many of the mental health illnesses or problems are not insured which means people have to pay extra treatment costs so they have difficulties in accessing treatment, especially low-income people.
And the worst thing is the Korean mental health path is following the Western path, treating people only with medication."

Jong Hye (Kelly) Rha

Assistant Manager, National Health Insurance Service, South Korea