

Policy in the Everyday: Exploring the realities of 'community' mental health systems in the
Global South – Webinar Transcript

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00:10:01.650 --> 00:10:02.400

Rochelle Burgess: fantastic.

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00:10:03.630 --> 00:10:05.970

Rochelle Burgess: Thank you everyone for your time.

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00:10:06.060 --> 00:10:08.280

Rochelle Burgess: and for your patience with us.

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00:10:10.110 --> 00:10:12.510

Rochelle Burgess: This morning, if you are joining us from Colombia.

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00:10:12.720 --> 00:10:21.090

Rochelle Burgess: And this afternoon, if you are joining us from the UK and welcome to everyone who's joining us from around the world it's a real.

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00:10:22.110 --> 00:10:27.390

Rochelle Burgess: pleasure and an exciting opportunity to be able to welcome you today.

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00:10:29.640 --> 00:10:32.190

Rochelle Burgess: My name is Rochelle Burgess.

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00:10:33.210 --> 00:10:37.050

Rochelle Burgess: Myself, along with Maria Cecilia Dedios.

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00:10:38.280 --> 00:10:51.330

Rochelle Burgess: Dario Maldonado and Sandra Jovchelovitch are the principal investigators sro STARS-C which is a collaborative research project that is trying to look at.

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00:10:52.110 --> 00:11:04.050

Rochelle Burgess: bottom-up ways to improve mental health services and this webinar today is the first series that will happen over the rest of this year.

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00:11:04.530 --> 00:11:21.030

Rochelle Burgess: which gives us an opportunity to explore and reflect on some of the key challenges that we face as part of the effort to improve mental health services and involve communities and who are most affected in that process.

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00:11:22.170 --> 00:11:22.650

Rochelle Burgess: It is.

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00:11:23.910 --> 00:11:33.270

Rochelle Burgess: extra special opportunity, because we are organizing this webinar series as a set of discussions and opportunities to learn from.

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00:11:33.690 --> 00:11:55.530

Rochelle Burgess: Other parts of the world who and colleagues and scholars and activists and practitioners and other parts of the world who are working in similar ways to sort of build better systems from the bottom up, so it is a very exciting opportunity for us to be able to have this discussion today.

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00:11:58.050 --> 00:12:01.620

Rochelle Burgess: I'm not going to speak for too long, because we have a really full.

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00:12:03.510 --> 00:12:09.660

Rochelle Burgess: Really full calendar for the next couple of hours, and we want to sort of catch up on the time that we've missed so far.

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00:12:10.800 --> 00:12:29.790

Rochelle Burgess: And so what I will do is say that in sort of the general structure for today, so we will have sort of two blocks of presentations the first block of presentations will be from our star seed team in Colombia, a series of discussions, and that includes.

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00:12:31.110 --> 00:12:34.680

Rochelle Burgess: Laura, Norha, Diego and.

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00:12:35.790 --> 00:12:57.900

Rochelle Burgess: Kelly, who have been working in our project are two key sites sort of thinking about the realities of mental health systems and services in Colombia, our second session will involve speakers and colleagues who are thinking about similar mental health systems in.

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00:12:59.220 --> 00:13:03.090

Rochelle Burgess: In Ghana and so we're very lucky to have with us Ursula Read.

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00:13:04.380 --> 00:13:25.320

Rochelle Burgess: Osei Kwame and Stephen Asante and they'll have a second discussion sort of reflecting on their efforts to negotiate and sort of work through challenges in delivering mental health care in Ghana and then our final bit of today will include.

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00:13:26.910 --> 00:13:31.920

Rochelle Burgess: A sort of interactive session, where we will be using a pilot.

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00:13:33.120 --> 00:13:36.420

Rochelle Burgess: The pilot system will require that.

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00:13:37.620 --> 00:13:56.580

Rochelle Burgess: You everybody sort of gives their thoughts or shares their thoughts and questions and reflections on different themes that we've discussed today, but also your own experiences of mental health services in your context so sort of to increase our chance to learn from each other.

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00:13:58.170 --> 00:14:03.240

Rochelle Burgess: And my sort of co-host today for the whole thing will be Maria Cecilia.

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00:14:04.470 --> 00:14:08.400

Rochelle Burgess: And I think that maybe most attendees will have their.

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00:14:09.720 --> 00:14:20.970

Rochelle Burgess: Translations on but, just in case you don't have it on yet we'll give one more explanation for how to do that, because our seminar series is bilingual so we'll be working in two languages today.

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00:14:22.140 --> 00:14:30.390

Rochelle Burgess: If you are joining us from a Spanish speaking country and you would like to listen to the seminar today in Spanish.

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00:14:31.260 --> 00:14:52.650

Rochelle Burgess: You need to click on the interpretation option which is at the bottom bar of your zoom and click Spanish if you are with us today, and you would like to listen to the webinar in English, then you need to click on English and that will set it up for the rest of today.

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00:14:54.150 --> 00:15:01.980

Rochelle Burgess: If you have Maria Cecilia will you explain that in Spanish, just in case there are a couple attendees you haven't turned that on yet.

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00:15:03.960 --> 00:15:12.330

María Cecilia Dedios: Perfecto, perfecto, Gracias Rochelle buenos días a todos, bienvenidos de nuevo a la serie de webinars del proyecto STARS-C. Para los que todavía no hayan activado la función de traducción como ya pueden ver el webinar será bilingüe, como lo hemos estado haciendo,

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00:15:12.840 --> 00:15:28.200

María Cecilia Dedios: Entonces para quienes necesiten la traducción en español o prefieran en español, hay un botón abajo a la derecha, que dice traducción o interpretación.

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00:15:29.550 --> 00:15:39.300

María Cecilia Dedios: pueden dar clic en ese botón si quieren escuchar en español simplemente tienen que hacer click en donde dice español y todo todo se escuchará a través de nuestro traductor

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00:15:39.990 --> 00:15:50.580

María Cecilia Dedios: Ah sí están bien y para las personas que quieren es por supuesto tendrían que dar clic al botón de inglés

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00:15:51.180 --> 00:16:00.150

María Cecilia Dedios: cualquier pregunta o cualquier comentario

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00:16:01.530 --> 00:16:07.350

María Cecilia Dedios: siéntanse libres de ponerlo en el chat para que podamos responder

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00:16:09.090 --> 00:16:09.870

María Cecilia Dedios: gracias

89

00:16:13.980 --> 00:16:29.190

Rochelle Burgess: Thanks Maria Cecilia and so on that note, we will stop talking and we will hand over to our first set of speakers today um now please take over, and thanks everyone again for joining us.

Laura Fonseca: Thank you very much, this is the part where we are going to speak in Spanish, my name is Laura Fonseca and I am part of the Stars-C team from the London School of Economics. In this first part, as Rochelle was telling you, we are going to talk about how we are thinking about the Stars-C project and we are going to start with a short conversation with Diego Ferney Tovar or Federico Montes as other people know him, who is joining us from the territorial space, or the former territorial space for training and reincorporation, Héctor Ramírez in Agua Bonita, Caquetá.

He is a peace signer and has accompanied the entire reincorporation process, he is part of the education committee of the cooperative for good living and peace in Caquetá there at the Héctor Ramírez and so we are going to talk to him first and then I will introduce the other people who are going to be with us.

The first thing I would like to ask Federico today is what are the main advances that can be found in the peace agreement regarding health and mental health, how the signing of the peace agreement in Colombia allows us to think about the issue of health and mental health. Hello Fede.

Federico Montes: Hello Laura, well first off, I would like to take this opportunity to greet everyone who is listening at this time, for me it is a great opportunity, a privilege to be here with all of you and to reflect on these subjects that have to do precisely with our fundamental banner which is the defense of the integral implementation of the peace agreement in Colombia. The subject that we are dealing with today is precisely what we find in the framework of the agreement within what we call the integral rural reform which is the first item of the agreement and it is where we are working or trying to establish the appropriate conditions within the framework of what was agreed between the national government, the Colombian State and the former FARC-EP, representing the insurgency.

A shock plan that would allow us to structurally transform the countryside and in such way overcome several of the limitations, difficulties and inequalities that are present in these territories and that at a given moment end up promoting multiple conflicts, recognising this situation of neglect of the countryside by the Colombian State, the integral rural reform raises in its first point, more specifically under the point 1.3, where it talks about the infrastructure that should be implemented in the countryside.

I apologise because I am at the airport so we are going to be listening to that lovely voice in the background.

In the framework of the agreement, the need for the structural transformation of the countryside is stated and one of its components is related precisely to addressing the issue of health and healthcare is approached from several perspectives; from the standpoint of strengthening the health infrastructure, rural health, we are talking about reaching what is called in the agreement deep Colombia and the creation of a model or a national health plan, of rural health with some approaches within which is the importance of addressing all the assistance provided as part of what we know as mental health.

Laura Fonseca: Okay, thank you very much, Federico, you mentioned something important there, that is the national rural health plan that comes as a part of the agreement, could you tell us a little more about what this national plan is about, if it is already implemented, how is this process progressing, because it was first signed in 2016 and we are already in 2022, how is this process progressing, in particular the national rural health plan?

Federico Montes: Well, here we must start by recognising some of the elements whereby the peace agreement is materialised. Once the peace agreement was signed, we entered into a process through a mechanism known as fast track, which was a quick mechanism through which we could incorporate each of the components of the peace agreement into the Colombian constitution, The need arises for the articulation of a document known as the COMPES, which creates the framework for structuring the country's public policy around what has become part of the new Colombian constitution, from the COMPES comes the need to create a implementation framework plan that guarantees that each of the components of the agreement will be incorporated into the Colombian constitution, and within this implementation framework plan of course comes the need to create the National Plan for rural health, as proposed in the peace agreement, there we have some difficulties and the difficulties lie in the fact that the whole process of creation and construction of the policy for the implementation of the peace agreement has a transversal axis in the active participation of all the actors of Colombian society, fundamentally of the communities that have been historically neglected by the State, this has not been fully achieved and this is what has led to the fact that the National Plan for rural health that exists, was issued by the Ministry of Health and Social Protection, However, it is a plan that has somewhat distanced itself from the fundamental objectives set out in the framework of the peace agreement, although this plan is clearly related to health and rural health, some actions that can be undertaken in the Colombian countryside to make progress in order to overcome inequalities and gaps regarding health have been addressed from the perspective of the government and the institutions.

Laura Fonseca: And this is showing up in the territories? How is this being seen, as you have spent a long time in the jungle, in various rural areas in Colombia, how are you currently seeing it implemented or how is the issue of mental health in the territories at the moment?

Federico Montes: Well, unfortunately, we can affirm that we have not made progress implementing the peace agreement, that the government that is about to hand over its term in August 2022 during these four years has made a thorough review of what was proposed in the peace agreement and has fallen into a major error, which is to think that the policy of implementation of the peace agreement is subject up to the will of the government in charge, without realizing that it is violating elements that are in fact part of the Colombian constitution. This has led to the fact that in the evaluations we carried out last year in the framework of the fifth anniversary of the peace agreement, we held 7 regional forums in different areas of the country to try giving participation and a voice to the territories, we found that the progress made in terms of implementation does not exceed 10%, and one of the most affected areas is precisely the Colombian countryside, and 2 of the sectors within the Colombian countryside that have perhaps made the least progress in terms of implementation are related primarily to health and education. In fact, in the health plan in the National Rural Health Plan that I was reading for this space, it surprised me to

see that the Ministry acknowledged that rural health is very expensive because moving to areas far away from the urban cores increases the costs of health services for the territories and I wondered if instead of going 3 days on a journey to attend Solano's community, why don't they set up a health facility in Solano if the agreement stipulated that infrastructure should be created in neglected territories and provide this infrastructure of necessary services for these communities, we refer to this limited vision of transforming realities when we say that there is a lack of willingness, there is no such effort and naturally this has an impact so that the communities have been unable to have full access to health services and we still face instances of people dying in the countryside due to epidemics and pandemics such as the COVID in which indigenous and campesino communities have been severely affected by the epidemics in deep areas of the territory and there is no public policy that directly reaches them, and there is another big problem, in the implementation process, there is the Colombian society, which is the fundamental objective we hope to achieve and strengthen through implementation, but there are also the signatories of the peace agreement, I am a signer of the peace agreement, meaning that we were previously involved in armed movements and since the peace agreement we have become part of all those people who are committed to the implementation of the peace agreement, but we have not received a health program that correctly and properly addresses all the health components, including the phenomena of mental health, which does not mean that we have not progressed, which we can discuss later on.

Laura Fonseca: Great, of course, and that leads us to the next question that arises, in the particular case of the former guerrilla members who are in reincorporation process, there were different stages, right? a first stage in the transitional zones for normalization, later when you moved to, let's say, the so-called territorial spaces for training and reincorporation and now the former territorial spaces for training and reincorporation or populated settlements. In this timeline of the reincorporation process, how has the mental health or psycho-social assistance been particularly for the population in reincorporation process? How have you seen it?

Federico Montes: Well, at first, this is a rather difficult process, as there is no clear public policy regarding mental health for the communities who signed the peace agreement and, linked to this, for the community projects that have been set up around them, or around us, this means that reincorporation basically takes place as a staircase with 3 steps or 3 levels: the first step concerned the preliminary grouping points, the second step was the veredal zones, the third step was the territorial spaces for training and reincorporation, and the fourth step, would be to reach the next level, so to say, we would become part of Colombian society on the same terms and conditions as any other Colombian citizen, In practice, we were left on the step of the territorial spaces for training and reincorporation (ETCR for its initials in Spanish) and now they have put the A, former territorial spaces for training (AETCR for its initials in Spanish) but the novelty does not appear, which enables us to enter on equal terms to be part of Colombian society Thus, there is no public policy that recognizes our community as a settlement within the territory and therefore there are no resources to invest in this community from the municipal and departmental administration because we do not figure in their development plans and therefore it is not included in public policy, which has resulted in health and specifically mental health programs not being developed to their full potential, I do not mean to say that there has not been an initiative

that has given us minor sparks of some mental health matters among people signatories of the peace agreement, with the communities themselves, but there is a huge problem which is that it does not recognize the territorial perspectives, so when we go talking to a person who was a member of the guerrilla movement, we believe that they are socially maladjusted. In fact, once came a university and offered to carry out a mental health process with you in order to re-socialize you, and we said this concept means that we used to be antisocial and we have to take a different view and we do not recognize ourselves as such, we mean, a group of antisocial people would not transform the country in the way we are transforming it with the peace agreement, meaning that the antisocial people would have a better vision of the country than the "social" people who have been governing it for so long. So we have also found this type of lack of understanding of the particularities approach in some of the mental health initiatives that have been implemented in these territories, but at the same time we have also built our own understanding of mental health and we have provided spaces in order to harmonize our relationship, no longer in arms but as a regular community, so to speak, to harmonize our relationship with the community project that we are developing, with our families, friends, children, sisters, wives, husbands, who are arriving there, harmonize our relationship with the communities of the territory that came to us there and start a whole process of harmonization, we realize the importance of starting a process of reconstruction of the social fabric that has been strongly affected, not only materially but also psychologically and mentally, and we are taking action towards that aim.

Laura Fonseca: This seems very interesting to me, as a topic of self-management, in this particular example of self-management that you are sharing with us, what are the partnerships that have been made, how do you manage to handle these alternatives to strengthen the mental health of the community where you are?

Federico montes: Well, we have been learning from day-to-day life, so to speak, we have been creating a community project, we have been creating a relational model, we have been creating an affective relational project within the territory, yet we have done so from a very empirical practice, let's say, which does not mean just trial and error, but rather that we are taking knowledge from daily life through the experiences that are presented to us, When the peace agreement was signed, one of the first challenges we faced was breaking the taboo against each of the men and women who had been involved in the guerrilla resistance, so that the concept that had been built up as rapists, of this and that, would be lowered and they would see beyond this taboo and this myth that had been coined for 53 years of conflict, there were human beings who had certain qualities, who had certain particularities and a country project in their heads. We began to interchange experiences and we realized that in order to progress in this respect we had to establish a methodology because we were constantly receiving guests and with each one we almost carried out the same process and we began to set up methodologies and one of them we call them from perception to reflection, which means that you arrive here with an idea that you could possibly draw up without knowing the experience in the actual concrete practice, So, with that perception come and spend 3, 4 or 5 days here and after 5 days we would ask you what your reflection was and they would say no, bro, we were wrong, I mean, we did not expect you to have that level of harmony between you and those investments, and we have been achieving that with some concrete actions, One of the most tangible ones could be, for

example, the educational model that we are trying to articulate and that promotes the values that have distinguished us throughout our history, working on cultural, artistic and sporting projects that create spaces for integration, encounter and reconciliation, but also for memory, identity and the possibility of creating and strengthening the territory.

Laura Fonseca: Yes, thank you very much Federico, I believe this gives us a glimpse into the potential of the community-based work, from the partnerships that are made, as well as from a broad perspective on the issue of mental health and what works for the communities, as you said, having a clear understanding of the territorial needs and with a territorial perspective. In order to continue with the discussion, I would like to welcome Nora, who is also part of the Stars-C team and who will have a conversation with Kelly our community researcher who will explore these issues particularly in mental health in certain territories in Florencia, so Nora, welcome and welcome Kelly. Thank you very much Federico, I think this gives us a very important framework to understand what we are going to hear next, thank you very much.

Federico Montes: Okay, thanks to you.

Nora Vera: Thank you very much Federico for these reflections and Laura for passing us the stage, my name is Nora Vera San Juan I am a postdoctoral researcher of the Stars-C project and today I have the joy of being joined by Kelly Palacio who is one of our community researchers, these are people who received training to conduct interviews and focus groups and to contribute to analyze the results of the project. Good morning, Kelly.

Kely Palacio Londoño: Good morning, Nora and good morning, everyone who attended the seminar, I feel deeply grateful to share with you the experiences I have lived within the framework of the Star-C project and I believe that what Federico explained, as Laura says, opens up a bit of the problem we face in the department, which is the implementation of public policies for mental health.

Nora Vera: Perfect and today Kelly and I will share with you some of the preliminary findings or first impressions of what we have observed during the project and we are going to start by describing the scene a little bit, getting to know what are the mental health services that are available in Florencia.

Kely Palacio londoño: Well from that overview at the present time Florencia has 2 public community hospitals which are the hospital Maria Inmaculada which has a mental health unit, we also have the community hospital Las Malvinas but this hospital is classified as level one, it is a hospital that attends people of lower risk, we also have 2 psychiatric clinics that are private such as the clinic La Fe that serves especially population that suffer from drug addictions, we also have Dr. Hugo Rincon's clinic, the clinic El Divino Niño of that attends patients who suffer from all kinds of mental health issues, These are the institutions that we have in our territory and we also have, as a part of the local government, the family commissariats, which are municipal institutions that help and guide people with mental health issues or problems that are experienced in the municipality of Florencia.

Nora Vera: Yes, we also noticed that a lot of people use services from traditional practices such as elders or priests who provide services and at Stars-c we also understand this as part of mental health services in a broad sense.

Kely Palacio londoño: Yes, uh-huh, what you talk of priests is a word that refers to a person who comes from a traditional healing system that is like a healer who sometimes treats mental health problems or general illnesses, from the traditional healing point of view.

Nora Vera: Kelly could you tell us a little bit about how people access these services? how they typically access them?

Kely Palacio londoño: Well in Florencia and in many municipalities of our department, the fastest way to reach a psychologist or a psychiatrist is the emergency service, the emergency service when the person arrives with any problems in mental health issues appeals first emergency because it is one of the easiest ways to quickly access the psychologist, After this, there are also appointments of general medicine, where the general practitioner refers the patient to the specialist who is a psychologist or psychiatrist if they found it relevant. After that, the patient would have the orders authorized, hand them to the eps, which is the health services provider entity, in order to be authorized and to get an appointment, this takes a long time to access these health services in the municipality.

Nora Vera: Yes, there is no direct path.

Kely Palacio Londoño: No, it is not possible, you would have to find a private service, and to pay for the treatment with a psychologist, but a direct pathway for them to go and book an appointment directly with a psychologist is not an option, you have to go first to a general practitioner to get prior authorization before going to a psychologist.

Nora Vera: In that respect, we realized that there was quite a lot on offer in terms of private psychologists or even in some of the private clinics, but it was not easy to access them because of the expense.

Kely Palacio Londoño: Yes, an appointment is quite expensive, it is between 180 and 150 for a psychologist or a psychiatrist, for them in Florencia and a lot of municipalities it is pretty pricey because they also have to pay for transport from their municipalities to Florencia, which is where the entities or institutions that provide these services are located, In the municipalities we do not have these health services such as psychologists, nor at the health facilities, nor are there any at level one hospitals, which remit patients to Florencia, the capital city, therefore they are unable to access the services and there is when people seek the services of the healers and priests from the villages in order to manage their mental health issues.

Nora Vera: And that is somewhat as Federico mentioned before, the services are very centralised, the patients are remitted to Florencia, even if they get an appointment with a psychologist or a psychiatrist, it would mean that their family has to go to Florencia and possibly stay there, and perhaps to learn about the experiences within the community, Kelly, what is your impression of how the people experience the mental health services?

Kely Palacio Londoño: Well, the perception that I have based on the focus groups that were carried out within the framework of the Stars-C project, one of the experiences that people have is that it is very difficult to access these services, in addition the time for getting care is prolonged, and often it is deficient because there are no adequate facilities or infrastructure for this care, right? so there were also people from communities who told us that they didn't feel heard by these professionals, so they don't have that confidence, right? So, among positive experiences we also heard from the community that there were professionals who gave them good support and good guidance, but it is still very common in Florencia, and people complain a lot about how difficult it is to access these services and how long it takes, so they tend to give up asking for an appointment with a mental health professional.

Nora Vera: Curiously enough, on behalf of the professionals we received a complaint of feeling that they were not given enough time, they told us that they had 10 minutes per patient, sometimes half an hour in the case of psychologists, which is not enough time to truly do an assessment or to have a conversation with the patient.

Kely Palacio Londoño: Yes, Norha, I agreed with that, and it is also very much related to the fact that in Florencia and in Caquetá there are no public policies for mental health issues, which is why there are limitations in terms of time, as the professionals stated, in order to assist their patients in 10 minutes it is impossible to treat a person in terms of mental health issues.

Nora Vera: Yes, there is no public policy to protect them, we also heard that there was a lot of misinformation among patients about how to access these services, for example a lot of them did not know that their EPS should cover mental health services, there is a lack of knowledge about the attention route, I don't know if you remember Kelly, some of the other impressions of the professionals.

Kely Palacio Londoño: Yes, among the impressions we received from the professionals, there is one which is very interesting and important to know, as the professionals feel that there is a lack of family participation during the patients' recovery processes, the family is totally disconnected from these processes regarding mental health issues, according to some of the clinics, sometimes patients with mental health conditions are abandoned in the clinics and then the clinic and the government have to take care of all their expenses, their medical care and even if they recover, the family is not aware, so the process is interrupted, which is something that the professionals notice in the department and in addition there is a lack of institutional coordination, so for example the management of the funds that are available is insufficiently flexible, so there are not enough resources available for people to access the mental health service, as Nora said, there are a lot of people unaware of the routes and believe that the EPS will not provide them with a psychiatrist or a higher specialist in mental health issues, so they just abandon this issue and that is why there are many cases of mental health disorders in our municipality.

Nora Vera: And as we mentioned earlier that during my stay in Florencia we also did interviews with people who perform traditional healing practices or pateros, healers, and

we really learned some very interesting things about the way they provide their services, Kelly would you tell us a little bit about that.

Kely Palacio Londoño: Well there I agree with what Federico said, because for example access in the rural areas is very difficult and I believe that is where most of these services are used and also in the municipalities where there is no psychologist attention for mental health issues, so traditional practices such as healers, priests and the elders become like a fundamental support for their processes, they use herbal medicine, they practice parapsychology, which is a way of spiritually healing their soul and their mental health issues, right?, using yagé and mambe, the elders know how to internalize or realize how the person is feeling, right?, and how to deal for example with sexual and couple issues, because those are some of the most common reasons why people recur to these practices, right?, For example, stress symptoms are also frequent cases, and this stress is often seen in our municipality and in the department, for instance, it has increased due to the COVID situation, so the economic aspect has become very important. People in the municipalities and in the rural areas have been very stressed by the economic crisis, which worries them a lot in the department, and often the healers we interviewed told us that they visit them because they feel sick and say they are being subjected to witchcraft, right? So, they try to take care of the issue of witchcraft from their own knowledge, so in addition to this, as Nora could notice, it is much easier to access these practices. For example, the time to attend a person is unlimited, you can go to the healer where the person can take 30 minutes to tell him everything that is bothering them, he listens to them and then prescribes plants and baths, and that helps to give the person stability, right? Besides the lower price, they don't charge for their service, they only charge for the supply of the plants or herbs that they sell, not for their service, so it's a quicker and easier way for them to have some mental health relief.

Nora Vera: Yes, you mentioned lots of interesting things there, regarding the latter aspect, it was something that surprised me and it seemed like a great learning opportunity for the so-called official or western mental health services about how it is possible to provide a service in a way that is more approachable, for example about payment arrangements, many of the healers told us that people could pay by instalments, they gave them different options, the proximity aspect, it's not the same to arrive at a clinic with white walls where everyone is dressing gown than to arrive at a family home where a person is willing to listen to you.

Kely Palacio Londoño: yes and also I just saw a question in the chat that asks if the healers or the people who work in this field are always men, most of them are, but also in our territory there are many women and there are many female elders that assists through these practices, so it is very balanced, it depends on the person with whom the patient feel more comfortable, they have a recognition in their territory and in their municipality, so the person that has more influence to them is the one they go to.

Nora Vera: And another thing that you mentioned as well Kelly was the issues or more typical issues that we noticed whereby people attend traditional practices which often dealt with more private issues like couple or sexual issues and we commented that we felt that there might be more private when someone goes to see a healer compared to someone who goes to a hospital and there was a lot of respect for the privacy of the people that the healers were treating.

Kely Palacio Londoño: Yes, in this regard, there is a perception among people that they feel a greater confidence towards this type of practices, Unfortunately the institutions and entities have lost a certain amount of trust among people, which is why there is no empathy between them, and also, as I said, I believe that one of the problems is the time that the professional can spend with a patient if a psychologist had more time to establish a conversation or listen to a person in need, I believe that the services would improve a lot and the trust between the professional and the person requiring the service would improve a great deal.

Nora Vera: And finally, Kelly there is a new positive note: in late January we organized a forum in Florencia, could you tell us a bit about the suggestions the attendees made about what mental health services they would like to have.

Kely Palacio Londoño: Well, this forum was very important for the community they were very happy 50 people participated and they left very motivated because they were told about the objective of the project which is to improve these mental health services, right? to implement the project to contribute to improve these policies and the mental health issue they proposed that in the municipality, because there were people from Florencia and Agua Bonita who participated, there should be more listening spaces in places where they could access easily, right? that managed to reach them and having a place they could be listened to, where they feel welcome, where they could be guided, that was fundamental for them and they consider that it is something key regarding mental health, which is so prevalent in our municipality, another thing that young people and parents also tell us quite a lot is that for example in Caquetá we have a limited education offer and this causes a worrying mental health issue for them because young people have nothing to do, they do not have an adequate education or training, a lot of these young people have to leave the municipality to other cities seeking education. This explains what parents said that they had to worry about their stay in cities like Bogota Cali Medellin Neiva, which is the closest where more than 5 universities are located, Florencia has only one public university which is La Amazonia and 2 private universities, so the education offer is not much, then parents worry and shut themselves inside their mental health. They see it as a whole, which is the economic aspect, the family aspect, their children's education and their children's emotional stability, which is part of it, They also said that they worry about having enough money to pay because universities are expensive and also for their wellbeing in the city where they are going to live, so they said that if there was a greater education offer in Caquetá, the rates would drop a little bit because young people only have two options: the University of La Amazonia or the SENA, so it is very difficult and I think that this improves mental health in territories like Caquetá.

Nora Vera: Thank you, very much.

Kely Palacio Londoño: I want to share an experience with the participants, one person came to me and told me: "I want to leave Caquetá because I can't find a job here, I'm studying but I can't find a job, there is no job offer so I want to leave from here because I know that in another country I could find something better, I can move", so it is this relationship and this approach where, they are studying, think they are not going to quickly find stability which is

what gives us this emotional well-being, unfortunately the economy is fundamental in people's mental health.

Nora Vera: The link between mental health and context, thank you Kelly.

Kely Palacio Londoño: Thank you all.

María Cecilia de dios: thank you all very much we wanted to have a short space before moving on to the next section of the webinar to have a little Q&A so to recap welcome to those who connected after 8:00 I am Maria Cecilia de Dios I am an assistant professor at the school of Government and we are in a webinar about the Stars-c project that we are doing in collaboration with UCL and LSE, so I have 2 questions that I would like to ask our panelists first we have a question for Federico, Osvaldo asks us or tells us that he is aware of the limitations that have existed regarding health services in general for peace signatories since the agreement and asks us how other health services have functioned, i.e. emergency, pediatrics, general medicine, Osvaldo would like to know a bit more about how health services have functioned in general and also I have a question for all our panelists that is related to the topic of culture, culture and health issues, Manuel tells us that in some contexts, for example in some Ecuadorian places, people do not believe in psychology and he wants to know how is this like in our project in Florencia, in La Montañita, how is culture approached with regard to mental health care in this respect.

Federico Montes: Well, to answer the question I think that at a certain point we are picking up on what Kelly said about the difficulties in accessing health care in the territories, unfortunately we have not managed to ensure that the structural transformation of the countryside has an impact not only on health and education but also on other key issues such as connectivity, for example, access roads, which means we need complementary actions This means that complementary exercises such as telemedicine, for example, which is a technique that is being tested in several places in the world and especially with complex geographies such as Colombia's, lack of implementation of this technology is part of the constant debate on how to build concerted actions that allow us to strengthen the structural transformation of the countryside and of course this requires the construction of a lot of infrastructure where communities will easily have access to these because at the moment the health services are concentrated in 40% of the department and the other 60% is totally out of reach and they have to travel for basic procedures such as a medical check-up because an emergency cannot be so urgent because if it requires treatment in less of a day, they can die on the way, that is the current status of the health model in this kind of territories and within this, one of the most serious problems we have, is the fact that those who govern often do not understand that the country should not be administered according to the interests of the predominant political party, the country must be administrated according to the interests of the citizens of the State and who have put their trust through voting for the country to progress and that is a debate that we have held and hoping that at certain point we will reach a consensus where is understood the fact that the government has to try and overcome the difficulties and honor the needs of the communities that elect them to carry out that duty.

María Cecilia de dios: Thank you deeply, Federico.

Laura Fonseca: I could begin answering the question regarding culture, if you will. I think it is very interesting what Manuel asks and I believe that Nora and Kelly talked about this a bit as well as Federico, the cultural issue, the prayers, the priests, all that, is present in the territories and configure, local knowledges, so to speak, and the alternative and ancestral practices that people and the communities use in order to manage their mental health issues and in fact what Stars-C is looking for is not just the existence of the health services but also to link these ancestral knowledge to health care access. The thing is that at certain areas people would not consult a psychologist because they do not know that kind of services, as they have never been offered with them and they lack knowledge about attention paths. So, what we are hoping to achieve with Stars-C is that health services easy access and availability interact with the acknowledgment of alternative practices that communities use, to manage and experience their mental health. Maybe Nora and Kelly could add something.

Nora Vera: Yes, something that I found quite curious and that would be interesting to hear from our colleagues in Ghana about was the interaction between people who practice traditional practices and when they feel that the person, they are treating would greatly benefit from treatment in a hospital, they refer them, there is an interaction and a communication between them and the formal services.

Kely Palacio Londoño: Yes, we did notice that with Nora, the healer said that when he observed that the case required treatment beyond his discipline or that it was getting increasingly serious, he would remit the patient to the local hospital, which is a level one, low complexity hospital, so that they could be treated, and he would look for the route so that the person could reach a professional so that they could be assisted with their mental disorders, They themselves said that it is sometimes very difficult for them to handle this because it is something much of a medical matter, so it gets out of their reach, especially when it comes to medicine, for example with tumors and things that require heart surgery, they said that in that case they had already identified and redirected the patient to the specialist well trained in surgical procedures, because they couldn't do it themselves.

María Cecilia de Dios: Thank you very much, Kelly, Federico, Laura y Nora for sharing us what is happening in Stars-C. So, now we are going to continue with the second part of the webinar in which we are going to know the experiences of community health services y Ghana, Rochelle.

369

01:02:12.870 --> 01:02:14.400

Rochelle Burgess: Thank you so much, and and.

370

01:02:14.430 --> 01:02:20.130

Rochelle Burgess: really interesting and so important to hear about the importance of.

371

01:02:21.360 --> 01:02:29.460

Rochelle Burgess: Listening to Community and when we listen to Community how we can sort of look for ways to better integrate that listening into action, and I think it's really.

372

01:02:29.880 --> 01:02:38.820

Rochelle Burgess: Something that probably resonates a lot with what we'll hear about next in Ghana so i'm not going to talk too much, I will hand over to Ursula.

373

01:02:39.990 --> 01:02:50.220

Rochelle Burgess: who joins us from king's college London, as well as colleagues in Ghana Stephen and my screen is missing.

374

01:02:52.440 --> 01:02:52.710

Ursula Read: or.

375

01:02:53.430 --> 01:02:57.300

Rochelle Burgess: Need I don't know where he went but i'll leave it to.

376

01:02:57.360 --> 01:02:59.700

Rochelle Burgess: To you, to take over so thanks very much.

377

01:03:00.840 --> 01:03:06.150

Ursula Read: Thank you, thanks for Shell and we just grabbed the F to all the colleague us in Columbia.

378

01:03:06.660 --> 01:03:07.350

and

379

01:03:08.760 --> 01:03:18.540

Ursula Read: Stephen good afternoon hi I can see you and George George said he was having some trouble joining, but I did see his name.

380

01:03:20.880 --> 01:03:22.800

Ursula Read: George are you there no.

381

01:03:26.640 --> 01:03:34.500

Ursula Read: And I don't know far as you're able to send any other options for George to join he might be using his mobile phones, sometimes it.

382

01:03:34.560 --> 01:03:37.200

Stephen Asante: doesn't give you as many options, and I say hello.

383

01:03:37.470 --> 01:03:49.560

Ursula Read: hi good afternoon Stephen i'm just trying to find George because he was on and then he said he's having problems joining and I can't see his name, so far as you could kind of maybe and.

384

01:03:51.060 --> 01:03:56.790

Ursula Read: See if maybe if I share just give me one moment i'm just going to share with our.

385

01:03:59.400 --> 01:04:02.190

Ursula Read: coaches number, so you could maybe send him a what.

386

01:04:02.340 --> 01:04:04.620

Stephen Asante: Is love Lucy you I can't hear you.

387

01:04:04.830 --> 01:04:10.830

Ursula Read: Oh right okay um it's that connection can you hear me now.

388

01:04:14.580 --> 01:04:15.060

Ursula Read: and

389

01:04:15.420 --> 01:04:17.130

Stephen Asante: What I can.

390

01:04:17.280 --> 01:04:19.590

Ursula Read: You can't what happens if my turn off my.

391

01:04:19.590 --> 01:04:25.800

Ursula Read: Video can you hear me better Now I hear you now okay right we don't need to see me.

392

01:04:27.000 --> 01:04:35.490

Ursula Read: And let me just send george's number so that may be for can have a chat with George and see if you can get him and.

393

01:04:36.870 --> 01:04:37.800

Ursula Read: yeah okay.

394

01:04:41.430 --> 01:04:43.530

Ursula Read: Just one minute, so he.

395

01:04:46.410 --> 01:04:48.750

Ursula Read: Is the evidence of all day.

396

01:04:51.030 --> 01:04:54.960

Ursula Read: Inequalities in Internet access, which are.

397

01:04:57.930 --> 01:04:59.850

Ursula Read: For two okay.

398

01:05:05.490 --> 01:05:23.490

Ursula Read: Okay far i've sent that to you if you could maybe whatsapp George and see if you can connect in some way, thank you very much and okay so i'll just start with you Steve and so thank you very much to Rochelle and and your colleagues in Columbia it's really nice to see you Nora.

399

01:05:23.940 --> 01:05:45.180

Ursula Read: And to have us share with you some experiences today so i've invited George and Stephen some nurses, that I know, through my work in in banner, and I just had a few questions to the that I wanted to, and that just sort of died or conversation a bit Stephen can you hear me okay.

400

01:05:48.180 --> 01:05:49.350

Ursula Read: Can you hear me Stephen.

401

01:05:52.320 --> 01:05:53.910

Ursula Read: Stephen Hello.

402

01:05:55.800 --> 01:05:56.460

Rochelle Burgess: Steven.

403

01:05:57.780 --> 01:05:58.470

Osei Kwame George: right here, you.

404

01:06:00.540 --> 01:06:04.050

Ursula Read: recognize george's voice Stephen hi George Hello hi.

405

01:06:04.080 --> 01:06:04.830

Good afternoon.

406

01:06:07.440 --> 01:06:07.950

Osei Kwame George: Good afternoon.

407

01:06:09.240 --> 01:06:14.760

Ursula Read: Good afternoon, I that we seem to be having some connection problems Stephen couldn't hear me Stephen can you hear me.

408

01:06:18.570 --> 01:06:19.890

Ursula Read: I don't think Stephen can you hear.

409

01:06:19.890 --> 01:06:20.190

me.

410

01:06:21.810 --> 01:06:22.050

Stephen Asante: hi.

411

01:06:23.100 --> 01:06:23.760

Ursula Read: Can you hear.

412

01:06:24.120 --> 01:06:26.280

Rochelle Burgess: Can you just make sure that you're on the right channel.

413

01:06:26.940 --> 01:06:28.380

Ursula Read: Which channel would that be.

414

01:06:28.740 --> 01:06:29.700

Rochelle Burgess: The English one.

415

01:06:30.600 --> 01:06:31.170

haha.

416

01:06:32.220 --> 01:06:36.870

Ursula Read: Okay, I have it off, so if I put it on is that better.

417

01:06:39.720 --> 01:06:40.830

Ursula Read: Can you hear me better.

418

01:06:41.820 --> 01:06:45.630

Rochelle Burgess: I can hear you fine I could hear you both time Stephen here.

419

01:06:46.680 --> 01:06:48.630

Stephen Asante: Yes, I think you're here now.

420

01:06:48.750 --> 01:07:05.160

Ursula Read: Okay yeah I think the Internet is going in and out of it and so yeah maybe four or someone could maybe type things in the chat so that if Stephen isn't able to hear he could type something perhaps do you have access to the chat Stephen.

421

01:07:06.960 --> 01:07:07.710

Stephen Asante: Yes.

422

01:07:08.610 --> 01:07:24.900

Ursula Read: yeah if I fade out and we can do a bit typing, we have to find ways around these challenges and so Stephen perhaps we could start, could you just introduce yourself and tell us a little bit about what your role is and how long you've been working in mental health and garner.

423

01:07:26.730 --> 01:07:29.040

Stephen Asante: grace good out to know.

424

01:07:29.100 --> 01:07:34.980

Stephen Asante: Is 2pm in Ghana, without to everybody.

425

01:07:36.150 --> 01:07:37.950

Stephen Asante: My name is Steven asante.

426

01:07:39.390 --> 01:07:40.830

Stephen Asante: Mental health and this.

427

01:07:43.410 --> 01:07:58.380

Stephen Asante: bs in the northern part of Ghana that's tamale and i've been working as a mental health illness, since 2013 up to today and basically.

428

01:07:59.400 --> 01:08:04.620

Stephen Asante: Where this is a Community services that we do.

429

01:08:06.570 --> 01:08:31.620

Stephen Asante: With a little or PDF 10 dance that basically we do more on the Community we go to people's homes, the Community schools to educate people about mental health and also raise awareness and support people who are having a mentor so basically does what I do as a mental miss in Ghana.

430

01:08:33.660 --> 01:08:41.310

Ursula Read: Thank you to thank you Steve and I George could you would you also introduce yourself just tell us who you are and and what your role is thank.

431

01:08:46.440 --> 01:08:47.190

Osei Kwame George: i'm.

432

01:08:48.450 --> 01:08:50.760

Osei Kwame George: Sorry, to this like i'm having a little challenge.

433

01:08:52.110 --> 01:08:59.010

Osei Kwame George: Was is on offers are spider to vin to join this meeting, well, I must tell me George petitioner.

434

01:09:01.470 --> 01:09:02.280

Osei Kwame George: I joined.

435

01:09:04.230 --> 01:09:10.230

Osei Kwame George: mentor have plenty since 2014 to them work almost eight years now.

436

01:09:14.190 --> 01:09:17.280

Osei Kwame George: i'm a trainer of the mutual rights.

437

01:09:18.390 --> 01:09:19.320

Osei Kwame George: And also.

438

01:09:20.610 --> 01:09:23.310

Osei Kwame George: I Secretary to bet if I layers and waffle.

439

01:09:25.110 --> 01:09:33.120

Osei Kwame George: And minutes apartment I have done this in in rosov visibility in each region was also located in part of northern part of Ghana.

440

01:09:34.200 --> 01:09:34.740

Osei Kwame George: And then.

441

01:09:35.760 --> 01:09:40.950

Osei Kwame George: You have been running the Center for sometimes now even a service.

442

01:09:42.540 --> 01:09:46.350

Osei Kwame George: To those who are new to separate K as a Muslim.

443

01:09:51.000 --> 01:09:52.140

For people's weapons.

444

01:09:53.160 --> 01:09:54.540

Osei Kwame George: So this is about George.

445

01:09:55.560 --> 01:09:56.010

Osei Kwame George: For now.

446

01:09:58.230 --> 01:09:58.680

Ursula Read: Thanks.

447

01:09:58.770 --> 01:10:07.440

Ursula Read: Thanks George thanks, so I think for people who perhaps aren't familiar with the setting because she could you just explain what the prayer camps are.

448

01:10:10.710 --> 01:10:13.470

Osei Kwame George: Okay, you thought it fit based us.

449

01:10:14.970 --> 01:10:16.170

Osei Kwame George: should come down out of.

450

01:10:17.010 --> 01:10:24.360

Osei Kwame George: True, we just have spared the Muslim does that make Christian and then the traditional healers and all these tonia fifth.

451

01:10:24.810 --> 01:10:33.420

Osei Kwame George: It was a good day believing that of course of your signature series of special out also the result as tight with for treatment.

452

01:10:34.080 --> 01:10:44.160

Osei Kwame George: And then, as a mentor practitioner I this was this that you've always been a mentor have clean so sent test after this must be Tolkien so.

453

01:10:44.760 --> 01:10:55.320

Osei Kwame George: for you to get this report what you believe what you do much trouble to this trip or soda you can render effective services because before you know people who are there for speech aspects.

454

01:10:55.650 --> 01:11:06.060

Osei Kwame George: And, of course, maybe there was no beat up structure So these are the people who are based on belief, to the treatment to April amenta F issues.

455

01:11:08.580 --> 01:11:16.050

Ursula Read: Thank you, George, I think, and what was interesting Nora I think you commented that and what's interesting about garner is that you.

456

01:11:16.500 --> 01:11:16.800

Ursula Read: and

457

01:11:16.860 --> 01:11:20.220

Ursula Read: The government has kind of been specifically.

458

01:11:20.670 --> 01:11:22.470

Ursula Read: promoted collaborations.

459

01:11:22.470 --> 01:11:31.260

Ursula Read: between traditional and faith based healers and and and mental health services, and I think that's something that people were discussing.

460

01:11:31.530 --> 01:11:38.460

Ursula Read: In the Columbia presentation, so it would be quite interesting so Stephen could you perhaps tell us a little bit about.

461

01:11:39.450 --> 01:11:54.150

Ursula Read: Any work that you've been doing with healers in your area and, just to mention that and Stevens working in Tamil so and George's working in a brung a half Oh, region or it's an apple boundaries region and.

462

01:11:54.600 --> 01:11:56.100

Ursula Read: God is kind of quite long and.

463

01:11:56.100 --> 01:12:04.860

Ursula Read: thin and the capital is on the coast in the south, established by the colonial government and.

464

01:12:05.520 --> 01:12:14.400

Ursula Read: And so, where George and Stephen work it's quite a long way from the capital and from where most of the resources are concentrated.

465

01:12:14.940 --> 01:12:25.770

Ursula Read: So thanks George if you could Stephen if you could just tell us about any work that you've been doing the teenagers in your area and then maybe George could tell us a bit about the work he doesn't want to me thank you.

466

01:12:27.390 --> 01:12:28.740

Stephen Asante: Thank you as well, so.

467

01:12:30.120 --> 01:12:31.530

Stephen Asante: In Ghana.

468

01:12:32.760 --> 01:12:34.830

Stephen Asante: The belief system is so strong.

469

01:12:35.880 --> 01:12:37.680

Stephen Asante: That we we can.

470

01:12:38.700 --> 01:12:39.630

Stephen Asante: Practice mental.

471

01:12:40.710 --> 01:12:41.970

Stephen Asante: Health without.

472

01:12:42.090 --> 01:12:44.430

Stephen Asante: Looking at the belief system of the people.

473

01:12:45.030 --> 01:12:48.900

Stephen Asante: Because we have a lot of people, the first point of call.

474

01:12:49.260 --> 01:12:50.550

Osei Kwame George: When the i've been sick.

475

01:12:50.580 --> 01:13:04.230

Stephen Asante: Nobody mental illness is to either visit a pastor or go to a traditional lease or a day mom for three years, and you know find me need to.

476

01:13:04.590 --> 01:13:15.360

Stephen Asante: weigh the sequel what they are going to do so in the note, we have a lot of pre outcomes, a lot of times now he lives in a lot of faith based healers.

477

01:13:15.570 --> 01:13:17.760

Stephen Asante: In the city and also.

478

01:13:18.150 --> 01:13:19.620

Stephen Asante: The Community so.

479

01:13:21.720 --> 01:13:34.890

Stephen Asante: I personally, plus the organization I I run we visit this prayer comes where they are people with mental illness, who been.

480

01:13:36.510 --> 01:13:42.270

Stephen Asante: brought or sent to that, please, or what we do is in most cases when we go because.

481

01:13:45.150 --> 01:13:50.400

Stephen Asante: Some of them are a little bit aggressive and not easy to handle them.

482

01:13:52.710 --> 01:13:57.900

Stephen Asante: In the idea being shut off the chain.

483

01:13:59.400 --> 01:14:06.090

Stephen Asante: or some are being locked up in a room of suicide people see the case, then we explain to them.

484

01:14:06.930 --> 01:14:07.950

What we can do.

485

01:14:09.690 --> 01:14:11.520

Stephen Asante: Collectively, to support those.

486

01:14:11.520 --> 01:14:17.910

Stephen Asante: People who have a mentor in so the major thing that I do is.

487

01:14:19.080 --> 01:14:29.010

Stephen Asante: People The first thing is Mitchell, I have interaction with the company, though the pasta, the mom or in the.

488

01:14:30.630 --> 01:14:47.280

Stephen Asante: lease or traditionally then we take them off from the chain, though, the third point, then we get Community mental health nurses who are on the ground work closer to side comes inside places and the set them in the administer.

489

01:14:48.450 --> 01:14:53.580

Stephen Asante: Anti psychotic medication to them when the aggressive the call such community.

490

01:14:53.580 --> 01:14:54.870

Stephen Asante: Mental health nurses.

491

01:14:55.080 --> 01:14:58.410

Stephen Asante: Who We work closely together and make sure that.

492

01:14:58.470 --> 01:14:59.910

Stephen Asante: The able to.

493

01:15:00.480 --> 01:15:01.350

Osei Kwame George: manage.

494

01:15:01.380 --> 01:15:02.820

Stephen Asante: The aggression and any.

495

01:15:03.090 --> 01:15:04.380

Osei Kwame George: behavior now cause.

496

01:15:04.410 --> 01:15:06.000

Stephen Asante: destruction and harm to the.

497

01:15:06.000 --> 01:15:18.690

Stephen Asante: camp, so we do the treatment, the hospital aspect than the 50 less and a prayer comes in the passage to their prayers.

498

01:15:19.050 --> 01:15:37.230

Stephen Asante: And some of the psychotherapy is that the counseling the advice that we will not be available to give each and every day they make sure that that things happen so we We work closely, hand in hand with them and make sure that people would mentor in is being supported.

499

01:15:40.140 --> 01:15:52.260

Ursula Read: Thank you very much Steven I am Dr Jake I wonder if you, I see that Rochelle Rochelle burgess is the host of this seminar, and she just was asking about.

500

01:15:53.040 --> 01:16:00.450

Ursula Read: The practice because I know it's kind of used we use this term, a lot to talk about garner but actually.

501

01:16:00.960 --> 01:16:09.240

Ursula Read: It there's a lot of different kind of practices that that happen and, and so I wonder, could you could you explain a.

502

01:16:09.510 --> 01:16:20.460

Ursula Read: George for people not familiar with this context, a little bit about the different kinds of healers that you work with because so what's the difference between a traditional healer and.

503

01:16:21.300 --> 01:16:32.190

Ursula Read: A prayer camp pastor, for example, in the way that they practice, what do they what do they do, and does it affect the way you work with them, maybe that's another interesting question yeah thanks.

504

01:16:34.710 --> 01:16:35.010

Osei Kwame George: Thank you.

505

01:16:36.150 --> 01:16:36.960

Osei Kwame George: i'm.

506

01:16:38.430 --> 01:16:44.430

Osei Kwame George: prayer comes, like the other one of my reviews, but these are the people who are Christians.

507

01:16:45.720 --> 01:16:49.950

Osei Kwame George: And then we believe that to previous work on the.

508

01:16:51.060 --> 01:16:52.320

Osei Kwame George: You from jira.

509

01:16:53.430 --> 01:17:00.330

Osei Kwame George: issues on the admin touch on your page that you and contacts, who did usps in healing and so didn't marry.

510

01:17:01.650 --> 01:17:04.650

Osei Kwame George: Basically accounts, the submission form of change.

511

01:17:04.680 --> 01:17:06.720

Osei Kwame George: People would they do pretty do first 10.

512

01:17:07.440 --> 01:17:08.310

Osei Kwame George: or 15 pertains.

513

01:17:08.460 --> 01:17:09.420

Osei Kwame George: To the new dad.

514

01:17:09.570 --> 01:17:12.210

Osei Kwame George: For them to be healed and also have a.

515

01:17:12.270 --> 01:17:14.370

Osei Kwame George: traditional system interesting.

516

01:17:14.400 --> 01:17:15.390

Traditional healers.

517

01:17:16.440 --> 01:17:24.120

Osei Kwame George: They either, especially with a traditional they believe that the course of the season has evolved, so they normally use exorcism.

518

01:17:24.750 --> 01:17:33.270

Osei Kwame George: to drive away that it was pleased that's causing these people to have the challenge and country or they are going through.

519

01:17:33.690 --> 01:17:44.940

Osei Kwame George: And then they examine to do still have the same power to hear people who haven't trulia So these are the people that we work with those we say how come, how come, these are the vcs have established establishing those comes.

520

01:17:45.270 --> 01:17:53.160

Osei Kwame George: It will go there not like my boss, and he said not only fermented fish with other issues, moving those are no vc go there to find meaning in.

521

01:17:53.550 --> 01:18:08.400

Osei Kwame George: Your life, why are they not progressing, why is it that they fall into that it didn't work is some people fighting against especially people good a pre sedalia financing your key it will go do all kind of sickness the code there to create that.

522

01:18:09.090 --> 01:18:20.850

Osei Kwame George: Drastic has to be healed So these are people who normally based on piers to do the activities Max will go to a traditional aspects who's going to sign some standard deviation poorly vision.

523

01:18:21.630 --> 01:18:39.870

Osei Kwame George: To even do some incantations you have some questions about a paid believe that it can drive a winner is worse because forcing someone to have mental issues So these are the fitbit basically that we are talking about here, I don't move on, so I wanted to, especially small.

524

01:18:42.960 --> 01:18:53.430

Ursula Read: Thank Thank you George I mean there yeah I mean, as you say, their traditional healers also use plant based medicine that so and so that's an important part of what they do and.

525

01:18:54.210 --> 01:19:05.040

Ursula Read: As you know, some of those medicines are sedative so, and so they can make people sleep and and I think you have to be careful, then don't you and.

526

01:19:05.520 --> 01:19:19.050

Ursula Read: Because if you give your man, you know pharmaceutical medication Then there are those the risk of interactions between the herbal the plant based medicines and and and the pharmaceuticals that you used.

527

01:19:22.500 --> 01:19:22.890

Ursula Read: yeah.

528

01:19:23.310 --> 01:19:23.760

Ursula Read: Did you.

529

01:19:24.000 --> 01:19:24.360

know.

530

01:19:25.950 --> 01:19:26.550

Osei Kwame George: um.

531

01:19:27.750 --> 01:19:28.830

Osei Kwame George: What do we do.

532

01:19:31.170 --> 01:19:35.220

Osei Kwame George: The reason why I normally work with such people is because.

533

01:19:36.600 --> 01:19:55.560

Osei Kwame George: This efficient has been there for long and they did perception has been different long up not able to if you believe that the cost of sickness is especially course so for the men's I have NASA i'm just now established boys, we come to the island somewhere so they're committed to 2013.

534

01:19:56.640 --> 01:20:01.110

Osei Kwame George: And someone will be a button here for so many years it was to believe in them.

535

01:20:02.130 --> 01:20:14.160

Osei Kwame George: So for you to at least they don't have turn what do you do what first must be careful, like you said by must go day and then know down the road when is it because you are using.

536

01:20:15.240 --> 01:20:25.440

Osei Kwame George: Their photos means you're using chemical to do the treatments isn't that treatment, and this will delete the social aspects, but I tried not to be face as.

537

01:20:26.550 --> 01:20:27.420

Osei Kwame George: i'm.

538

01:20:28.530 --> 01:20:30.930

Osei Kwame George: A lot of people I spent so many years in despair comes.

539

01:20:32.040 --> 01:20:33.180

Osei Kwame George: It will go there.

540

01:20:34.410 --> 01:20:45.600

Osei Kwame George: The room for them to go to come to move, so there are some questions that we tell it to us if you believe he says Fischer course and they have plenty of recovery, they must be gone forever.

541

01:20:46.980 --> 01:20:49.350

Osei Kwame George: As a 102.

542

01:20:51.330 --> 01:20:57.420

Osei Kwame George: People who have been there for many years as to you know fans wishing to the appropriate then while still keeping them.

543

01:20:57.960 --> 01:20:59.790

Osei Kwame George: You may thinking that the course of this.

544

01:20:59.850 --> 01:21:05.940

Osei Kwame George: Is spiritual but, before you know, is just not a spiritual is some chemical imbalance up that's.

545

01:21:05.940 --> 01:21:06.600

Stephen Asante: causing this.

546

01:21:07.470 --> 01:21:10.320

Osei Kwame George: so easy the case, then why don't you work together.

547

01:21:14.070 --> 01:21:15.480

Osei Kwame George: So that's what brought about.

548

01:21:15.510 --> 01:21:16.410

Working with.

549

01:21:17.550 --> 01:21:19.620

Osei Kwame George: These people and then.

550

01:21:20.730 --> 01:21:21.810

Osei Kwame George: It will interest you.

551

01:21:22.950 --> 01:21:24.420

Osei Kwame George: don't you yeah.

552

01:21:28.020 --> 01:21:45.330

Ursula Read: Thank you, George I mean, I know there have also been some challenges and perhaps we'll move on to that, but I just wanted to ask Stephen about you mentioned you'd set up an organization and and we were just touching and when we were just the Colombian team.

553

01:21:48.450 --> 01:21:57.600

Ursula Read: participants were talking about their work, they were talking about alliances and the Community and I wondered if you could say a little bit Stephen about.

554

01:21:58.110 --> 01:22:08.280

Ursula Read: How you've gone about establishing alliances in Tamil a I know you know you go on the radio and you set up your your NGO, could you tell us a little bit about.

555

01:22:08.640 --> 01:22:16.380

Ursula Read: That so outside of the mental health system, how do you sort of draw in other advocates are their support for the work that you do.

556

01:22:18.450 --> 01:22:19.170

Ursula Read: Stephen.

557

01:22:20.610 --> 01:22:23.880

Stephen Asante: Great yeah Thank you so again so.

558

01:22:25.620 --> 01:22:32.160

Stephen Asante: He 2013 I came to tamale to do my.

559

01:22:32.190 --> 01:22:33.270

Stephen Asante: National service.

560

01:22:33.600 --> 01:22:35.040

Before I finally.

561

01:22:36.240 --> 01:22:45.030

Stephen Asante: had an appointment to wake in 2014 and at that time, when I was doing my national service.

562

01:22:45.660 --> 01:22:48.240

Stephen Asante: I saw that a lot of people.

563

01:22:49.380 --> 01:22:58.320

Stephen Asante: were not having much information when it comes to mental health, and because of that most people prefer going to the.

564

01:22:59.040 --> 01:23:11.940

Stephen Asante: Traditional leaves or the pre outcomes, rather than come into the hospital so there's you know, a gap between between a day information.

565

01:23:12.360 --> 01:23:20.580

Stephen Asante: How people perceive how people their knowledge of people about mccaill was there was a big gap in that you know aspects.

566

01:23:21.030 --> 01:23:35.070

Stephen Asante: And also, when I started going around to places I saw that people with mental illness being abused I witnessed a lot of abuse in mental health.

567

01:23:35.550 --> 01:23:46.200

Stephen Asante: People were being shackle people were you know the animal rights but views some way in such from the hour, please when they have mental illness.

568

01:23:46.590 --> 01:23:59.760

Stephen Asante: So that was another issue that motivated me or that go to me for into the organization is rubbish in 2017 and also there was a big issue want to come to stigma.

569

01:24:00.540 --> 01:24:12.270

Stephen Asante: People would mentor in this will be stigmatized they were being neglected not only people with dementia and even the health workers likenesses like myself like.

570

01:24:12.930 --> 01:24:21.300

Stephen Asante: Joe we were being stigmatized when you even mentioned your profession that you take out people who have mental illness.

571

01:24:21.750 --> 01:24:37.290

Stephen Asante: And normally they normally call myself, and what I missed, and this, since you are taking care of people with mental illness definitely you to you are crazy Oh, you are having mental a stigma was another big issue then.

572

01:24:38.190 --> 01:24:46.620

Stephen Asante: There was inadequate support to people with mental illness when when we come to where I, you know how I supported people.

573

01:24:47.190 --> 01:24:55.710

Stephen Asante: How they fund comes out to more light about that they were inadequate support even support from the central government so.

574

01:24:56.340 --> 01:25:05.190

Stephen Asante: Support from the lookout or at the support from the district assembly that support from their mental clarity, it was inadequate.

575

01:25:05.520 --> 01:25:15.300

Stephen Asante: And because of that most people or relapse most people you abandon the hospital when they come you constantly tell them to go and buy.

576

01:25:15.690 --> 01:25:27.600

Stephen Asante: The truck, which is supposed to be, for your deliverable for them to take and it's not a so most people end up in that no again in the northern part of the country.

577

01:25:29.460 --> 01:25:40.470

Stephen Asante: The economic status of the people cannot be compared to the South in are crying in compasses all those people yeah they're poor and because of that.

578

01:25:41.310 --> 01:25:49.140

Stephen Asante: people with mental illness, how to be on their medication for several years and when they come every month, you tell them to win by there.

579

01:25:49.620 --> 01:26:00.450

Stephen Asante: Is no day and they don't have the money to buy the relapse or they don't come back again and some to travel from far distance to the mental health facility to.

580

01:26:02.250 --> 01:26:03.150

Stephen Asante: Be.

581

01:26:09.540 --> 01:26:10.080

Stephen Asante: come from.

582

01:26:15.450 --> 01:26:27.180

Stephen Asante: The systems of that is not there, then they end up utah read and also, I also saw that just to say that people I saw it as a support as a means of papers for for for my life because.

583

01:26:27.840 --> 01:26:38.100

Stephen Asante: Normally, most people getting while being today with that i'm to is why you saw it as a need to contribute to my major kota too much insight into.

584

01:26:38.490 --> 01:26:50.670

Stephen Asante: You know the people can say also that led me to establish a mental health advocacy foundation in 2017 which is registered with the government of Canada.

585

01:26:51.180 --> 01:27:08.370

Stephen Asante: And we have a working permit with a tamale metropolitan into suddenly and main vision is to ensure that a world where people with mental health issues, live with dignity, maybe, she is to ensure that people have meant is actually.

586

01:27:10.440 --> 01:27:11.190

Stephen Asante: need.

587

01:27:13.620 --> 01:27:15.360

Stephen Asante: People like myself.

588

01:27:20.520 --> 01:27:21.210

Stephen Asante: A year.

589

01:27:22.290 --> 01:27:31.350

Stephen Asante: and mission of mental health issue and ensure people I mean machines that so we do a lot of awareness creation, a lot of school.

590

01:27:31.830 --> 01:27:50.580

Stephen Asante: Mental health, a lot of churches mental health with your mental health TV mental health, social media mental health and the whole so that is what we, we normally do when they come to let me say a few about our objective or the activities that we do when it comes to.

591

01:27:51.660 --> 01:28:03.630

Stephen Asante: activities we do advocacy to create awareness in mental health, we also engage religious bodies family spiritual leaders and herbalists to reese entity.

592

01:28:03.990 --> 01:28:12.450

Stephen Asante: In provide support to people with mental illness or if the person is at the prayer calm and pasta, is doing the prayers we come in with if.

593

01:28:13.410 --> 01:28:26.640

Stephen Asante: Fowler for my siddiqa you know put that the drought, we are time by protein food and even you know my provision for these people and make sure that we empathize with them.

594

01:28:27.150 --> 01:28:35.790

Stephen Asante: and provide them the support, then we also conduct at your school mental health, education, then so that we have not entered.

595

01:28:36.240 --> 01:28:45.810

Stephen Asante: So much is about research into mental and I hope, as time goes on, we can get some organization, we can partner with that we can do more research.

596

01:28:46.140 --> 01:29:00.300

Stephen Asante: About mental health in timer and also we free people from chain and shadow me where we see people who are in change to make sure that we take them off from that condition and and help them to live.

597

01:29:01.110 --> 01:29:09.720

Stephen Asante: A fruitful life, then, lastly, we provide economic support to people, so we train people with some handy way we train them to.

598

01:29:10.110 --> 01:29:17.640

Stephen Asante: You know, get some support we establish some into business in there, nobody here, most of them are farmers, we.

599

01:29:18.060 --> 01:29:35.550

Stephen Asante: We we plow the alarm for them get them to see billy the fertilizer and and other ingredient that you need for the support for your farming activity, so, in a nutshell, is what I can see about mental health advocacy foundation Thank you Lisa.

600

01:29:36.900 --> 01:29:47.970

Ursula Read: Thank you very much, Stephen and I know we need to wrap up, so I just one the George if you would like to say, and something to end just to say.

601

01:29:49.260 --> 01:30:00.480

Ursula Read: What do you think there's a really important thing that people need to know about Community mental health and garner that could be a challenge, and it could be a strength, but.

602

01:30:01.500 --> 01:30:06.930

Ursula Read: Maybe they're just something that you think is so the takeaway that that people need to know.

603

01:30:08.820 --> 01:30:09.030

Osei Kwame George: yeah.

604

01:30:10.980 --> 01:30:18.060

Osei Kwame George: If you ask around now what I was serious mental health has improved a lot since I joined a profession.

605

01:30:19.200 --> 01:30:22.050

Osei Kwame George: And I have some more testing, we need to.

606

01:30:23.430 --> 01:30:24.390

Osei Kwame George: give you.

607

01:30:25.530 --> 01:30:27.270

Osei Kwame George: um what is normally in.

608

01:30:28.320 --> 01:30:31.920

Osei Kwame George: took me to be automated maybe now I met, I have never looked at.

609

01:30:33.690 --> 01:30:36.270

Osei Kwame George: Before before how to treat it as a mental toughness.

610

01:30:37.680 --> 01:30:56.730

Osei Kwame George: The open public to the public view about those who are living with mental illness or different from mine but one day I saw someone having a mental health issue and the person was eating from on high degrees, so I was there and to be honest with you, I became.

611

01:30:57.840 --> 01:31:04.560

Osei Kwame George: I became mature but not knowing where to pass on to what someone said that there's a tree name comments, if not even that was a day.

612

01:31:04.890 --> 01:31:12.840

Osei Kwame George: I started being stigmatized study and read my mind commitment I have this will be so much better when I had that discussion, my friends are they laughing.

613

01:31:13.410 --> 01:31:25.590

Osei Kwame George: And whatnot, and this includes madness, so you all, are they capable give you two days to prepare to give care to those who are mentally sick so let's look at it, but if.

614

01:31:27.090 --> 01:31:29.610

Osei Kwame George: You talk about stigma, you should come to.

615

01:31:31.080 --> 01:31:39.930

Osei Kwame George: My house to where the staff has reduced even now, where you are now I have an office as a maintenance women's I have this when before they're not.

616

01:31:41.460 --> 01:31:45.960

Osei Kwame George: So attached to that as now people understand it now the op ED services.

617

01:31:47.040 --> 01:31:59.730

Osei Kwame George: will willingly come to you now we need services we had that before giving services will come and talk about your mental issues it tested and now, people are getting more or less about your mentor.

618

01:32:01.350 --> 01:32:10.860

Osei Kwame George: So we know we have gone fund as be a lot of change mentally sane Ghana and Mr the introduction of commitments, I have listened yes it's a lot, because now.

619

01:32:11.520 --> 01:32:28.140

Osei Kwame George: We do home visits you do case a funding and now, when we started vegan treatment, I, like those who have worked on the streets naked people sorting we started to do all those people that we have cheated, and you have written to give back to society.

620

01:32:29.640 --> 01:32:30.450

Osei Kwame George: We have a lot of.

621

01:32:31.740 --> 01:32:34.200

Osei Kwame George: challenges, but all the challenges.

622

01:32:35.220 --> 01:32:45.600

Osei Kwame George: We are all struggling because that was the reason why I became the Secretary to demand if alliance and half a region we identified those who love interest mentor have.

623

01:32:46.650 --> 01:32:54.810

Osei Kwame George: When we go to move that before it was called the to soccer with only one person was fights in abutment our heads, but how come on voice.

624

01:32:55.290 --> 01:33:11.610

Osei Kwame George: speak for the whole nation So why am I located to do something for you to understand the titles, so we came around so all the regions, or at least with the full capacity meant I have lessons registries also drained so do something.

625

01:33:12.150 --> 01:33:14.040

Osei Kwame George: That meant is in the street.

626

01:33:14.370 --> 01:33:20.190

Osei Kwame George: Would you say in your district, and I never did the whole region people understand that is you.

627

01:33:20.910 --> 01:33:22.740

Osei Kwame George: know before people live in.

628

01:33:22.740 --> 01:33:39.930

Osei Kwame George: Singapore last seen do mentality and those who are living with mental illness and those who are from the street naked people nearby vendors to de um those who will be hard to like do we have got a lot of data, you wanted to go with your life as our mental health issues.

629

01:33:41.070 --> 01:33:44.730

Osei Kwame George: People never understood that, even if you're having.

630

01:33:46.110 --> 01:33:51.570

Osei Kwame George: Issues buttering is automatically should people were just seeking that only those last two that says Nikki what.

631

01:33:51.900 --> 01:33:55.710

Osei Kwame George: Do you see the moon aggressive get people have mental issues.

632

01:33:56.940 --> 01:33:57.750

Osei Kwame George: They will not.

633

01:33:57.870 --> 01:33:59.370

Osei Kwame George: Talk about the aged.

634

01:33:59.640 --> 01:34:01.530

Osei Kwame George: Mental issues children.

635

01:34:01.620 --> 01:34:06.990

Osei Kwame George: and adults so with them commitment I have net and our advocacy issues and valuable for the.

636

01:34:06.990 --> 01:34:15.600

Osei Kwame George: School to school Church, which is what Ascension is not different from what you do here muezzins in the movie and not be possible, just to make life.

637

01:34:17.430 --> 01:34:20.550

Osei Kwame George: Now they will run and it will tell you that.

638

01:34:20.550 --> 01:34:26.070

Osei Kwame George: Yes, you need to include meant I will tell you to go out there and do some a lot of medications.

639

01:34:26.130 --> 01:34:29.040

Osei Kwame George: organized by meant, I have no be part of it.

640

01:34:29.970 --> 01:34:34.380

Osei Kwame George: And it will tell you that would be are when they're out there to discuss this movement as issues.

641

01:34:35.490 --> 01:34:36.270

Osei Kwame George: ration is.

642

01:34:37.440 --> 01:34:41.820

Osei Kwame George: I would say, the first time I wanted to share our faith and I was trying to make sure that I just.

643

01:34:42.270 --> 01:34:53.310

Osei Kwame George: Shared for those who are using a mental health services and seven don't know if you're talking about is who has a disability, so they cannot under any fun to these people, because you know part of the service or the.

644

01:34:53.310 --> 01:35:03.510

Osei Kwame George: economic benefits on disability fun, is how how they position now, the issue is I didn't blame them and I don't think people don't understand meantime because.

645

01:35:04.050 --> 01:35:06.450

Osei Kwame George: They are not getting more knowledge so it's up to.

646

01:35:06.540 --> 01:35:08.070

Osei Kwame George: US they sent over there is.

647

01:35:08.310 --> 01:35:18.300

Osei Kwame George: displayed let them have in contact with those charges or those boss was let them have a concern after tournaments at our talk about stress events or this is.

648

01:35:18.630 --> 01:35:22.830

Osei Kwame George: Your Meta efficient So yes, and then those that have an interest in what you do.

649

01:35:23.910 --> 01:35:32.100

Osei Kwame George: So if you want to know about the changes it changes muscles, if you have to start now now I am Stephen has extended his his.

650

01:35:33.330 --> 01:35:34.560

Osei Kwame George: Hand into our.

651

01:35:34.560 --> 01:35:40.230

Osei Kwame George: districts, because what did we do vegan treatment as of different for what he does so now.

652

01:35:41.010 --> 01:35:41.790

and

653

01:35:43.200 --> 01:35:44.520

Osei Kwame George: We are working hand in hand.

654

01:35:44.850 --> 01:35:59.250

Osei Kwame George: And this will change, and I remember the last time, they also could come together and do so beautiful very fun one St Andrews, now they have recovered at that, for instance, so now we are working on, and let me run through, I know that we are forgotten, but I haven't run to and then.

655

01:35:59.310 --> 01:36:00.000

Stephen Asante: Lets you know.

656

01:36:00.240 --> 01:36:03.840

Osei Kwame George: Some of that to that number we do here without to interest you to know more.

657

01:36:05.040 --> 01:36:05.790

Osei Kwame George: see if you can.

658

01:36:05.820 --> 01:36:07.860

Osei Kwame George: commit to become a convention and a half days.

659

01:36:07.920 --> 01:36:10.860

Osei Kwame George: We are all in one, you are a counselor.

660

01:36:11.880 --> 01:36:14.370

Osei Kwame George: You are in pharmacies.

661

01:36:15.510 --> 01:36:16.770

Osei Kwame George: You so finance officer.

662

01:36:17.820 --> 01:36:29.910

Osei Kwame George: You have psychologists you do, or what am I saying this was you are being posted you must make sure you must go and look at all these patients children to the.

663

01:36:29.940 --> 01:36:37.170

Osei Kwame George: bargain present with your family definitely moving them from one account to another one traditional home to another, so now the effort that we don't want.

664

01:36:37.830 --> 01:36:48.870

Osei Kwame George: At least in folders hands anymore, so they just as then, what happened to them is that to them and your nature, what happens they don't care, so we must use them will explain to them what we can do to improve the lives of these people.

665

01:36:49.740 --> 01:36:58.170

Osei Kwame George: refer to them, it makes your goals and towns in agreement unit, to use your personal money to fund the medication and then for them also to give.

666

01:36:59.460 --> 01:37:10.230

Osei Kwame George: them support them with food do all this on the end Linda people will recover and one day over there, people will get to know that, yes, this is a treatment for this program.

667

01:37:11.670 --> 01:37:17.880

Osei Kwame George: Is I became a trainer of mentor who quoted right Tina.

668

01:37:19.230 --> 01:37:23.550

Osei Kwame George: Before official come to you how Would I be recovered.

669

01:37:23.820 --> 01:37:26.640

Osei Kwame George: And we cannot boot to the present, that you will cover to do to move.

670

01:37:27.450 --> 01:37:37.260

Osei Kwame George: It tells you that you didn't mean much but nice a in some way, there were some flow because they care of mental health is not only the political aspects.

671

01:37:37.890 --> 01:37:42.030

Osei Kwame George: Now, a lot of ganja adopted by us a position model, meaning that.

672

01:37:42.510 --> 01:37:53.040

Osei Kwame George: I will come and have customer consultant Alex what is wrong with you, I have a headache and he got me coming to the fuzzy Teddy for so many years, so the semantic what's causing the headache if you have been at the head is coming from the.

673

01:37:53.040 --> 01:38:11.850

Osei Kwame George: home, so now they have adopted send the question right now let people know that our clients they recover it's not about you Robin that they want to leave with a sense a sentence record to the daily life activities and cover the surgeon.

674

01:38:12.930 --> 01:38:19.560

Osei Kwame George: He made them away so we do family therapy we bring them to the case that don't see they don't see on the side.

675

01:38:20.280 --> 01:38:30.480

Osei Kwame George: Because those of us who says that we are not we are mentally sound and lot of data so that we can do more than what we see them as a science of mental illness.

676

01:38:31.290 --> 01:38:36.540

Osei Kwame George: So we see them, they are moving you definitely didn't know the recovery process.

677

01:38:37.020 --> 01:38:46.140

Osei Kwame George: There right you guys and their fares, the one was the first few years first lady here, yes, and this is what war with virtual assistants into.

678

01:38:46.530 --> 01:38:51.120

Osei Kwame George: Their right of every patient if you don't get at their home environment, you know may not get it anyway.

679

01:38:51.720 --> 01:38:59.460

Osei Kwame George: So those the family members who were living with these people in the door respect their right of these people, nobody would ever.

680

01:39:00.450 --> 01:39:05.940

Osei Kwame George: So let us go to them, the importance of showing the love and the filmmaker can be.

681

01:39:06.450 --> 01:39:16.110

Osei Kwame George: promoted the recovery certainly can be the various general cosby so we engage in home activities we do cover concert now, we have introduced the Community base.

682

01:39:16.710 --> 01:39:24.780

Osei Kwame George: The hub in the drug and then alcohol, the you have done it because you got to know that people are being sent to a diverse rehab centers.

683

01:39:25.320 --> 01:39:31.020

Osei Kwame George: They recovered, to come back and still they can't, they will still be vulnerable, and it has to be.

684

01:39:31.530 --> 01:39:46.800

Osei Kwame George: subscribed to the same, it is certain that they were using So the question is, if the patient centered approach we all do, they all the call centers around or the BBC when he said to kind of be the older so sad sad day.

685

01:39:48.270 --> 01:39:59.370

Osei Kwame George: For people to say they have the willpower don't come to him to go to Egypt same environment for this political cover, then they can this time and it can be resilience and that's led to international peace okay.

686

01:39:59.580 --> 01:40:01.620

Ursula Read: George Thank you so much, I.

687

01:40:05.640 --> 01:40:07.710

Ursula Read: said once you get in your flow.

688

01:40:10.170 --> 01:40:12.870

Osei Kwame George: nicely so once I got time i'll let you know.

689

01:40:13.590 --> 01:40:15.600

Osei Kwame George: What I want to see that the mental health.

690

01:40:15.660 --> 01:40:21.120

Osei Kwame George: system in Ghana healthy foods, I know you have challenges do, but you will get a wendy's.

691

01:40:22.620 --> 01:40:35.130

Ursula Read: that's an optimistic note to end on thanks a lot George Thank you so much Steven and i'm going to hand over to Michelle and I think we had a Q amp a question, but you about stigma, but you answered it, so thank.

692

01:40:35.670 --> 01:40:45.360

Rochelle Burgess: You yeah I mean that was great thank you both think all three of you so much, and and George that was great you answered the question before you do what the question was which was.

693

01:40:45.960 --> 01:40:54.120

Rochelle Burgess: Which is a pretty impressive skill, I must say so we've got about 15 minutes left and what we had planned to do with the end.

694

01:40:54.570 --> 01:40:55.530

Rochelle Burgess: was to.

695

01:40:55.590 --> 01:40:57.300

Rochelle Burgess: Try and reflect on.

696

01:40:58.380 --> 01:41:02.370

Rochelle Burgess: parallels that we sort of have seen between our two.

697

01:41:03.690 --> 01:41:18.600

Rochelle Burgess: sites and our sort of speakers and their reflections on sort of mental health systems and and making them working and their improvements and sort of where we need to go and I I, I think the thing that struck me the most was.

698

01:41:19.620 --> 01:41:30.060

Rochelle Burgess: How, despite the really big differences in the context that there are still truths that seem to hold for both.

699

01:41:31.500 --> 01:41:33.270

Rochelle Burgess: And this importance of.

700

01:41:34.380 --> 01:41:39.720

Rochelle Burgess: meeting people where they are, and I think George You said something really interesting about the fact that these.

701

01:41:40.050 --> 01:41:48.270

Rochelle Burgess: That traditional and faith systems and Community systems have been around much longer for people and they're not going anywhere, so if we don't.

702

01:41:48.660 --> 01:41:56.940

Rochelle Burgess: find a way to engage with them and sort of build our approaches around them, you know we're not going to move forward in any way.

703

01:41:57.240 --> 01:42:14.100

Rochelle Burgess: And it seems that a lot of the successes that you've seen in in Ghana, or are because of that, and in Colombia, there is this real desire to get to that place to get to that place where that part of personhood that part of culture and community.

704

01:42:15.150 --> 01:42:16.170

Rochelle Burgess: Knowledge and.

705

01:42:17.520 --> 01:42:18.270

Rochelle Burgess: You know.

706

01:42:19.650 --> 01:42:27.150

Rochelle Burgess: Diego said something about some of the work that they do around it was translated as perception for reflection and and.

707

01:42:27.600 --> 01:42:39.120

Rochelle Burgess: The work that he and I think that's what i've written down, but my handwriting is horrible but really sort of trying to embed things in people's reflection on their own survival and and cultural meaning and.

708

01:42:40.020 --> 01:42:53.940

Rochelle Burgess: And and personhood and trying to get that into systems to ensure that we're not leaving people behind, and I imagine that that is something that would hold true for anywhere in the world.

709

01:42:55.020 --> 01:43:04.950

Rochelle Burgess: And I know we have people with us today from different parts of the world, not just in Colombia in Ghana, so this next activity will hopefully get as a chance to reflect on that so.

710

01:43:06.060 --> 01:43:15.060

Rochelle Burgess: If I could ask people to in the chat I think most people have been here since the beginning, but I will ask for our amazing sort of.

711

01:43:15.690 --> 01:43:28.470

Rochelle Burgess: tech coordinator of the whole event to please pop into the chat the link to the panelists so we can have a reflection and an active reflection on some of these big themes that have cut across both groups today.

712

01:43:29.580 --> 01:43:37.380

Rochelle Burgess: And while people are joining that Maria Cecilia as you want to add anything in English or in Spanish get my Spanish better.

María Cecilia De Dios: With the purpose of making this bilingual, I'm going to speak in Spanish, well I also thought about something very important of what we were observing, like in the parallel of what is happening in Ghana and in Colombia, something I keep in mind is the importance of the articulation of knowledge, I think this is something fundamental, it is something that systems such as community mental health services should approach in various ways, I think what we are hearing from our Stars-C participants is not a denial of Western medicine or traditional medicine but a call for these two systems of knowledge to coexist in a way that works for the communities I think this is a major challenge that I think is starting to be addressed in some ways and the knowledge can come out of Stars-C and similar, parallel projects in Ghana and other low and middle income countries, is simply to understand and try to develop solutions that meet the worldview and the way of approaching mental health issues in the communities, I think that for me that is crucial at the moment.

722

01:45:11.310 --> 01:45:13.710

Rochelle Burgess: yeah I mean I would agree and.

723

01:45:14.550 --> 01:45:15.720

Rochelle Burgess: So farah.

724

01:45:15.810 --> 01:45:20.730

Rochelle Burgess: is going to share her screen, which should allow us to all look at the padlet together.

725

01:45:22.590 --> 01:45:30.150

Rochelle Burgess: And there is one new addition to the padlet that is in.

726

01:45:31.950 --> 01:45:38.040

Rochelle Burgess: in Spanish, and I just wondered it's in the section on what tools do you think work well in your context and.

727

01:45:38.790 --> 01:45:47.790

Rochelle Burgess: Maria Cecilia I wonder if you could just talk a little bit about what that says, and then we can ask them, this is a time to sort of ask all of the speakers from both.

728

01:45:48.180 --> 01:45:58.050

Rochelle Burgess: presentations to sort of rejoin us and sort of share your thoughts, so we can have a little bit more of a chat and we will try our best to wrap up right on time at three o'clock.

María Cecilia Dedios: Well, overall, what this padlet aims is to build knowledge together, not only the panelists but also the participants, we have included here in the padlet and in a very special way, which tools have you found, which barriers have you faced in your job, regarding community health, general health or mental health in particular, in order to articulate a discussion among all of us, I think this can be a very productive opportunity, so please feel free to comment, write and post contributions in this padlet.

734

01:47:16.470 --> 01:47:21.870

Rochelle Burgess: There are a few things on here that sort of seemed to be trying to get us started.

735

01:47:23.100 --> 01:47:29.940

Rochelle Burgess: That mental health as one from I think it's manuel has written something.

736

01:47:29.970 --> 01:47:30.960

Rochelle Burgess: Possibly signed it.

737

01:47:31.020 --> 01:47:47.790

Rochelle Burgess: Hello man well under the section of lessons learned from initiatives on Community mental health systems, which I think is a great one for both of our context mental health is not just about mental health and institutional terms, we can reimagine what mental health means.

738

01:47:50.070 --> 01:47:54.180

Rochelle Burgess: And I think that you know this is seems actively what.

739

01:47:55.560 --> 01:48:05.130

Rochelle Burgess: Both examples of what both sort of speak sets of speakers have been trying to talk about you know this active process of reimagining.

740

01:48:07.380 --> 01:48:14.670

Rochelle Burgess: And I guess I sort of had a question that sort of builds from that from Stephen or or George's is.

741

01:48:16.620 --> 01:48:31.470

Rochelle Burgess: What was the biggest barrier you think to having the formal or biomedical mental health system take on and in and pick up the importance of engaging with.

742

01:48:32.370 --> 01:48:43.620

Rochelle Burgess: sort of cultural spaces and cultural systems, what you seem to now be able to do that really well, and you know how did you get there, like what was the biggest.

743

01:48:44.850 --> 01:48:48.720

Rochelle Burgess: I suppose barrier or thing that you had to work through in order to achieve that.

744

01:48:52.620 --> 01:48:53.490

Osei Kwame George: Okay, thank you.

745

01:48:55.980 --> 01:49:01.020

Osei Kwame George: What challenges, but the biggest challenge, though image work through.

746

01:49:02.190 --> 01:49:06.480

Osei Kwame George: In this is a tool, or some their belief system because arrange.

747

01:49:07.650 --> 01:49:09.240

Osei Kwame George: This challenge.

748

01:49:09.390 --> 01:49:20.790

Osei Kwame George: And need to work through, and so, because I believe the family support is another big challenge and even now as i'm the one who fish in.

749

01:49:21.660 --> 01:49:22.290

Osei Kwame George: A big Chinese.

750

01:49:22.890 --> 01:49:26.070

Osei Kwame George: test and they did it under one day he sees a medication.

751

01:49:27.270 --> 01:49:36.090

Osei Kwame George: i'm link only or these three and then try to let you understand the concept of mentioned three big challenge.

752

01:49:38.820 --> 01:49:41.190

Osei Kwame George: We have some money so and which he.

753

01:49:43.650 --> 01:50:01.140

Osei Kwame George: Did because he has been that aspect already come to the belief system, I need to know now so have that belief system so that, for us to achieve that's why we came up the collaboration with those who are in it for them, they have been there, and the only good mood or now yeah.

754

01:50:02.400 --> 01:50:21.660

Osei Kwame George: Best yes we don't we're not there to take a growing we are there to Mitchell people are Africa and feel from day one, we should start with the bio psychosocial issues, the feminine latter part because they want a one term solution, once you can be believed, that if I build my.

755

01:50:22.950 --> 01:50:32.640

Osei Kwame George: Family mobility for treatment once i'm done the treatment that test for by someone if you want to buy the medication.

756

01:50:33.540 --> 01:50:44.100

Osei Kwame George: And these medications, especially the kind of data, you want mood it specifications psychotropic medications are parents who the person were to do moodle then say no, I don't have money.

757

01:50:45.420 --> 01:51:01.020

Osei Kwame George: And because of stigmatizing these before a teacher, here we are discussing this word, even with SAP associate disability public don't employ them, even though again diamonds are full of a petition you don't get it save money for what you do.

758

01:51:02.250 --> 01:51:04.230

Osei Kwame George: So, even for the occupation is under.

759

01:51:06.210 --> 01:51:13.350

Osei Kwame George: So, and then the one day for us, Paris, now the second Tropic medication, if you come together as a program.

760

01:51:15.570 --> 01:51:20.640

Osei Kwame George: And the program right now is not part of the national health insurance scheme.

761

01:51:22.020 --> 01:51:26.130

Osei Kwame George: They try to Madison but the point and the big challenge here is.

762

01:51:27.480 --> 01:51:30.990

Osei Kwame George: We are using the same medication in the countryside.

763

01:51:32.040 --> 01:51:33.000

Osei Kwame George: And people are doing better.

764

01:51:34.110 --> 01:51:35.400

Osei Kwame George: But for people to.

765

01:51:36.480 --> 01:51:42.990

Osei Kwame George: have access, you have insurance to ask this medication or lazy good cities where they have the psychiatry's.

766

01:51:45.420 --> 01:51:47.040

Osei Kwame George: But to travel from here to.

767

01:51:48.150 --> 01:51:54.210

Osei Kwame George: The city as a massive you know spend less than 50 ganassi alone is about.

768

01:51:55.980 --> 01:52:00.810

Osei Kwame George: That won't pay for concrete competence Dallas without you understand it's around.

769

01:52:03.030 --> 01:52:13.980

Osei Kwame George: About \$8 \$8 \$8 yes \$50 roughly roughly about a.

770

01:52:15.300 --> 01:52:21.120

Osei Kwame George: tenders so How can someone even Houston Dallas know, President directing for.

771

01:52:22.170 --> 01:52:24.240

Osei Kwame George: A second Okay, everything can okay.

772

01:52:25.530 --> 01:52:30.150

Osei Kwame George: This vessel and even they put on medication be somewhere around \$7.

773

01:52:31.230 --> 01:52:35.670

Osei Kwame George: So that's another challenge so medication is improvement because some some familiar with.

774

01:52:36.270 --> 01:52:49.710

Osei Kwame George: At least toward your support that Okay, we are going to, and they will tell them that I want to pitch in the medication, so they don't have money we have testified and that's what led us to use our money to buy medication for them, because they're afraid that last.

775

01:52:51.240 --> 01:52:51.900

Rochelle Burgess: verse right.

776

01:52:52.680 --> 01:52:58.530

Rochelle Burgess: So I have, I want to just jump in there, because I think that this theme of like family and.

777

01:52:59.250 --> 01:53:10.980

Rochelle Burgess: sort of structural difficulties is also something that was really important in Colombia, and I would just because we're sort of coming to the end i'd love to hear some reflections from the from our Colombian team.

778

01:53:12.210 --> 01:53:14.070

Rochelle Burgess: Maybe Kelly and.

779

01:53:15.360 --> 01:53:28.440

Rochelle Burgess: Could sort of reflect on on this a little bit just you know and and Diego as well the importance of family and the family structures and also the structural realities of people's lives, I think Kelly touched on it a little bit already.

780

01:53:29.370 --> 01:53:30.120

Rochelle Burgess: Kelly or.

781

01:53:31.080 --> 01:53:34.140

Rochelle Burgess: equal to like to jump in on this theme. Kelly you are muted.

Kely Palacio Londoño: Yes, as I said before, I think it is important to include the family as part of the recovery process because they have a determining role in people's emotions, feelings and thoughts, and also in the way in which people coexist, the family is a central axis, so I think that what we were told in the clinics that families are not involved in these processes means that the work carried out by the professionals is wasted because family support is what is truly vital for the recovery and improvement of a patient with mental health problems, so it is something fundamental and as I see it and as a person, I believe that the family and the strengthening of the family is the most important thing in the mental health recovery process.

790

01:54:51.720 --> 01:54:53.940

Rochelle Burgess: And Diego would you like to add anything.

Diego Ferney Tovar (Federico Montes): Yes, thank you, I am going to speak without turning on the camera, I am boarding a flight but we consider family to be the basic unit of society and of the community project that we have set out to live and within this concept we have been identifying it as the gateway to development in rural areas, This undoubtedly ends up affecting family union as it becomes increasingly difficult to keep it integrated, which undoubtedly exposes each of the members of the family to different emotions and situations that at a certain moment can affect their mental health, This includes a whole process of stigmatisation that has emerged in countries such as Colombia, which have experienced conflict scenarios and the stigmatisation which is experienced in a variety of ways, not only among the actors who have been directly linked to the conflict in a military way, stigmatisation begins to contribute to destroying the social fabric and from there different situations begin to take place which affect in one way or another, regions, sectors, communities and individuals for different reasons. I find very interesting this mentioned subject and many of the elements presented today, thank you very much.

María Cecilia Dedios: Thank you very much Federico and thank you all very much, just a couple seconds to wrap up, I think a key lesson from today's discussion has been the importance of working with communities, right? I think that's one of the challenges and one of the biggest opportunities in the field, to improve and work with communities to enhance community mental health services and one message that remains for me is definitely the challenge of being able to, to understand, to embrace the different perspectives for example, the importance of the family, the importance of the community, the importance of local, contextual knowledge in order to consider how to improve the mental health of our communities, of course hand in hand with them, which is the most important thing. Thank you all, thank you to our panelists, thank you to all of you who have attended this webinar, we look forward to having you join us in a few months, as you know this is going to be a series of seminars. For now, the next one is scheduled for June, so Farah is going to share with you a form so that you can register so that we can send you the information as we get closer to the date. Thank you all very much, have a great time, Rochelle, I wonder if you want to close with a final word, we'll be done in a moment.

812

01:58:04.650 --> 01:58:10.230

Rochelle Burgess: Yes, we did just on time, just to reiterate, thank you to all of our speakers.

813

01:58:11.790 --> 01:58:12.600

Rochelle Burgess: and

814

01:58:13.380 --> 01:58:20.400

Rochelle Burgess: Thank you to, of course, our funders who enable us to do this great work and to have these conversations.

815

01:58:21.120 --> 01:58:28.410

Rochelle Burgess: In the UK, our funders of the src and in Colombia, our funders are means, yes, so thank you very much, everyone for joining us.

816

01:58:28.860 --> 01:58:40.320

Rochelle Burgess: Which is glasses and have a great day or a great evening depending on where in the world, you are and we'll See you in June for our second event so thanks very much.

817

01:58:51.240 --> 01:58:52.560

Camilo - Escuela de Gobierno: Oh, it was so much fun I like.

818

01:58:52.740 --> 01:58:53.220

This.

