CGMH
Centre for Global Mental Health

Strategic Plan

2023-2026

King's College London

London School of Hygiene & Tropical Medicine

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Background

The Centre for Global Mental Health (CGMH) was established in 2009, as a collaboration between the London School of Hygiene and Tropical Medicine (LSHTM) and King's College London (KCL). The Centre, and its many partners around the world, have since been at the forefront of a new wave of research and policy development for mental health globally. This has included ground-breaking research on a broad range of topics, from the epidemiology of mental health conditions to the development of novel interventions to narrow the massive care gap, to inter-disciplinary research on the experience and meaning of mental health in diverse cultures around the world, with over 1,000 peer reviewed journal articles published. The Centre has made significant contributions to strengthening capacity for research in global mental health, with over 400 graduates from its flagship MSc in Global Mental Health (GMH), more than 75 PhD students and support for large research capacity strengthening initiatives in low and middle-income countries (LMICs). Our members have engaged actively in influencing national and international policy, to advocate for more appropriate priorities and resources for mental health, particularly for the most marginalised and deprived communities across the world.

The Centre's 10-year anniversary and the subsequent COVID pandemic have provided us with an opportunity to take stock, reflect on our many achievements and decide on priority directions for the future. With the appointment of new leadership in 2022, CGMH conducted an Away Day in September 2022 and an internal workshop in March 2023, to discuss priority directions for the future, and revisit our Vision and Mission, and strategies to achieve them.

In parallel, CGMH also began a process of consulting with key research partners and people with lived experience of mental health conditions, particularly in LMICs. This took the form of a series of online consultation meetings, addressing questions on hopes for collaboration with CGMH, how to build equitable partnerships, capacity strengthening needs and research priorities. We consulted with 10 collaborators with lived experience from Ethiopia, Ghana, Indonesia, Malawi, Nigeria, Sierra Leone, Uganda, and Zimbabwe. We also consulted with five partner organisations involved in international research programmes, from Brazil, Ghana, India, Malawi, and South Africa. The resulting draft strategic plan was then presented to an Advisory Board comprising people with lived experience, people involved in

global and national level mental health policy, advocacy organisations, and senior and early career global mental health researchers. The rich feedback was integrated into a revised draft that was re-circulated and then finalised.

Consultation Takeaways

Hopes/expectations from collaborating with CGMH

ADDED VISIBILITY & PRESTIGE

As the first "Centre in GMH" with many of its members and collaborators having been involved with the founding and development of the field, CGMH continues to be visible, seen as prestigious and bringing people together.

"I believe CGMH has a very unique role in that it is world-wide, and for us to collaborate with people from other parts of the world. CGMH can do more in eradicating stigma and having a global voice."

INCREASED NETWORKS

The GMH network is rapidly expanding and CGMH continues to connect existing and emerging GMH practitioners through the various networks that CGMH leads, co-leads, supports, or partners on. These also include specific initiatives dedicated to networking e.g., Mental Health Innovation Network, WHO Collaborating Centres focused on global mental health, Global Mental Health Peer Network, and United for Global Mental Health.

MENTORING, TRAINING, & CAPACITY STRENGTHENING OPPORTUNITIES

Many CGMH projects and programmes include dedicated capacity strengthening workstreams that facilitate access to training opportunities, conduct in-house capacity strengthening workshops, and incorporate structured mentorship by senior members of the programmes. Flagship programmes such as our MSc in Global Mental Health, short courses, and initiatives such as AMARI (African Mental Health Research Initiative) have also facilitated post-graduate training opportunities both in the UK and in our LMIC partner countries. The desire for more opportunities for scholarships /opportunities to receive further academic training was also highlighted by our lived experience collaborators.

PARTNERING TO ACCESS RESOURCES

Concerns about access to funding came through clearly through our consultations. Many of the large funding and scholarship opportunities continue to be based in high income countries (HIC) and regions such as the UK, Europe, and the USA, making collaborations with CGMH strategic for our partners.

ACCESS TO RESEARCH PAPERS THROUGH AFFILIATE ACCOUNTS

CGMH currently does not have ‘affiliate members’. In the past, where appropriate, CGMH members have supported honorary appointments at LSHTM or King's on a case-by-case basis. This is something that can be explored to address inequities in institutional access to knowledge as well as common software and platforms such as MS Office, Zoom and Teams.

Expectations from equitable partnerships

According to our collaborators the key characteristics of equitable partnerships should include the following:

- Acknowledgement of harm caused by inequitable practice.
- Mutual (bi-directional) learning and sharing.
- Shared leadership and decision-making.
- Funding distributed to include research and capacity-strengthening activities.
- Creation of global health research centres in the countries where the research is taking place.
- Opportunities for capacity development and further education.
- People with lived experience should be included in processes of research development, efforts to increase access to health care and anything concerning their health.
- Strategic partnerships to work collaboratively and implement projects together e.g., through co-production and task-sharing.

The feedback on experience collaborating with CGMH as partners has been generally positive, including from our lived experience partners:

> *"Excellent experience last year with KCL project, equitable partnership. Don't have to be someone else in order to participate. If I relapse or have trouble with my symptoms, they are understanding, have tolerance, understand when I need rest or am having trouble with medicine."*

> *"Feel that [Project name] has done a good job of ensuring that people with lived experience are involved and showing equity."*

> *"When we have meetings on [Project name A], people with lived experience are given the opportunity to speak and contribute. There are opportunities to come together and speak in a small-group format and also to speak out in a global format, with a lot of tolerance... I want CGMH to incorporate these things into their system, and also allow us to build on our strengths and be tolerant of limitations."*

> *"I appreciate efforts of CGMH to seek opinions of people with lived experience... having expertise valued as someone with lived experience is important and has been facilitated by involvement in some research activities, e.g., in design, implementation, etc. of a research proposal on early intervention for psychosis."*

The role of persons with lived experience as equal partners, with proper remuneration and recognition of their expertise by experience, came through strongly from our consultation process. The diverse types of experts needing to speak as one voice was also a powerful message that came through.

> *"People with lived experience need to be asked about what they want to be researched, not just how to research a topic that has already been pre-defined. So not just co-production, co-creation to move toward more equitable partnerships that focus on the issues most relevant to people with lived experience in their specific contexts."*

> *"I have been involved in co-production, but remuneration is important for an equitable partnership. You find that those who are highly experienced, but they are paid less, and non-service-users are paid more highly."*

"We need to speak with one voice. For example, when people from clinical backgrounds, academic backgrounds, and people with lived experience collaborate, often the people with lived experience don't have as strong a voice as those with more formal qualifications."

"Global mental health has suffered from tokenism and people with lived experience being used as research subjects and not research partners. This starts at the stage of proposal development and carries through all the way to publication. Mixed experiences for example [Project name B] have not involved people with lived experience in publication. But in [Project name C] people with lived experience were involved from the beginning and through to publication."

Barriers for equitable partnerships

Barriers for equitable partnerships highlighted by collaborators included the following and demonstrate the persistent systemic barriers that continue to hinder such partnerships:

- Fewer grant opportunities for researchers based in LMICs
- Power imbalances resulting in unequal participation in partnerships
- Lack of sustained connections with researchers who have moved on to other organisations
- Unavailability of support to develop research centres in LMICs
- Logistical challenges:
    - Visa processes preventing / hindering LMIC leads from presenting their work overseas, resulting in HIC team members often presenting work from LMICs.
    - Language – Global health work is still dominated by and favours English speakers.

Actions that CGMH should take to improve equity in partnerships

There are things CGMH can do to address some of these ongoing challenges, as highlighted by our partners:

- Create opportunities for mid-career researchers from LMICs to take on leadership roles.
- Provide opportunities for lead authorship roles for mid-career researchers.

- Increase capacity strengthening activities in LMICs.
- Create more opportunities for South-South networking e.g., Not needing to have KCL and LSHTM in everything.
- Support the development of CGMH satellite centres in LMICs.
- Build long-term and real relationships on the foundation of equity and trust.
- Increase, promote and advocate for LMIC representation and voices in international fora via CGMH.

Summary: Key takeaways

Involvement & representation

All partners bring complementary experience, skills and expertise which makes us equal. All partners contribute to and gain from the partnerships (including CGMH) and partners should be involved “from start to finish.”

Decentralisation

Support development of a network of partner institutions to increase equity.

Equity

Importance of respectful relationships, shared aims and all partners advancing together.

Advocacy

·Listen, learn, promote, advocate for, and facilitate greater opportunities for

- LMIC organisations to lead research
- More funding available directly to LMIC researchers
- Equitable or greater power in LMICs to co-design, and benefit from, GMH initiatives

Capacity building

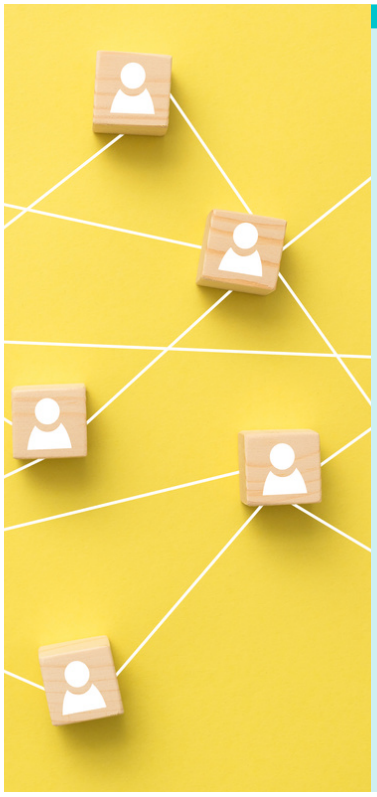
Facilitate access to adequate training and support in research and knowledge exchange activities.

Vision and Mission

The Centre for Global Mental Health is dedicated to advancing knowledge and action to reduce inequity in mental health and improve access to high quality, evidence-based solutions across the world. We do this through inclusive and equitable collaboration with individuals, communities, and organisations in research, education, advocacy, policy, and practice.

Strategic Directions

The following strategic priorities have emerged through this process:



Reconceptualise and promote CGMH as a decentralised, interdisciplinary network

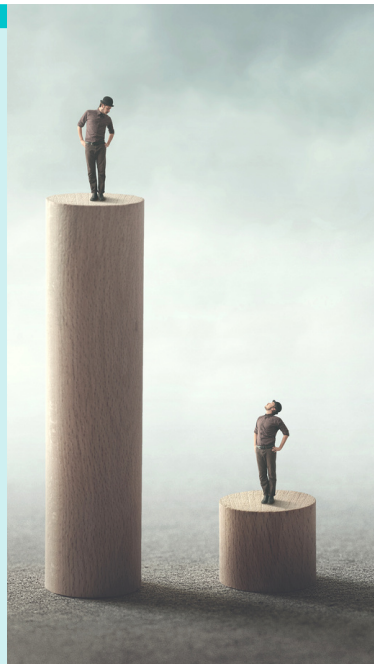
of research collaborators, implementers, advocates, people with lived experience, students, alumni, and policy makers

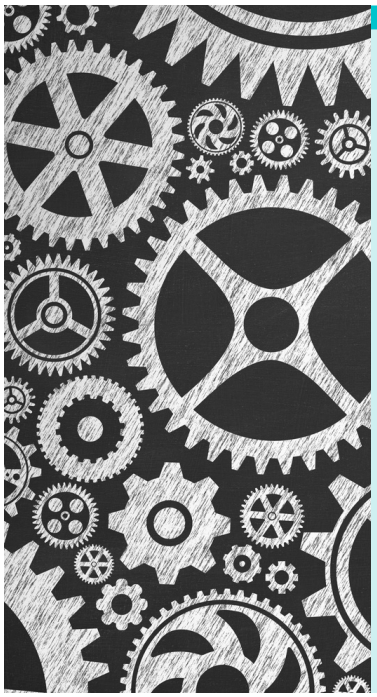
- Increase the visibility and prominence of the activities and people involved in the network through CGMH platforms, including the website.
- Establish a CGMH advisory group that represents our decentralised network, in particular, LMIC research partners and people with lived experience, and is integrally involved in developing and delivering on the strategic direction of CGMH.
- Seek to shift more CGMH events to take place with partners in LMIC settings.

Re-position CGMH as relevant to inequities in mental health globally

including underserved populations in high-income countries, with a particular focus on social determinants of mental health.

- Expand the research agenda on social determinants of mental health and the links between mental health and broader social and economic development priorities, including climate change, income inequality, humanitarian emergencies, and poverty.





Mobilise resources

to support core activities of the Centre that go beyond time-limited research project funding

- Seek core Centre funding to support key positions and Fellowships for early career researchers and peer researchers.
- Develop a portfolio of educational provision to raise funds for the Centre and broaden access to GMH training.
- Seek charitable funding to support capacity-strengthening work and involvement of people with lived experience.

Support early career researchers

(including PhD students, post-doctoral students and junior researchers) within CGMH and linked LMIC partners to build the next generation of mental health researchers around the world

- Develop capacity-strengthening activities that also facilitate development of networks.
- Establish a mentorship programme.
- Enable and support the active involvement of early career researchers in the running of CGMH and its core functions

Co-develop training resources

with LMIC partners and CGMH members and support diversification of the curriculum for MSc GMH and other relevant degree courses in our institutions

- Create a repository of existing training materials for use by CGMH members.
- Co-develop new training materials with LMIC partners.
- Enable and support training developed and delivered by LMIC partners with reciprocal contributions to teaching on LMIC partner courses.
- Ensure involvement of people with lived experience in the co-development of resources.

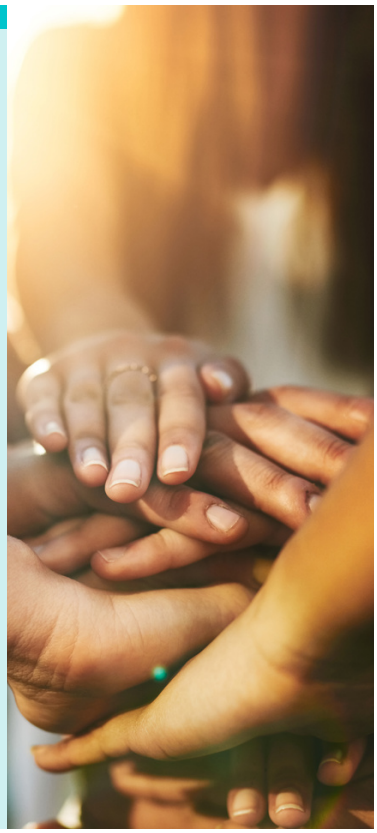
Establish robust procedures to underpin equitable partnerships

- Orientation for new staff and students in principles of equitable partnerships and decolonising GMH.
- Develop best practice guidelines for equitable research partnerships.
- Mobilise resources to support equitable involvement and access to opportunities.
- Explore potential Memorandum of Understandings (MoUs) with key LMIC research institutions, to formalise collaborative arrangements.

Increase advocacy and improve the policy impact

of CGMH activities including working within countries to support mental health policy development and implementation and responding to mental health crises.

- Engage with and support the World Health Organization with technical support for mental health policy and practice.
- Cultivate links to advocate for the inclusion of mental health in broader social and economic development policies and programmes.
- Explore potential resourcing of CGMH to be able to perform services as a technical expert group which can provide advice/support to governments and international development agencies, wishing to implement and scale up a broad range of promotion, prevention, and care programs.



Priority Activities (2023-2026)

1. Update CGMH Website (from September 2023, and ongoing).
2. Establish CGMH Advisory Board, to meet bi-annually (first meeting: October 2023).
3. Establish monthly CGMH invited lecture webinar: “What global mental health means to me” (starting November 2023).
4. Submit commentary: “An expanded agenda for global mental health research” to Lancet Psychiatry (or alternative leading journal; January 2024).
5. Identify potential funder and submit concept note for core Centre grant (March 2024).
6. Establish a CGMH Mentorship programme (March 2024 onwards).
7. Establish best practice guidelines and orientation materials for equitable partnerships and decolonising GMH (May 2024).
8. Host annual 1-week CGMH Short course (September 2024 onwards).
9. Establish an online repository of co-developed GMH teaching materials from 2024 CGMH Short course materials and other sources (September 2024 onwards).
10. Establish MoUs with 3 strategic priority institutions, to formalise ongoing partnerships (July 2024).
11. Establish a mechanism (contracts and funding) for advisory services to governments and international development agencies on GMH.
12. Annual internal review of progress (September 2024 and ongoing).

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