The need to contextualise local mental health solutions

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I was diagnosed with bipolar disorder in 2015. My experiences & of many peer & family support group members have provided me unscientific yet crucial perspective to mental health. We experience cultural stigma as bewitched and demon-possesed. We are discriminated in accessing rights to inclusion, leadership, voting, justice, family & property ownership. Human rights violations in health facilities include poor infrastructure, poor sanitation, overcrowding, inadequate personnel, undignifying seclusion and cheap 1st generation drugs with adverse side effects. High out of pocket expenditure leads us to a cycle of poverty, hospitalisation, abandonment & inprisonment. Aligning to rights based community mental health is discussed in policy meetings while the public remains unaware. We have inadequate specialists while families and communities ignorant of symptoms do late interventions. Negative psychiatric practices have thrived for a century as investment in mental health remains neglected. Well intended but undue influence by first world countries to align to global standards in psychiatry, mental health and disability brings in confusion. Our governments and civil society sign global commitments within unrealistic timelines without the necessary technical & financial capacity or genuine goodwill to build our own locally realistic, authentic and appropriate solutions. These include training spiritual and traditional healers, strengthening comprehensive mental, neurological and substance use disorder management; and addressing poverty as the biggest social determinant through stronger state socioeconomic protection systems. Our solutions may be awkward but local contextualisation is necessary to prevent us from pitfalls paved with noble intentions as we achieve UHC & SDG 3 together.

Biography

Charity has lived experience with a mental health condition & caregiver to parents with 6 Non-Communicable Diseases (NCDs). She has promoted rights based patient inclusion in health policy, integrating mental health in chronic disease management, mental health financing & socioeconomic protection at the UN General Assembly, UN Women, WHO, Kenya Parliament & Senate. She served in the National Task Force on Mental Health & is a court petitioner in decriminalising suicide. She chairs Tunawiri CBO with extensive experience in mental health, criminal justice & disability. Trainings include Community Health & Development, WHO mhGAP LMIC, UNICEF-UON Adolescent Mental Health & UNCRPD.