



PROCEEDINGS REPORT ASSAf/AMS ROUNDTABLE DISCUSSION

**Advancing multisectoral and
life-course approaches in
mental health research**

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PO Box 72135, Lynnwood Ridge, Pretoria, South Africa, 0040
Tel: +27 12 349 6600 • Fax: +27 86 576 9520
E-mail: admin@assaf.org.za

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The Academy of Science of South Africa (ASSAf) was inaugurated in May 1996. It was formed in response to the need for an Academy of Science consonant with the dawn of democracy in South Africa: activist in its mission of using science and scholarship for the benefit of society, with a mandate encompassing all scholarly disciplines that use an open-minded and evidence-based approach to build knowledge. ASSAf thus, adopted in its name the term 'science' in the singular as reflecting a common way of enquiring rather than an aggregation of different disciplines. Its members are elected based on a combination of two principal criteria, academic excellence and significant contributions to society. The Parliament of South Africa passed the Academy of Science of South Africa Act (No 67 of 2001), which came into force on 15 May 2002. This made ASSAf the only academy of science in South Africa officially recognised by government and representing the country in the international community of science academies and elsewhere.

This report reflects the proceedings of
the Roundtable on Advancing multisectoral and life-course approaches in mental health
research
Views expressed are those of the individuals and not necessarily those of the Academy nor a
consensus view of the Academy based on an in-depth evidence-based study

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SESSION 1: OPENING SESSION AND SETTING THE SCENE

This Roundtable formed part of the SA Mental Health Conference, which took place at the Emperor's Palace, Johannesburg, on 24 to 25 April 2023.

Opening and Welcome Remarks

Prof Sodi opened the meeting, welcomed the speakers, and thanked everyone for attending the Roundtable discussion. A special word of thanks was extended to the Academy of Science of South Africa (ASSAf) for arranging the event and to the organisers of the SA Mental Health Conference for including the session in the conference programme.

Background and Objectives of the Roundtable

Providing background to the Roundtable, Prof Kleintjes referred to previous meetings, and especially the November 2022 workshop, "Advancing multisectoral and life-course approaches in mental health research", which was jointly organised by ASSAf and the UK Academy of Medical Sciences (AMS). A report from this workshop is available for download¹.

Prof Kleintjes stated that the different role players in the field of mental health that were present at the current conference was encouraging given the need for multisectoral and interdisciplinary approaches to research aimed at improving the mental health and wellbeing of citizens in Africa. The Roundtable session provided an important opportunity to network and discuss the research that would best achieve this.

The purpose of the Roundtable was to share the findings of the ASSAf/AMS Report (November 2022), to deliberate on the key findings of this report as they pertain to the current state of mental health research in South Africa, to identify challenges, and to determine key stakeholders needed to address these challenges. It also aimed to encourage debate with delegates on practical ways to translate available research findings into action which improve the lives of citizens across the region.

Introduction of the Speakers

Prof Tholene Sodi is a registered clinical psychologist, currently employed as professor of psychology at the University of Limpopo. He holds a master's degree in clinical psychology from the University of the Witwatersrand, and a PhD from the University of Cape Town. Prof Sodi has just completed a second three-year term as a member of the Board of the South African Medical Research Council (MRC). He has also previously served as vice-president of the Health Professions Council of South Africa (HPCSA). He has published widely and has presented papers at national and international conferences. His key areas of research interest include youth mental health, culture and mental health, mental health policy, behavioural medicine, and implementation science. As from January 2023, Prof Sodi has taken up a position at the University of Limpopo as Research Chair in Mental Health and Society.

Prof Sharon Kleintjes has an MA in Clinical Psychology from the University of Cape Town), an MPhil in Child and Adolescent Psychiatry (UCT), a Diploma in Strategic Health Management (Foundation for Professional Development) and a PhD from UCT. She has worked in the Western Cape Province's Department of Health as a clinical psychologist, provincial programme manager for mental health and as a principal psychologist at Valkenberg

¹ Advancing multisectoral and life-course approaches in mental health research. Workshop jointly hosted by ASSAf and AMS in Johannesburg, South Africa on 21–22 November 2022. Access the workshop report at: <https://research.assaf.org.za/handle/20.500.11911/320>.

Psychiatric Hospital in Cape Town. From 2004 to 2006 she worked as a research manager at the Human Sciences Research Council (HSRC) following which she joined the Department of Psychiatry and Mental Health (DPMH) at UCT as a researcher in 2006. She is currently the Vera Grover Chair and Professor of Intellectual Disability in the DPMH (UCT). Her research interests include recovery-oriented public mental health policy and service development, and the involvement of people living with psychosocial and intellectual disability in policy and service development which impacts on their recovery and wellbeing.

Prof Makondelele Radzilani received her doctoral degree in psychology from the University of Pretoria. Currently, she is an associate professor in the Department of Psychology at the University of Venda. She has worked for 20 years in the higher education sector. She specialises in social sciences research in psychology and has published widely in peer-reviewed and accredited journals. Prof. Radzilani has supervised honours, master's and PhD students and is the current co-ordinator for teaching, learning and quality assurance in the Faculty of Health Sciences at the University of Venda.

Ms Charlene Sunkel is the founder and chief executive officer of the Global Mental Health Peer Network (GMHPN), an international peer-led organisation focused on empowerment and developing lived experience leadership. She is a person with lived experience and a global voice for the rights of people with lived experience of mental health conditions. She has authored and co-authored several papers from a lived experience perspective for leading international publications. She was a commissioner on the Lancet Commission on Global Mental Health and Sustainable Development and on the Lancet Commission on the Future of Psychiatry, and co-chaired the Lancet Commission on Ending Stigma and Discrimination in Mental Health that was launched on 10 October 2022. She serves on a number of international boards and committees and has previously been on the South African Presidential Working Group on Disability and the Ministerial Advisory Committee on Mental Health. She is the former principal coordinator for the Movement for Global Mental Health. Since 2006, she has received a number of national and international awards for her work. She is one of the recipients of the Pardes Humanitarian Prize in Mental Health.

Prof Crick Lund, BA (Hons), MA, MSocSci (Clinical Psychology), PhD, is professor of Global Mental Health and Development in the King's Global Health Institute and Centre for Global Mental Health, Health Services and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London. He trained as a clinical psychologist at the University of Cape Town in the mid-1990s and was subsequently involved in developing post-apartheid norms for mental health services for the national Department of Health. He worked for the World Health Organisation (WHO) from 2000–2005 on the development of the WHO Mental Health Policy and Service Guidance Package and has consulted to several countries on mental health policy and planning. He was a founding member of the Alan J Flisher Centre for Public Mental Health at the University of Cape Town and served as its first director from 2010 to 2017. He was also the CEO of the PRogramme for Improving Mental health carE (PRIME), a DFID-funded research consortium focusing on the integration of mental health into primary care in low resource settings (2011–2019) and principal investigator of the AFrica Focus on Intervention Research for Mental Health (AFFIRM) U19 NIMH Collaborative Hub (2011–2017). His research interests lie in mental health policy, service planning and the relationship between poverty and mental health in low- and middle-income countries.

SESSION 2: PRESENTATIONS

Essential areas of research identified by stakeholders to support our work in mental health in the next period (Prof Makondelele Radzilani, University of Venda)

Prof Radzilani's presentation focused on the deliberations at the Mental Health workshop which took place in November 2022 (see footnote 1). She specifically discussed the following key themes identified by workshop participants and stakeholders that required research:

- *Strengthening and diversifying data sources:* It was recognised that there is still limited available data on mental health challenges in sub-Saharan Africa. This data is essential as leverage to advocate for action, to target action and to guide the development of new interventions. There is also a need for additional epidemiological data to improve understanding of disease burdens, to identify priority populations, to assess the impact of interventions and to inform policymaking.
- *Development of consistent, locally defined, standardised, and appropriate metrics for valued outcomes:* Stakeholders stressed the importance of consistency in methodologies across studies, and the use of contextually validated and standardised measures to ensure quality and facilitate comparisons and data pooling. These measures need to be culturally relevant and meaningful to people with lived experience, capturing broader social and economic outcomes alongside clinical improvement. It was viewed as important to capture qualitative as well as quantitative inputs through these metrics. In order to promote a life-course perspective, measures need to be suitable for use across the life-course, beyond the traditional focus on working-age adults.
- *Importance of promoting translational development,* which included the need for additional research at all stages of translation and implementation. There is a need to collect rigorous data on such initiatives to demonstrate impact on mental health outcomes, using relevant metrics. It was pointed out that interventions should prioritise integration with existing health system and community platforms and adopt people-centred approaches.
- *Strengthening of partnerships:* This entailed the need to coordinate efforts and to align activities across multiple stakeholder groups. Stakeholders identified interdisciplinary and multisectoral collaborations as critical to progress. This included the need for a systems-based approach and engagement with all relevant actors (including the public, the informal health sector such as traditional and faith healers and the private sector). Furthermore, strengthened collaboration within the region and internationally, through equitable international partnerships with a commitment to capacity-building, was identified as a fundamental need.
- *Building relationships with people with lived experience* was seen to be of critical importance. This should provide opportunities for meaningful inputs at all stages of research, including prioritisation of research questions and the co-creation and delivery of interventions.
- *Optimising the mental healthcare workforce* was identified as a necessity, which included the need to address the mental health challenges of workers – particularly because of the limited size of a well-trained mental health workforce. Further research on strategies such as task-shifting and scaling up of proven task-shifting interventions could help to address large treatment gaps. Delegates also agreed on

the need to promote skills development to support greater service and multi-sectoral integration, task shifting and mental health awareness across relevant sectors.

- *Strengthening advocacy* in order to achieve the above concerns is required. The need for the research community to engage with policymakers was recognised, to articulate their needs and provide evidence-based inputs. Furthermore, it was seen as imperative to influence the mainstream media to translate scientific messages for more general audiences and to partner with persons with lived experience in order to achieve coordinated and more effective advocacy.

Challenges and opportunities for actioning research priorities within available resources (Prof Tholene Sodi, University of Limpopo)

Prof Sodi's address referred specifically to the joint ASSAf/AMS workshop in November 2022 (see footnote 1). Stakeholder needs were brought to the table at this workshop (key themes of which were summarised in the previous presentation). The workshop formulated the agenda for future mental health research in South Africa and Africa. In keeping the above themes in mind, Prof Sodi put forward the challenges in implementing those research needs.

The first challenge is the population dynamics in Africa, with inhabitants that are predominantly young, and a population that is rapidly growing. This needed to be seen along growing levels of poverty and inequality, rapid urbanisation, outbreaks of infectious diseases, and persistent regional conflicts and humanitarian crises.

The situation is made worse by the growing burden of non-communicable diseases (NCDs). A report by Stats SA² showed that, whereas there was a decline in communicable diseases in South Africa from 2009, the incidence of non-communicable disease had increased to 57% of reported deaths in 2016. Africa is undergoing an epidemiological transition with a growing number of non-communicable diseases reported. Increasingly, common mental health problems, such as depression, anxiety and suicide, have surfaced, especially during COVID-19. In these conditions, the treatment gap is as high as 85% in some African countries.

Opportunities

Even though the COVID-19 pandemic was a time of global hardship, it did however elevate mental health as a priority area that needs attention. Although Africa had relatively low COVID-19 mortality rates, the pandemic had profound impacts on society. Multiple detrimental effects in the form of economic shocks, increased levels of interpersonal violence, trauma, loss and the negative consequences of extended periods of lockdown and social isolation had taken their toll on society.

The greater appreciation of mental health conditions has created more attention to this field. Delegates and officials from many African countries attended the November workshop, which signified an attempt to address the issue at the level of the African continent. Furthermore, the improved policy environment presented opportunities. The WHO Mental Health Atlas of 2020 showed tentative signs of progress, with 76% of countries in the African region reporting that mental health policies or plans had been developed, an increase from 71% in 2014. Furthermore, a regional mental health strategy was published for the African region. The Africa Centres for Disease Control and Prevention (Africa CDC) published a policy on NCDs and mental health for the period 2022–2026.³ The strategy had

² Statistical Release P0309.3. Mortality and causes of death in South Africa: Findings from death notification. 2018. <https://www.statssa.gov.za/publications/P03093/P030932018.pdf>

³ Non-Communicable Diseases, Injuries Prevention and Control, and Mental Health Promotion Strategy (2022–2026). <https://africacdc.org/download/africa-cdc-non-communicable-diseases-injuries-prevention-and-control-and-mental-health-promotion-strategy-2022-26/>

six objectives, namely a) building the capacity of ministries of health and national public health institutes to develop policy frameworks for NCDs and mental health, b) advocacy for greater political commitment by member states towards NCDs and mental health, c) alignment of efforts and actions across member states, sub-regional organisations and partners, d) strengthening the workforce for mental health, NCDs and injuries, e) mobilising funding to support member states to prevent and control NCDs, mental health and injuries and f) improving access to tools (affordable technologies, medicines and diagnostics) and addressing loss of income due to an inability to work.

Another opportunity lay in the promise of innovative interventions. Published evidence in recent years showed the effectiveness of pioneering mental health interventions, following rigorous large-scale trials. The biopsychosocial framework postulated that mental health is brought about by a complex and dynamic interactions of the biological, psychological, and social determinants. Crick Lund and co-workers⁴ took this further by proposing a framework that demonstrated interaction between the social determinants of mental illness and the Sustainable Development Goals⁵.

On reflection, the AMS/ASSAf Mental Health Workshop in November 2022 had positive spin-offs, because it brought together mental health researchers from many parts of the African continent and beyond. This alliance could potentially catalyse the development and implementation of a continent-wide research agenda. It would require an interdisciplinary, multi-sectoral approach, that provided for greater local, national, sub-regional and international collaborations.

Potential strategies and key partnerships needed to strengthen the uptake of evidence to inform our actions for improving mental health and wellbeing (Prof Sharon Kleintjes, University Cape Town)

In her presentation Prof Kleintjes summarised the key areas requiring research identified in the previous presentations and noted proposed strategies and partnerships to achieve this from the November 2022 report.

At present, discussions on the uptake of information arising from mental health research may leave the impression amongst mental health policy and service implementers that there is sufficient available evidence to inform practice. There has certainly been an improvement in the recent past, but there is still limited data on mental health challenges in sub-Saharan Africa, especially scientific evidence gathered through research. There is a need for epidemiological data to inform policymaking, intervention development and implementation. Standardised, validated and culturally relevant measures are required which would enable multi-site studies on the development, implementation, and effectiveness of interventions. There is also a need for new longitudinal datasets, and the coordination of long-term existing datasets, to provide reliable information on pathways to the development of mental health problems which can inform prevention and early interventions. A framework for rigorous evaluation of small-scale local studies was also required, in order for smaller projects to contribute meaningful data to larger studies. This should include the perspectives of local people and those with lived experience of mental health problems and disorders, and the impact of socio-economic deprivation on their mental health and wellbeing. Regarding the transition from pilot studies to larger studies across several sites, more work is required to identify the challenges and cost-effectiveness

⁴ Lund C, Brooke-Sumner C, Baingana F, Baron EC, Breuer E, Chandra P, Haushofer J, Herrman H, Jordans M, Kieling C, Medina-Mora ME, Morgan E, Omigbodun O, Tol W, Patel V, Saxena S. Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews. *Lancet Psychiatry*. 2018 Apr;5(4):357-369. doi: 10.1016/S2215-0366(18)30060-9. PMID: 29580610.

⁵ <https://sdgs.un.org/goals>

of gathering data to assist policymakers in decision-making regarding priorities and interventions. Funding is required to support the upscaling of promising local smaller projects to larger long-term studies.

Mental health has largely been a neglected priority., with recent research emerging to bring policy makers and implementers attention to the costs of not providing mental health-related services and interventions. Research data is needed to inform further advocacy for increasing multisectoral resourcing of mental health and wellbeing. There has been limited investment in mental health research in the past 20 years, and these funding constraints severely limits the research required. The allocation of funding to support mental health research to inform these processes has therefore also been identified as critically important.

Mental health researchers find it difficult to leverage financial resources in the competitive funding environment. Obtaining *international funding* is challenging, and this increases the need for continental and regional research networks to leverage available opportunities for funding. At *country level*, ministries need to allocate dedicated funds for mental health research. It is essential for ministries and policy leaders to add research as a key component in planning, developing, resourcing and evaluating public health interventions for mental health and wellbeing. To realise this, sound advocacy is required, as well as the translation of discipline-specific technical terms to context-specific plain language reporting so that research findings and recommendations can best be understood by target audiences, whether ministries or the general public. This should also apply to media and awareness campaigns and should include the perspectives and recommendations of people with lived experience of mental health problems in research and advocacy.

The WHO Comprehensive Mental Health Action Plan (2013–2030) (<https://www.who.int/publications/i/item/9789240031029>), sets an agenda for addressing promotion of mental health, prevention of mental disorders, and for addressing the impact of the Social Determinants of Health (SDH) on mental health and wellbeing within the context of the Sustainable Development Goals. The WHO Regional Framework was published to strengthen the implementation of the Comprehensive Mental Health Action Plan in the African Region (<https://apps.who.int/iris/bitstream/handle/10665/361849/AFR-RC72-5-eng.pdf?sequence=1&isAllowed=y>), with a focus on universal coverage to address mental disorders. Public policies and governance structures, although potentially supportive of this, had not yet fully realised this in implementation strategies with country level differences in readiness to implement. Primary mental health research is needed to support ministries to implement a multisectoral, life-stage-informed approach to improving the mental health of our nations in Africa, as postulated by Lund *et al.* (see footnote 4).

Strategies for greater policy support would require a greater emphasis on moving from a psychiatric perspective a to broader social determinants of health approach. This approach requires cross-disciplinary research. Increased collaboration between sectors could address the demographic, neighbourhood, economic, environmental, or socio-cultural determinants of health. Global issues such as climate change and the impact of COVID-19 highlight the need for psychosocial interventions. Furthermore, it is important to disaggregate poverty-related data according to racial, gender and disability perceptions, to account for how these intersectional identifiers impact on targeting strategies to enhance mental health and wellbeing and reduce mental health problems and mental disorders. Attention is needed to identify available opportunities which can be leveraged to implement practical mechanisms for “pooling resources” for regional and country level research in the next period.

Partnerships are regarded as an important aspects of mental health research. New and

strengthened equitable, international, regional, and local partnerships should be pursued, to achieve North–South, South–South and cross-regional partnerships. This requires the need to acknowledge the impact of historical inequities in these partnerships, and to recognise the value of these partnerships for two-way learning. The location of the centre of gravity of such collaborations within the African region and in sub-Saharan Africa needs to be guaranteed. In South Africa, we need also to take the initiative to impress upon potential collaborators the need for South African researchers to take leadership or co-leadership in research collaborations. Such a partnership needs to include capacity-building, incorporate two-way learning, and ensure that decision-making and funding is devolved to African partners to provide real opportunity for driving context-appropriate research in African countries.

At the workshop in November 2022, three entities were singled out as important partners in this regard. The WHO recently published guidance packages for ministries, policymakers, and implementers around contextually appropriate implementation of the Mental Health Gap Action Programme (mhGAP) within low resource settings⁶. The second partner identified was the Africa Centre for Disease Control and Prevention (Africa CDC), which was established in 2017 to strengthen the capacity of public health ministries and national institutions in developing and implementing policy frameworks for NCDs and mental health in Africa (<https://africacdc.org/>). Lastly, national research institutions and agencies such as ASSAf, the Medical Research Council (MRC), HSRC and universities are important partners in maximising limited resources through finding collaborative ways of working. More engagement with these partners and tapping into their expertise would be of great value.

Such interdisciplinary and intersectoral collaborations, especially with regard to social, economic, and environmental factors, require complex interventions spanning several domains. Research programmes needed to engage all relevant actors, including the informal health sector (including traditional and faith healers) as well as the private sector. An integrated conceptual framework based on social and political determinants of mental health models could facilitate much-needed interdisciplinary, Ubuntu-based collaborations and bridge disciplinary barriers.

Furthermore, research methods need to be adapted for inclusive research. Building relationships with persons with lived experience of mental health is of critical importance to ensure input at all stages of our research. This should include the prioritisation of research questions, co-creation, and delivery of interventions by these partners. Specifically, research should include persons with psychosocial and other disabilities as co-researchers or advisors to all stages of research, and appropriate mechanisms for including the view of children and adolescents, families, neighbourhood and communities should be built into research funding applications and processes. Capacity development of these groups is also required for research collaboration, in terms of skills and organisational development and representation.

Perspectives on how best to include and engage with service users when planning conducting and implementing research (Ms Charlene Sunkel, Global Mental Health Peer Network)

Ms Sunkel's talk focused on the inclusion of persons with lived experience in the research process, underscoring the fact that networks such as GMHPN could make an important contribution to mental health research. The November 2022 workshop emphasised the inclusion of people with lived experience in formal research, and despite not having an academic background, these persons could provide important input in various phases of

⁶ <https://www.who.int/publications/i/item/9789241549790>

research, from developing research questions to implementation, data collection, data analysis and especially the interpretation and dissemination of results. The GMHPN relies on research and uses research outcomes in its advocacy work. Persons with lived experience are, in fact, experts by experience and could play important roles in leading or co-leading research. In terms of mental health research, elements of good practice can be termed as meaningful and authentic inclusion and engagement of people with lived experience. Importantly, this lived experience needs to be valued and understood for its inputs, by contributing unique perspectives and practical solutions based on lived experience, but also through making experiential and monetary contributions. Such persons should not merely be seen as volunteers, but as co-workers.

For these persons, not coming from an academic or research background, should not be seen as a barrier, but as an opportunity for empowerment. For example, the use of academic concepts and research terms arising in the course of the collaboration should be explained and clarified, enabling opportunities for learning.

Researchers also need to be cognisant of the difficulties related to mental health conditions when engaging with persons with lived experience. Challenges often result from medication and its effects, and this requires flexibility, accommodation and understanding from all partners. Reasonable accommodations should be specific to individuals, based on engagement (asking the person) to establish what their needs are. This will ensure that due regard to accommodations are made to support these partners in making meaningful contributions of high quality.

Ms Sunkel emphasised the importance of creating suitable conditions for engagement in such collaborations. These included a safe space for interaction, mutual respect and trust. Power imbalances should be avoided at all costs, and non-discrimination and non-tokenism needs to be upheld. The empowerment of participants is also important (for instance, by explaining what the research was about, clarifying terms and informing on the outcomes) and recognising the value of contributions. Most importantly, engagement should recognise the diversity and equality of all partners.

SESSION 3: STAKEHOLDER RESPONSES

Respondent to the presentations: Prof Crick Lund, University of Cape Town and King's College London

Prof Lund reflected on the presentations on the November 2022 workshop and highlighted five important points of relevance that particularly stood out.

Firstly, there is a huge gap in high-quality longitudinal mental health data on the African continent. This has implications for understanding mental health. For example, the association between poverty and mental health is known, but the direction of the association is not understood. Are people depressed because they are poor, or are they poor because they are depressed? This lack of long-term data results in a knock-on effect on what kind of policy interventions could be made to address mental health problems. Should interventions target the root cause or address and treat the mental health condition itself? With good quality long-term data, the temporal relationships between factors (such as household income and mental health) could be tracked over a long period. It is encouraging that funders such as the Wellcome Trust are increasingly interested in this area and provide funding to address the gap in understanding the temporal and causal relationships between mental health, its determinants and its consequences.

Secondly, there is a need for more reliable and more culturally valid mental health outcome measures, especially in the African context. It is imperative to find measures that capture local culturally valid experiences. Research in Zimbabwe by Patel, Simunyu and Gwanzura⁷ studied the local Shona idiom 'Kufungisisa' (meaning *thinking too much*) and its contextual use to describe both a cause and a symptom of mental illness. This term captures the experiences and measures that correlate strongly with depression and anxiety and is thus included in the Shona Symptom Checklist for depression and anxiety screening methods. Ethnographic work such as this is increasingly required in order to understand the cultural meanings of mental health conditions.

A third observation is that there is a growing, dynamic mental health research community on the African continent. This is demonstrated in three recent research trials conducted in African countries^{8,9,10} which has generated valuable data.

Fourthly, the involvement of persons with lived experience in the research process is of great importance, and is a growing area, yet could be strengthened. This is fittingly elucidated by the previous speaker.

In addition, broadening the policy agenda is essential. Since the first Lancet series on global mental health¹¹, there has been an emphasis on scaling up treatment, especially in developing countries. However, there is also a growing need to understand more about the social determinants of mental health, which would involve different sectors of society, not only the mental health community.

Lastly, but of most importance, is the need to build capacity for a new generation of mental health researchers. The new pool of talent currently in the system is invaluable to the discipline and should be nurtured and supported.

Question and Answer Session

Comment

Relating to the issue of longitudinal datasets, many studies (such as postgraduate research projects) although relevant and important, have lapsed and discontinued. There is a need for creating laboratories (academic working groups), such as in the biological sciences, where there would be a focus on one thematic area, and many students contributing to this theme for extended periods. Longitudinal data is extremely important, and mechanisms should be put in place to enable this. Funding is one issue, but the continuity of research is another important factor to be addressed.

⁷ Patel V, Simunyu E, Gwanzura F. Kufungisisa (thinking too much): a Shona idiom for non-psychotic mental illness. *Cent Afr J Med*. 1995 Jul;41(7):209-15. PMID: 7553793.

⁸ The COSIMPO trial (Gureje, O., Appiah-Poku, J., Bello, T., Kola, L., Araya, R., Chisholm, D., Esan, O., Harris, B., Makanjuola, V., Othieno, C. and Price, L., 2020. Effect of collaborative care between traditional and faith healers and primary health-care workers on psychosis outcomes in Nigeria and Ghana (COSIMPO): a cluster randomised controlled trial. *The Lancet*, 396(10251), pp.612-622.)

⁹ The TaSCS trial (Hanlon, C., Medhin, G., Dewey, M.E., Prince, M., Assefa, E., Shibre, T., Ejigu, D.A., Negussie, H., Timothewos, S., Schneider, M. and Thornicroft, G., 2022. Efficacy and cost-effectiveness of task-shared care for people with severe mental disorders in Ethiopia (TaSCS): a single-blind, randomised, controlled, phase 3 non-inferiority trial. *The Lancet Psychiatry*, 9(1), pp.59-71.)

¹⁰ The Project MIND trial (Myers, B., Lombard, C.J., Lund, C., Joska, J.A., Levitt, N., Naledi, T., Williams, P.P., van der Westhuizen, C., Cuijpers, P., Stein, D.J. and Sorsdahl, K.R., 2022. Comparing dedicated and designated approaches to integrating task-shared psychological interventions into chronic disease care in South Africa: a three-arm, cluster randomised, multicentre, open-label trial. *The Lancet*, 400(10360), pp.1321-1333.)

¹¹ <https://www.thelancet.com/series/global-mental-health>

Response: Funding is indeed a challenge because long-term projects do not readily attract funding. Also, researchers are often driven by the short-term gain of immediate publishable results. This issue needs to be taken up, incorporating all the factors at play and needs to be on the agenda when interacting with government.

Question

Would it not be helpful to reframe the term 'poverty' in relation to 'inequality', as a driver of mental health challenges?

Response: This has indeed been done in a review published in 2018, (<https://pubmed.ncbi.nlm.nih.gov/29352539/>) which studied inequality and depression and found a clear association. However, the level at which to measure inequality is complex. Inequality is also often overlooked as a driver because it is difficult to measure. This requires longitudinal data, which is not readily available.

Inequality requires intervention at multiple levels: firstly, to address people's basic needs (e.g., basic income grant). A study by Maguire *et al.* showed that cash transfers have a positive mental health impact on recipients. Secondly, inequality is about opportunities (for example, access to education).

Comment

Having made a shift from clinical psychiatry to mental health research recently, connecting with the research community has been difficult, since there is no network or association for mental health research. It would be valuable to have a space for students, researchers, mental health workers, government institutions and persons with lived experience to have one platform to share ideas and experiences.

Response: One of the benefits of a conference such as this Mental Health Conference is to bring experts together. To have such a platform as a regular occurrence would make a difference in the mental health community. It would also be an opportunity to influence mental health policy.

Comment

With regard to the mental health strategy, the challenge is in the implementation. For example, in the aftermath of the Jagersfontein dam collapse, addressing the mental health response to the community was the last priority. The mental health counsellors that were deployed to this disaster were interns and there were no follow-ups or continued interventions. It is important to ensure that what is written into policy is really implemented.

Comment

The South African mental health community needs to demonstrate from its own experience, using evidence of what is working well and what the successes have been. Targets need to be set in relation to Agenda 2030, evidence of successes needs to be gathered, and alternatives need to be explored.

Closure

Prof Sodi closed the session and thanked the speakers and the audience for taking the time to attend the Roundtable.

APPENDIX 1: LIST OF ACRONYMS

AMS	Academy of Medical Sciences
ASSAf	Academy of Science of South Africa
DFID	Department for International Development
GMHPN	Global Mental Health Peer Network
HSRC	Human Sciences Research Council
NCD	Non-communicable disease
NIMH	National Institute of Mental Health
SDH	Social determinants of health
UCT	University of Cape Town
WHO	World Health Organisation