

# A Southern Alliance for Research and Innovation in Mental Health

Psychiatric and Mental Health Research in Low-and-Middle-Income-Countries (LMIC's) is poorly resourced, inadequately funded, lacks cohesion and suffers from a scarcity of skills and experience.<sup>1,2,3</sup> Where national research institutions do offer grants and scholarships, these are generally modest amounts in local currencies and cannot compare with the massive funding support available to colleagues from institutions such as the National Institute of Health and the Fogarty Foundation in the USA and the Medical Research Council and the Wellcome Trust in the UK. And where funding is available for health research in LMIC's, major high-profile health problems such as HIV/AIDS and other infectious diseases as well as maternal and child health problems are prioritized for support. Mental health research is low on the agenda of local research funding bodies, just as mental health is low on the agenda of government health departments. Most LMIC's share in common: a serious shortage of mental health professionals; outdated and inadequate psychiatric facilities; little or no integration of mental health into primary health care; and poor financial support for ongoing academic development of mental health professionals. And yet, it is within LMIC's that the vast burden of global mental health needs is located.<sup>4</sup>

In recent years, there have been increasing calls for capacity building, increased collaboration and mutual support between academics, researchers, public service practitioners, policy makers, NGO's and others who are involved in efforts to scale up mental health care, resources and research in so-called 'developing world' (or LMIC) contexts. Notably, such calls have come from the WHO<sup>5</sup>, the Lancet Series on Global Mental Health<sup>6</sup>, the related Movement for Global Mental Health<sup>7</sup>, the Global Forum for Health Research<sup>8</sup> and other groupings and organisations. In a broader context there have also been calls for the establishment of so-called 'south-south' collaborations, networks and fora relevant to many aspects of public, economic and political life.<sup>9</sup> While the term 'south-south' may be imperfect in that geographical location does not necessarily correlate with level of economic development and country resources, it is nevertheless a useful and popular term in generalizing about the major gaps that exist between most northern nations and most southern nations.

In line with calls to upscale mental health research capacity in LMIC's, and in response to the need to develop strong, self-sustaining links between 'nations of the south', a correspondence was initiated recently between individuals

involved in mental health research in LMIC's. This (email) conversation was focused on a proposal to establish a South-South Alliance for Research and Innovation in Mental Health. Such an alliance or forum would represent an active and practical response to the calls that have been made for research capacity development and collaboration in mental health within and between LMIC's. Strong links should be developed between academics, researchers, health planners and policy makers within LMIC's who share a common context characterised by:

- Generally poor availability of mental health resources (both human and infrastructural)
- Poor funding and support for research and other academic activities in psychiatry and mental health
- A general lack of depth in research capacity with only small pockets of expertise (rather than strong national platforms for research)
- Poor access to international funding agencies for research
- A consequent need to rely upon the Pharmaceutical Industry for funding for academic and research activities (with the accompanying problems raised by this relationship)
- An inherent bias against publishing work from LMIC's in many international journals
- Difficulties accessing funding to support attendance at international meetings, etc

The proposal suggested that the creation of a south-south platform for research in mental health (incorporating colleagues and groupings from Africa, Latin America, South Asia, the Pacific regions especially, but not exclusively) might take the form of:

- An internet-based platform (website) that could facilitate communication, the sharing of common problems and solutions, a variety of resources, the establishment of regional and inter-regional networks for research, the planning of meetings, etc
- Collaborative efforts to address problem issues of common concern such as: biases against publishing LMIC papers in certain journals; accessing research funding (without surrendering autonomy, etc); the problematic nature of our relationships with the Pharmaceutical Industry; etc
- Collaborative efforts to influence public institutions regarding the scaling-up of mental health services as well as resources for research
- Facilitate the development of training programmes in

mental health research that originate and are located within LMIC's - i.e. empowering local experts and talent to provide leadership and local experience to colleagues in similar contexts who need assistance

- Joint academic projects such as collaboration and mutual assistance in curriculum development, the establishment of joint degrees, the development of sub-speciality academic disciplines, etc.

A key principle in the proposal was that this should be a collaboration located in and run by partners within LMIC's. In this way it would differ from existing initiatives that tend to be dominated and directed by colleagues in 'developed' countries. A South-South Alliance should be a vehicle for empowerment and development of the "southern nations" and should avoid becoming another structure wherein LMIC participants assume a largely passive and dependent role. Clearly this should not be an exclusive forum and participation should be open to anyone, regardless of geographical location. But, there is a case for emphasising and encouraging participation and leadership from those working within LMIC contexts. There is a wealth of experience and ability already active and giving leadership in our field within LMIC's and these 'veterans' as well as new emerging individuals should form the backbone of this Alliance.

As a way forward, a proposal has been submitted for a South-South Mental Health Research Forum to be held at the Global Health Research Forum meeting in Havana in November 2009. This meeting would consider the formation of a Southern Alliance for Research and Innovation in Mental Health and launch the initiative. In addition (and as preparation for the launch) a website could be constructed to host the alliance/forum.

This proposal has been well received by those involved in recent email correspondence. To date approximately 30 individuals (from Chile, Argentina, Peru, USA, Canada, UK, Kenya, Zimbabwe, South Africa, India, Malaysia, Australia, Serbia, Netherlands, Switzerland and Austria) have contributed responses, suggestions and opinions on the proposal. Some differences of opinion exist as to the way forward and further discussion and input from a wider audience is needed before definitive steps can be taken. Among the questions that need to be addressed are the following:

- Should this forum or alliance be an autonomous body or should it be 'embedded' within an existing organisation such as the Movement for Global Mental Health? The main advantage of the latter is that communication infrastructure and participation and a degree of momentum already exists; while the significant advantage of the former option is that this can truly become an empowering collaboration for LMIC partners if it is self-initiated and self-driven.
- How should participation by non-LMIC partners be structured? One option is to have a panel of 'international experts' as a consultative group to the forum. Alternatively, no distinction need be made based on geographical location of participants.
- Is there support for a 'launch' meeting later during 2009? Either in Havana at the Global Forum for Health Research

meeting in November 2009 or at the African Association of Psychiatrists and Allied Professions Congress in Abuja, Nigeria in October 2009?

- Is there sufficient support for such an initiative and are there individuals who are prepared to participate and work to make this a successful vehicle for development of capacity in mental health research in LMIC's?

To be sure there is a need to strengthen and unite efforts to scale up mental health services as well as academic and research endeavours in 'nations of the south.' There are a number of existing structures dedicated to this purpose :

- Movement for Global Mental Health <http://www.globalmentalhealth.org/articles.html>
- Global Forum for Health Research [http://www.globalforumhealth.org/Site/000\\_Home.php](http://www.globalforumhealth.org/Site/000_Home.php)
- World Federation of Mental Health <http://www.wfmh.com/index.html>
- World Health Organization [http://www.who.int/topics/mental\\_health/en/](http://www.who.int/topics/mental_health/en/)
- World Psychiatric Association <http://www.wpanet.org/>
- World Association of Social Psychiatry <http://www.worldsocialpsychiatry.org/>
- International Federation of Psychiatric Epidemiology <http://www.ifpe2009.at/welcome.html>
- International Observatory on Mental Health Systems <http://www.ijmhs.com/content/3/1/2>
- Global Network for Research in Mental and Neurological Health <http://www.mental-neurological-health.net/>

Of course there is much overlap between these organisations in terms of membership as well as goals and objectives. These are global organisations with multiple areas of concern and a variety of agendas. Advocacy, systems and policy development, mental health education and promotion and the support and growth of mental health services, information systems and research capacity in LMIC's are all areas of common focus. Is there then a need for another platform or structure to address issues of mental health in LMIC's?

I would argue that there is such a need. There is a specific need for a South-South Alliance because a fundamental principle in capacity development is empowerment and self-actualisation. Without diminishing in any way the integrity, the value and the effectiveness of existing organisations and groupings, they all share a common feature – which is universally and historically 'the norm' – and that is that they have originated from and are driven by already capacitated experts within 'developed country' contexts. This is a natural and expected phenomenon, since it is a reality that living and working within a better resourced and better capacitated environment motivates some individuals to altruism and a sense of wanting to help bring change to less privileged contexts. Certainly, without these activist individuals, organisations and movements, it is likely that less progress than has already been achieved would have been made. However, I believe there is now sufficient 'indigenous' strength and leadership within mental health research in LMIC's for a new form of collaboration and capacity building to emerge in the form of a South-South Alliance. I would

welcome contact with others who share this vision and who are interested in participating in, and helping shape and build, this initiative.

**Jonathan Burns**

Department of Psychiatry, Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa

**References**

1. Kleinman A, Han C. *Global mental health: research that matters for the developing world*. In: *Research for Change*. Geneva: World Health Organization; 2004.
2. Saraceno B, Saxena S. *Bridging the mental health research gap in low- and middle-income countries*. *Acta Psychiatrica Scandinavica* 2004;110:1-3.
3. Saxena S, Paraje G, Sharan P, Karam G, Sadana R. *The 10/90 divide in mental health research: trends over a 10-year period*. *British Journal of Psychiatry* 2006;188:81-82.
4. Patel V, Araya R, Chatterjee S, et al. *Treatment and prevention of mental disorders in low-income and middle-income countries*. *Lancet* 2007;370:991-1005.
5. World Health Organization. *Mental Health Gap Action Programme: scaling up care for mental, neurological, and substance use disorders*. Geneva: World Health Organization; 2008.
6. Lancet Global Mental Health Group. *Scaling up services for mental disorders – a call for action*. *Lancet* 2007;370:1241-1252.
7. *Movement for Global Mental Health*. <http://www.globalmentalhealth.org> (Accessed 24/03/2009.)
8. Global Forum for Health Research and World Health Organization. *Research capacity for mental health in low- and middle-income countries: Results of a mapping project*. Geneva: Global Forum for Health Research; 2007.
9. Osama A. *Opportunities and challenges in South-South collaboration*. *SciDevNet* 14th May 2008; <http://www.scidev.net/en/policy-briefs/opportunities-and-challenges-in-south-south-collab.html> (Accessed 24/03/2009.)

# sanofi aventis

## African Neuroscience Educational Grant

The editorial board of African Journal Psychiatry is proud to announce that the sanofi aventis African Neuroscience Educational Grant for 2008/2009 has been awarded for the following original paper published in the Journal during the period under consideration:

**“A longitudinal comparative analysis of economic and family caregiver burden due to bipolar disorder” by Zergaw A, Hailemariam D, Alem A, and Kebede D**

Our sincere congratulations to the authors, who will be receiving the award of the USD equivalent of R50 000 in due course.

**Christopher P. Szabo**  
Editor-in-Chief

