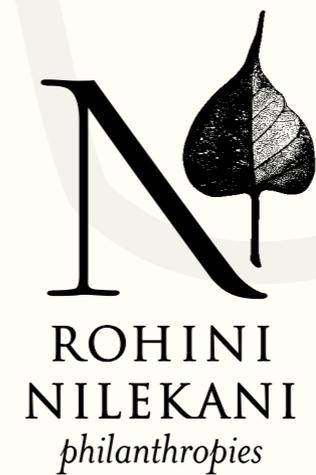


THE EMERGING PARADIGM IN MENTAL HEALTH

SOCIAL INNOVATION MAPPING



THE CONTEXT AND URGENCY

1 in 4 people in the world will be affected by mental health disorders at some point in their lives

*India and China account for **one-third** of the global burden of mental illness*

75% of people with mental health conditions in developing countries are not receiving care

Factors determining mental illness go beyond individual attributes to include policies, social protection, safety, living standards, and livelihood opportunities.

SOCIAL INNOVATION MAPPING:

LEARNING FROM LEADING SOCIAL ENTREPRENEURS

The ideas and work of social entrepreneurs: individuals with system changing ideas and entrepreneurial skills to create big change, offer us some key insights.

They allow us to:

Gain an entrepreneurial perspective of the mental health sector, with a focus on innovations.

Understand solutions that are built on the perspective of persons living with mental issues

Correlate most promising innovation and identify cross-cutting patterns and design principles

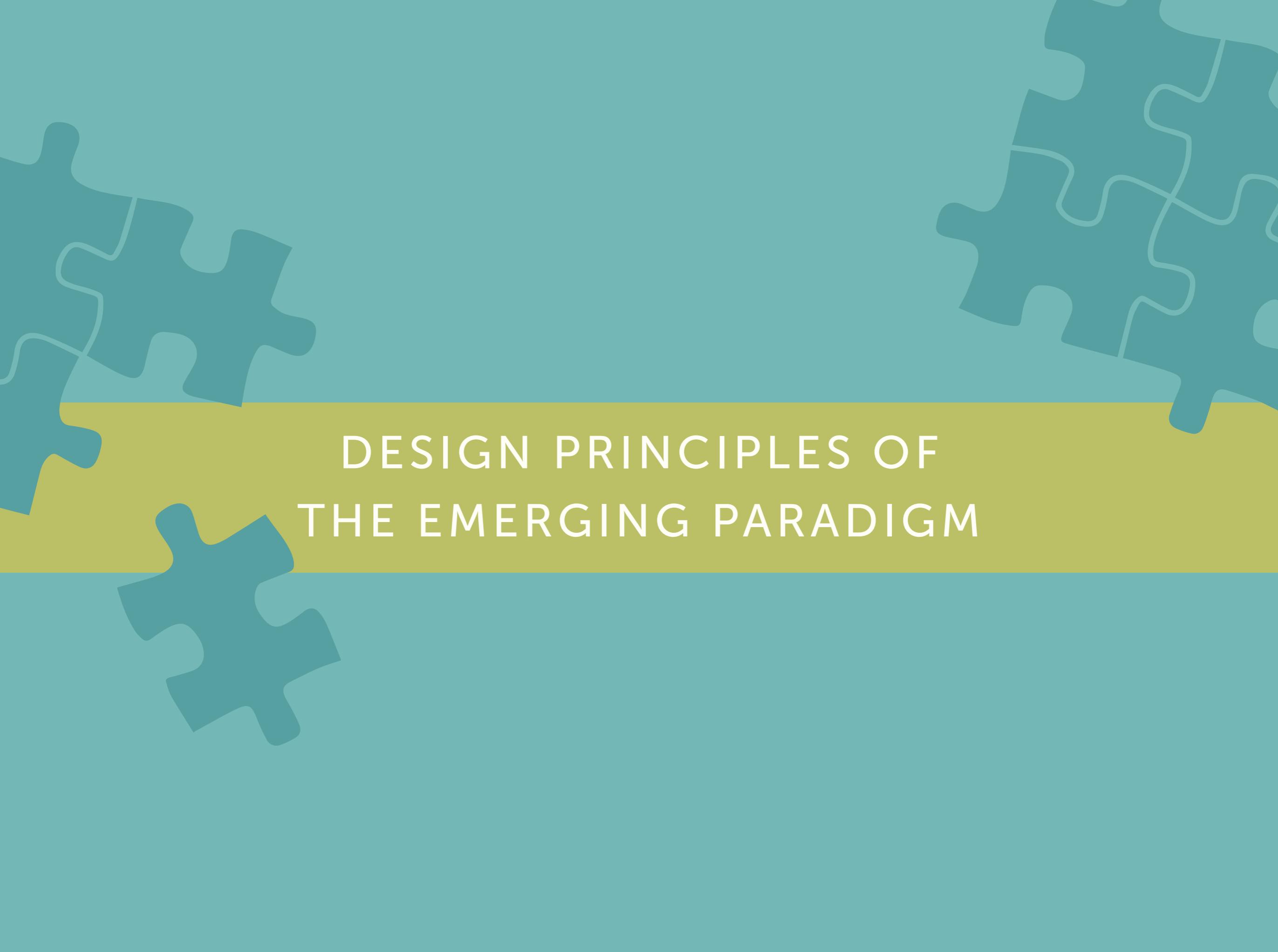
The review and analysis of the work of over 90 leading social entrepreneurs (Ashoka Fellows) across the world (in-depth interviews with 19) revealed promising patterns.

SOCIAL ENTREPRENEURS ARE TRANSFORMING THE MENTAL HEALTH PARADIGM

They see the root of the problem in how society understands mental health and views persons affected by mental illness.

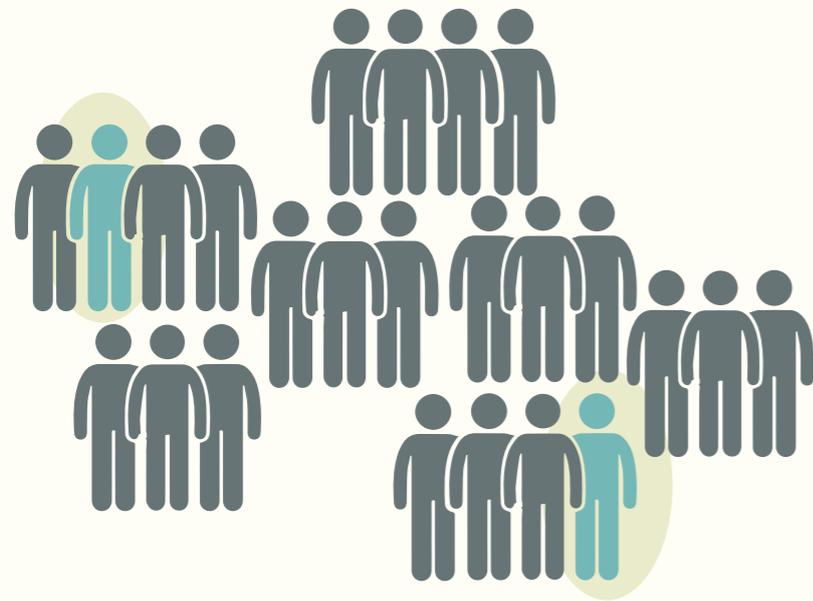
THEY ARE DRIVING SOCIETIES TO **THINK** DIFFERENTLY
SO THAT THEY MAY **ACT** DIFFERENTLY.



The background is a solid teal color. A horizontal band of a lighter, yellowish-green color runs across the middle. Several puzzle pieces are scattered around the band. Some are solid teal, while others are teal with a white outline. The puzzle pieces are arranged in a way that suggests they are part of a larger, partially assembled puzzle.

DESIGN PRINCIPLES OF THE EMERGING PARADIGM

THE WAY WE **THINK**



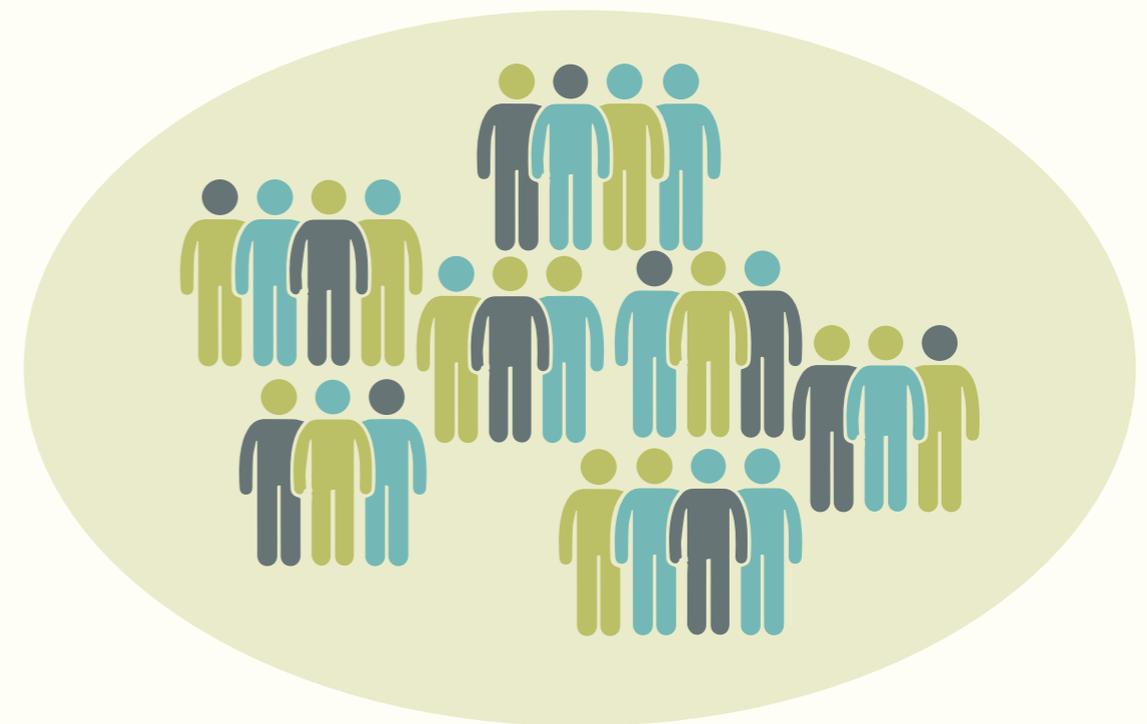
OLD PARADIGM

- ▶ *Affects a small group*
- ▶ *Make it an issue for the affected few*
- ▶ *Enable support for the diagnosed few*
- ▶ *Biological factors are the primary cause*

WHO IS AFFECTED BY MENTAL ILLNESS & WHAT CAUSES THEM?

NEW PARADIGM

- ▶ *Every human is psychologically vulnerable*
- ▶ *Make it a personal issue for everyone*
- ▶ *Enable psychological support for all*
- ▶ *Socio-economic factors also affect mental health*



NEW PARADIGM IN ACTION

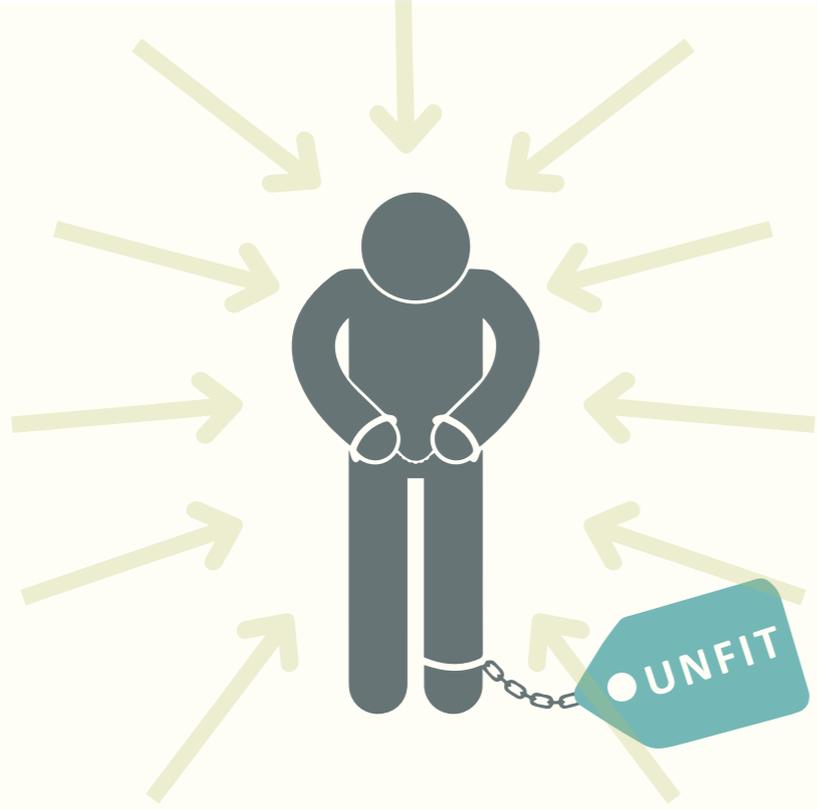
Charlie Howard (MAC-UK; United Kingdom) noticed that youth growing up in socially vulnerable and troubled families, especially those involved in street violence, have a much higher chance of suffering from mental distress and long-term mental disabilities than those who live in more stable circumstances.

Instead of passively waiting until dramatic events occur (such as an attempted suicide or the perpetration of a crime) to bring such youth in contact with the public mental health system, Charlie reaches out to them proactively. To enable this, she has built a counseling service run by professional psychologists and therapists, which is made accessible to youths in their own contexts and on their own terms. The counselors meet young people in areas within their comfort zone, such as at a street corner, or in a park or café. Her “street therapy” intervention makes support services available to these young people “where, when and how they need it.”

Charlie’s goal is to make the public system itself adopt this approach, which is why she works in partnership with various civic service institutions to build their capacity to reach out to high-risk groups.



Charlie Howard
MAC-UK; United Kingdom



OLD PARADIGM

- ▶ *'Disease' at the center of a persons identity*
- ▶ *Dehumanized discourse*
- ▶ *Focus on disability*

HOW DO WE SEE PEOPLE WITH MENTAL HEALTH CONDITIONS?

NEW PARADIGM

- ▶ *Whole person at the center*
- ▶ *Empathetic discourse*
- ▶ *Use human rights as a framework for action*
- ▶ *Focus on ability, not disability*



NEW PARADIGM IN ACTION

Lisa Brown (Workman Arts; Canada) realized that people with mental health conditions are often pigeon-holed by the label and that society is not always able to recognize and nurture their capabilities and potential.

To challenge this mindset, Lisa created an arts production company that helps early stage and mature artists living with mental illness to develop their skills and find commercial commissions. Very importantly, the rates these artists are paid are at par with art industry standards. Lisa reflects on the power of context to transcend stigma: “They were thought to be less than, to be amateurs and basket weavers, as opposed to great painters, singers, or poets. And it’s all a matter of context. If we were to put an art show in a psychiatric facility, people would see that artwork as being psychiatric art. If we put the same artwork in a gallery, you’re not going to know the difference between that art and someone else’s art.” The shift in perspective occurs both in the environment, as well as internally, for the individual. Workman Arts members see themselves—and are recognized as—professional artists and individuals living with, rather than suffering from, psychosocial disabilities.



Lisa Brown
Workman Arts; Canada

THE WAY WE ACT



OLD PARADIGM

- ▶ *To treat the disease*
- ▶ *Medical improvement by removing symptoms*
- ▶ *Systems of isolation*
- ▶ *Enhance dependence*
- ▶ *Offer responsive treatment*

WHAT IS THE GOAL OF THE SYSTEM?

NEW PARADIGM

- ▶ *To preserve the individual in society*
- ▶ *Biological, psychological, social & spiritual improvement*
- ▶ *Systems of integration*
- ▶ *Promote socio-economic independence*
- ▶ *Offer preventive & early care*
- ▶ *Include mental health as a part of good governance*



NEW PARADIGM IN ACTION

*Vandana Gopikumar (**The Banyan; India**) encourages people with psychosocial disabilities to give life a second chance—including those with persistent issues, or who have been homeless, or confined in mental hospitals or rehabilitation homes for a long period.*

With non-existent or broken families, and being seen as unable to live independently, the only option for these people is to live on the streets or continue to remain tucked away in a hospital. Vandana's intervention identifies such individuals, especially those who are willing to start an independent- to semi- independent life in society.

*Clients are organized in small groups mimicking a family unit, assisted in finding housing, and encouraged to share household duties, pursue jobs, socialize, etc. Medical and other psychosocial support is provided to them at home by the personal assistants (who are typically hired from the community), and a multi-disciplinary team of nurses, social workers, and psychiatrists step in only when required. This ensures that while adequate care is provided, a home-like feel is preserved. **Performing various social roles in the community helps people rebuild their identities, achieve recovery, and reach their full potential.** The social integration and mixing also builds greater acceptance of diversity in the community.*



Vandana Gopikumar
The Banyan; India



OLD PARADIGM

- ▶ *Centralized in the hands of specialized institutions & professionals*
- ▶ *No support for care givers*
- ▶ *Care designed around medicine*

HOW IS THE SYSTEM OF CARE STRUCTURED?

NEW PARADIGM

- ▶ *Decentralized to include community members & local institutions*
- ▶ *Support for caregivers*
- ▶ *Care also based on community culture*



NEW PARADIGM IN ACTION

Bhargavi Davar (Bapu Trust; India) believes that in order to achieve her vision of people with psychosocial disabilities living in society, the entire community needs to be aligned toward inclusion.

It is not about providing different services only; it is about the whole network of people living together and looking after each other's needs. Bapu Trust works in poor urban communities, building up the communities' capability to respond to the mental health needs of its members. Their work in communities involves, but is not limited to: creation of barefoot counselors who can respond to a crisis; building human support structures around people with psychosocial disabilities; identifying and training community volunteers; and involving the community in an ongoing dialogue on mental health.

*Community members may provide care to someone in need by simply visiting them, assisting them in opening a bank account or to find housing, sharing a meal with them, or helping to find a livelihood opportunity. **By approaching empathetic care as a skill which can be developed, Bhargavi is enhancing the ability of entire communities to care for their members.***



Bhargavi Davar
Bapu Trust; India



OLD PARADIGM

- ▶ *Professionals & caregivers make key decisions*
- ▶ *Social, legal & structural barriers to agency of persons with mental illness*
- ▶ *Information rests primarily with experts*

WHO ARE THE DECISION MAKERS?

NEW PARADIGM

- ▶ *People living with mental illness play an active role in decision making*
- ▶ *Create an environment to support agency of persons with mental illness*
- ▶ *Connect peers, caregivers & experts to share information & act.*
- ▶ *Nurture grassroots disability leadership.*



NEW PARADIGM IN ACTION

*As an independent disability rights advocate at the global level, **Gabor Gombos (Hungary)** believes that significant change at grassroots requires strong local advocacy movements.*

*The UN Convention on the Rights of Persons with Disabilities has been seminal in defining new ways of understanding and protecting disability rights. **However, at the national level, every country needs to go through a transformation of its laws and institutions to achieve the human rights standards defined in the Convention.***

*Gabor is convinced that **local disability rights advocates who themselves have psychosocial disabilities, are crucial in inspiring this process and shaping relevant policies in their countries.** Gabor has been equipping such grassroots disability advocates with the knowledge and skills to be successful. For example, he conducts training courses that unpack the various elements of the CRPD and its principles, and explains how to align disability rights advocacy with the Millennium Development Goals. **Through his work, Gabor is connecting local issues to the framework of international law, international commitments of governments, and flows of international funding, all of which are providing grassroots advocacy movements with the powerful tools necessary to influence the government.***



Gabor Gombos
Hungary

*Because of the **new mindset** that cuts across their work, social entrepreneurs are able to **repurpose** the system, **redesign** structure of care and include new actors as **changemakers**.*



*This **emerging paradigm** has potential to gain most traction and ensure all persons with mental illness have access to care and support that will enable them to live to their **full potential!***

The background is a solid teal color. It features several dark teal gears of various sizes and orientations. Two white hands are shown: one on the left side, reaching towards a gear, and one on the right side, also reaching towards a gear. A horizontal olive green band is positioned across the middle of the image, containing the text 'OPPORTUNITIES FOR ACTION' in white, uppercase, sans-serif font.

OPPORTUNITIES FOR ACTION

LEVERAGE GLOBAL SYNERGY TO ACCELERATE THE EMERGING PARADIGM

SECURE SUSTAINED SUPPORT FOR SERVICES AND INNOVATION FROM INVESTORS

REDEFINE INDICATORS OF SUCCESS

PARTNER WITH THE GOVERNMENT TO MAINSTREAM SOLUTIONS

ADDRESS THE LACK OF LEGAL CAPACITY OF PEOPLE LIVING WITH MENTAL ILLNESS

INVOLVE MENTAL HEALTH PROFESSIONALS IN THE EMERGING PARADIGM

RE-IMAGINE INCENTIVE STRUCTURES FOR PRIVATE HEALTH PROVIDERS AND PHARMACEUTICAL COMPANIES

CHANGE SOCIETAL MINDSETS TO NORMALIZE MENTAL ILLNESS

CREATE A ROLE FOR SCHOOLS, UNIVERSITIES, AND EMPLOYERS IN ENGENDERING PREVENTION AND AWARENESS

LEVERAGE TECHNOLOGY IN OUTREACH AND CARE

ENGAGE PEOPLE LIVING WITH MENTAL ILLNESS TO BECOME CO-CREATORS OF SOLUTIONS

CREATE MORE CHANGEMAKERS IN THE FIELD



SOCIAL ENTREPRENEURS WHO
CONTRIBUTED TO THIS REPORT

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