



THE EMERGING
PARADIGM IN
MENTAL HEALTH

SOCIAL INNOVATION
MAPPING





ASHOKA: INNOVATORS FOR THE PUBLIC

Ashoka is the world's largest network of leading social entrepreneurs—individuals with new ideas and entrepreneurial skills to systematically address the world's biggest challenges and create large-scale impact. Ashoka pioneered the field of social entrepreneurship and has launched and supported over 3000 social entrepreneurs across 80 countries. Ashoka is advancing an “everyone a changemaker” world where people gain the skills and resources they need to collaborate on solving complex social problems. Ashoka’s Changemakers Learning Lab conducts research to identify hotspots of innovation and the most effective levers to catalyze change. By analyzing solutions that have proven success, the research is used to craft network strategies, evaluate new solutions, and guide innovation.



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FOREWORD

There is a growing interest among philanthropists and changemakers to explore opportunities to drive positive change in the field of mental health.

Whilst there is a significant body of research on the challenges affecting the sector, two main information gaps remain: the first is a lack of understanding of the problem “inside-out” from the perspective of persons living with mental health conditions; and second, the dearth of any comprehensive analysis of the strategic opportunities to unlock the sector. Without these insights the scale and complexity of the mental health challenge makes the search for solutions daunting.

We believe that the work of leading social entrepreneurs, such as Ashoka Fellows, holds some answers to both these questions; given that their interventions are not limited to providing products or services, but are geared to transforming the way society itself approaches a problem. Driven by this vision of effecting systemic social change, Ashoka Fellows design, implement and refine their solutions informed by a process of empathetic inquiry. Their ideas are not developed as an isolated analytical or scientific endeavor but are co-created with people who are affected by the problem (it is also important to note that many of the social entrepreneurs featured in this report are themselves living with mental health conditions). This process constantly provides them with unique insights and enables them to develop effective and equitable solutions which gain wide traction on-the-ground and influence the system at-large.

Ashoka’s Social Innovation Mapping process, leverages Ashoka’s vantage point of looking across the work of several system changing entrepreneurs across the world to identify key shifts needed to unlock systemic change and opportunities for growth. This process, focused on drawing out insights from Ashoka Fellows prioritizes practice over theory and on-the-ground intervention over an academic study. By synthesizing insights from social entrepreneurs, this report uncovers patterns in gaps and solutions. Rather than presenting a silver bullet, it reveals how solutions interface and work together within a global context.

This report:

- 1 Explores an entrepreneurial perspective of the mental health sector, with a focus on innovative solutions
- 2 Correlates the most promising innovations in the field to identify cross-cutting design principles and barriers
- 3 Explores different levers of change and ways in which these can be influenced
- 4 Identifies the most promising approaches and opportunities for the development of the field

Ultimately, these pages should be seen as an invitation for anyone involved in the mental health field to re-envision what is possible.

INTRODUCTION

One in four people in the world will be affected by mental health disorders at some point in their lives.¹ This global challenge has even greater implications for a fast-growing country like India. The burden of mental illness will increase more rapidly in India than in China over the next ten years; already the two countries account for one-third of the global burden of mental illness, a figure greater than that of all developed countries put together.²

Unfortunately, society is failing to respond to the wide and growing prevalence of mental illness. As many as seventy-five percent of people with mental health conditions in developing countries are not receiving care. In India, only about one in ten people with mental health disorders are thought to receive evidence-based treatments.² Stigma, discriminatory policy, and social structures often deprive people with mental health conditions of their universal human rights, while also limiting their livelihood opportunities, thus compounding social inequities for those with mental, neurological, and substance-use disorders. Their families are made to suffer many inequities as well.

If one in every four people globally is affected by a mental health condition, there is an urgent need to rethink how we can normalize mental illness and re-design systems to effectively address the problem at that scale. Today, there is global recognition that factors determining mental illness go beyond individual attributes to include social, economic, and political factors—including policies, social protection, living standards, and livelihood opportunities. For example, people in the lowest income, education, and occupation strata are three times more likely than those in the highest strata to have a mental disorder.³ They are also more likely to have higher levels of psychological distress.⁴ Therefore, it is essential to devise solutions that tackle the issue not only at the biological level, but also at the psychological, social, economic, and political levels.

With this perspective in mind, our Social Innovation Mapping aims to identify solutions that provide clues to the following questions: **How can all persons with mental illness have access to care and support to live to their full potential?** How do we ensure access to care? Can the growth of the burden of mental illness be prevented? For people with mental illness to realize their human rights, what support systems are desirable? How can people with mental illness be freed from social stigma? Given the growing scale of the challenges in this sector and other compounding factors, how do we increase the number of problem-solvers?

We have sought to unpack some of these questions by reviewing the solutions of ninety Ashoka Fellows, and looking deeply into the work of twenty of them (from eleven countries) who are driving systemic change in the mental health field.

1. World Health Report, WHO, 2001.

2. The Lancet Psychiatry, May 2016.

3. Holzer et al., 1986; Regier et al., 1993; and Muntaner et al., 1998.

4. Eaton and Muntaner, 1999.

EXECUTIVE SUMMARY

Improving the mental health of societies is a challenge and necessitates the involvement of several other fields such as public health, social and economic justice, and community development. Social entrepreneurs are bringing together these diverse fields to not merely offer new products and services that change parts of the mental health system; rather, they are transforming the deep seated beliefs on which the mental health system is founded on currently, and setting the foundation for a paradigm shift in the entire field.

**In Leverage Points:
Places to Intervene in
the System,**
Donella Meadows
states:

.....
*“The shared idea in
the minds of society,
the great big unstated
assumptions – unstated
because unnecessary
to state; everyone
already knows them
– constitute that
society’s paradigm, or
deepest set of beliefs
about how the world
works...Paradigms
are the sources of
systems. From them,
from shared social
agreements about
the nature of reality,
come system goals
and information flows,
feedbacks, stocks, flows
and everything else
about the systems.”*

Innovators in the field recognize that at the heart of the mental health crisis is the prevailing thinking on mental health, and not just the shortage of professionals or infrastructure. In their eyes, the root problem is how society understands mental health and views persons affected by mental illness. This is why they are driving societies to **think** differently so that they may **act** differently.

Social entrepreneurs approach mental health as a spectrum ranging from wellbeing to acute mental illness, and recognize that most people will require support at some point in their lives to get better. They challenge the deepest beliefs that tend to diminish the identity of persons with mental illness to only their condition and instead, see them as their whole selves—their challenges, aspirations, and the multitude of social roles they play. Social entrepreneurs argue that mental illness is a combination of the individual mental health condition and the social, economic, and political factors that contribute to the onset of illness and to the ability of the person to recover. This new mindset that is reflected across their work, enables social entrepreneurs to repurpose the goals of the system, redesign the structure of care, and include new actors as stakeholders and decision makers. Their solutions focus as much on caring for an individual as on influencing the factors in the environment which can help prevent illness and support recovery. Working alongside people living with mental illness, they are leading communities and institutions to develop new ways to **think** and **act**.

This report demonstrates how the emerging paradigm that is being shaped by social entrepreneurs can unlock access to care and support for all. We will present this new paradigm in contrast to the prevailing paradigm that exists in society today in order to demonstrate the shift that is taking place. However, we recognize that such polarity may not exist in an absolute sense, and many organizations and individuals would find themselves somewhere in the middle of the spectrum.

HOW SOCIAL ENTREPRENEURS ARE TRANSFORMING THE MENTAL HEALTH PARADIGM

LEVEL OF CHANGE	KEY ASPECT	PREVAILING PARADIGM	EMERGING PARADIGM
THE WAY WE THINK	<i>Who is affected by mental health conditions, and what causes them?</i>	<p><i>A small group of individuals in society is affected by mental illness</i></p> <p>Mental health conditions are believed to affect only a small group of people. The causes are seen to be mainly biological factors and personal experience.</p>	<p>■ EVERY HUMAN IS PSYCHOLOGICALLY VULNERABLE</p> <p>Most people experience mental distress or crisis at some point in their life. It is caused by a combination of personal experience, socioeconomic context, and biological factors. Environmental conditions such as poverty, violence, and conflict are recognized as significant factors contributing to the occurrence of mental health conditions.</p>
	<i>How do we see people with mental health conditions?</i>	<p><i>“Disease” is at the center</i></p> <p>The mental health condition becomes a defining characteristic on the basis of which society engages with the individual. The person is dehumanized—having the “disease” is seen as their most important identity.</p>	<p>■ THE WHOLE PERSON IS AT THE CENTER</p> <p>The mental health condition is seen as only a part of one’s identity. It does not become the fundamental basis of societies’ engagement with an individual. Society places value on the person living a full life in society and sees its role in removing the barriers to enable that.</p>
THE WAY WE ACT	<i>What is the goal of the system?</i>	<p><i>The goal is to treat the “disease”</i></p> <p>The predominant response to mental health conditions is through medical treatment of the “disease.” As a result, the mental health system is focused on treatment and achieving the state of an “absence of symptoms.” Consequently, the goal of the system is to respond in the situations where the symptoms of illness have reached a critical level. Social determinants and the overall life course of the individual are often compromised in the process of treatment. However, the system sees such failures as outside of its purview.</p>	<p>■ THE GOAL IS TO PRESERVE INDIVIDUALS AND THEIR PLACE IN SOCIETY</p> <p>Society places value in preserving the life of individuals and their place within the community. The system is focused not only on removing the symptoms of illness, but on creating the environment where an individual can thrive. To achieve this, the system does not merely focus on addressing acute cases, but is incentivized to handle prevention, identify problems early, and take into consideration the whole life span of a person. Measures of success include the person’s ability to live independently, earn a livelihood, and participate in community life.</p>
	<i>How is the system of care structured?</i>	<p><i>Care is centralized in the hands of specialized institutions and professionals</i></p> <p>The medical model requires highly trained professionals to care for people with mental health conditions. Most financial and human resources are consolidated in mental health hospitals. This expert-reliant model limits access to care and subsequently, the psychological, social, and economic load of mental distress falls heavily on the affected individuals and caregivers, with little support.</p>	<p>■ CARE IS DECENTRALIZED TO INCLUDE COMMUNITY MEMBERS AND LOCAL INSTITUTIONS</p> <p>The community mental health model creates a role for everybody to be involved in care at an individual and institutional level. The resulting support system is located within an existing social structure, which therefore allows people in mental distress or crisis to continue living within the community. Medical treatment is accessible in the community through a decentralized model. The community creates a safety net for the person in mental distress or crisis.</p>
	<i>Who are the decision makers?</i>	<p><i>The state, professionals, and caregivers make key decisions</i></p> <p>People affected by mental health conditions are subjected to decision-making by the state, experts, and caregivers. Affected individuals are often considered vulnerable, dangerous, or “unfit,” and are thus deprived of their rights in practice and/or by law.</p>	<p>■ PEOPLE LIVING WITH MENTAL ILLNESS PLAY AN ACTIVE ROLE IN DECISION-MAKING</p> <p>People affected by mental health conditions are informed about their human rights and have agency in their decisions regarding care and life. Further, people with psychosocial disabilities play a significant role in ensuring transparency, protecting rights, co-designing policy services, and providing peer support for those in recovery.</p>

For a detailed analysis, please see the “Exploring the Emerging Paradigm” chapter.

CONCLUSION

While the practical implications of the described new ways of thinking and acting vary based on context, the near-global resonance of these principles convinces us that this direction holds most promise for the field. The approaches of the emerging paradigm have been developed based on the experiences of people living with mental illness and therefore reflect what they believe they need, instead of “solutions” provided by what someone else thinks they need. This paradigm has the potential to gain the most traction and ensure that all persons living with mental illness have access to care and support they need to live to their full potential. Building and supporting creative solutions that accelerate the shift toward making the emerging paradigm the dominant one, is the most pressing need.

Many of the principles of the emerging paradigm are grounded in the protection of universal human rights of people with disabilities and, in particular, those living with mental illness. Considering that mental illness is found to be most prevalent amongst people whose basic rights are compromised in the first place, the role of the state is paramount in ensuring mental health. It is therefore essential that the mindset changes which take place in the field are reflected in policy and shape the manner in which the state and its machinery approach mental health in the long term. In India, the Mental Health Policy, 2014 in many of its core positions is in the agreement with the principles of the emerging paradigm. The findings of this report would be helpful for the government and organizations working in partnership with the government in planning for the implementation of the policy.

There is a huge opportunity for the professional mental health community to accelerate the emerging paradigm and to re-imagine care and recovery for people with mental illness. To regard them as whole people (by acknowledging that their mental health condition is only one aspect of their identity), and to take into account social, economic, cultural, and political aspects of mental illness requires a new discourse in the profession. Working on prevention and providing services within communities in collaboration with local doctors and lay citizens requires innovation in methods and delivery of treatment and care. Both leadership from within the field and changes in how mental health professionals are trained and practice are crucial to making this change happen.

The emerging paradigm also expands the sector by creating roles for a much broader set of stakeholders to contribute to mental health, opening up the field to a multitude of possibilities for innovation. Ashoka Fellows are already successfully engaging schools, universities, employers, the media, and artists in creating a new discourse around mental health and care for people with mental illness. A great deal more is possible when the goal is to see that every individual thrives, and that every person in the community, or in private, state, and religious institutions, has a role and a stake in making that happen. In order to explore further and to build upon these possibilities, this sector needs an infusion of leaders to take on the challenge.

For more details on the possibilities for change, please see the *“Opportunities for Action”* chapter.

SOCIAL INNOVATION MAPPING PROCESS

The material for this report was derived from in-depth interviews with Ashoka Fellows about their work on-the-ground, their learnings over the years, and their vision for the future. The interviews were open-ended but centered around the key framing question, which defined the boundaries and purpose of this research. The material was then analyzed to identify common patterns that cut across the work of many innovators. These patterns were synthesized and organized as various aspects of the emerging paradigm and the design principles. To elaborate:

FRAMING QUESTION

This social innovation mapping was focused on identifying solutions which provided answers to the following question:

How can all persons with mental illness have access to care and support to live to their full potential?

This question both describes the shift around a given issue that we hope to see in the future, as well as reflects the goal of the social entrepreneurs whose work we shortlisted for the mapping.

Several important elements of the question are highlighted below:

Starting the question with ***“How can all persons with mental illness”*** emphasizes approaches which view the problem “through the eyes” of the affected persons.

“all persons” points toward systemic solutions which work for society at large.

“mental illness” defines the boundaries of our study—those solutions which focus on depression, bipolar disorder, schizophrenia, other psychoses, dementia, and addiction. However, the scope of the study was broadened, as many of the innovations studied often do not medically diagnose the conditions of the clients, focusing instead on the effects on the life of the individual. This study does not include learning and developmental disabilities.

“care and support” defines the broad scope of medical and non-medical innovations addressing aspects of care, inclusion, and prevention.

“their full potential” brings in the lens of agency, inclusion, and effective participation in society.

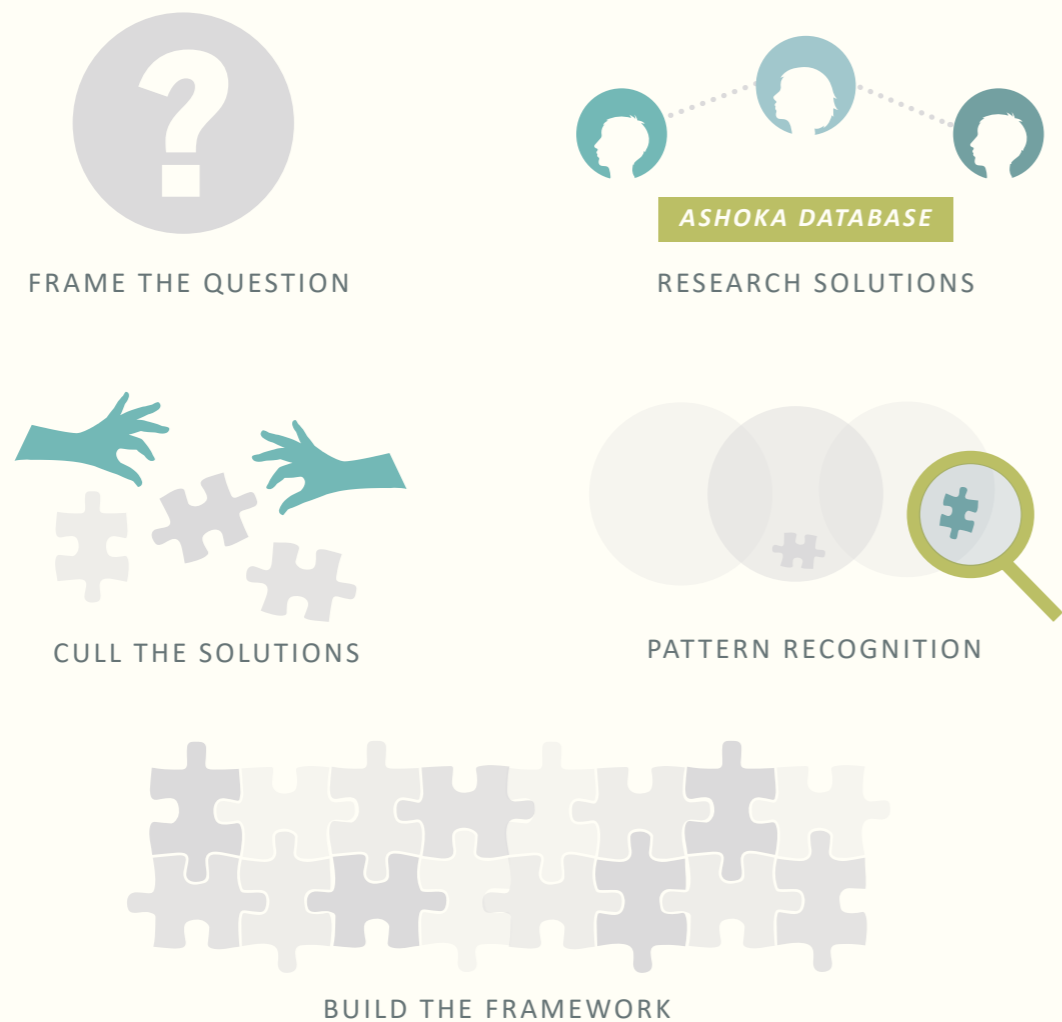
INTERVIEWS

We reviewed the work of over ninety Ashoka Fellows globally, who are working in the field of mental health for their resonance with this framing question. We then shortlisted and conducted in-depth interviews (one and a half hours each) of twenty Ashoka Fellows whose work has created a significant impact, or is currently at an important inflection point. We asked open-ended questions on how their work and thinking has evolved over the years, in order to draw out insights about innovation, strategy, challenges, impact, and future plans.

ANALYSIS AND PATTERN RECOGNITION

After completing the interviews, we looked for cross-cutting principles in their solutions. These principles are insights that were distilled from the work of the leading social entrepreneurs, and provide clues to how solutions can be designed to increase impact. These principles are universal and apply more broadly than a single tool or organizational strategy. For example, the principle, “Promote socioeconomic independence,” can be realized in different ways, depending on the context. An organization in the United States may be working with employers to ensure that affected employees are given the necessary support in their workplace and do not lose their jobs, while an organization in India could organize people in self-help groups and provide them with micro-enterprise training and finance. The patterns were identified using ATLAS.ti, a quantitative research tool.

PATTERN RECOGNITION METHODOLOGY



EXPLORING THE EMERGING PARADIGM

EXPLORING THE EMERGING PARADIGM

In this chapter we will explore in detail the various aspects of the emerging paradigm as well as describe the design principles used by Ashoka Fellows in the process of influencing society within the context of each particular aspect. These principles are cross-cutting across the work of many organizations. To clearly demonstrate the practical application of each particular design principle, in most cases we have used the example of a single organization. These examples highlight only that particular aspect of the work of the organization which showcases the design principle, and does not cover the full scope of the work of the organization. More detailed descriptions of the work of the Ashoka Fellows covered in the study can be found in Annex I.

DESIGN PRINCIPLES OF THE EMERGING PARADIGM

LEVEL OF CHANGE	KEY ASPECT	EMERGING PARADIGM	DESIGN PRINCIPLES
THE WAY WE THINK	<i>Who is affected by mental health conditions and what causes them?</i>	Every human is psychologically vulnerable	<ul style="list-style-type: none"> Make mental health a personal issue for everyone Enable psychological support for anyone who believes they need it Recognize that socioeconomic conditions affect mental health
	<i>How do we see people with mental health conditions?</i>	The whole person is at the center	<ul style="list-style-type: none"> Create an empathetic discourse to normalize mental illness Use human rights as a framework for action Focus on people's capability, not disability
THE WAY WE ACT	<i>What is the goal of the system?</i>	The goal is to preserve individuals and their place in society	<ul style="list-style-type: none"> Redefine recovery from only biological, to psychological, social & spiritual improvement Build systems of integration instead of isolation Promote socioeconomic independence Offer care early to be proactive, not just responsive Include mental health as a part of good governance
	<i>How is the system of care structured?</i>	Care is decentralized to include community members and local institutions	<ul style="list-style-type: none"> Engage well-positioned community members as caregivers Provide support to caregivers Leverage the existing medical system Design care based on community culture
	<i>Who are the decision makers?</i>	People living with mental illness play an active role in decision-making	<ul style="list-style-type: none"> Remove barriers to agency in treatment, care, and life choices Connect peers, caregivers, and experts to share information and act Nurture grassroots disability rights leadership

EMERGING PARADIGM

EVERY HUMAN IS PSYCHOLOGICALLY VULNERABLE

WHO IS
AFFECTED BY
MENTAL HEALTH
CONDITIONS
AND WHAT
CAUSES THEM?

Implicit in the prevailing mental health system is the belief that mental health conditions affect only a specific group of people. This belief inadvertently leads to viewing people who have mental health conditions as somehow different from the rest of humanity, thus providing fertile ground for stigma, isolation, and discrimination. Most people, including experts, predominantly treat such conditions as a product of chemical imbalances in the brain, other biological factors, and personal experiences.

Social entrepreneurs, however, understand mental health conditions differently. They are well aware that most people, at some point in their life, experience mental distress or crisis, which may remain a single episode or develop into a long-term condition. For example, in India fifteen percent of adults (those above eighteen years) have been identified to be in need of active interventions for one or more mental health issues, such as common mental disorders, severe mental disorders and substance use problems.⁵ Social entrepreneurs recognize that environmental factors including poverty, violence, and conflict are important contributors to the onset of mental illnesses. Therefore, they do not isolate the problem within the person—their biology and psychology, for example. Instead, they recognize that an individual's social, economic, and political experiences and situation play a crucial role in determining their mental health.

DESIGN PRINCIPLES EMERGING FROM SEEING EVERY HUMAN AS PSYCHOLOGICALLY VULNERABLE:

Make Mental Health a Personal Issue for Everyone

Dr. Manuela Richter-Werling (*Irrsinnig Menschlich; Germany*) noticed that after the first symptoms of a mental health condition, it takes people an average of six years to seek any kind of professional help. To ensure that people seek help when they need it, Manuela believes it is important for everyone to know more about mental health, and to feel comfortable with the notion of mental distress as well as with formal and informal sources of support. Toward this end, she has created an intervention in schools where, over the course of one day, all students experientially learn to reflect on their own mental health needs and the needs of their peers who might be experiencing mental distress. In her own words, Manuela calls it opening young people's "minds and hearts" to mental health. This awareness helps them understand mental distress in themselves and in people around them, and helps to normalize the process of seeking and offering help whenever the need may arise.

5. National Mental Health Survey of India 2015-2016

EMERGING PARADIGM

EVERY HUMAN IS
PSYCHOLOGICALLY
VULNERABLE

- ▶ *Make Mental Health a Personal Issue for Everyone*
- ▶ *Enable Psychological Support for Anyone Who Believes They Need It*
- ▶ *Recognize that Socioeconomic Conditions Affect Mental Health*

.....
Enable Psychological Support for Anyone Who Believes They Need It
.....

Inge Missmahl (*International Psychosocial Organization; Germany; Afghanistan*) saw that the population of Afghanistan was affected dramatically by experiences of conflict and violence. Unaddressed, these experiences could destabilize the personal lives of people for decades to come. Inge created a counseling service, run by the Afghan government, which allows any person in mental distress to seek the help of a counselor. Recognizing that almost all people will need psychological support at some point in their life, Inge does not focus on identifying, diagnosing, and treating people who have a “mental illness.” Instead, she makes this service available to anyone who believes they need help, ranging from victims of domestic abuse, to individuals experiencing trauma or those who “just feel unwell.” The counselors are placed locally and can be easily accessed by anyone in the community. Evaluations show that three-to-five sessions with the counselor are usually sufficient for a person to be able to identify the cause of distress and to take active steps to address it.

.....
Recognize that Socioeconomic Conditions Affect Mental Health
.....

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.



EMERGING PARADIGM
.....
**THE WHOLE PERSON
IS AT THE CENTER**
.....

- ▶ *Create an empathetic discourse to normalize mental illness*
- ▶ *Use human rights as a framework for action*
- ▶ *Focus on people’s capability, not disability*

EMERGING PARADIGM

THE WHOLE PERSON IS AT THE CENTER

HOW DO WE SEE PEOPLE WITH MENTAL HEALTH CONDITIONS?

Today, having a mental health condition can often be perceived as the most important and determining identity of the individual. It means that once someone is labeled as being “mentally ill” many of their normal human behaviors—including being angry, sad, or making poor choices—are attributed to their “mental illness.” This prejudice becomes a defining principle on the basis of which society and the entire system engage with the individual. As a result, people with mental illness are often not only socially isolated, but are also dehumanized to the extent that their legal rights can be taken away. In India stigma associated with mental disorders was found to affect access to work, education and marriage of those with a disorder and their family members.⁶ Social entrepreneurs believe that unless this mindset is changed, it is impossible to combat the many other challenges faced by these individuals, including their social and economic deprivation, stigma, lack of care-seeking behavior among affected persons, and human rights violations against them.

Social entrepreneurs enable society to see that an individual’s mental health condition is only one part of the person’s identity. They interpret long-term mental health conditions as a psychosocial disability, where a person’s psychological challenges meet barriers created by society, thus preventing the person from full participation in society. Hence, innovators see that their role lies in creating a social environment wherein affected persons can be their whole selves, complete with their different identities. For example, a woman can be a mother, wife, business owner, neighbor, friend, citizen, and a person living with mental illness.

DESIGN PRINCIPLES EMERGING FROM FOCUSING ON THE WHOLE PERSON:

Create an Empathetic Discourse to Normalize Mental Illness

The discourse on mental illness is generally negative across societies. People labeled as schizophrenic, psychotic, or “mad” are often perceived to be incapable of looking after themselves, dangerous, or ridiculous, with the result that most people are uncomfortable around people with mental illness. This makes it hard for someone to acknowledge that she or he may have a problem. Such a damaging portrayal of mental illness is a great deterrent and creates barriers for people to seek help, participate in society, and achieve recovery. Ashoka Fellows are finding smart ways to reinvent the conversation around mental illness to serve the purpose of inclusion; for example, if a care service is offered in the community and is demarcated as a special service

6. National Mental Health Survey of India 2015-2016

for people with mental problems, people do not show up, as they do not want to be labeled or else, may not think of themselves as having a mental “disability.” However, if a community-wide dialogue is held without explicit mention of “mental illness” and instead, uses the relatively non-controversial language of distress, trauma, physical symptoms, or personal difficulties, it helps people internalize the issue, and see that they are not alone in these experiences. This makes it easier for them to seek help and to offer it to others.

At the same time, it is important that those living with long-term mental illness are accepted and not stigmatized. Social entrepreneurs believe that productive and natural human interaction helps normalize mental illness in the eyes of communities. Similarly, they work on building positive role models by showcasing people living with mental illness as achievers in every sphere of public life, and their illness as something that is one part of their life and not its single-most important aspect. This presents hope and confidence to those living with mental illness and changes society’s attitude toward them.

Use Human Rights as a Framework for Action

Eric Rosenthal (*Disability Rights International; United States*) has been using the human rights framework to challenge the mindset behind existing laws and policies. He has been instrumental in the ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD), 2008 by the United States. The CRPD lays out key principles for understanding disability and the role of society in supporting affected individuals. Some of the significant principles articulated in CRPD are the right to legal capacity, right to have a family, right to liberty, and the right to inclusion in the community. Eric is now using tools of advocacy, such as research and data collection and country-specific reports and publicity, to influence countries and international funding agencies to restructure national systems in compliance with the principles of human rights of people with disabilities.

Focus on People’s Capability, Not Disability

Lisa Brown (*Workman Arts; Canada*) realized that people with mental health conditions are often pigeon-holed by this 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.

EMERGING PARADIGM

THE GOAL IS TO PRESERVE INDIVIDUALS AND THEIR PLACE IN SOCIETY

WHAT IS THE GOAL OF THE SYSTEM?

The existing mental health system is geared toward treating affected individuals for their “disease” through a predominantly medical approach. The system sees its goal as removing the symptoms of illness. The damage to the individual in other aspects of life is often beyond the purview of the system. For example, the effects of long-term hospitalization on marginalizing individuals from their family and community are less of a concern because the illness, and not the person, is the priority.

For social entrepreneurs, the goal is to preserve individuals and their role in society, which they believe requires not only medical care, but also psychological, social, and economic support. To achieve this, they attempt to curb the occurrence of mental illness through society-wide prevention and early care. In addition, to protect the socioeconomic agency of affected individuals, they ensure that they have access to livelihood sources, reasonable shelter, education, medical care, community life, etc.

DESIGN PRINCIPLES EMERGING FROM CHANGING THE GOAL OF THE SYSTEM:

Redefine Recovery from Only Biological to Psychological, Social, and Spiritual Improvement

When targeting the issue of alcohol addiction, **Kevin Kirby** (*Face It Together; United States*) noticed that the existing response system was not geared to support a person over the long term; rather it was designed for handling acute situations. As opposed to traditional short-term rehabilitation programs which address the biological addiction, Kevin supports his clients over the long term, i.e., the total duration of their psychological, social, and spiritual recovery. Trained peer recovery coaches support clients in connecting to community resources, applying for jobs, and sorting out housing and transportation needs. Supporting a person through all these aspects of recovery, rather than merely treating the biological addiction, delivers far more sustainable, long-term results for the clients.

EMERGING PARADIGM

THE GOAL IS TO PRESERVE INDIVIDUALS AND THEIR PLACE IN SOCIETY

- ▶ *Redefine Recovery from Only Biological to Psychological, Social, and Spiritual Improvement*
- ▶ *Build Systems of Integration Instead of Isolation*
- ▶ *Promote Socioeconomic Independence*
- ▶ *Offer Care Early to Be Proactive, Not Just Responsive*
- ▶ *Include Mental Health as a Part of Good Governance*

Build Systems of Integration Instead of Isolation

Vandana Gopikumar (*The Banyan; India*) encourages people with psychosocial disabilities to give life a second chance—even 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.

Promote Socioeconomic Independence

Chris Underhill (*BasicNeeds; UK*) has developed a model of community-based mental health care which has been implemented through partner organizations in fourteen countries. One of the important components of the model is creating livelihood opportunities for people with psychosocial disabilities. BasicNeeds facilitates the creation of self-help groups (SHGs) by the clients which can support people to move from dependency on their friends and relatives to being able to look after themselves. BasicNeeds facilitates training for the SHGs in establishing small businesses and other livelihood activities. Being an economic asset to their communities helps people regain their sense of self-worth and dignity, which aids their sustainable recovery.

Offer Care Early to Be Proactive, Not Just Responsive

Krystian Fikert (*MyMind; Ireland*) believes that early access to psychological care reduces human suffering and may help prevent progression into severe mental health conditions. In Ireland, psychological counseling is accessible through the public sector, but it may take over a year to get an appointment, and private alternatives are prohibitively expensive for most. As a result, the existing system does not promote early detection and prevention, allowing the mental health problems to grow before any care is provided to those in need of it. To make psychological support accessible to everyone, Krystian has created a social enterprise which delivers counseling services at rates that are several times lower than that of private and public services. Using cost effectiveness as an argument Krystian is able to get the public sector to subsidize MyMind’s services for the poor. As a result, MyMind plays a role as an early prevention intervention for the public mental health system.

Include Mental Health as a Part of Good Governance

Ratnaboli Ray (*Anjali; India*) has built a community-based mental health model. Ratnaboli’s idea is based on the premise that poor families’ considerations of mental health are often inseparable from the socioeconomic context of their lives. Her organization trains community workers—local women with life experiences similar to their clients and who have a deep insight into the social fabric of their community—and equips them with basic counseling and mental health facilitation skills. These women (Janamanas) are trained to identify and respond to situations of mental distress as well as to carry messages about mental health into their community. At the same time, Janamanas, who are employed by municipalities, also serve as an official bridge between the community and local government. Janamanas regularly visit the municipalities for such activities as census work, polio and other immunization drives, and literacy mapping. As an outcome of this dual role in facilitating mental health needs at one end and basic civic services at the other, Janamanas are facilitating integration of mental health as a part of good governance.



EMERGING PARADIGM

CARE IS DECENTRALIZED TO INCLUDE COMMUNITY MEMBERS AND LOCAL INSTITUTIONS

HOW IS THE SYSTEM OF CARE STRUCTURED?

The prevailing medical model of mental health care places the onus of treatment of people with mental health conditions on a small set of highly trained mental health professionals. This system consolidates human and financial resources within large-scale, standalone, specialized, closed institutions that are disconnected from the rest of society. Further, rather than proactively reach out to people, it is designed to respond only when symptoms of mental illness become apparent, by which stage all aspects of the individual's existence would have already been significantly compromised. If treatment is successful, people often end up returning to the same set of conditions from where they came. Sometimes, as they lose their livelihood, and ties with the family and community, they find themselves returning to even worse circumstances. Unfortunately, those whose lives have disintegrated to the point that they have nowhere to go back to, end up lingering in mental health hospitals for undefined periods of time. Further, since this expert-dependent form of care is resource intensive, scaling-up the model is an impossible task. Consequently, more often than not, the psychological, social, and economic load of mental illness falls on the families and voluntary caregivers for whom a support structure does not exist.

Social entrepreneurs believe that experts need not be the only ones providing care; in fact, they create opportunities for various individuals and institutions to contribute to mental health care. They believe that family members, public service providers, the police force, teachers, neighbors, business owners, and community groups all have a role to play in supporting persons in mental distress, as well as their caregivers. Further, they also believe that professional care should be available in a decentralized manner, and made accessible to people locally. They organize communities, institutions, and experts to create a safety net for the person in mental distress or crisis during their path to recovery so that they can regain their ability to cope, whilst still being a part of society and fulfilling their potential.

EMERGING PARADIGM

CARE IS DECENTRALIZED TO INCLUDE COMMUNITY MEMBERS AND LOCAL INSTITUTIONS

- ▶ Engage Well-Positioned Community Members as Caregivers
- ▶ Provide Care to Caregivers
- ▶ Leverage the Existing Medical System
- ▶ Design Care Based on Community Culture

DESIGN PRINCIPLES EMERGING FROM BUILDING A NEW STRUCTURE OF CARE

Engage Well-Positioned Community Members as Caregivers

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.

Ilya Yacevich (*Global Trauma Project; Kenya*) is developing the resilience of resource-poor communities in East Africa to stress and trauma. She noted that most poor communities across the world do not have any access to professional psychological support in spite of the urgent need for it. When observing communities, she realized that every community had go-to people for those in distress. However, lacking knowledge and guidance, these lay-providers often experience burnout themselves. Working in partnership with other non-profit agencies, Global Trauma Project delivers a long-term, ongoing capacity building program for such lay-providers. The course involves understanding trauma and stress, how this impacts people, and strategies and tools to support people in need.

Luh Ketut Suryani (*Suryani Mental Institute; Indonesia*) is a practicing psychiatrist and believes that traditional healing practices and western psychiatry can coexist and add value to each other. Suryani realized that psychiatrists do not have a grassroots connection with communities and as a result, in most traditional societies, religious healers are the first responders to situations of mental distress and crisis. Seeing that traditional healers refer clients with severe conditions to the mental health hospitals when their methods failed to help, Suryani pushes the professional mental health community to acknowledge the first-responder role of the religious healers and to work with them. To achieve this, Suryani is building a system of mutual acceptance, respect, and collaboration between modern medical practice and traditional healing. She does this by documenting and popularizing spiritual healing approaches and creating a dialogue with the healers to develop their confidence in the practice of psychiatry.

Provide Care to Caregivers

Matrika Devkota (*Koshish; Nepal*) is reintegrating homeless people with psychosocial disorders with their families. Matrika realized that the burden of mental health conditions falls primarily on the shoulders of family members and caregivers (individuals from the community who provide care for those in need). The majority of people are ill-prepared to fully comprehend and appreciate the mental state of their loved one and are often unable to provide meaningful support. As a result, the situation becomes even more emotionally, socially, and economically challenging for both the caregiver and his/her charge. Koshish provides ongoing handholding to the caregivers and families that enables them to become informed supporters of their loved ones, while, at the same time, preserving their own psychological wellbeing. Because many of the staff and volunteers of Koshish are people with psychosocial disabilities who have faced similar experiences in their own lives, they are able to relate to the special challenges faced by their clients and families. They help caregivers to understand the symptoms, respect the freedom of the person, and learn to respond in a manner which helps promote trust and peace in the family.

Leverage the Existing Medical System

When building his community-based mental health model, **Chris Underhill** (*BasicNeeds; UK*) realized that it was crucial for people undergoing psychiatric treatment to have access to medicines locally, instead of having to travel great distances to the mental health hospitals to procure them. To create the availability of medicines, BasicNeeds trains local government doctors to identify patients, prescribe and provide medicines, or refer and follow-up with patients who have mental health needs. Through regular mental health camps BasicNeeds makes psychiatric support and medicines available locally and on a regular basis. The steady availability of medicines improves treatment compliance and delivers stable health outcomes.

Design Care Based on Community Culture

Tomás Alvarez (*Beats, Rhymes and Life; United States*) realized that for many young people in the USA, the existing system of psychological care, which relies heavily on one-on-one therapy, was not culturally acceptable and failed to deliver results. He also saw that traditional therapy models are based on a clear top-down power distribution between the expert and the client. He recognized that in order to reach young people, he needed to build on the cultural practices of youth communities. Identifying that for many young people a common cultural practice was Hip Hop music, Tomás created a therapeutic program combined with the learning of Hip Hop music. In contrast to providing a "service," his Hip Hop therapy creates caring environments where people can work on themselves and get better. The program is open to all—young people, with or without mental health conditions, join the program because of their interest in music. However, a clear expectation is set: the program is therapeutic in nature, and that by joining up, young people are committed to working on themselves. Tomás believes that creating empathetic environments which are culturally relevant puts people in charge of improving their mental health.

EMERGING PARADIGM

PEOPLE LIVING WITH MENTAL ILLNESS PLAY AN ACTIVE
ROLE IN DECISION-MAKING

WHO ARE
THE DECISION
MAKERS?

Individuals with mental health conditions are often considered vulnerable, dangerous, or unfit to live in society, and as a result, are deprived of many of their basic human rights. As a consequence of this loss of agency—either in practice or by law—they are typically subjected to decision-making by the state, experts, and caregivers.

In contrast, social entrepreneurs design systems in tandem with the people challenged by psychosocial disabilities. In order to make them co-creators of the system and not just recipients of care, peer groups are organized to perform the bottom-up work of ensuring the protection of rights at the local level as well as representing their interests at the policy level. By co-designing services and providing peer support, such groups play a significant role in ensuring transparency and, through this, the protection of rights.

DESIGN PRINCIPLES EMERGING FROM PEOPLE WITH
MENTAL ILLNESS BECOMING DECISION MAKERS:

*Remove Barriers to Agency in Treatment, Care,
and Life Choices*

Building the agency of people with psychosocial disabilities is one of the important cornerstones of the work of many social entrepreneurs. The question of agency spans across choice of care, preferences regarding where to live and work, etc. The experience of social entrepreneurs shows that agency emerges at the intersection of an enabling social environment and an individual taking personal responsibility for one's own recovery and life. An enabling environment signifies that the person may require support, both in taking decisions as well as in carrying them out. Moreover, the need for this support may not necessarily be constant, but varies depending on the person and the degree to which they are able to take on the responsibility.

Şehnaz Layikel (*RUSIHAK - Human Rights in Mental Health Initiative; Turkey*) is improving the living conditions of patients in Turkey's mental health hospitals. She believes that one way in which such hospitals could be transformed is by including patients in decision-making concerning the daily operations of the hospital. Şehnaz has created a patient council inside mental health hospitals, which plays a role in determining various aspects that affect them, including deciding on the ward rules, cultural programs, or the food menu. As an outcome of participating in the council,

EMERGING PARADIGM

PEOPLE LIVING WITH MENTAL
ILLNESS PLAY AN ACTIVE
ROLE IN DECISION-MAKING

- ▶ *Remove Barriers to Agency In Treatment, Care, and Life Choices*
- ▶ *Connect Peers, Caregivers, and Experts To Share Information and Act*
- ▶ *Nurture Grassroots Disability Rights Leadership*

patients develop agency to protect their interests and rights even within the institution. At the same time, this also transforms the outlook of mental health professionals who were otherwise accustomed to making unilateral decisions about patients. The process of dialogue between the patients and doctors is a first step in transforming medical care to become responsive to the needs of individuals and to respect their choices.

Connect Peers, Caregivers, and Experts to Share Information and Act

Having seen psychosocial disorders up close in his own family, **Bagus Utomo** (*Yayasan Peduli Skizofrenia; Indonesia*) experienced first-hand the difficulty in finding even the most basic information about mental health conditions in a local language. He realized all affected families were facing the same challenge and were just as unaware of their rights as Bagus' family. To change this scenario, Bagus started an online community where people could ask questions and share resources. Over time, this community grew to include psychiatrists, government officials and journalists from different provinces. Today, this representation facilitates prompt action at the local level and helps users to access relevant decision-makers locally whenever the need arises. People living with mental illness and their caregivers are enabled with information, and because of access to relevant people and peers, they now have the agency to make choices and stand up for their rights.

Nurture Grassroots Disability Rights Leadership

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.



OPPORTUNITIES
FOR ACTION





OPPORTUNITIES FOR ACTION

When examining the work of leading social entrepreneurs across the world, a cohesive and clear picture emerges of the shift that is taking place in the field of mental health. If our aim is that every person with mental illness should live to their full potential, then moving from the prevailing paradigm to an emerging one is critical. Investments made in the systems of the prevailing paradigm without consideration of the wider change that is taking place could be detrimental and counterproductive to the development of the field.

By analyzing the strategies, successes and ongoing challenges of the Ashoka Fellows, we have crystalized several opportunities to accelerate a shift to the emerging paradigm:

LEVERAGE GLOBAL SYNERGY TO ACCELERATE THE EMERGING PARADIGM

Though our interviewees are from eleven different countries—representing both the Global North and South—their perspectives on the challenges and vision for the emerging paradigm in the field is aligned. The change to a new paradigm requires many stakeholders to adapt to the fresh thinking and action accordingly. Therefore, there is a need and an opportunity to leverage this global synergy to accelerate the emerging paradigm via global dialogue, knowledge exchange, and collaboration. Such a process is key to engaging an increasing number of stakeholders in building the new paradigm.

SECURE SUSTAINED SUPPORT FOR SERVICES AND INNOVATION FROM INVESTORS

People living with mental illness require sustained and lifelong care services within their communities, and organizations that offer such facilities need to continuously innovate to increase access and effectiveness. Factors, especially financial, that adversely affect the ability of organizations to sustain medical, psychological, and social support and innovation can have a detrimental impact on the people who use these services and can potentially contribute to a progression of their condition. It is crucial that organizations making investments in the field support such sustained care and are accountable to those who rely on them.

REDEFINE INDICATORS OF SUCCESS

Considering that the new goals of the mental health care system are focused on the ability of individuals to thrive and achieve their full potential in society, it is important to redefine what constitutes success in this context—especially that of mental health interventions—and how these can be measured to gauge success. For example, Ashoka Fellows use outcomes such as an individual’s ability to work and live independently, and a person’s participation in community life as success indicators.

PARTNER WITH THE GOVERNMENT TO MAINSTREAM SOLUTIONS

The mental health field is inseparable from the fulfillment of universal human rights. Thus, the role of the government is central in ensuring that the rights of people with mental illness are protected by law, and for programs and public services to reach scale. It is the government’s job to ensure that its citizens have access to all the essential public services, medical care, education, entitlements, system of justice, etc. Many interventions have effectively leveraged government funding for ensuring people’s rights to social security, housing, life in the community, etc. In India, The Mental Health Policy, 2014 echoes the principles of the emerging paradigm opening up the potential for innovation in the government programs and fruitful partnerships with the citizen sector.

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

In many countries, the legal system continues to compromise the rights of people with mental illness, disenfranchising them in every sphere, be it taking away their legal rights, to depriving them of the right to have a family and own property, and violating their right to freedom from inhuman and degrading treatment. This contributes to the vicious cycle of isolation, marginalization, poverty, and homelessness that they face. In India, the Mental Health Policy, 2014 calls for a rights-based approach, however existing laws do not always protect the rights of people living with mental illness, challenging such laws is central to making the emerging paradigm a reality.



INVOLVE MENTAL HEALTH PROFESSIONALS IN THE EMERGING PARADIGM

Mental health professionals (psychiatrists, psychologists, counselors) are essential service providers in any community mental health model. However, an effective model is one where such services are decentralized and not solely based within institutions. Considering the existing shortage of professionals and the current centralized models, it is important for the profession itself to re-imagine the myriad of ways in which mental health services can be made available to people in communities—through technology, hub and spoke models, collaboration with lay-providers, etc.

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

Our mapping exercise did not unearth mental health interventions which are successfully engaging private health providers and pharmaceutical companies. Considering their significant investment, interest, and influence in the field of mental health, it is important to identify incentive structures which would attract the private sector to adapt to new ways of working in this sector.

CHANGE SOCIETAL MINDSETS TO NORMALIZE MENTAL ILLNESS

Many of the problems associated with mental illness take root in the stigma that surrounds the issue. Several innovative interventions have demonstrated that it is possible to break the stigma—through dialogue, a change in language, by personalizing the issue, and by showcasing positive role models. Ashoka Fellows use a range of creative strategies—such as art and film festivals that highlight mental illness, awards for achievers who live with mental illness, interactions in schools and universities, etc.—to achieve the goal of changing societal mindsets.

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

Considering that mental health and substance abuse disorders most commonly affect young people, it is crucial to equip institutions where youths are already present in high numbers, such as schools, universities, and workplaces, to build awareness of mental health issues. With the focus being on building a positive culture of mental health, this would mean disseminating knowledge on identifying early symptoms, and the whys and hows of proactive responses. Solutions which are situated in such settings are central to both supporting the continued education and employment of individuals, and addressing the challenges that schools and workplaces face.

LEVERAGE TECHNOLOGY IN OUTREACH AND CARE

Taking into account the limited resources and the scale of the problem, it is vital that solutions to make care accessible to people in remote areas should use technology as a tool in broadening outreach. Technology can be effective not only in increasing the reach of interventions, but can potentially improve care and treatment outcomes.

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

People living with mental illness have a first-hand experience of the challenges, needs, and aspirations of their peers who are similarly affected. Involving them at all levels—from care, to intervention and policy design—will be helpful to create relevant, effective, and lasting solutions. However, many contexts do not yet have organized grassroots organizations that bring people together and harness their collective power to effect change. It is crucial to build and support such structures that create opportunities for disability rights leaders to emerge from the community itself.

CREATE MORE CHANGE - MAKERS IN THE FIELD

Most social entrepreneurs feel there are too few innovators working on the problem and its solutions from different perspectives. For the field to develop further, it is crucial for newcomers and young people to get involved with the issue and to develop new approaches. Similar to the field of education which has successfully drawn in many young people through fellowships and development opportunities, the mental health field sector needs to broaden its base and harness the next generation of leaders.

ANNEX I

CONTRIBUTERS



CANADA



LISA BROWN

Workman Arts
www.workmanarts.com

In working at the intersection of arts and mental health, **Lisa Brown** enables personal and professional growth for people who suffer from severe mental illness and addiction. Unlike other mental health-focused organizations which use art as a means of therapeutic treatment, Lisa is building the professional skills of individuals living with severe mental illness in multiple artistic disciplines. Workman Arts is currently working with over 300 artists with mental illness and addiction issues. As many as 70 percent of its members report that the program has supported their recovery and has improved their sense of value and ability to contribute. Lisa influences international dialogue about mental illness through the Madness and the Arts World Festival (MAF, founded in 2003). MAF is the world's first arts festival devoted to celebrating the creativity of individuals living with mental illness, while inspiring deep conversation around issues surrounding mental health. Since its launch, MAF has scaled to Canada, the Netherlands, and Germany.

COLOMBIA



JORGE CORDOSO

Asociación Colombiana de Bipolares
<http://www.bipolaresco.com>

Jorge Cardoso's Positive Health Care model has demonstrated a dramatically shortened treatment cycle and more long-lasting results in stabilizing bipolar patients. Beyond traditional therapy, his network of 3,000 patients participate in support group sessions along with their families. The network is coordinated by eight independent associations of such groups. Through these associations, Jorge has built an advocacy network which successfully lobbied the Colombian legislature to pass a progressive Health Care Act, which has a strong focus on mental health prevention and promotion. Going forward, Jorge is seeking to build a global network that can bring similar change in other parts of Latin America.

GERMANY



INGE MISSMAHL

International Psychosocial Organization
<http://www.bipolaresco.com>

By building psychosocial care into the primary health care system in Afghanistan, **Inge Missmahl** offers support to a society traumatized by decades of conflict and insecurity. As a result of her efforts, psychosocial counseling is integrated into, and run independently, by the Afghan government health system. Between 2014 and 2015, 110,000 Afghans received individual counseling and around 70 percent demonstrated improvement of symptoms, enhanced stress management, and reduction of domestic violence. She has also founded the International Psychosocial Organization (IPSO), which is a network of experts dedicated to developing and implementing psychosocial programs in various national contexts. For example, in 2016, Inge introduced a counseling model for refugees in Germany. To improve its ability to reach people in difficult contexts, IPSO has developed an online platform which allows people to receive counseling through video and by phone.



MANUELA RICHTER-WERLING

Irrsinnig Menschlich
<http://www.irrsinnig-menschlich.de>

Manuela Richter-Werling equips local organizations with the knowledge and know-how to conduct effective mental illness prevention work in schools. The program is helping young people overcome their mental health problems by encouraging them to talk about their challenges, and to seek help from experts. The program provides a link between schools and support organizations which are equipped to help students in crisis. In their feedback, 74 percent of participant students stated that they feel they will be able to handle mental health issues better in the future. The intervention has been introduced in nearly 60 schools in Germany, reaching 15,000 students. The program has been replicated by independent groups in various parts of the country, and has also been adopted in the Czech Republic, Slovakia, and Austria.

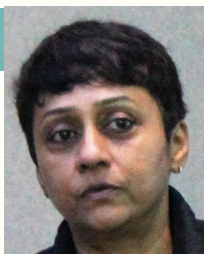
HUNGARY



GABOR GOMBOS

Gabor Gombos is an independent mental disability rights advocate. He has been closely involved in the formulation of the CRPD, as well as in the first stage of its implementation globally. Gabor was also a co-chair of the Global Network of the Users and Survivors of Psychiatry. He is currently involved in building global leadership for the mental disability movement through courses that he teaches in several universities around the world and through regional trainings for disability rights advocates.

INDIA



BHARGAVI DAVAR

Bapu Trust for Research on Mind & Discourse
www.bapustrust.com

Bhargavi Davar is working toward making communities accepting and inclusive of the mental health needs of people, including those with intellectual and psychosocial disabilities. Through direct on-the-ground initiatives, she is facilitating the creation of a new culture and behaviours within communities in Pune. Her work with communities includes modules on nutrition, comprehensive health and mental healthcare, individual and group recovery support, family and community counseling, social capital enhancement, and enabling access to development and inclusion services. Bapu Trust engages about 10,000-12,000 people annually in awareness and prevention activities. It also directly supports up to 400 people living with mental illness. The community work is conducted in partnership with municipal corporations, government hospitals, police, mental hospitals, and the state disability department. Through a pan-Asian network, including governments and civil society organizations, Bhargavi promotes approaches to building disability-inclusive communities across the region.



RATNABOLI RAY

Anjali
www.anjalimentalhealth.org

Rather than creating parallel systems, **Ratnaboli Ray's** organization, Anjali, works in partnership with the state government of West Bengal's mental hospitals, effectively using state infrastructure and professionals to create change within the system. In the hospitals, Anjali supplements services available to patients with a rights-based comprehensive package of health care services and skills training, and livelihood opportunities. In addition, Anjali works to improve the living conditions and treatment of the patients in the hospitals in accordance with their human rights. For example, due to Anjali's efforts, isolation cells have been demolished in two hospitals in Kolkata. Anjali also works on mental health and prevention in communities in collaboration with local municipalities. This strategy of a close partnership with the government allows optimal use of resources and ensures that the state does not withdraw from its responsibility toward mental health, especially for the most marginalized communities.



VANDANA GOPIKUMAR

The Banyan, & The Banyan Academy of Leadership in Mental Health (BALM)
www.thebanyan.org

Vandana Gopikumar has developed a comprehensive pathway of solutions for poor and homeless persons living with mental illnesses, with the goal of ensuring their full participation in society. Her organization, The Banyan, has serviced close to 10,000 persons across 13 access points, including mental health and social care clinics, and emergency services in its psychiatric hospital, open shelters, and rehabilitation centers. It has provided employment options and access to support networks and entitlements, as well as the option of living in communities for persons with long-term needs. The Banyan and BALM are scaling up their innovations in collaboration with other civil society organizations and state governments to promote an inclusive approach to care and to bridge the large gap between treatment and care. In collaboration with the Tata Institute of Social Sciences and other stakeholders, they are designing integrated care models, influencing public policy, and addressing the human resource deficit in the sector.

INDONESIA



BAGUS UTOMO

Yayasan Peduli Skizofrenia
www.skizofrenia.org

Bagus Utomo is creating a national-level consumer network for people with mental illnesses, their families, and caregivers. The network of close to 9,000 members functions online by facilitating dialogue and introducing information on home-based coping strategies; and offline, by conducting group meetings and trainings. Bagus and the consumer network has played an important role in securing a new Mental Health Act and in ensuring the inclusion of mental illness in national health insurance benefits.



LUH KETUT SURYANI

Suryani Mental Institute
www.suryani-institute.com

Over the past two decades, **Luh Ketut Suryani** has been spreading mental health care across Indonesia. Based on the premise that everyone can be a self-healer, she has engaged a multitude of groups and institutions and has enabled them to cope with psychiatric issues. She has also developed a unique partnership between traditional healers and modern psychiatrists to create an on-the-ground community-based prevention, treatment, and rehabilitation system. Some of Suryani's initiatives have inspired provincial and national governments to replicate her solutions in different parts of the country.

IRELAND



KRYSTIAN FIKERT

MyMind
<https://mymind.org>

Krystian Fikert is changing the landscape of mental health care through an innovative social enterprise model. MyMind offers self-referral service appointments within a few days, thus breaking down the barriers to attaining better mental health by bypassing the need for clinical referral, long waiting lists, and high-cost services. MyMind offers a fee-scale based on the employment status of the clients. While the revenue generated by full-fee paying clients supports services to lower-income clients, the public health system subsidizes treatment for the unemployed, students, and other marginalized groups. A team of more than 80 therapists offer support in 15 different languages. MyMind also offers online support via email and video chat, making support accessible to all. Krystian's system allows for early intervention by providing care before a problem gets worse. Since 2006, MyMind has provided face-to-face, online, and workplace services to over 20,000 clients.

KENYA



ILYA YACEVICH

Global Trauma Project
www.globaltraumaproject.org

Ilya Yacevich is helping low income and conflict affected communities in East Africa build their resilience toward issues of mental health and psychological trauma. She does this by developing victims of psychological trauma into community-based care givers (para-professionals) who are equipped to handle incidents of trauma as they occur. Ilya's vision is to effectively mitigate the impact of psychological trauma on children and families in low-income areas that lack mental health support systems. Through strategic partnerships with local organizations, Global Trauma Project is working in South Sudan, Somalia, Kenya, Ethiopia, and Tanzania.

NEPAL



MATRIKA DEVKOTA

Koshish
www.koshishnepal.org

Matrika Devkota has developed a model of care for the mentally ill by utilizing government structures, such as awareness programs, and disability allowances, and building capabilities within local primary health centers. By linking government structures, existing disability citizen groups, and mental health "self-advocates," her organization, Koshish, is paving the way for a decentralized and holistic government mental health care system. The system is being geared to meet the needs of the mentally ill, protect their human rights, and enable their economic independence. To date Koshish has successfully rescued, reintegrated, and rehabilitated 299 abandoned persons with mental illness into their families and communities. Advocacy by Koshish and other organizations has led to the creation of a new National Health Policy (2014). The policy became a significant breakthrough as it specifically mentions that care for mental health is an intrinsic part of the government agenda, thereby guaranteeing every citizen access to mental health care and treatment, both at the community level and at the level of specialized hospitals.

TURKEY



ŞEHNAZ LAYIKEL

RUSIHAK - Human Rights in Mental Health Initiative
<http://www.rusihak.org>

Şehnaz Layikel is working to humanize the mental health care system in Turkey. The RUSIHAK model is centered around creating patient councils in Turkey's public mental health hospitals. The organized patient bodies have been able to advocate effectively for patients' needs regarding care and living conditions, and RUSIHAK has achieved significant policy impact by supporting the government in shaping the social policy on mental health.

UNITED KINGDOM



CHARLIE HOWARD

MAC-UK
<http://www.mac-uk.org>

Charlie Howard is reaching mental health care to the most marginalized young people, bringing "street therapy" to where they are. Street therapy can take place in stairwells, at a bus stop, or while a young person is waiting to be seen in court. By using youth-led activities as tools to engage young people, MAC-UK staff build trusting relationships with street gang members. Using a standard clinical assessment tool, MAC-UK has measured that after their engagement, the severity of the mental health conditions faced by young people came down from 9 to 4 points. Another outcome of the intervention is that a significant number of young people join work after participating in the program. In 2015, 415 young people received direct services through the program. Instead of merely remaining a service provider, Charlie is enabling various government agencies to take up street therapy as a strategy to reduce youth crime.



CHRIS UNDERHILL

BasicNeeds
www.basicneeds.org

Chris Underhill founded BasicNeeds to deliver a holistic care model to mentally ill people in the poorest communities of the world. The BasicNeeds model combines medical, social, economic, and personal aspects into one intervention. In 2015, the organization serviced 37,387 affected individuals in 15 countries through 102 partner organizations. It has delivered a 22 percent increase in access to regular treatment, 28 percent increase in ability to work, and 35 percent increase in participation in community groups among clients. Globally, on average, the monthly cost of implementing the BasicNeeds model is USD 9.67 per participant. BasicNeeds country offices have played a significant role in national mental health policy reforms in India, Uganda, Kenya, Tanzania, Sri Lanka, and Laos (Lao PDR). BasicNeeds has also worked with the World Health Organization in developing the seminal mhGAP Intervention Guide.



TOMÁS ALVAREZ

Beats, Rhymes and Life
www.wefaceittogether.org

Beats, Rhymes and Life (BRL), is dedicated to improving mental health among young people of color by using hip hop and other forms of youth culture as catalysts for healing. The cornerstone of **Tomás Alvarez's** BRL is a Therapeutic Activity Group. These groups combine teaching artists, trained clinicians, and peer mentors to guide a process of creative expression and music/art development, all within a therapeutic setting. BRL has crafted a system for early intervention and prevention that youth, families, schools, and neighborhoods can use to build communities of care. BRL spreads its approach through partnerships with the government, non-profits, and community institutions, and annually, about 1,000 young people undergo the course. As the next stage, Tomás is envisioning the creation of a Hip Hop Therapy Global Institute.

UNITED STATES OF AMERICA



ERIC ROSENTHAL

Disability Rights International
www.driadvocacy.org

Eric Rosenthal has changed how the international human rights movement views the rights and treatment of people with mental disabilities. Throughout the world, people diagnosed with a mental illnesses or an intellectual disability have been subject to discrimination and forced treatment. While adults are often detained in psychiatric facilities or other institutions, children are placed in orphanages. Such institutionalization subjects them to an increased risk of violence, exploitation, abuse, and further disability. Disability Rights International (DRI) has documented abuses and supported activists in 25 countries of Central and Eastern Europe, the Americas, Asia, and the Middle East. Notably, in Turkey, DRI stopped the use of electroconvulsive therapy (ECT) without anesthesia, to which more than 15,000 children and adults were subjected every year. DRI pursues three main strategies: advocate for the creation of improved international laws guaranteeing the rights and protection of people with disabilities; use the international law to end human rights violations in individual countries; and empower communities to develop sustainable advocacy movements on-the-ground.



KEVIN KIRBY

Face It Together
www.wefaceittogether.org

Kevin Kirby's work combines a social mission with business innovation to fundamentally transform the manner in which communities deal with the expensive and devastating disease of addiction. The data-driven Face It TOGETHER model enlists employers, and healthcare and other community stakeholders to break down stigma and mainstream the understanding that addiction is a treatable, chronic disease. It also provides individualized, technology-enabled peer recovery coaching to help people get well and stay well over the long term. Using a digital health platform, the organization tracks data to strengthen programs and measure meaningful outcomes. In 2016, 95 percent of clients surveyed had improved their addiction wellness after receiving coaching. Face It TOGETHER is currently building a multi-state network of community-based affiliates to scale its impact nationwide. As of 2016, the network has affiliates in eight different states.

ANNEX II

QUESTIONS EXPLORED IN THE INTERVIEWS

The interviews with Ashoka Fellows, which have provided the material for this report, were open ended and focused on the areas of experience and expertise of every fellow. The list of questions presented below outlines the broad scope of these conversations.

FRAMING QUESTION

HOW CAN ALL PERSONS WITH MENTAL ILLNESS HAVE ACCESS TO CARE AND SUPPORT TO LIVE TO THEIR FULL POTENTIAL?

SUB-QUESTIONS

CARE

- ▶ *How can required care be made accessible to every person living with mental illness?*
- ▶ *What is psycho-social support system required for persons with living with mental illness?*
- ▶ *How can caregivers be best equipped to empathetically support persons living with mental illness?*

INCLUSION

- ▶ *How can full and equal participation of persons living with mental illness be enabled in education, economy, community and society?*

PREVENTION

- ▶ *What are the factors of the environment that need to be addressed in order to reduce an occurrence of mental illness in society?*
- ▶ *How can a mental health seeking behavior be created in the society in order to prevent an increase of the burden of mental illness?*

MENTAL HEALTH FIELD

- ▶ *What are the significant new trends in the mental health field?*
- ▶ *What are the significant gaps in the mental health field that need to be addressed?*
- ▶ *What have been some of the common challenges and failures of the organizations in this field?*
- ▶ *How can technology be used to aid solutions in the field?*

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We would appreciate your feedback on the report. Please reach out with your comments, reflections, and suggestions to:

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