

# Global Mental Health Peer Network

*“Strengthening the voices of persons with lived experience globally through empowerment and inspiring respect and acknowledgement of their experiences, views and opinions as valued and equal citizens of the world”*



**The Global Mental Health Peer Network (GMHPN) is a global mental health care user organisation that functions as an entity of its own and that strives to ensure that the “voices” of persons with lived experience, wherever in the world, have the platform to share their experiences, views, opinions and perspectives in a well-established and sustainable structure, that promotes human rights, empowerment, recovery and peer support – where lived experience is the driving force behind NO stigma, QUALITY of life, EQUALITY and EQUITY.**

## 1. Introduction and Background of the GMHPN

The GMHPN ([www.gmhpn.org](http://www.gmhpn.org)) was founded by Ms Charlene Sunkel in 2017 during the first year of her 3-year term in office as the Principal Coordinator of the Movement for Global Mental Health ([www.globalmentalhealth.org](http://www.globalmentalhealth.org)). The concept of the GMHPN was born from her vision for the Movement for Global Mental Health on creating a more diverse global mental health community that enhances the value of sharing initiatives and experiences; strengthening the “voices” of persons with lived experience and creating a platform for them to share their views, opinions and experiences; and finally, placing an emphasis on the importance of protecting and respecting the rights of persons with lived experience by promoting international treaties and both local and international human rights instruments.

On 9 February 2018 the GMHPN was officially launched at the Movement for Global Mental Health’s 5th Global Mental Health Summit, hosted in Johannesburg, South Africa, and formally registered on 27 July 2018 as a Non-Profit Organisation (212-449 NPO) under the South African Non-profit Organisations Act 71 of 1997.

Comic Relief ([www.comicrelief.com](http://www.comicrelief.com)) kindly provided funding towards the establishment and further development of the GMHPN and with this funding the GMHPN was able to initiate the start-up of the organisation which involved:

- The development of the concept and structure of the GMHPN
- The launch of the GMHPN at the 5th Global Mental Health Summit 2018
- Setting up and management of social media platforms
- The design and launching of the GMHPN website
- Engagement with persons with lived experience and organisations globally to build partnerships
- The recruitment and appointment of the Executive Committee representatives

7 Cups ([www.7cups.com](http://www.7cups.com)), an on-demand emotional health service and online therapy provider, is one of the GMHPN's lead partners and provides support for the further development and management of the GMHPN.

## 2. About the GMHPN

The vision of the GMHPN is to *“strengthening the voices of persons with lived experience globally through empowerment and inspiring respect and acknowledgement of their experiences, views and opinions as valued and equal citizens of the world”*.

### Two principles are fundamental to the GMHPN:

- Working together with all stakeholders involved to affect the desired change
- The views, opinions and experiences of persons with lived experience reflect the change desired

### Through the principles, the objectives of the GMHPN are to:

- Create communities where persons with lived experience are valued as equal citizens of the world, free from stigma, discrimination, inequality and inequity
- Give a voice to the voiceless and create a platform where what persons with lived experience say and share, matters
- End isolation from the world and connect mental health care user groups and movements globally to form a community of experts by experience and who are empowered to self-advocate and advocate on a broader and global scale

### To achieve the objectives, the GMHPN focuses on:

- Creating platforms where persons with lived experience can share experiences, views, opinions and ideas, through the GMHPN website, its social media platforms, the monthly newsletter, participation in engagement opportunities, such as discussion platforms both online and at in-person gatherings
- Linking user groups and movements with each other and developing a database of user groups and movements to provide peer support, knowledge sharing, sharing of evidence-based information and collaborative campaigning opportunities
- Empowerment of persons with lived experience through the GMHPN website, its social media platforms, the monthly newsletter, participation in engagement opportunities, development of interactive information materials, and online training, by:
  - Dissemination of mental health related information on evidence and research, innovations, new developments and opportunities in mental health; updates on country level legislation that impacts on mental health; and
  - Improving human rights literacy
- Promotion of recovery stories, both in written and video formats, shared on online platforms and through public engagement opportunities
- Build a relationship with researchers and policymakers where the GMHPN members can actively engage in, as persons with lived experience with their unique perspectives, with research and provide inputs into the drafting and review of country and international level mental health and human rights related policies, legislation, strategic plans, and human rights instruments

- Through collaborative advocacy activities and campaigns, the GMHPN aims to hold countries accountable to their international commitments towards:
  - Achieving the Sustainable Development Goals
  - Implementation of the WHO Mental Health Action Plan
  - Upholding the rights of persons with psychosocial disability in relation to the United Nations Convention on the Rights of Persons with Disabilities and the Universal Declaration of Human Rights
  - And other relevant commitments as Member States of the United Nations and World Health Organisation.

The GMHPN is built on the premise of an integrated and holistic response to mental health care and services that incorporates the medical, social and human rights models, and acknowledges that mental health conditions are an overarching issue that affects individuals in all aspects of their lives and at all stages of life, and cannot be dealt with solely as a medical problem. The GMHPN strongly supports a person-centred and recovery approach to mental health care and services. Furthermore, it is widely acknowledged and historically recorded that institutional care and asylum settings have exposed individuals with mental health conditions to severe human rights violations from the beginning of time, being segregated from society and denied inherent dignity, whilst their views and opinions had been silenced. Although the approach to mental health has evolved over time and deinstitutionalisation has been implemented in several countries, there is still a significant lack of transformation in this regard and adequate access to appropriate community-based, evidence-based interventions and, at times a lack of political commitment. Yet, persons with lived experience at the forefront of the advocacy agenda is essential to drive change.

The entire GMHPN, as an international organisation, is solely driven and managed by persons with lived experience; including the Founder and CEO, the Board of Management, and each and every member of the Regional and Country Executive Committees, including the sub-structures, who are all people with lived experience and who achieved recovery.

### **3. Rationale Behind Establishing the GMHPN**

The rationale behind the establishment of the GMHPN stemmed from the deficits in persons with lived experience being adequately represented across the globe and where they are often not able to meaningfully contribute to or participate in the upscaling and transformation of mental health care and services globally. Mental health care user movements and groups exist in many countries and new groups are emerging gradually, especially now with the increased acknowledgement among the global mental health community of the rights of persons with lived experience who had been historically excluded from full participation in their own lives and recovery, and in the development to the evaluation of mental health care and services. Existing mental health care user movements and groups often function at various levels, and in many cases have little to no contact with other user groups or movements outside of their own country or region. Therefore, a global network that provides for an opportunity to unite all of these user groups and movements through linking them up with the GMHPN, allows for a strong global voice of persons with lived experience to be forged.

The WHO Mental Health Atlas 2017 indicated a global average of 52% (of responding countries) who have formal collaborations with service user, family or caregiver advocacy groups – with this in mind, the Global Mental Health Peer Network strives to promote and increase collaboration with mental health care user advocacy groups within countries, where lived experience could

form the centre of consultative processes, especially in terms of policy and legislative reviews and development.

In this window of opportunity, it is a time for persons with lived experience to play a more active role in mental health and in improving health outcomes for all persons living with mental health conditions and mental disorders. The past few years have seen a somewhat increased participation of persons with lived experience in developing transformation strategies for mental health care and services at country and global levels, but not as much from low-and-middle income countries. Stigma is often one such barrier that prevents persons with lived experience to be recognised as key partners in mental health. Persons with lived experience must be recognised as such and taken on board as partners - this will prove to be a powerful catalyst to drive change and ensure equality and equity in mental health globally, where unbiased evidence and human rights are acknowledged as core principles.

An integral focus of the Global Mental Health Peer Network aims to strengthen the partnership between persons with lived experience, professionals, researchers, policymakers, governments and other stakeholders – especially where persons with lived experience had been excluded from or had not had the opportunity to engage in such partnerships at country and global levels.

## 4. GMHPN Organisational Structure and Governance

The GMHPN is an international non-profit organisation registered and based in South Africa, that aims to ***strengthening the voices of persons with lived experience globally through empowerment and inspiring respect and acknowledgement of their experiences, views and opinions as valued and equal citizens of the world.***

### 4.1. Governance

The GMHPN Board of Management is established in accordance with the South African Non-profit Organisations Act 71 of 1997.

The Governance of the organisation is guided by the Independent Code of Governance of Non-Profit Organisations in South Africa.

(<http://www.governance.org.za/wp-content/uploads/NPO-Code-Web-Version.pdf>)

Board Members are residents of and based in South Africa so that they can be effective and hands-on in ensuring that the funds of the organisation are managed in accordance with South African legislation applicable to the type of entity of the organisation.

The Board of Management consists of 7 Board Members, in different capacities, with a range of expertise and of whom all are persons with lived experience (including the Founder/CEO as Ex Officio).

## Board of Management

Chairperson



**Ms Sartor**  
Background:  
*Psychology,  
Law*

Vice-Chairperson



**Adv Carpenter**  
Background:  
*Law*

Treasurer



**Ms Collophen**  
Background:  
*Chartered Accountant,  
Finance*

Member



**Dr Vergunst**  
Background:  
*Psychology,  
Research*

Member



**Mr Gil**  
Background:  
*Psychology,  
Project Management,  
NGO Sector*

Member



**Ms Gradidge**  
Background:  
*Journalism,  
Education*

## Staff Members



**Ms Charlene Sunkel**  
*Founder/CEO*



212-449 NPO

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Email: [globalmentalhealthpeernetwork@gmail.com](mailto:globalmentalhealthpeernetwork@gmail.com)  
Website: [www.gmhpn.org](http://www.gmhpn.org)

## 4.2. Structure

The establishment of a strong sustainable structure is the foundation on which the Global Mental Health Peer Network is built and further developed to reach persons with lived experience and the groups and movement representing them, within which country specific strategies are developed to help address key challenges and needs of persons with lived experience that are country specific, and where lived experience “voices” are able to influence policy and legislation.

One of the Global Mental Health Peer Network’s core focuses is on the development of leadership among persons with lived experience in mental health to ensure there are meaningful participation in the development, design, review, implementation, monitoring and evaluation of services for persons with lived experiences at all stages and in all aspects of life.

The Global Office is based in Johannesburg, South Africa, and responsible for the day-to-day operations; project development, implementation, monitoring and evaluation; sustainability and donor relations; partnership development; and coordinating the structural committees and forums.

Two key structures exist within the Global Mental Health Peer Network; the Regional Executive Committee and the Country Executive Committee. Both of these Executive Committees are made up of persons with lived experience who are representatives of their region or countries respectively. The members of the Regional and Country Executive Committees are appointed in their roles as global leaders in mental health who all are actively involved at local and/or international levels in mental health and advocacy, many of whom are young people. In addition to the executive structures, sub-structures exist and include: Country Sub-Committees and population specific group Forums (LGBTQ community, youth, women, men, older persons, rural and refugee communities). The figure below illustrates the pyramid of participation in which the Global Mental Health Peer Network functions.

## Structure: Global Mental Health Peer Network



### 4.2.1. Global Office

**The Global Office is responsible for the facilitation and coordination of the Network, to ensure sustainability of the Global Mental Health Peer Network – and include:**

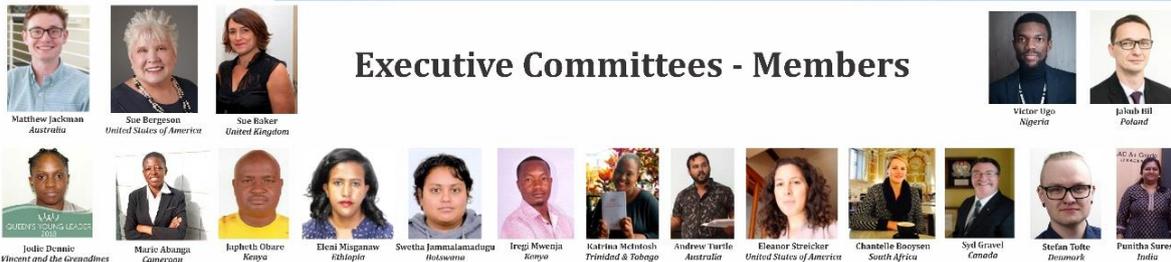
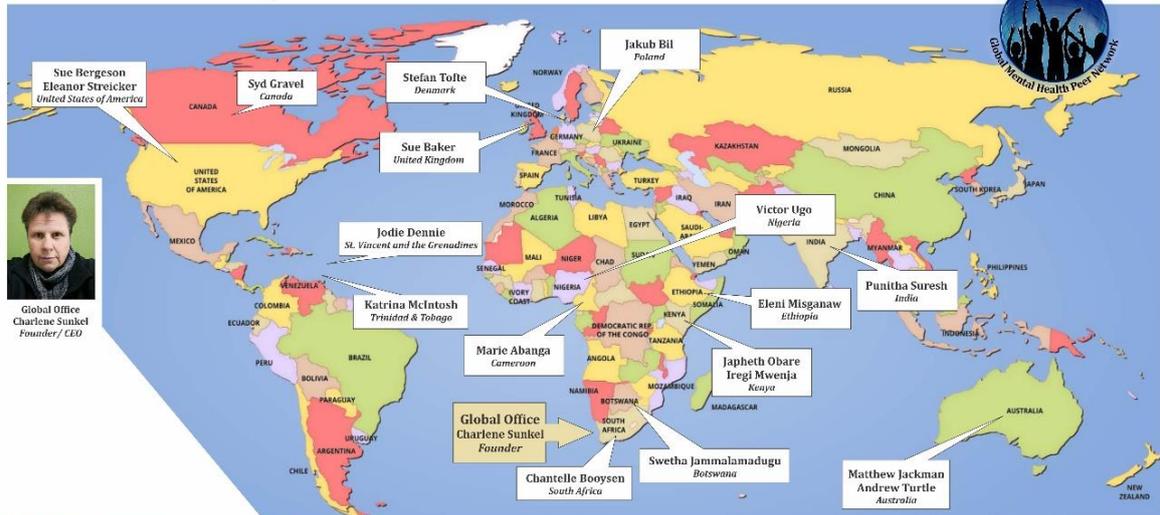
- Provide support to and sustain effective communication with Executive Committees, substructures, population specific forums, members and member organisations
- Recruit suitable candidates to fill vacancies on the Country and Regional Executive Committees
- Provide orientation to new Executive Committee members
- Build and sustain stakeholder partnerships
- Management of the Network member databases (individual members, organisations, population specific forums)
- Conduct quarterly growth and “health” assessment of the Global Mental Health Peer Network and produce report
- Promote the Global Mental Health Peer Network through online platforms, media, public engagement opportunities.

As a global network, much of the key activities are online based and include: the Global Mental Health Peer Network website ([www.gmhpn.org](http://www.gmhpn.org)); social media (Facebook and Twitter); and monthly newsletter whilst other activities involve consultative work, participation in public engagement platforms, development and dissemination of information materials, amongst other activities and projects.

## 4.2.2. Regional and Country Executive Committees

Countries currently represented include: South Africa, Botswana, Cameroon, Kenya, Nigeria, Ethiopia, India, United Kingdom, Poland, Denmark, Australia, United States of America, Canada, Trinidad and Tobago, and St. Vincent and the Grenadines.

### GMHPN: Representation - Executive Committees



Ideally, the Global Mental Health Peer Network would consist of representation from all 195 countries of the world, but realistically, there are too many variables that at this point in time that may hinder the achievement of this in the short-term and even long-term. These variables may range from high levels of stigma and discrimination, disempowerment of persons with lived experience, low mental health and human rights literacy, a lack of acknowledgement that persons with lived experience are able to be active participants in their own lives and in their own communities, poverty taking precedence, and conflict situations. Stigma and discrimination may create an unsafe space for persons with lived experience to get involved in advocacy and awareness initiatives in communities or at a broader scale, as they may fear the consequences of stigma. Stigma can often lead to abuse and human rights violations and it is understandable that persons with lived experience rather refrain from announcing their diagnosis and own experiences with a mental health condition or mental disorder publicly. Another concern is the lack of mental health and human rights literacy among some communities that may impact on meaningful participation at a level where advocacy and awareness take place. In consideration of the above, the Global Mental Health Peer Network acknowledges its role to reach out to these countries and see how persons with lived experience, within their specific country context, can be empowered to achieve a level where they are able to self-advocate and advocate at a broader and global scale.

The (distant) future aspirations of the Global Mental Health Peer Network are to establish country offices in all 195 countries of the world, but by first starting to establish regional offices in each of the 6 regions of WHO (medium-term). The regional offices will then be coordinating the activities of the countries within their respective regions, as the Global Mental Health Peer Network grows larger.

The Regional and Country Executive Committee members are linked on a WhatsApp (virtual) group that allows them to support each other, share activities, promote innovations in mental health and human rights, link one another up with training opportunities such as peer support training, and provide feedback on conferences and workshops that they have participated in. The group members also engage with one another to provide inputs when opportunities arise for lived experience perspectives. This form of peer support and platform to share work, helped to bring the Committee members together as a team and prevented them from feeling isolated and unsupported. The WhatsApp group further contributes to the empowerment of the Committee members by learning from their peers and expanding their knowledge on what initiatives and innovations had been implemented in the various countries – assisting them to conceptualise strategies for their own countries which they wish to implement, with the support of the Global Mental Health Peer Network Global Office.

#### **The Executive Committees are mainly tasked to:**

- Promote the Global Mental Health Peer Network and its activities
- Identify local mental health care user groups and movements, and facilitate communication between the groups and movements and the Global Office
- Recruit individual (lived experience) members and organisational members
- Establishment of Country Sub-Committees
- Assist in leading population specific group forums such as for the LGBTQ community, youth, women, men, older persons
- Sourcing of content for the Global Mental Health Peer Network website, newsletter, social media and online platforms
- Gathering community intelligence on lived experience with their regional or country contexts
- Develop short, medium and long-term recommendations in addressing challenges and needs at regional and country level
- Build good standing relationships with stakeholders in their respective countries and regions
- Collaborate with stakeholders and partners in implementation of initiatives and advocacy activities
- Representing Global Mental Health Peer Network at country and international-level engagement platforms
- Review and provide inputs into mental health related policies, plans and documents from lived experience perspectives
- Participate in quarterly online meetings with the Global Office
- Attend annual face-to-face meeting of the Executive Committees (should funding be secured to cover travel and accommodation of delegates)

Community intelligence is one of the most important aspects of the Global Mental Health Peer Network as an organisation that represents persons with lived experience and its members to ensure the needs, challenges, views, opinions and perspectives are reflected accurately in the

advocacy and awareness initiatives undertaken by the Global Mental Health Peer Network. Lived experience needs, challenges, views, opinions and perspectives at both country and community levels form the basis of the development of short, medium and long-term recommendations and implementation plans that are responsive to specific country contexts. Therefore, the Executive Committee members can be viewed as the eyes and ears on the ground, the foot soldiers of their country – gathering information from persons with lived experience in regards to the personal experiences of those living with mental health conditions and mental disorders, not only focussing on access to mental health care and services, but also on access to overall health, education, employment and other life opportunities.

To enhance the gathering of community intelligence, sub-structures are being created, where in addition to the country sub-committees, the development of population specific group forums focus on target groups within society, and include: the LGBTQ community, youth, women, men, older persons, rural and refugee communities. These target groups bring their own unique perspectives – and as per the aspirations of the Sustainable Development Goals, the creation of the population specific group forums, the Global Mental Health Peer Network aims to “*leave no one behind*” when it comes to mental health and persons with lived experience. These forums are coordinated by the Global Office with the assistance of members of the Executive Committee leading discussions.

**Through the Executive Committee members, a number of issues had been raised which had been identified as important areas of focus to prioritise, and these include:**

- Addressing stigma and discrimination (especially in low-and-middle income countries)
- Promoting peer support as a fundamental discipline within the provision of mental health care and services, and to link persons with lived experience to accredited peer support training opportunities
- Enhance lived experience participation and consultation at country and global levels related to mental health systems and services
- Advocate for improved and evidence-based mental health services that are underpinned by human rights, and encourage momentum for the transformation of mental health care and services to comply with international commitments, and
- Development of a Global Mental Health Peer Network charter on its collective stand on the views, opinions and perspectives of lived experience members as a guiding document of its advocacy work.

The Executive Committee members are encouraged to come up with their own activities or projects to implement that considers the specific context of their countries and within available resources. Since their official appointments in their roles, the Executive Committee members, had been involved in various activities, from providing lived experience perspectives and feedback into the recently launched (2018) Lancet Commission on Global Mental Health and Sustainable Development report, participated in the first ever Global Ministerial Mental Health Summit hosted in London on 9 and 10 October 2018, and presented and participated in several other mental health related engagement events locally and internationally. The Executive Committee members continuously engage in advocacy and awareness initiatives at country level, using various mediums from online platforms such as social media, sharing their recovery stories, conducting talks to communities, writing articles, and have contributed to publications and participated in research.

## 5. Impact of the GMHPN

Through the GMHPN activities and projects, the following overall key outcomes are expected:

- GMHPN is established as a well-structured, responsive and sustainable network of diverse user groups and individuals from various backgrounds and that include population specific groups such as: youth, seniors, women, men, LGBTQ, refugee and rural communities;
- Persons with lived experience across the world are affiliated to the GMHPN as a united voice for persons with lived experience of mental health conditions;
- Country and global level partnerships are formed with organisations, projects and activities that involve members of the GMHPN that strengthens participation of persons with lived experience;
- Recovery stories of persons with lived experience contribute to the destigmatisation of mental health conditions and promote the abilities, views, opinions, perspectives, needs and challenges of persons affected by mental health conditions globally – ultimately influencing policy and practice;
- Persons with mental health conditions are equipped/ capacitated to meaningfully participate in regional, national and international engagement platforms to advance the mental health agenda through the perspectives of persons with lived experience – enhancing participation;
- The voice of persons with lived experience are heard and they are acknowledged as key role players in the transformation of mental health care and services, through their participation in the design, implementation and evaluation of care and services related to mental health and other areas of life;
- Persons with lived experience have access to evidence-based information and materials to raise public awareness and advocate for improved services and life opportunities for all persons with lived experience at country and global level;
- Persons with lived experience's participation in research provide for an accurate reflection of the needs and challenges of persons with lived experience that provide guidance for the development of initiatives and innovations that can be implemented, put in practice and upscaled.

### Online Platforms:

Website: [www.gmhpn.org](http://www.gmhpn.org)

Facebook: <https://www.facebook.com/GlobalMHPN/>

Twitter: [https://twitter.com/global\\_peer](https://twitter.com/global_peer)

Newsletter subscription: [https://my.sendinblue.com/users/subscribe/js\\_id/2oshf/id/2](https://my.sendinblue.com/users/subscribe/js_id/2oshf/id/2)

Individual membership subscription: [https://my.sendinblue.com/users/subscribe/js\\_id/2oshf/id/3](https://my.sendinblue.com/users/subscribe/js_id/2oshf/id/3)

Organisation member subscription: [https://my.sendinblue.com/users/subscribe/js\\_id/2oshf/id/4](https://my.sendinblue.com/users/subscribe/js_id/2oshf/id/4)