

*“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



## Annual Report 2019

Reporting period: April 2018 - March 2019

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

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The Global Mental Health Peer Network is the  
Secretariat for the Movement for Global Mental Health

**In alignment with a growing movement in global mental health, there are increasing opportunities for people with the lived experience with a mental health condition to collaborate as a unified voice. In a world where there is an increased consensus in language of what it is like to live, grow and evolve with lived experience with a mental health condition, there has never been a better opportunity for people with lived experience to come together to influence the decisions that affect their lives.**

**Launched at the Global Mental Health Summit in Johannesburg (South Africa), the Global Mental Health Peer Network (GMHPN) is a unique opportunity for people with the lived experience to come together as a unified voice.**

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# Special Thank You ...

**... to our funders and partners**



**COMIC  
RELIEF**



**MGMH**  
Movement for Global Mental Health



**SA Federation for  
Mental Health**



our supporters, colleagues, and everyone who helped get the GMHPN off the ground and geared for action!

**Your support realised a dream come true  
... the founding of the GMHPN**

# What is ... **Peer Support?**

Help and support that one person with a lived experience with a mental health condition provide to another

**Shared experiences and journeys of recovery establishes  
EMPATHY**

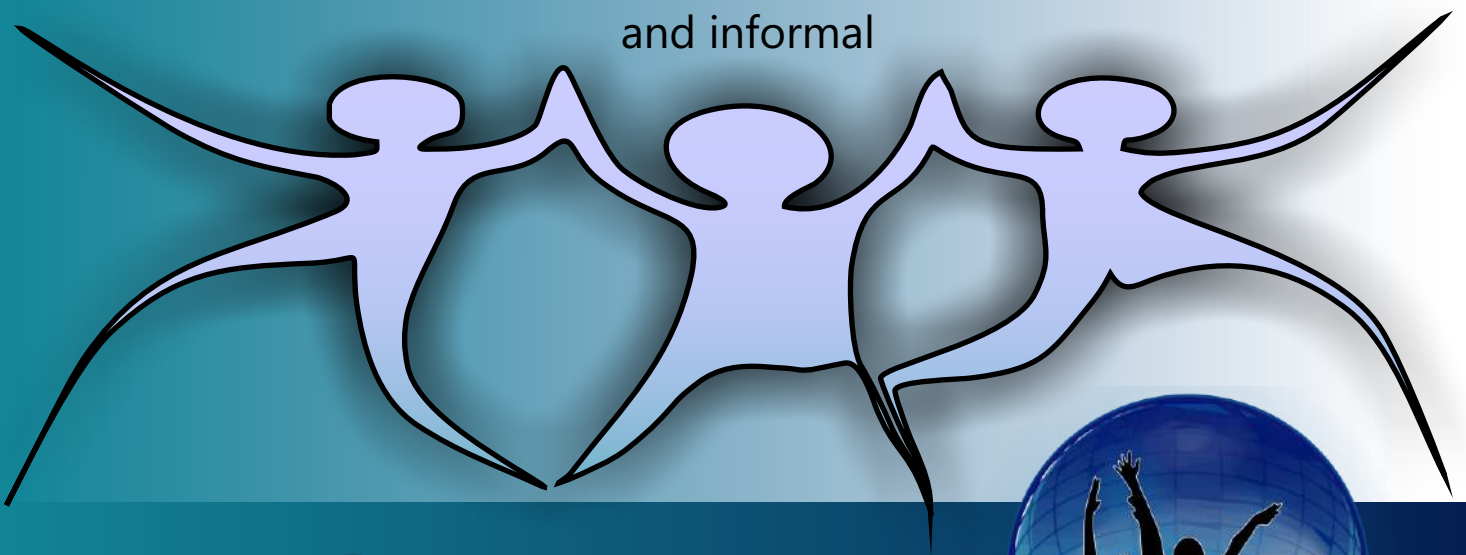
It is about GIVING and RECEIVING support

**It is NOT replacing existing services or professional roles,  
rather to compliment**

It is focussed on recovery and generates hope

**It prevents isolation – creating an ally and personal  
understanding of someone's journey towards recovery**

Types of peer support includes: online, groups, individual, formal  
and informal



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

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## ***The power of the lived experience to heal***

*“The term ‘lived experience’ is typically used to describe the first-hand accounts and impressions of living as a member of a minority or oppressed group. It is also an identity which facilitates members of such groups to connect with one another at a level which is unique to their shared experience. It can be the basis of a powerful bond of solidarity, compassion, values and friendship.*

*Empathy, a skill which health care providers need to practice to master, comes naturally. It is for this reason that people with the lived experience of mental health problems are such a valuable resource to support others in their community who are struggling with similar problems in recovery. There are many mechanisms which explain how such peer intervention works: helping reduce social isolation by doing things together; managing distressing symptoms by sharing tips about what worked for them; addressing barriers in the health care system by helping the person navigate them; realizing the aspiration to get a job by introducing the person to employment opportunities; and much more! Moreover, this is not a one-way process in which one person helps the other, as happens in the typical health care encounter; the miracle of peer support is that both people are benefited, as the act of caring for someone else is a major driver of one's own well-being. Peers can also play a valuable role in training health care providers to be sensitive and attentive to the needs of people struggling with mental health problems. This is why a fairer deal for people with mental health problems must include a defined role for people with the lived experience in the health and social welfare system.”*



GMHPN Founder/CEO with Prof Vikram Patel at the Global Mental Health Summit 2018 where the GMHPN was launched

***Prof Vikram Patel***

***The Pershing Square Professor of Global Health and Wellcome Trust Principal Research Fellow  
Department of Global Health and Social Medicine***

***Harvard Medical School***

***Professor, Department of Global Health and Population, Harvard TH Chan School of Public Health  
Co-Founder and Member of Managing Committee, Sangath  
Adjunct Professor, Public Health Foundation of India***

*Sometimes in life, we need a compassionate listening ear to get us through. Sometimes we are that compassionate listening ear. Peer support allows all of us to both give and take. When we do, hope blooms. In fact, research shows that people who receive peer support have reduced rehospitalization rates, increased empowerment and hope, decreased use of emergency services and increased engagement and activation in treatment.*

*The Global Mental Health Peer Network (GMHPN) is fostering hope, help and support across the globe by empowering peers and promoting the power of peer support as a central part of care. By reducing stigma, increasing the quality of life of all who live with mental health challenges and pushing for both equality and equity, GMHPN is an important catalyst for a better future.*



**Mr Glen Moriarty**  
**Founder/ CEO of 7 Cups**

# Forward : CEO

Charlene Sunkel



We arrived at this exciting milestone - the [Global Mental Health Peer Network's \(GMHPN\)](#) first Annual Report, since it's official establishment in July 2018 as a non-profit organisation that constitutes global lived experience leaders at the forefront of directing change through being catalytic in transforming mental health care and services globally, and underpinned by human rights. Without our funders, partners and supporters, this moment would not have been possible. A further gratitude is extended to the GMHPN Board of Management whose commitment and oversight ensures that the GMHPN stays on track and is sustainable.

I started my career in mental health advocacy and human rights way back in 2003 following my own journey of recovery after receiving a dooming diagnosis of schizophrenia and having spent years struggling to navigate a mental health system that didn't really offered me what I needed to recover. This experience lead to my work, at first at a provincial, to national and now global level. I am grateful that my path crossed with some awesome individuals who believed in me and gave me extraordinary opportunities to excel in my career and that took me to greater heights.

A few years ago, I had a dream to start an international organisation that could echo the voices of persons with lived experience around the world, telling their stories of recovery but also of what they had to endure and fight for to survive living with a mental health condition or psychosocial disability in a world that can be very cruel and unaccepting of someone who is different or behaves slightly out of the norms of society. I wanted to give persons who experienced this, the opportunity to take their own journey of recovery and use their lived experience to change what is wrong in the world.

So, a combination of factors and influences, dreams and aspirations, supporters and encouragements, I founded the GMHPN, initially as an offspring of the [Movement for Global Mental Health \(MGMH\)](#). Anticipating that the GMHPN could potentially expand to the extent of becoming a full-time project, it became clear that the GMHPN needs to be established as a legal entity to ensure its sustainability and that there is provision and capacity for growth. On 1 January 2019 I officially took office as the CEO of the organisation.

Since my inception in leading the GMHPN I have had the privilege to work with an amazing team that functions as the Country and Regional Executive Committee of the GMHPN. In this short space of time I have seen the team members growing into their roles as global lived experience leaders, and I am so proud of them. I am confident that their dedication and efforts will see positive change in how mental health care and services are delivered and that persons with lived experience will lead the way.

Still in its infancy stage, the GMHPN will meet some challenging moments, but I believe that with our partners and supporters, for the greater part it will be exciting times ahead.



# Note : Chairperson

Claudia Sartor



Do you think it is possible for us to live in a world without fear of stigma and one in which you are you duly represented? While the answer appears quite simple, the Global Mental Health Peer Network (GMHPN) strives towards a stigma-free world and endeavors to ensure that people are adequately represented across the globe. People with lived experience are often excluded from full participation in their own lives, let alone in community life – with this reality, the GMHPN has a focus on empowerment and developing global lived experience leadership to give “voice” to the marginalized and often “left behind” persons with lived experience of mental health conditions, who had previously been excluded from such platforms.

To integrate the voices of persons directly affected by mental health conditions is essential in obtaining insight into what is needed to create effective person-centred mental health care and services, that ultimately improves quality of life.

The GMHPN is motivated by two principles, namely 1) *working together with relevant stakeholders to affect the desired change* and 2) *the views, opinions and experiences of mental health care users reflect the change desired*. Its international presence and global representation allows for lived experience to collaborate with stakeholders at both country and global levels.

The past year, the GMHPN has taken great strides on an international and country level where several of its representatives participated in more than 10 international events and several country-level events, that addressed a range of topics related to mental health, human rights and enhancing lived experience involvement and meaningful participation.

On 24 January 2019, I had the amazing opportunity to represent the young leaders group of the Lancet Commission on Global Mental Health at the launch event of its Report in Lisbon, Portugal - advocating for improved mental health on behalf of young people in our communities. Myself and a fellow GMHPN colleague attended and participated in the Global Non-Communicable Diseases Forum on Child and Youth in Sharjah, UAE. The GMHPN has truly enhanced lived experience “voices” at important global discussion platforms and through its engagement has developed several partnerships, whilst continuing to explore possibilities for more collaborations.

It is no doubt an honour for me to serve as the Chairperson to this change-making organisation that not only promotes human rights, empowerment and lived experience leadership, but encourages recovery and peer support, and highlights the important roles of lived experience in mental health.

Tomorrow is another day and with that, the GMHPN will continue to represent and strengthen the “voices” of people with lived experience across the globe and give them the opportunity to influence policy and practice in mental health care and service delivery.

# Note : Treasurer

Tayyibah Collopen



Since the commencement of operations in January 2019 GMHPN has grown in leaps and bounds in its journey both locally and internationally. As a new entity it has taken its first few steps in the global environment and has been well received which brings with it much excitement and optimism. As with any new company it did not come without its fair share of challenges and demands with the efforts focused on ensuring that the organization achieves statutory compliance with all local authorities.

The growth and success of the GMHPN would not have been possible without the generous contributions from the funders 7 Cups and Comic Relief. Their financial commitment and support has been instrumental in the official launch of the GMHPN in February 2018. Subsequent to this, in January 2019, it was able to set up the Global office in Johannesburg South Africa, where day-to-day operations take place. During the financial year the GMHPN founder was appointed as the CEO to lead the organization to its recognized success.

For the financial year ending March 2019, the financial status of the organization maintains a solid and satisfactory with a positive closing bank balance and all spending has remained within budget. A portion of the income from funders have been invested into a 32-day notice account, bearing interest at 6.75%, which is used to cover any bank fees and other administrative costs. Primary monthly expenditure includes the CEO salary, online platform costs and other administrative office expenses. The organization has no rent or utility costs as the Global Office is currently home-based at the residence of the CEO.

JS Accounting, an independent accounting firm have been appointed as Auditors. They have been kind enough to provide the financial statement audit services for this year to the organization at no charge.

The Sage Foundation kindly donated a Sage Accounting and Payroll Software package which will be used to ensure that the GMHPN has an effective financial system in place and are able to accurately record income and expenditure and manage payroll.

With the organization growing at an accelerated pace there is an immediate need to obtain funding towards additional human resources and online engagement platforms. The GMHPN would like to just extend a warm thanks and gratitude to all the funders and donors of goods and services for their contributions and we look forward to working together in the future.

***\* The full set of Audited Financial Statements for the financial year April 2018 - March 2019 are available on request***

# Board of Management



**Mrs Claudia Sartor**  
*Chairperson*



**Adv Nigel Carpenter**  
*Vice-Chairperson*



**Ms Tayyibah Colloppen**  
*Treasurer*



**Dr Richard Vergunst**  
*Member*



**Mrs Chantelle Gradidge**  
*Member*



**Mr Marcel Gil**  
*Member*

# Executive Committees

Our Global Lived Experience Leaders, represent:



**Chantelle Booyesen**  
South Africa



**Eleni Misganaw**  
Ethiopia



**Marie Abanga**  
Cameroon



**Swetha Jammalamadugu**  
Botswana



**Samoina Mbuguah**  
Kenya



**Japheth Obare**  
Kenya



**Iregi Mwenja**  
Kenya



**Victor Ugo**  
Nigeria



**Punitha Suresh**  
India



**Enoch Li**  
China



**Jodie Dennie**  
St Vincents of Grenadines



**Stefan Tofte**  
Denmark



**Jakub Bil**  
Poland



**Sue Baker**  
United Kingdom



**Syd Gravel**  
Canada



**Sue Bergeson**  
United States



**Katrina McIntosh**  
Trinidad & Tobago



**Matthew Jackman**  
Australia



**Andrew Turtle**  
Australia

Member Appointments:  
October 2018 - March 2019

# History of the GMHPN

GMHPN developed from the successful initiatives of [Movement for Global Mental Health](#), a virtual network of individuals and organisations operating from rotating global secretariats in Australia, India, and South Africa since 2007 to improve services for people living with mental health problems and psychosocial disabilities worldwide. It is from this solid foundation that GMHPN was launched in 2018 to create a more extensive, globally diverse mental health community and cadre of leadership to enhance the value of sharing initiatives and experiences. GMHPN underpins all of its work through the promotion of international treaties and human rights instruments, and accountability measures under domestic laws, to emphasize the importance of protecting and respecting the rights of persons with lived experience.

On 9 February 2018 the GMHPN was officially launched at the MGMH's 5th Global Mental Health Summit, hosted in Johannesburg, South Africa, and became a legal entity 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.

## About the GMHPN

**The Global Mental Health Peer Network (GMHPN) is a global mental health care user organisation working to ensure that the "voices" of persons with lived experience with mental health conditions throughout the world have the platform to share their experiences, views, opinions and perspectives in a well-established and sustainable structure. GMHPN's promotes a human rights-based approach within an operating framework focused on empowerment, recovery and peer support – where lived experience is the driving force behind destigmatization, quality of life, equality and equity.**

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

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.

# What do we stand for?

The GMHPN is built on the premise of an **integrated and holistic response** to mental health care and services. It incorporates **medical, social and human rights models** to advocate and promote knowledge on mental health conditions that affect individuals in all aspects of their lives and at all stages of life. This approach critically emphasizes the multidimensional aspects of mental health conditions and societal challenges that cannot be addressed in isolation as a medical problem. The GMHPN strongly supports and advocates a **person-centered and recovery approach** to mental health care and services. It is challenging the paradigm of medical traditions and institutional care models that have subjected individuals with mental health conditions to severe human rights violations, developed structures of societal segregation, and denied the inherent human dignity and voice of this community. Although the approach to mental health has evolved over time and **deinstitutionalisation** has been successfully implemented in several countries, there remains a **critical lack of transformation** that still inhibits large populations from adequately accessing appropriate community-based and evidence-based interventions. This is due, in large part, to the lack of political commitment. However, a strong, vibrant, and committed movement of persons with lived experience has successfully started to challenge these systematic abuses, serving at the forefront of a worldwide advocacy agenda to drive change.

*"My names are Japheth Obare and I represent Kenya in the Executive Committee of GMHPN. In my time with GMHPN, I have benefited greatly on a personal level from the people I have met and gotten to know. They are people struggling with mental illness like I do and such a connection breeds confidence and acceptance in the global arena. My work as a health advocate has also benefitted greatly. The connections I have gotten, the workshops and webinars I have been invited to. I admit that I have not attended some of the workshops due to unavoidable circumstances and would like to attend all in the future. GMHPN has opened unique opportunities for us at the Schizophrenia Society Of Kenya. SSK is the organization that I chair and work as a mental health advocate in Kenya. Our profile as an organization is elevated at the global level since I represent Kenya in GMHPN and get to interact with stakeholders in mental health that are outside Kenya. SSK seeks to make life better for the seriously mentally ill in Kenya and our connection with GMHPN strengthens this immensely as GMHPN works towards organizing mental health organizations in Kenya in a way that they can be potentially productive towards their goal of improving living standards for the mentally ill."*



**Japheth Obare (Kenya)**

**Country Executive Committee representing Kenya**

Mental health care user movements and groups exist in many countries. New groups are emerging gradually as a result of the increased advocacy and awareness by the global mental community. These efforts seek to **address deeply entrenched systems of discrimination and exclusion** that persons with lived experience have historically encountered. GMHPN's leadership expertise and networks operate to strengthen these movements by empowering and assisting persons to realizing their full rights in making informed decisions about their lives and recovery, and to be an active voice in the development of mental health care and services. Existing mental health care user movements and groups function at various levels, often having limited contact with other user groups outside of their own country or region. GMHPN's global network addresses this critical gap by providing the opportunity to **unite user groups and movements** to continue building a strong global voice of persons with lived experience.

# Where are we today?



## Timeline

- February 2018**
  - \* Officially launched at 5th Global Mental Health Summit in Johannesburg, South Africa
- May 2018**
  - \* Appointed Board of Management
  - \* Inaugural Board Meeting
- July 2018**
  - \* Registration as Non-Profit Organisation
- January 2019**
  - \* Start Full Operations
  - \* 1st Virtual Meeting of the GMHPN Executive Committees
- March 2019**
  - \* 16 Countries and 5 World Regions represented
  - \* 19 Global Lived Experience Leaders
  - \* 12333 Website Visits
  - \* 2057 Newsletter Subscribers
  - \* 750 Facebook Followers
  - \* 366 Twitter Followers
  - \* 123 Individual Members from 28 Countries
  - \* 36 Organisation Members from 23 Countries

Since GMHPN's establishment in 2018, the focus of its work has involved the building of a **sustainable structure** to serve two main purposes 1) to **develop a global leadership** of lived experience and 2) to create a **sophisticated communication platform** where the lived experience community can share their views, opinions, perceptions and experiences. An essential component of GMHPN's framework is the **development of partnerships** with lived experience organisations, professionals, researchers, funders and other relevant stakeholders to ensure a strong, sustainable link with lived experience and connect with developments within the global mental health community.

On 1 January 2019, the Founder of the GMHPN, Ms Charlene Sunkel, officially entered into her role as the CEO of the organisation and started **full operations** to continue building the GMHPN as envisaged and to achieve the objectives set out by the organisation.

At the end of March 2019, a total of **16 countries** and **5 of the 6 WHO regions** of world were represented on the GMHPN Executive Committees, lead by **19 lived experience leaders**.

GMHPN has established its Regional Executive Committee and the Country Executive Committee, comprised of persons with lived experience who represent their region or countries. These Committee Members serve the GMHPN as **global mental health leaders** - who bring a high-level of expertise, representing diverse experiences from within the mental health community, often having established national or local organisations, and are often published authors. This representation is also comprised of young leaders who have successfully mobilized movements and user groups within their local communities.

*“Through living experience of grief, loss, trauma and mental distress I have been provided a global platform to utilise adversity and tragedy for a greater good. The GMHPN has enabled a sense of purpose in fighting for human rights and social justice to ensure fair and equal societies are the cornerstone of health persons, groups and communities around the world. I have been able to represent a lived experience perspective at a variety of conferences, consultations and workshops at an International level providing a unique Australian perspective and joint consumer, carer and clinician narrative that is lacking presence in the identity politics of consumer/ survivor representation. The GMHPN has provided rich international opportunities to provide an important lived experience and service user voice, and has given me great purpose and mission to giving back to my community.”*



**Matthew Jackman (Australia)**  
**Regional Executive Committee representing the Western Pacific Region**

*“I can say that I am a living witness how best peer network such as GMHPN impacts persons with lived experience. Since my appointment in May 2018, GMHPN has made me surpass my personal barriers for a bolder involvement in mental health advocacy work. I draw my deep conviction on the immense potential of lived experience from GMHPN. I also owe my better understanding of mental health issues as a global health issue to my engagement with GMHPN. As an Executive Committee member, I had the opportunity to take part in high-level policy discussions on mental health, which are having a lasting influence on the way I understand myself personally as a mental service user and my place in the mental health advocacy work. What we are doing at GMHPN has been a source of inspiration for me, as a leader of the Mental Service Users Association in Ethiopia.”*



**Eleni Misganaw (Ethiopia)**  
**Country Executive Committee representing Ethiopia**



Several **online platforms** have been established to serve persons with lived experience to share and obtain evidence-based information related to mental health and human rights, as well as document their journeys of recovery, and to provide peer support. These online platforms include the GMHPN [website](#) and monthly newsletter, and an actively engaged social media presence on [Facebook](#) and [Twitter](#). A virtual group has also been established for the GMHPN Executive Committee members to regularly engage with one another and share information from a local and global perspective on best practice models in mental health.

GMHPN maintains diverse and **multidisciplinary partnerships** with the medical health and lived experience establishment that includes health care workers, families, NGOs, international funders and medical experts.

*"The internet is a darned thing, but when you let positively passionate people use it to mobilize global advocacy, on behalf of the most vulnerable among us, amazing things happen! I did not have to think twice when I was asked to be part of this amazing online community. As a person with lived experience, being part of a global family like the GMHPN, that has the same vision and communicate from the same experience, means that I have an ocean of resources and an equal amount of support from my peers. Through constant communication with my Peer-Network family, I get to access a level of awareness on mental health issues faced in other countries, often confirming that my immediate and local challenges are not isolated. This awareness, combined with resources and support, assists me in being a better global mental health advocate, that advocates with a healthy mind and an empathetic voice."*



**Chantelle Booyesen (South Africa)**

**Country Executive Committee representing South Africa**

GMHPN's CEO and Executive Committee members have been linking up with several engagement platforms and projects, where partnerships have been formed to **jointly participate in activities**. The organization maintains a renowned reputation that builds off of its work from the Movement for Global Mental Health. This is evidenced by GMHPN's representation at numerous international and national committees, events, and conferences to exchange critical knowledge of lived experience perceptions, views and opinions for **inclusion in the global mental health agenda**. GMHPN **diverse leadership** offers a unique quality that traverses a broad range of issues within numerous cultural and community settings to illustrate the need and wide impact of mental illness within populations. These focus groups **address cross-cutting issues** of mental illness and stigma, youth, non-communicable diseases, mental health services, and lived experience involvement in research.

*"Joining GMHPN was the best thing that happened to my mental health advocacy work. It quickly transformed me into a global advocate by connecting me with great people and opportunities. Addressing the UNAIDS 43rd Board meeting to push for integration of mental health in HIV treatment and care was the highlight of the year. I feel warm and energized in the company of these wonderful peers from every corner of the globe. GMHPN gives me a brighter future with endless possibilities."*



**Iregi Mwenja (Kenya)**

**Country Executive Committee representing Kenya**

# International Engagements



We have travelled all over the world to engage and participate ...

The CEO and several of the GMHPN Executive Committee members participated in various key international and national events and conferences where they offered lived experience perceptions, views and opinions in discussions related to global mental health topics, from stigma, youth, NCDs, mental health services for persons with severe mental disorders, to lived experience involvement in research in mental health.



## GMHPN at the *World Congress on Psychiatry - Mexico*

GMHPN Founder/ CEO, Charlene Sunkel presented at the World Congress on Psychiatry in September 2018 in Mexico. She presented on “Civil Society and the Global Mental Health Movement” in a plenary session and presented on “Experts by Experience as Partners” in a panel discussion.

## GMHPN at the first ever *Global Ministerial Mental Health Summit - London*

GMHPN CEO, Charlene Sunkel and Executive Committee members, Chantelle Booyen (South Africa), Victor Ugo (Nigeria), Eleni Misganaw (Ethiopia), Punitha Suresh (India), Katrina McIntosh (Trinidad and Tobago), Matthew Jackman (Western Pacific Region) and Sue Baker (Europe Region), attended the Global Ministerial Mental Health Summit where the [Lancet Commission on Global Mental Health and Sustainable Development](#) report was officially launched, in October 2018. Ms Sunkel was one of the Commissioners and presented in the launch panel.



## GMHPN at the Session on *Mental Health and HIV* - Geneva

In December 2018, Iregi Mwenja, GMHPN Representative from Kenya represented the Network at the 43rd UNAIDS Programme Coordinating Board (PCB) meeting in Geneva during the session on Mental Health and HIV.



## GMHPN at the *Speak Your Mind* Country Campaign - Johannesburg

GMHPN CEO, Charlene Sunkel, and GMHPN Country Executive Committee member for Nigeria, Victor Ugo, attended the [Speak Your Mind](#) workshop of [United for Global Mental Health](#), in Johannesburg (South Africa), in January 2019 - developing a country-level and global campaign around mental health.



## GMHPN at the *International Conference on Mental Health and Inclusive Development* - Chennai



GMHPN CEO, Charlene Sunkel, and GMHPN Country Executive Committee member for India, Punitha Suresh, attended the International Conference on Mental Health and Inclusive Development, January 2019 hosted in Chennai (India), hosted by The Banyan and partners.



## GMHPN at the launch of the *Lancet Commission on Global Mental Health* report - Lisbon

In January 2019 Claudia Sartor, GMHPN Chairperson, represented the young leaders group of the Lancet Commission on Global Mental Health at the launch event of its Report in Lisbon, Portugal.

## GMHPN at the *Blue Print Group* on Global Mental Health meeting - Geneva

GMHPN's CEO, Charlene Sunkel and Country Executive Committee Member representing Nigeria, Victor Ugo, participated in the *Blue Print Group* meeting held in Geneva in February 2019 and organised by United for Global Mental Health - discussion included strategies on effective anti-stigma campaigning and increasing funding for mental health.



## GMHPN at the *Presidential Working Group on Disability* - Pretoria

GMHPN's CEO, Ms Charlene Sunkel represents persons with psychosocial disabilities in South Africa on the Presidential Working Group on Disability. President Cyril Ramaphosa chaired the Working Group meeting in February 2019 held at the Union Buildings in Pretoria where the disability sector discussed key issues pertaining to disability.



## GMHPN at the *3rd AMARI Annual Scientific Meeting* - Ethiopia

Eleni Misganaw, the GMHPN Country Executive Committee representative for Ethiopia presented at the 3rd AMARI Annual Scientific Meeting in Addis Ababa, in March 2019, sharing her lived experience and the importance of lived experience involvement in research.



## GMHPN at the *Global NCD Forum on Child and Youth* - Sharjah

In March 2019, Chantelle Booysen, the GMHPN representative for South Africa, and Claudia Sartor, the GMHPN chairperson were among the young leaders from around the world that came together in the United Arab Emirates to workshop and engage the future of global advocacy on non-communicable diseases (NCDs) that are prevalent in children and young people.





## **GMHPN at the Harvard's *Workshop on Community-Based Mental Health Services for Persons with Severe Mental Disorders* - Dubai**

The GMHPN CEO, Charlene Sunkel, Kenya representative, Iregi Mwenja, Ethiopia representative, Eleni Misganaw, and Western Pacific region representative, Matthew Jackman attended a workshop in Dubai in March 2019 hosted by Harvard Medical School Center for Global Health Delivery on Community-Based Mental Health Services for Persons with Severe Mental Disorders. The workshop aimed to synthesize implementation evidence and front-line experiences on community health worker and non-specialist delivered interventions for severe mental disorders (SMDs), to inform the spread and scale of these interventions.

## **GMHPN participating in the *World Happiness Agora***

The GMHPN CEO, Charlene Sunkel and Western Pacific region representative, Matthew Jackman presented at the World Happiness Agora webinar on "Explore the Future of Health" in March 2019, hosted by [iFred](#). Ms Sunkel presented on "Launching a Movement with Peers" and Mr Jackman presented on "The Future is Youth". The World Happiness Agora is the world's most comprehensive forum of happiness and well-being where experts, thought provokers, activist, shapers and game-changers discuss their work.

## **The GMHPN provided inputs into various international documents and reports:**

- [Lancet Commission on Global Mental Health and Sustainable Development](#) report;
- IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action

**The GMHPN as a lived experience organisation is represented and had been involved in several committees, forums and groups, and include, amongst others:**

- [citiesRISE](#) Steering Committee
- Global Governance Group of [Time To Change](#)
- WHO [Civil Society Working Group on NCDs](#)
- [Blue Print Group](#) on Global Mental Health
- [UPSIDES](#) International Advisory Board
- [Speak Your Mind](#) Country Campaign as Global Supporting Partner
- [Countdown Global Mental Health](#) Coalition as Partner

## Website

The GMHPN website ([www.gmhpn.org](http://www.gmhpn.org)) had **12,333 total page views** since the website was launched on 31 August 2018. The majority of the website visits came from 3 main sources: Google search; the GMHPN monthly newsletter link and from the Facebook page link.

## Newsletter

The GMHPN monthly newsletter's first issue was published in May 2018. The newsletter is received by a total of **2057 subscribers** from around the global and include persons with lived experience, professionals, researchers, policymakers, government officials, community-based organisations, and families. The newsletter link is also shared on social media, reaching a wider audience.

## Social Media

The GMHPN has a total of **750 followers on Facebook**. Over a 3 month period, from January to March 2019, posts reached a total of **37052 people**. The largest portion of followers on Facebook are from the South Africa, followed by the United States, Australia, Kenya, India, United Kingdom, Botswana, Brazil, Canada and Nepal.

A Twitter account was set up in September 2018 and had **366 followers on Twitter** by the end of March 2019. Over a 3 month period, from January to March 2019, tweets received **over 11000 impressions** (number of people who saw the tweets). The Largest portion of followers on Twitter (23%) are from the United Kingdom, followed by the United States, South Africa, India, Canada, Australia, Nigeria, Kenya, Ghana and France.

## Membership

The GMHPN has grown into **123 individual members** (persons with lived experience), from **28 different countries** and include: United Kingdom, United States, Canada, Australia, Mexico, Brazil, Ireland, Turkey, Belgium, Denmark, Liberia, India, Nepal, Malaysia, Vietnam, South Africa, Nigeria, Kenya, Cameroon, Ethiopia, Botswana, Netherlands, Poland, Argentina, Japan, China, Trinidad and Tobago, St Vincent's of the Grenadines.

A total of **36 organisations** have signed up as members of the GMHPN, from **23 different countries** and include: United Kingdom, United States, Canada, Australia, New Zealand, Brazil, Ireland, Scotland, Turkey, Nepal, India, Sri Lanka, China, Jamaica, South Africa, Nigeria, Kenya, Cameroon, Ethiopia, Poland, Slovakia, Trinidad and Tobago, St Vincent's of the Grenadines.

# Future Plans

The GMHPN will continue to further develop the Network to achieve its aspirations to ultimately have **representation of all 195 countries of the world**. But over the **next 5 years**, aim to have at least **100 countries** represented. Therefore the **next few years** will largely focus on completing the structure of the GMHPN through establishing **Country Sub-Committees** and **Population Specific Group Forums** for women, men, youth, older persons, LGBTQ, rural and refugee communities, and other vulnerable groups. An increase effort will be put into **recruiting individual and organisational members** in order to enhance lived experience voices across the globe.

Through the Executive Committee members, **key focus areas** had been identified that will be prioritized as part of its medium to long-term strategy over the next several years: :

- 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 care and 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 **GMHPN charter on its collective stand** on the views, opinions and perspectives of lived experience members as a guiding document of its advocacy work.

The establishment of a **strong sustainable global structure is the foundation** on which GMHPN is built, enabling it with a very high potential for scaling up. The organization has a solid network of international experts and partners, and a global advocacy community of lived experience user movements that have already started to affect change on both a community, national, and regional level. Country specific strategies are a key element to developing the tools in addressing challenges that are country specific and able to influence policy and legislation. GMHPN's core focus is on the development of leadership among persons with lived experience in mental health to ensure there is 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.

*"My name is Andrew Turtle and I'm the Australian representative on the GMHPN executive committee. I currently work for our nation's disability agency, the National Disability Insurance Scheme (NDIS) in which I am a Local Area Coordinator. In my spare time I am chairperson of our Regional Mental Health Consumer and Carer Committee at the Primary Health Network. I am on a number of regional steering bodies in the mental health sector. Joining the GMHPN has re-opened my eyes to global possibilities, revigorating my passion for global mental health. I tend to look big in relation to the potential of the human beings and see the network as an opportunity to make these ambitions a reality. Being connected to global thought leaders provides an opportunity to share ideas in an informal setting and hear of the amazing activities that are happening throughout the world. I thank the CEO, Charlene Sunkel and the other members on the Executive Committee for their insight and wisdom and look forward to moving the movement of lived experience in mental health forward to all parts of the globe.*



**Andrew Turtle (Australia)**  
**Country Executive Committee representing Australia**

It is within this context and organizational structure that the GMHPN's model of a global leadership network holds **enormous potential for replication and scale-up**. Within the next 5 years, the organization's strategic methodology is to **develop a country fund** to provide assistance to country representatives implementing projects designed to enhance lived experience voice, empowerment of lived experience and anti-stigma initiatives. Over the next 5 to 7 years, **regional offices will be established**, to coordinate countries strategies, and increase participation and representation on global discussion platforms.

At the moment, the Global Office does the bulk of the work (operations, strategic development, coordination of structures, etc) where the Executive Committee provides guidance and expertise, and directs activities based on country context. The Global Office will continue to function at this level for the next 5 years in which time the Executive Committee members are being **groomed into global lived experience leaders** and through their empowerment, being able to become the **"faces" of mental health** and role models among peers, motivating the potential of lived experience leadership to lead mental health and human rights discussions at global and country level.

*"My participation as a member of the GMHPN Executive Committee has given my work as a lived experience peer support worker with over 30 years of experience additional credibility. I am already fairly well established in Canada as a recognized peer support worker for First Responders, as the founder of Robin's Blue Circle, a peer support group for police officers involved in fatal job related shootings, established in 1988, and also as the co-founder of Badge of Life Canada in 2012. It has been wonderful to be able to connect with and share ideas, experience and knowledge from a global perspective. It has also widened my view of peer support work, beyond the parameters of the First Responder perspective. Everything that is shared my way, is shared nationally, through my affiliation with the Mood Disorders Society of Canada and Badge of Life Canada. Also, as of 2019, I am the lead facilitator and curriculum developer for new work being done in Canada by the Mood Disorders Society of Canada, aside from the Peer and Trauma Support Systems training that is already offered every year Canada wide, we now offer 6 workshops for veteran specific peer support training funded by True Patriot Love, Canada. Two of these workshops are given in French in the Province of Quebec and the four others in English, with two given in Ontario and two given in Alberta."*



**Syd Gravel (Canada)**  
**Country Executive Committee representing Canada**

At an operational level, the organisation is **growing at an accelerated pace** and presents with an increase in workload for the Global Office - it is therefore critical to increase human resources (appointment of a Deputy CEO and Executive Assistant), once funding has been secured. To address the lack of human resources, in the interim volunteers will be recruited to help with certain administrative tasks to ease the workload.



# Making an Impact

*“The GMHPN was a highly needed network I just couldn't miss out on. I wasted no time applying to be appointed on the executive committee for Cameroon, and it has been a wonderful experience both on a personal and professional level. Personally, and as someone living with PTSD, belonging to a network of peers who get it, was so motivating to embrace myself as such, and to refuse any further form of stigma be it from myself or others. I wasn't alone in the world or even my country living with a mental illness or mental health condition, and I could recruit other peers to join the GMHPN. This recruitment is still hard to achieve because of the abject stigma in our country with regards to people living with any mental health problems. On a professional level, I have been able to present the network during the 2nd National Days of Mental Health in my country, some valuable contacts made and I am looking forward to working on these in due time. I have been so ferocious in my mental health advocacy, I seek and use all media sources to encourage peers and family to speak up and seek help. Mental health conditions or disorders are not a death sentence .”*



**Marie Abanga (Cameroon)**  
**Country Executive Committee representing Cameroon**

## Through its activities and projects, the GMHPN strives to achieve the following overall key outcomes:

- Establishing a **well-structured, responsive and sustainable network** of diverse user groups and lived experience individuals from various backgrounds and that include population specific groups such as: youth, older persons, women, men, LGBTQ, refugee and rural communities;
- **Affiliate persons with lived experience from across the world** with the GMHPN as a united voice for persons with lived experience of mental health conditions;
- Building and **sustaining country and global level partnerships** that strengthens participation 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;
- Equip and capacitate persons with lived experience to **meaningfully participate** in regional, national and international engagement platforms to advance the mental health agenda through the perspectives of persons with lived experience;
- Ensuring that the voices of persons with lived experience are heard and 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;
- Provide **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;
- Promoting **lived experience's participation in research** that provides for an accurate reflection of the needs and challenges of persons with lived experience, helping to guide the effective development of initiatives and innovations that can be implemented, put in practice and upscaled.

# Photo Gallery



GMHPN representative for Canada, Syd Gravel [visited the North Bay Police Service](#)



GMHPN representative for China, Enoch Li, participating in The Bookworm Literary Festival in Beijing, discussing mental health



GMHPN representative for Kenya, Iregi Mwenja, interviewed by BBC Africa on mental health



GMHPN CEO, Charlene Sunkel, visited a housing project of [The Banyan](#) in Chennai



GMHPN representative for Cameroon capturing the [recovery story of Albert Ekema](#) who was diagnosed with Schizophrenia at the age of 13 years



GMHPN representatives, Chantelle Booyesen (South Africa) and Matthew Jackman (Australia) at the [International Diploma in Mental Health, Human Rights and Law](#) in Pune



GMHPN Country Executive Committee member representing South Africa, Chantelle Booyesen, with [Lancet Commission Youth Group](#)



CEO of the GMHPN, Charlene Sunkel, presented at the Annual Meeting of the Global Health Advisory Committee of [Open Society Foundations](#) in New York



CEO of the GMHPN, Charlene Sunkel, visited [Fountain House New York City](#)

## Online Platforms:



Website



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## Download newsletters:

January 2019 issue

February 2019 issue

March 2019 issue

## Social Media:



## Membership:



Individual (Lived Experience)



Organisations/ Institutions



## Contact Us:



Email

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**MGMH**  
Movement for Global Mental Health

The Global Mental Health Peer Network is the  
Secretariat for the Movement for Global Mental Health



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

