

# The Global Mental Health Peer Network



**GLOBAL  
MENTAL  
HEALTH**  
PEER NETWORK

## Annual Report 2021

Reporting period:  
April 2020 - March 2021

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

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# Vision

**“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”**

## Principles

**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

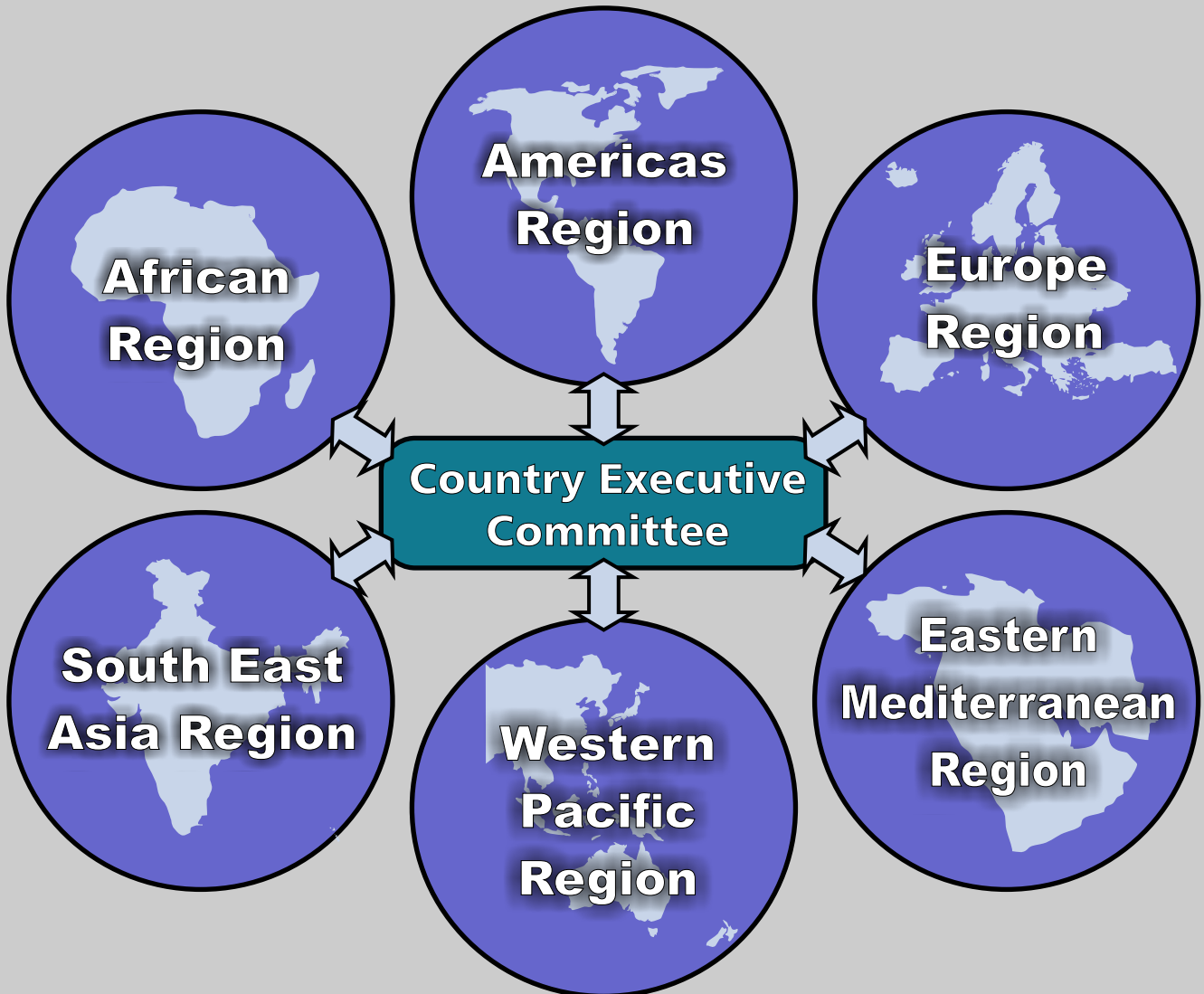
## Objectives

- 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

# GMHPN Global Structure

*The GMHPN strives towards establishing a well-represented global structure that consider diversity within country settings, and in which the organisation will operate.*

## Regional Executive Committee



Honourary Mentors

Honourary Members

Lived Experience  
Sub-Committees

\*Research \*Youth  
\*LGBTQ \*Family/Carer

# GMHPN Executive Structure

## Regional Executive Committee

The Regional Executive Committee is elected by the entire Executive Committee. The Committee consists of Regional Representative Leads and Regional Deputy Representative Leads. Members of the Regional Executive Committee serves a one (1) year term.

## Country Executive Committee

The Country Executive Committee is appointed through an application process - applications are reviewed by the Global Office who then appoint country representatives. Usually 4 members per country are appointed with a 5 members being the maximum appointed. Members of the Country Executive Committee serves a two (2) year term. Members then have the opportunity to apply for Honorary Mentorship after a full 2 year term is served.

## Sub-Committees

Sub-Committees operate as working groups with its objective to focus on specific issues impacting on the lives of people associated with these specific population groups (youth, LGBTQ and carers/families) and in so doing, enhance diverse voices and perspectives within the GMHPN. Sub-Committees ordinarily consist of no more than 10 members in total, 5 members from the GMHPN Executive Committee and no more than 5 external members (not part of the formal structure). Only external members follow a formal application process to join a specific Sub-Committee of interest.

## Honorary Mentors

The Honorary Mentors are there to guide and empower the Regional and Executive Committee Representatives, through their own experiences and skills obtained from having served in that capacity [Executive Committee]. Honorary Mentors serve a term of up to two (2) years and then automatically become Honorary Members.

## Honorary Members

The Honorary Members are life long members for those who have been involved in the GMHPN Executive Committee since the inception of the organisation and served their full term in office.

*The GMHPN Executive Structure is designed to develop new global lived experience leadership and create a sophisticated platform for diverse lived experience voices to be at the forefront of change. Empowerment is built into the structure and experienced representatives become teachers and mentors to the newly appointed lived experience representatives.*



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

[gmhpn@gmhpn.org](mailto:gmhpn@gmhpn.org)

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## Special Thank You ...

... to our funders, Open Society Foundation and Comic Relief, partners, our Board of Management members, our staff, volunteers, Executive Committees, members, colleagues, and everyone who supported the GMHPN.

**Your support has been invaluable!**

# Organisational Status

The GMHPN was formally registered as a **Non-Profit Organisation (NPO 212-449)** under the South African Non-profit Organisations Act 71 of 1997 in July 2018 and in July 2019 registered as a **Public Benefit Organisation (PBO 930065563)** with the South African Revenue Services. In April 2020, the GMHPN received its **Equivalency Determination Certification**, recognised equivalent to a US public charity.

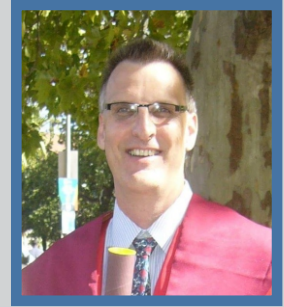
## Board of Management



**Adv Nigel Carpenter**  
*Chairperson*



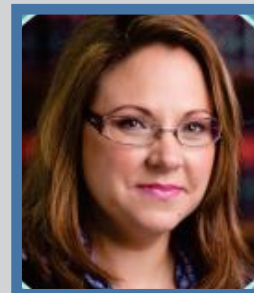
**Mrs Chantelle Gradidge**  
*Member*



**Dr Richard Vergunst**  
*Member*



**Mr Marcel Gil**  
*Acting Treasurer*



**Mrs Charmaine Higgens**  
*Member*

The Board of Management is the governing arm of the Global Mental Health Peer Network. Board members provide **foresight, oversight, and insight**. Each Board member is appointed on the basis of their specific set of skills and expertise that collectively add immense value to the success of the organisation.



Charlene.Sunkel@gmhpn.org

*Charlene Sunkel  
Founder/CEO*

- Organisational development
- Donor/ funder relations/ funding security
- Organisational health checks and progress evaluation
- Financial management and administration
- Management of Honorary Mentors and Members
- Social media - Facebook, Twitter, LinkedIn
- Website management, graphic design, video production
- Review policies, strategic documents, toolkits, etc
- Co-host “Transforming the World Together” talk show

**PRIMARY FOCUS AREAS:**

- Mental health advocacy, human rights, policies
- Mental health care and services - transformation
- Non-Communicable Diseases (NCDs)
- Disability



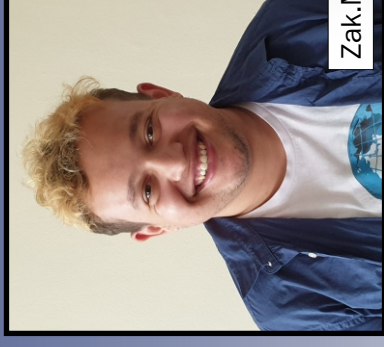
Claudia.Sartor@gmhpn.org

*Claudia Sartor  
Deputy CEO*

- Human Resources
- Organisational legal oversight and contractual and referencing documentation
- Income generation projects
- Manage and develop innovations and global projects
- Management of Regional and Country Executive Committee
- Social media - Instagram
- Host “Transforming the World Together” talk show

**PRIMARY FOCUS AREAS:**

- Workplace mental health and policies
- Youth mental health
- Mental health and wellness



Zak.Martah@gmhpn.org

*Zak Martah  
Project Assistant*

- Development and implementation of commemorative dates/ campaigns
- Management of Sub-Committees
- Administrative support
- Online events technical support
- Events organising support

**PRIMARY FOCUS AREAS:**

- Youth Mental Health
- Non-Communicable Diseases (NCDs)
- Mental health and wellness



- Strategic development
- Partnerships
- International representation, consultancy and public speaking
- Corporate training
- Research and authorship of commentaries/ position statements
- Population specific/ vulnerable groups initiatives
- Peer Support Work

- Webinars and online lived experience engagement
- Campaign conceptualisation, development and implementation
- Project health checks and progress evaluation

## African Region

**REGIONAL LEAD:** *Marie Abanga*  
**DEPUTY LEAD:** *Angelica Mkorongo*

### MEMBERS

#### **BOTSWANA**

Swetha Jammalamadugu  
Odireleng Kasale

#### **CAMEROON**

Marie Abanga

#### **ETHIOPIA**

Eleni Misganaw  
Yodit Tesfaye Bakele

#### **GHANA**

Martha Coffie  
Esenam Abra Drah

#### **KENYA**

Claire Kyalo  
Edwin Mutura  
Grace Wangari Gathitu  
Maureen Gikonyo  
Samoina Wangui  
Wariimi Karingi

#### **MALAWI**

Thandiwe Mkandawire

#### **SOUTH AFRICA**

Tivania Moodley  
Leila Sasman  
Sandra De Jesus Ferreira  
Tendai Chisirimunhu Kathemba

#### **SOUTH SUDAN**

Marcos Tabule Alex

#### **TANZANIA**

Dixoni Emmanuel

#### **TOGO**

Victorine Ragouena

#### **UGANDA**

Godfrey Kagaayi  
Marvin Ntege  
Juliet Nalukwago

#### **ZAMBIA**

Kennedy Chanda

#### **ZIMBABWE**

Angelica Mkorongo  
Albert Zimunhu  
Ntokozo Nyathi  
Paida Mudzamba  
Winnie Ndor



## Americas Region

**REGIONAL LEAD:** *Syd Gravel*  
**DEPUTY LEAD:** *Katrina McIntosh*

### MEMBERS

**BELIZE**  
Sahar Vasquez

**BRAZIL**  
Karen Athie

**CANADA**  
Syd Gravel  
Lawrence (Larry) White  
Tamira Loewen

**ST VINCENT & THE GRENADINES**  
Jodie Dennie

**TRINIDAD & TOBAGO**  
Katrina McIntosh

**UNITED STATES OF AMERICA**  
Michele Capots  
Jaclyn Schess  
Hannah Stewart  
Kriti Vashisht

## Europe Region

**REGIONAL LEAD:** *Jakub Bil*

### MEMBERS

**DENMARK**  
Karina Stjernegaard

**GERMANY**  
Celine Cole

**ISRAEL**  
Lion Gai Meir

**POLAND**  
Jakub Bil

**ROMANIA**  
Hagianu Raluca Mirela

**UNITED KINGDOM**  
Anders Timms  
Steven Lawlor  
Alexandra Maria Schuster  
Mark Sanderson

## South East Asia Region

**REGIONAL LEAD:** *Anjali Singla*

### MEMBERS

#### INDIA

Anjali Singla  
Monisha Suresh

#### INDONESIA

Benny Prawira



It is with great sadness that GMHPN reports the passing away of late Mr. Sanjay Agarwal. He was known for his caring heart and was truly a gem of a person. He worked tirelessly to help improve the status quo of mental health in his country, India. He is truly missed and while he may no longer physically be here with us, he will never be forgotten.

## Western Pacific Region

**REGIONAL LEAD:** *Enoch Li*

### MEMBERS

#### AUSTRALIA

Andrew Turtle  
Laura Smith

#### CHINA

Enoch Li

#### HONG KONG

Victor, Leung Ngai Chun

#### NEW ZEALAND

Shaun McNeil

#### SAMOA

James Site Faiumu

#### SINGAPORE

Bernard Ang  
Nicole Kay

# Message : Chairperson

## Adv Nigel Carpenter



**Adv Nigel Carpenter**  
*Chairperson*

This has been a year of tremendous growth as borne out in the report. Charlene, the CEO, before others in the mental health community, fortunately foresaw this gap in the mental health arena and the need for a platform where people with lived experience could interact.

The growth can be also be attributed to the leadership and time freely given by the Board members Marcel Gil, who is unfortunately leaving the Board, Michelle Gradidge, Dr Richard Vergunstand and Charmaine Higgins.

Furthermore our hard working and dedicated employees from the Global Office, Charlene Sunkel (CEO), Claudia Sartor (Deputy CEO) and Zak Martak (Project Assistant) have spread the footprint of the organisation among corporates, NGO's and volunteers widely spread across the globe.

In order to assist with the sustainability of the organisation we have gradually implemented a payment structure with regards to assistance given to clients who can afford it. We have come to realise that there is currently no other organisation that can provide the theoretical, the practical and lived experience of employees. What we offer has become almost a necessity for any place where persons are employed since the way pandemic has drastically changed both the working and social environment. While we are in the process of becoming more financially self-sustaining we thank the sponsors for their generous and large financial support. This funding comes as a result of long hours and the hard work done by the General Office and the Board is very grateful for this.

In order for the Board and the Global Office to have better communication a regular telephonic meetings has been setup where current projects, future projects, funding, matters of general interest and provide guidance if necessary. From my side these meetings have given me a better insight and understanding of the running of the GMHPN and being affaure with current issues it is easier to give advice that is current. I have furthermore learnt about the amount of work our 3 fulltime employees are doing to make organisations and people aware of lived experience and expunge the stigma that in many cases goes along with parties finding out a person has lived experience.

From the report one can observe the growth of the Global Structure through the Regional Executive Committees and Country Executive Committees. The retention of experience through the creation of Honorary Mentors and Honorary Members is very important as this whole arena is new and gaining momentum. It is also important not to overlook the lived experience sub-committees as these are people at the coalface and can provide experiences that are desperately needed to be made public and assessable.

As a Board we are extremely proud of the work that been done and the growth for the year where new and unique challenges due to the pandemic and its trail of destruction it left in its wake.

# Message : Founder & CEO

## Ms Charlene Sunkel



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

The Global Mental Health Peer Network (GMHPN) has truly grown from strength to strength, and this growth has accelerated in the past year, which I can attribute to our funders, and in specific, the organisational support grant received from Open Society Foundations who made it possible to appointment our Deputy CEO, Claudia Sartor, and Project Assistant, Zak Martah, to the Global Office team. Our collective passion and hard work over the past year has been the driving force behind the achievements that we are proud to highlight in this report.

We were able to expand our global footprint, facilitated empowerment among our global lived experience representatives, and I believe that through our work and collective activities, together with all of our lived experience representatives, we have started to make a difference and helped changing the status quo, globally and locally.

It has been the most rewarding to witness how each one of the lived experience representatives have grown in their roles as global mental health advocates, becoming empowered, confident, building a “family” amongst themselves and supporting each other – we have all become one family.

The representatives have taken their leadership and what they have gained from the GMHPN and applied it locally – empowering and inspiring others, making an impact on stigma and misperceptions about people with mental health conditions, help diverting the power back to the people with lived experience to speak about their experiences and sharing their views and opinions, and be heard. This has always been the ultimate vision of the GMHPN – *“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”*.

Our global reach expanded faster than we had anticipated, now having 34 countries represented, with 80 global lived experience leaders across continents. Initially we did not expect to receive much interest to join the GMHPN from persons with lived experience from low-and-middle income countries, and now the majority of our representation are based in the Global South, compared to the Global North. As a result, we had to accelerate the expanding and further development of the structure to make space for new people, fresh ideas and continuous empowerment – hence the revision of the [Terms of Reference](#) and setting up the Honorary Mentorship and Honorary Membership structures, and Sub-Committees for Research, Youth, LGBTQ and Family/Carers.

Viewing this report, I am in awe of what we have accomplished in the past year, despite the chaos created by COVID-19 across the world, and in each and everyone’s lives. Yet the pandemic has placed an emphasis on protecting mental health and now more than ever, our work is more important to ensure that *“no one is left behind”* as per the aspirations of the Sustainable Development Goals.

I am excited and proud to lead the GMHPN into its 4th year of existence, and together with the entire GMHPN team (family), to create bigger and lasting changes that places people with lived experience at the center of policy and action.

# Message : Deputy CEO

## Ms Claudia Sartor



**Ms Claudia Sartor**  
*Deputy CEO*

On/or about a year ago, I was chairperson for the Global Mental Health Peer Network and it was a great position to be in and it opened my eyes to the reality of working within a not-for-profit organisation. Now, however, I am honoured to write to you from the perspective of GMHPN's Deputy Chief Executive Officer. The year 2020 proved to be a difficult one for many individuals and families across the world as the COVID-19 pandemic unexpectedly struck us with the harsh reality of job loss, family loss and social isolation. Virtual work and online activities became an increasingly important tool for organisations to continue work to the best of their abilities. I was absolutely inspired by the GMHPN team, its global office and executive committee members alike, for their resilience and eagerness to get through the difficult times together. Some argue that having previous experience with a mental health condition had somewhat prepared them to some degree on how to react to difficulties such as social isolation and the loss of jobs, consequences often related to severe chronic mental health conditions.

I was inspired by the changes made within the organisation, from both a structural and operational perspective. 2020 saw the GMHPN team take off with the creation of a YouTube Channel and a YouTube series of episodes talking all things mental health as hosted by myself and the founder of GMHPN. Its title- "Transforming the world together"- a reaction to the global pandemic. Changing the world, one episode at a time.

Another direct response to the pandemic was the creation of peer support group sessions hosted for 6 months specifically created to bring the lived experience community from across the globe to participate in and share their stories and feelings about COVID-19 and its impact on their mental health. GMHPN showed great empathy and respect for individuals during the earlier stages of the pandemic and continues to do so. It is not defined by one pandemic, the way in which people are treated should be important every day.

GMHPN hosted global monthly webinars online to discuss matters of importance and relevance as it related to mental health. Internal country representatives took part in these webinars emphasizing the importance of the role of persons with lived experience, their voices and perspectives. The webinars touched upon topics such as stigma within communities, stigma within mental health professionals, youth and mental health, men and mental health and the list goes on.

GMHPN now has its footprint on Facebook, Twitter, Instagram, LinkedIn and YouTube. Its overall social media presence increased exponentially over the last year and there has been visible increased communication and engagement by its followers. Social media platforms have gained great momentum and provided for much needed social connectedness and sense of belonging during these trying times with which we are faced.

In spite of challenges, GMHPN team proved time and time again that if we work together and not in silos, the sky is the limit. We continue to strive to strengthen the voices of persons with lived experience and to develop leadership among its members and employees. It is UPWARDS and ONWARDS from here!

I would like to end off my note with a powerful quote - "*When people are financially invested, they want a return. When people are emotionally invested, they want to contribute.*" – Simon Sinek

# History & Background

The GMHPN developed from the successful initiatives of Movement for Global Mental Health ([www.globalmentalhealth.org](http://www.globalmentalhealth.org)), an international virtual network of individuals and organisations dedicated to improve services and promote human rights for people living with mental health conditions worldwide. It is from this solid foundation that the GMHPN was launched in 2018 at the 5th Global Mental Health Summit, hosted in South Africa, to enhance diverse lived experience voices throughout the world.

Since the GMHPN's establishment in 2018, the focus of its work has involved the building of a sustainable structure to serve two main purposes:

- **to develop a global leadership of the lived experience community; and**
- **to create a sophisticated communication platform where the lived experience community can share their views, opinions, perceptions and experiences.**

The GMHPN emerged to give a voice to persons living with a mental health condition and who are users of mental health care and services - this specific target group of people with lived experience but had never before been adequately represented at both local and international levels or been meaningfully and authentically involved in addressing the challenges and needs that they face on a daily basis at grassroots level. Yet many possess excellent leadership potential and passion but never been given the opportunity to lead and inspire change. The GMHPN specifically focuses on empowering and developing leadership potential to generate new global lived experience leaders, specifically focusing on the younger generation to start taking the lead.

The GMHPN's projects and overall work in the field of mental health and human rights advocacy, aspires to have lived experience representation and mental health lived experience leadership from all 195 countries in the world, and becoming the first truly globally represented lived experience organisation in the world, who are instrumental in driving change and transformation, in every country. This is an ambitious goal, but it can be achieved through facilitating empowerment of persons with lived experience and develop leadership potential, while providing a solid support and engagement structure for emerging mental health lived experience leaders.

The entire GMHPN is proudly 100% lived experience across all structures within the organisation.

The GMHPN strives towards establishing a well-represented global structure of persons with lived experience of mental health conditions.

The establishment of a strong sustainable structure is the foundation on which the GMHPN is built and further developed to create a diverse community of persons with lived experience that are actively and able to influence policy and practice through collective advocacy initiatives.

One of the GMHPN's core **focus areas** is the development of leadership among persons with lived experience in mental health to ensure that there are meaningful and authentic 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 key structures within the Global Mental Health Peer Network are the [Regional Executive Committees](#); [Country Executive Committees](#); Sub-Committees for Research, Youth, LGBTQ and Family/Carers; and Honorary Mentors. All of these structures are made up of persons with lived experience who are representatives of their region or country respectively.

The GMHPN in many ways has become a new member of my family. It is an organization that makes me feel unconditionally accepted, understood and valued. It has helped me realise that having a mental health condition does not mean you are 'less than' but in fact, that you can add meaning and purpose to your life as well as positively impact the lives of others no matter your situation or lived experience. The GMHPN has instilled a stronger sense of courage, confidence and hope in all facets of my life and I do believe the ripple effect felt by those around me is graciously reciprocated and 'paid forward'. I am inspired, humbled and grateful for the privilege to be part this incredible organization.



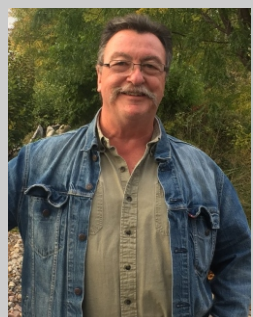
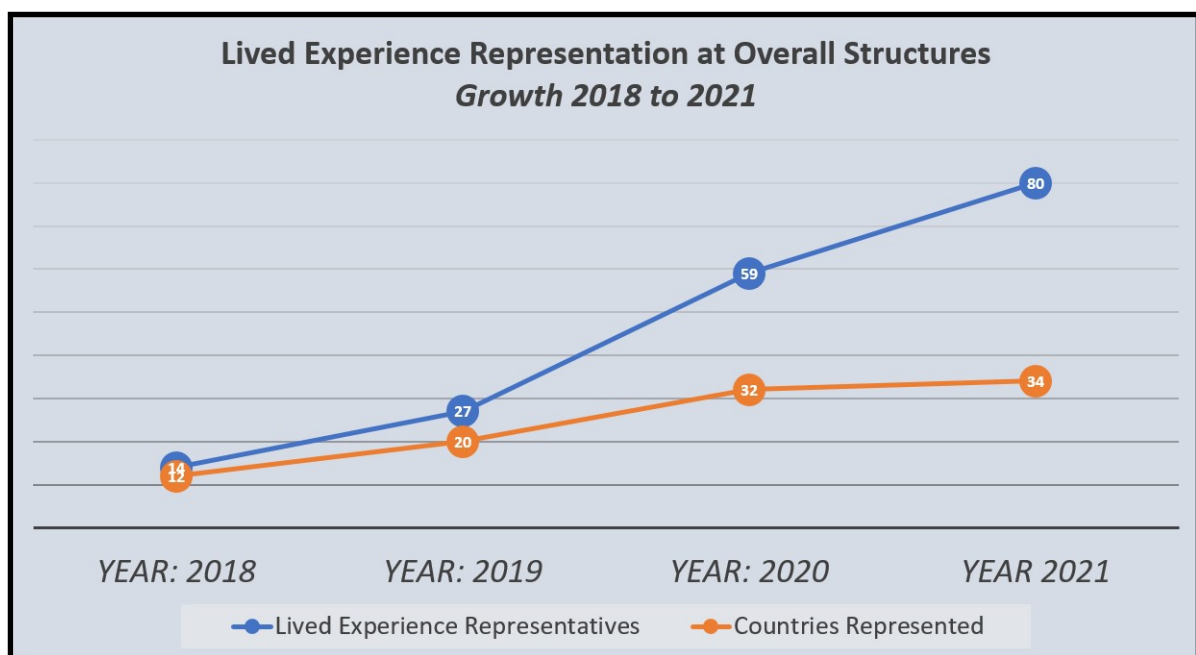
**Sandra Ferreira (South Africa)**  
GMHPN Country Executive Committee

# Overall Structure

The [GMHPN's reach and lived experience representation](#) expanded from 2018 where we had 14 lived experience representatives from 12 countries; in 2019 we had 27 representatives from 20 countries; in 2020 we had 54 representatives from 31 countries; and currently (March 2021) throughout the overall structure we have **80 representatives from 34 countries**. Since the organisation's establishment in 2018, we had 6 people leaving the organisation, by resignation, health related reasons or inactivity.

Our lived experience representatives is a diverse and a powerful source of expertise: from youth to older persons, gender equality, LGBTQ, demographically and racially diverse; carers with lived experience, researchers, peer support specialists, mental health professionals, legal and policy experts, and other areas of expertise (apart from lived experience).

The further development of the organisation's structure, from the Executive Structure (Regional and Country Executive Committees, Sub-Committees, Honorary Mentors and Honorary Members) and Operational Structure (Global Office) have resulted in the organisation becoming much more efficient and effective in all aspects of its work, and accelerating empowerment within the organisation.



Far too often we restrict our community to that which is local and familiar. By doing so, we restrict the opportunity to expand our knowledge, we do not push the envelope into the unfamiliar. That was my world. Global Mental Health Peer Network (GMHPN) recognised that our community is global and provided the infrastructure to connect a wide-ranging and diverse community of lived experience peers. Our passions and our desires are common, but our hands-on experiences go far beyond anything that only a local view can provide. For me, GMHPN has changed my statement from, “Oh, yes I know exactly what you mean” to “Oh my, I never saw it that way before.”

**Syd Gravel (Canada)**

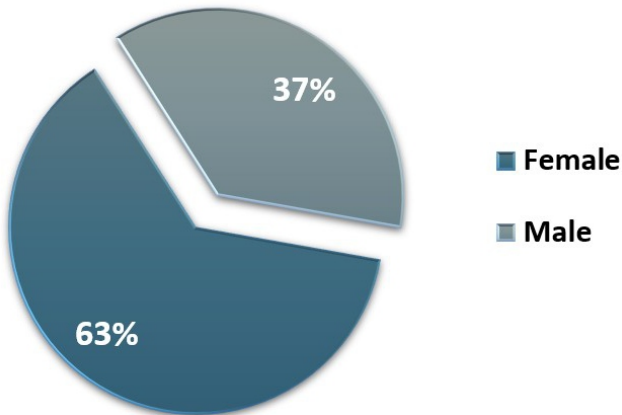
GMHPN Regional Representative for Americas



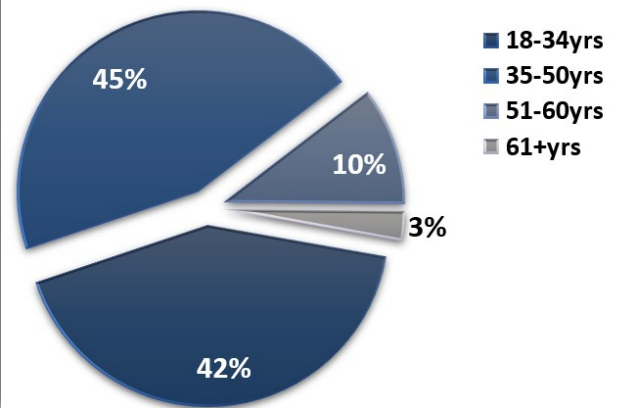
# Overall Structure

The GMHPN prides itself as a **100% lived experience organisation** - throughout the organisational structures and sub-structures, only people with lived experience with mental health conditions are appointed in their various capacities. Our **diversity** and lived experience is our **“superpower”**.

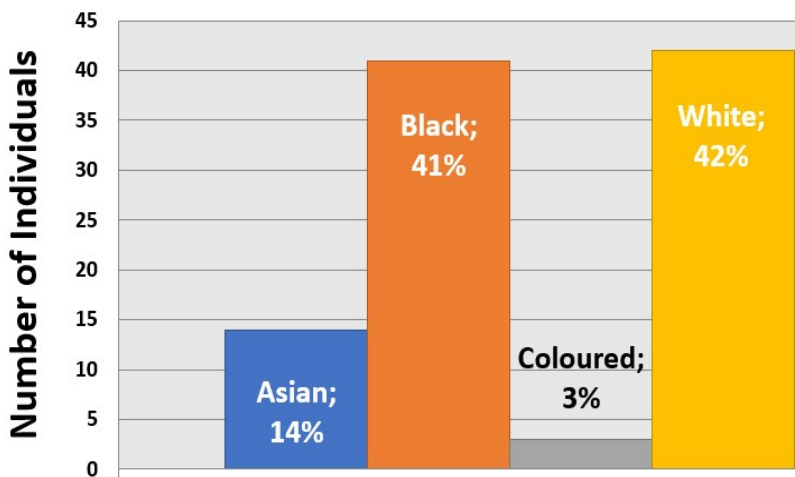
**GMHPN Profile - All Structures  
Per Gender**



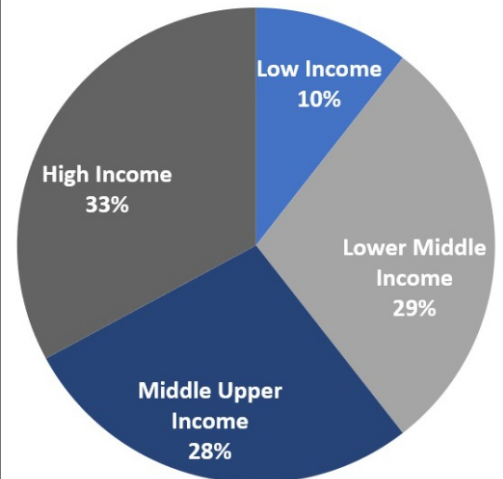
**GMHPN Profile - All Structures  
Per Age Group**



**GMHPN Structural Profile per Race**



**GMHPN Structural Profile  
per Income Country**



**100% Lived Experience** [www.gmhpn.org](http://www.gmhpn.org)

The **Global Mental Health Peer Network** is proudly constituted by **Experts by Experience**, within all of its structures and sub-structures - from governance, management, operations, advisors, mentors, to regional and country level representation.

# Partnerships, Representation & Publications

## Partnerships

The GMHPN has established several partnerships - these include:

- ***Speak Your Mind Global Campaign***
- ***Countdown Global Mental Health Coalition***
- ***Mind the Gap Campaign***
- ***NAMI-NYC***
- ***The Stability Network***

## Representation

The GMHPN is represented on a number of boards and committees. These include:

- ***Lancet Editorial Advisory Board***
- ***Global Mental Health Action Network***
- ***Time To Change***
- ***WPA Lived Experience & Family/ Carer Advisory Committee***
- ***Board of Mental Health and Human Rights FGIP***
- ***citiesRISE Steering Committee***
- ***WHO Civil Society Working Group on NCDs and Mental Health***
- ***UPSIDE International Advisory Board***
- ***ASSET International Advisory Board***
- ***Movement for Global Mental Health International Advisory Board***
- ***Healthy Brains Global Initiative - Lived Experience Council***

## Publications

The GMHPN's Founder/CEO and Deputy CEO, have authored and co-authored papers and chapters, and include:

- **[COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health](#)**, Lancet Psychiatry, February 2021
- **[Stigma in mental health](#)**, Mental Health Matters, December 2020
- ***Fighting the seasonal blues - Loneliness!***, Make Me Great Again Magazine, December 2020
- **[Global burden of mental illness](#)**, Springer Handbook on Global Health, December 2020
- **[Announcing the Lancet Commission on stigma and discrimination in mental health](#)**, The Lancet, November 2020
- **[Psychological impact and psychosocial consequences of the COVID 19 pandemic - Resilience, mental well-being, and the coronavirus pandemic](#)**, Indian Journal of Psychiatry, September 2020

Members of the GMHPN Research Sub-Committee published a paper:

- **[Perspectives of lived experience across continents: our reality and call for universal health coverage](#)**, Lancet Psychiatry, January 2021

# Providing Lived Experience Perspectives

The organisation has become globally recognised as a lived experience organisation and received numerous invitations to collaborate, partner and participant in various events, campaigns, document reviews, and writing of narratives, papers, articles and chapters – to provide lived experience perspectives (in which lived experience representatives had been involved). The organisation has become a go-to point to source lived experience perspectives.

The GMHPN participated in more than **50** virtual engagement events where lived experience perspectives were provided on a range of topics.

We provided lived experienced perspectives into more than **15** documents and policies ranging from topics on human rights, recovery, community mental health services, peer support, psychosocial support, workplace mental health, COVID and mental health, lived experience involvement in research.

The GMHPN was involved in more than **10** research projects.

We featured in more than **15** media articles, radio interviews and podcasts.

To ensure quality contributions and meaningful engagement from our side as an organisation for persons with lived experience, we have developed a document titled [“Considerations when working with or engaging with persons with lived experience with mental health conditions”](#) which received positive feedback from the online and social media platforms on which it was shared.



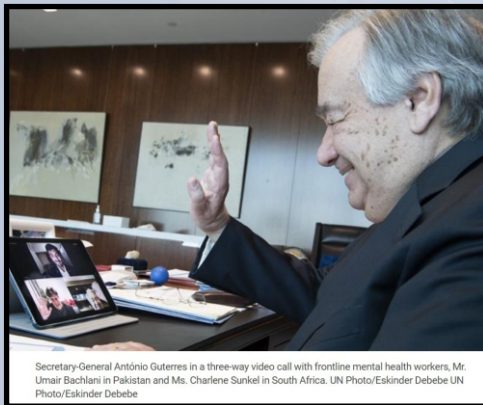
I come from a country with no Mental Health Policy, no peer support and no platforms for discussions to say the least. It was therefore with excitement that I discovered and applied to join the GMHPN a few months after its creation. Since joining the GMHPN, I have risen from Country Executive Representative for Cameroon to being elected Africa Regional Representative two years later. The network has given me a loud voice and big platform. I am connected to peers globally and my country is beginning to take notice.

**Marie Abanga (Cameroon)**

GMHPN Regional Representative for Africa

# International Engagement & Participation

## ... in the world of COVID-19



### THE HOPE MATRIX

EPISODE 14: MOVING THROUGH HOPELESS TO HOPE, WITH THE POWER OF A GLOBAL MENTAL HEALTH PEER NETWORK  
FEATURING CHARLENE SUNKEL

PODCAST HOSTED BY:  
**KATHRYN GOETZKE**

EPISODE'S GUEST:  
**CHARLENE SUNKEL**

### WORLD REACH OUT TOGETHER DAY 2020

GLOBAL MENTAL HEALTH VIRTUAL SUMMIT

Featured Panel Speaker  
Representing Zimbabwe

**Angelica Mkorongo**  
CEO OF ZIMBABWE OCD TRUST,  
DEPUTY REPRESENTATIVE, AFRICAN REGION  
GLOBAL MENTAL HEALTH PEER NETWORK

2.15 PM EDT | 8.15 PM CAT

**SUNDAY  
JULY 12**

[www.reachouttogether.com](http://www.reachouttogether.com)

Twitter: @DWYPD\_ZA Instagram: @dwyppza Facebook: @dwyppza

The Deputy Minister in the Presidency for Women, Youth and Persons with Disabilities, Professor Hlangane Mkhize invites you to a webinar titled:

### DISABILITY RIGHTS WOMEN'S WEBINAR

Gender Equality and realizing the rights of women with disabilities for an inclusive future

The Webinar aims to further the outcomes of the Disability Webinar held in May 2020. It will also consist of a panel of women with disabilities representing organisations or themselves, to engage the Minister and the sector under the theme: "Gender Equality and realizing the rights of women with disabilities for an inclusive future"

The session will take place as follows:  
Date: Monday, 31 August, 2020  
Time: 14:00-16:00  
Platform: Microsoft Teams

You can confirm your attendance and request meeting link details by writing to: Ms Estelle Oltari: [estelle.oltari@cloud.com](mailto:estelle.oltari@cloud.com)

For media-related queries please contact Ms Mmabatho Ramompoti 076 480 3513 / [mmabatho.ramompoti@women.gov.za](mailto:mmabatho.ramompoti@women.gov.za)

WHATSAAPP SUPPORT: 083 0123 456 / EMERGENCY NUMBER: 0800 029 999 / [SACORONLINE.GOV.ZA](http://SACORONLINE.GOV.ZA)

Andrei Sakharov Research Center  
Vytautas Magnus University

## MIND THE GAP

Emotional Well-being and Social Solidarity during COVID-19

Free admission

Third Leonidas Donskis Memorial Conference

Date	Location
September 21, 13.00 AM - 17.00 PM.	Small Auditorium, Vytautas Magnus University (Kaunas)

Organizers

The conference will be followed by a reception and the 2020 Leonidas Donskis Commemorative Concert at the Ciurlionis Gallery in Kaunas. For both registration is required. Limited seats are available.

Registration at [www.sakharovcenter-vmu.eu](http://www.sakharovcenter-vmu.eu)

### COVID-19 - THE IMPACT ON EXERCISING AND MENTAL HEALTH!

Facebook LIVE

Guest: **Marie-Angele Abanga** (H4AB Hope)

Host: **Miranda OBEN**

Marie-Angele Abanga in an interview with Miranda OBEN on the Covid-19 effect on Mental Health & more!

- Covid-19: Depression is REAL! - The "HOSO" Syndrome!
- Abuse: How safe or exposed are kids in general?
- Open discussion: Ways of fighting Mental Health issues!
- Solutions, Q&A with viewers!

TUNE IN:  
Friday, April 10<sup>th</sup> 2020 | Facebook LIVE: The Returnees Project Inc.  
Time: 18:00H (GMT +1) | 19:00H Germany/France  
[www.thereturneesSA.com](http://www.thereturneesSA.com)

## Chasing Courage

### MENTAL HEALTH

Struggles, clues and rising in courage

**Claire Kyalo**  
Founder Heart of Humanity Foundation  
Mental Health & Human Rights Advocacy

Wednesday, 15th April 2020 at 11:00am

Interested?  
To receive the LINK, Please send me your email address to [wairimu.kanyo@gmail.com](mailto:wairimu.kanyo@gmail.com)


# International Engagement & Participation

## ... in the world of COVID-19

**Universal Health Coverage and Mental Health Report Launch 2020**

**NO HEALTH WITHOUT MENTAL HEALTH:**  
The Urgent Need for Mental Health Integration in Universal Health Coverage

Thursday 10 Dec 2020  
9am EST, 2pm GMT, 7:30pm IST



No health without mental health: The urgent need for mental health integration in Universal Health Coverage

**LONEPACK**

*Conversations*



Featuring  
**Charlene Sunkel**  
CEO at Global Mental Health Peer Network |  
Mental Health Advocate

**FIRST WORLD CONGRESS**

MENTAL HEALTH AND COVID-19

September the 30th, October the 1st and the 2nd  
9:00 - 16:00 (GMT-5)

Virtual meeting

INSCRIPTIONS:  
<https://bit.ly/3i16ATQ>



**CAMEROON CAREER MARCH FORWARD**

PRESENTS

**WOMEN FOR WOMEN**

LIVE SHOW

**LIVE**

TOPIC: WOMEN AND MENTAL HEALTH

HOST  
**MARIE A ABANGA**

WEDNESDAY 05TH AUGUST 6PM UK/ CAMEROON TIME

**CSW65 WOMEN IN PUBLIC LIFE - EQUAL PARTICIPATION IN DECISION-MAKING**  
15-26 MARCH 2021 | END VIOLENCE · ACHIEVE GENDER EQUALITY | #CSW65  
Commission on the Status of Women

The sixty-fifth session of the Commission on the Status of Women will take place from 15 to 26 March 2021. In light of the evolving COVID-19 situation, and taking into account the latest guidance from the United Nations Secretary-General and the World Health Organization (WHO), CSW65 will take place in a hybrid format with mostly virtual meetings. Representatives of Member States, UN entities, and ECOSOC accredited non-governmental organizations (NGOs) from all regions of the world are invited to attend the session.

**VIRTUAL NGO CSW65 FORUM**

Women's Empowerment - Mental Health Advocacy & Promotion for Women During Covid-19 Pandemic

March 20, 2021 • 6pm (Singapore Time)  
<http://bit.ly/csw65srs>  
[ryanho@silverribbonsingapore.com](mailto:ryanho@silverribbonsingapore.com) | [www.silverribbonsingapore.com](http://www.silverribbonsingapore.com)

**Guest Speakers**

-  **Dr Gabriel Ivbijaro**  
Founder & President, The World Dignity Project
-  **Dr Ingrid Daniels**  
President, World Federation for Mental Health
-  **Ms Claudia Sarrot**  
Deputy CEO, Global Mental Health Peer Network
-  **Ms Porsche Poh**  
Executive Director, Silver Ribbon (Singapore),  
Board Member, World Federation for Mental Health

**Moderator**

-  **Mr Phay Yan Deng**  
Senior Clinical Executive, Silver Ribbon (Singapore)

**Organiser**

- 

**Partnering Organisations**

- 
- 
- 

Based on an online survey conducted by Silver Ribbon (Singapore), 1 in 4 people reported experiencing increased anxiety, loneliness and low mood due to the Covid-19 pandemic. Please join our passionate speakers for a discussion on women mental health.

# International Engagement & Participation

... in the world of COVID-19

**20<sup>TH</sup> WPA WORLD CONGRESS OF PSYCHIATRY**  
**VIRTUAL CONGRESS 10-13 MARCH, 2021**  
[www.wcp-congress.com](http://www.wcp-congress.com)

70<sup>TH</sup> 1950-2020 WORLD PSYCHIATRIC ASSOCIATION

PSYCHIATRY IN A TROUBLED WORLD

20<sup>TH</sup> WCP VIRTUAL CONGRESS

12th Annual Summit

**CLO | Chief Learning Officers Summit India**

Online: 3rd to 6th December

**Organizational Learning: Impacting Business. Changing the Game.**

**coregroup**  
 Advancing community health worldwide.

**WEBINAR SERIES**

**Session 4: Mental Health in a Time of Crisis**  
 September 21, 2020

**EUCOMS**

**10th EUCOMS meeting on Peer support**  
 Join us for our live webinar  
 27.01. 19:00 - 21:00

**SOCIAL INVESTING THAT WORKS**

The FirstRand Foundation Social Investing that Works Dialogue Series

Webinar : The Impact of Covid-19 on Mental Health and People with Disabilities

**global mental health**  
 today & tomorrow  
**First Annual Virtual Conference**  
 November 13th-14th

PRIDE MONTH

*Race & Mental Illness*  
 A Great Experience Dialogue

**06.06.20**

STREAMING LIVE 8PM (AST TRINIDAD AND TOBAGO)

HOSTED BY KAT & MARIE

zoom Meeting ID: 606 262 9844

f t i PWMA

**ACT on NCDs**  
 GLOBAL WEEK FOR ACTION ON NCDs

As much as we respect the knowledge, opinions and views of medical professionals, they need to respect the experiences and self-knowledge that people living with NCDs have of their diseases.

**Zak Martah**  
 23yr old living with Type 1 Diabetes, Epilepsy and Hashimotos-hypothyroidism  
 @INDIMENTALHEALTH

**#ActOnNCDs**

SOUTH AFRICAN NON-COMMUNICABLE DISEASES ALLIANCE  
[www.sancda.org.za](http://www.sancda.org.za)

**#MHFORALL A WEBINAR SERIES**

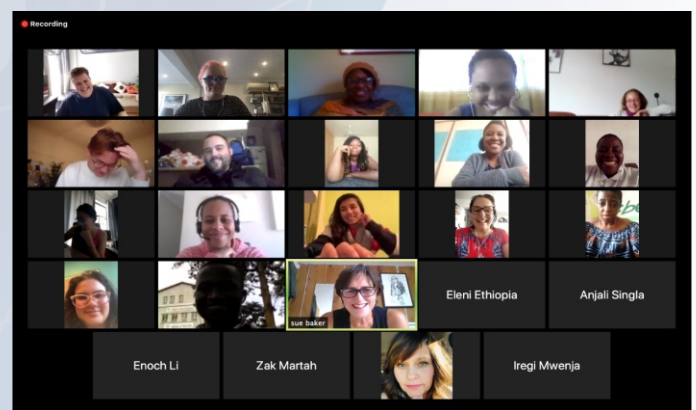
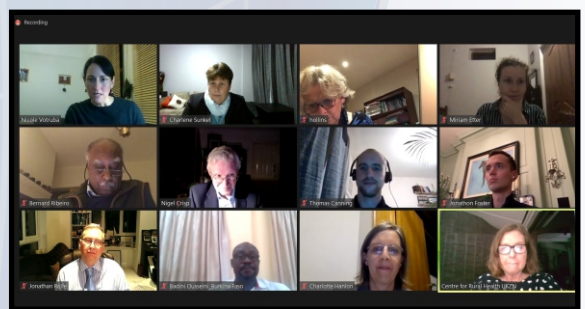
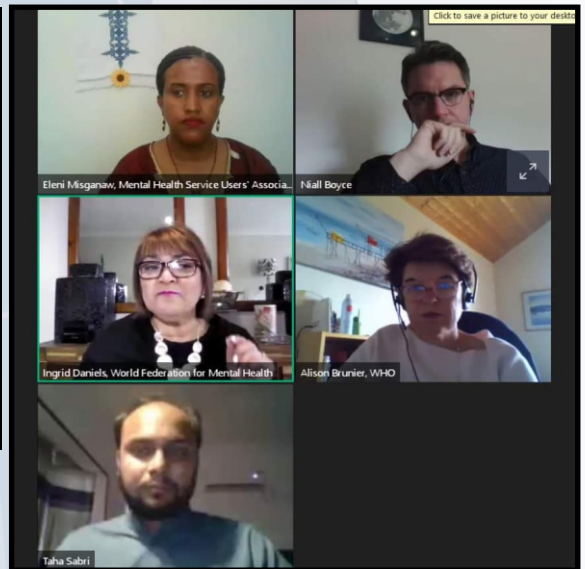
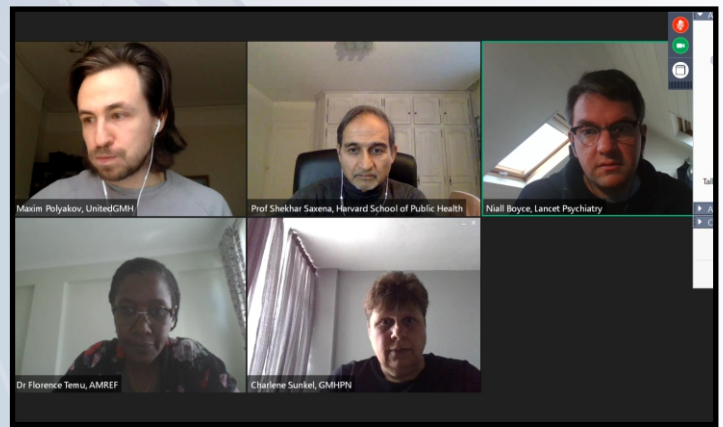
**STIGMA AND DISCRIMINATION**

15 SEPTEMBER  
 14:00 BST

SUPPORTED BY

# International Engagement & Participation

... in the world of COVID-19  
IN-PERSON turned into VIRTUAL



# Communications Platforms

## Website



The [website](#) received an average of **11,200 visits** daily, which doubled from the previous financial year. The top 3 sources of site referrals to the GMHPN website comes from, firstly Google searches, secondly from Twitter, thirdly LinkedIn, followed by Facebook. The top 3 website pages most visited is firstly the home page, secondly the “About the GMHPN” and thirdly the “Committees” pages.

## Newsletter

The GMHPN produces a [monthly newsletter](#) that contains activities of the GMHPN and Executive Committee members and informative content, targeted at the lived experience community and the broader public. The newsletter directly reaches **over 3000 people globally**.

## Social Media



The GMHPN followers on [FACEBOOK](#) increased from 1589 to **2156** from the previous financial year.



The GMHPN followers on [TWITTER](#) increased from 1299 to **2097** from the previous financial year.



The GMHPN started its [INSTAGRAM](#) account in this financial year, with **141** followers.



The GMHPN started its [LINKEDIN](#) account in this financial year, with **230** members.



The GMHPN started a [YOUTUBE](#) Channel this financial year, with **68** subscribers.

## Virtual Groups

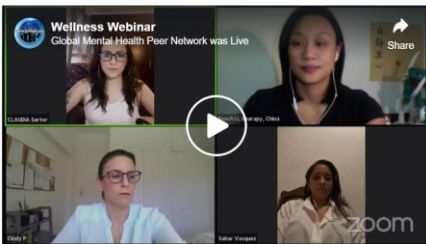
The GMHPN Country and Regional Executive Committees, as well as the Sub-Committees use WhatsApp groups to stay connected, support each other, share activities and information. The conversations and information shared on the WhatsApp groups and in Zoom meetings with the Executive Committees have been rich, valuable and inspiring – this helps the organisation to focus on what matters to persons with lived experience and to develop materials that speak to specific needs and challenges raised.



# Webinars

The GMHPN hosted regular [webinars](#) on a range of topics, and included: *Mental Health and Wellness; Art Therapy and Wellness; Men's Mental Health; Destigmatising Mental Health Conditions within the Mental Health Profession*. Speakers always included the lived experience perspective alongside professionals in the field. The webinar recordings that have been livestreamed can be viewed on our [Facebook page](#). The webinars reached over **6000 viewers**.

## MENTAL HEALTH AND WELLNESS



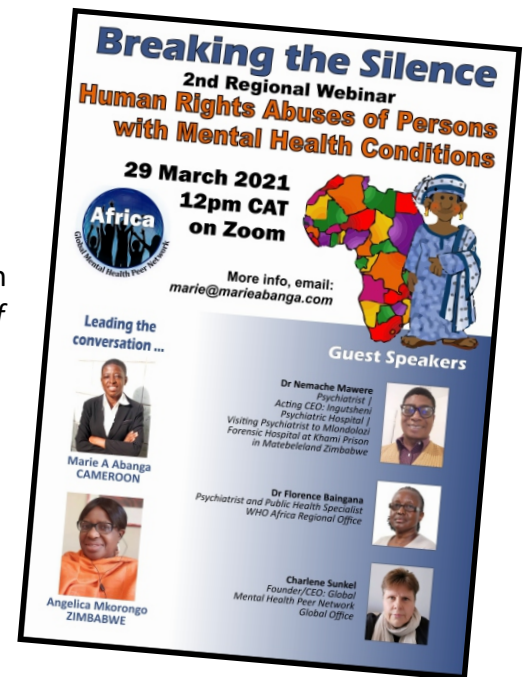
## ART THERAPY AND WELLNESS



## MEN'S MENTAL HEALTH



The GMHPN Africa Regional team hosted 2 webinars - the one discussing *Mental Health and African Beliefs*, and the other on *Human Rights Abuses of Persons with Mental Health Conditions*.



My experience at GMHPN has been one of liberation where my views on mental health and policy have been harnessed and sharpened. Since joining GMHPN I have felt encouraged as a part of a community of like-minded thinkers, and had the boldness to challenge norms in my country that are debilitating to people living with psychosocial disabilities. GMHPN is also a family that supports one another in different seasons of the mental health journeys. Citing the need to be a part of development of solid mental health policy GMHPN has created a research stream. This is how the GMHPN will drive impact among the world of disability rights. The network offers hope to re-direct the world to treat people living with psychosocial disabilities as equal rights holders. I am excited for the future of disability rights, and proud to be part of GMHPN.

**Claire Kyalo (Kenya)**

GMHPN Country Executive Committee



# Campaigns

The GMHPN runs various **campaigns** throughout the year, including commemorative days and instances when specific topics are identified by the Executive Committees. The Network often partners with other organisations to strengthen campaign outcomes. Campaign materials and lived experience position statements are developed by the Global Office, endorsed by the Executive Committees, and disseminated jointly via social media platforms and other online and events platforms.

Human rights in mental health mean, no judgement, no discrimination for being ME... a person with dreams, aspirations, potential, faults and errors, usual and unusual ways BUT it is ME.  
*Charlene Sunkel, South Africa*

Human rights enable us to access information concerning our health and mental health - information is critical to help us find meaningful ways towards recovery.  
*Angelica Mkorongo, Zimbabwe*

Human rights ensure persons with mental health lived experience are respected primarily as persons with human dignity.  
*Eleni Misganaw, Ethiopia*

By establishing fundamental rights for every human, we are acknowledging and pledging to practice a sense of empathy, accommodation and respect for others, in diversity, while protecting each other in times of adversity.  
*Chantelle Baayen, South Africa*

It's simple - I have human rights. As philosopher René Descartes said in Latin "ergo sum", meaning "I think, therefore I am".  
*Raluca Mirela, Romania*

Human rights are extremely crucial in these trying times for every human to have a basic right to live peacefully with a life of liberty, equality and security.  
*Manisha S, India*

Invisible illnesses are misunderstood, leading to those with mental illness to be stigmatised, marginalised, forgotten and mistreated.  
*Leila Sasman, South Africa*

To be more HUMAN is to have rights to be Holistic, Universal, Maturing, Affectionated, Natural, so they need not having reasons: It is fundamental.  
*Victor Leung, Hong Kong*

The human rights of persons with lived experience, do not lose their respectability because of their disability. Our human rights are even more than ever to be upheld.  
*Marie A Abanga, Cameroon*

Human rights embody fairness and tolerance which are crucial in living a content and prosperous life.  
*Odireleng Kasale, Botswana*

With mind, body and soul every human being should have the right to positively access, acknowledge and appreciate their own physical, spiritual and mental health.  
*Sandra Ferreira, South Africa*

Equality is an important human right - equality begins in the minds of communities and applies across all sectors of society.  
*Claire Kyalo, Kenya*

Without human rights, there would be no standardised framework against which we compare cases of abuse, violation, discrimination.  
*Claudia Sartor, South Africa*

Whether one has a mental health condition or not, one is a human being first and those rights deserve to be respected no matter what.  
*Eseam Abra Drah, Ghana*

Human rights are important in mental health as formal mechanisms to prevent the abuse of power or vulnerable people.  
*Shawn McNeil, New Zealand*

**Why are human rights important?**

Human rights are important in mental health as formal mechanisms to prevent the abuse of power or vulnerable people.  
*Shawn McNeil, New Zealand*

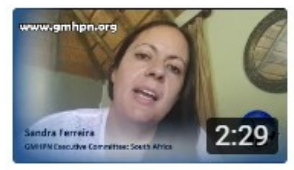
**Global Mental Health Peer Network**  
[www.gmhpn.org](http://www.gmhpn.org)

## YOUTH ENGAGEMENT FOR GLOBAL ACTION

- Youth engagement must be a partnership built on the principle of mutual **RESPECT** and acknowledgement for the **WORTH** of youth and **VALUE** that they are able to contribute to change and sustainable development
- Stakeholders, including governments, must be willing to listen, compromise and together derive at **ONE VISION** and **UNITE** to take action
- Young people must be **MEANINGFULLY** and **AUTHENTICALLY** involved in policy and service development from the conception of ideas to monitoring and evaluation
- Ideas and recommendations of youth must be **ENCOURAGED, SUPPORTED** and **ACTIONED** with adequate resource allocation
- Youth engagement must be **INCLUSIVE** - not leaving behind those from rural and disadvantaged communities
- A **YOUTH POLICY** that cuts across sectors could be a major leap towards youth empowerment and affording them what they need to thrive
- Education is power - young people must have access to quality **EDUCATION** including literacy around health, mental health and human rights
- Engagement **PLATFORMS** and **SAFE SPACES** for young people to express their needs and challenges must be available and accessible
- Young people must be supported and guided through their life journeys, to help build **RESILIENCE**, to turn passions into **POSITIVE ACTIONS** for change, to **CHALLENGE** the status quo, to **SPEAK OUT** freely and confidently, and **BE THE BEST THEY CAN BE**.

#GMHPN\_speakout  
#YouthDay #SDG16  
#Youth4GlobalAction

Global Mental Health Peer Network  
Website: [www.gmhpn.org](http://www.gmhpn.org)  
Email: [gmhpn@gmhpn.org](mailto:gmhpn@gmhpn.org)



**We choose to invest in our MENTAL HEALTH**

#WMHD2020 Global Mental Health Peer Network [www.gmhpn.org](http://www.gmhpn.org)

# Information Materials

The GMHPN develops [information materials](#) that promotes lived experience perspectives, drive advocacy goals and inform the public on various key topics around mental health and human rights. The information materials shared via our social media platforms during the 2020/2021 financial year, reached over 100,000 people globally.

## Considerations when working and engaging with persons with lived experience with mental health conditions

Through applying the considerations below when working and engaging with persons with lived experience with mental health conditions, may help a person/s to be more productive, effective and efficient. These measures may help improve the person/s' mental health through reducing anxiety, help manage concentration and memory problems, and improve confidence. Most importantly, they will feel valued and respected.

\*\*\*ALWAYS ASK WHAT OR IF ANY SPECIFIC REASONABLE ACCOMMODATION IS REQUIRED\*\*\*

### Communications

- Emails requiring action must reflect "Action required" in email subject line
- **Should an urgent response be required, note "Urgent Action Required" in email subject line**
- Be reasonable with expected response time required or deadlines to meet
- **Be clear about the action/s required in communications and bullet list each action in order of priority**
- Be clear in the email subject line (ie. what the email relates to)
- **When following up from past emails, please briefly recap what was discussed in past communications before picking up the conversation**

### Engagements

- **All engagements should be part of planning from the outset, well in advance and never as an afterthought - "Nothing about us, without us"**
- Make sure that your expectations for the engagement is aligned with the individuals' experience, expertise and skills
- **Provide adequate information about the engagement, including date/s and time/s (include time zone), the purpose of the engagement, what is expected from the participant/s**
- Be clear about the logistical arrangements from the outset
- **Be reasonable with time to prepare for the engagement**
- Consider time zones when setting up virtual meetings, workshops or other engagement sessions - avoid times too early in the morning or at night
- **Avoid virtual engagement sessions for longer than 2 hours, rather schedule additional sessions should the engagement require longer time**
- Participants in virtual sessions should avoid virtual backgrounds that are 'too busy', bright colours or over stimulating
- **In-person sessions should ensure frequent breaks, proper lighting, limited distractions, avoid over stimulation, in a space that is not overcrowded, and not exceed a 7-hour long day session**
- Persons with lived experience offer their expertise and knowledge as would any professional and should be remunerated as such

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



The Global Mental Health Peer Network (GMHPN) strongly opposes and condemns any form of human rights violations and of which are in violation of international human rights instruments.

### KEY HUMAN RIGHTS:

- ⇒ Equality, equity, non-discrimination
- ⇒ Dignity
- ⇒ Life, liberty and security
- ⇒ Protection from abuse
- ⇒ Justice
- ⇒ Freedom of opinion and expression
- ⇒ Human development opportunities
- ⇒ Health and mental health
- ⇒ Clean water and sanitation



Unapologetically Experts By Experience

## Engaging Lived Experience throughout all phases of POLICIES and PLANS in health and mental health



## COVID-19 The world seems SCARY right now



### MOST important response is to:

- 1) Stay CALM
- 2) Stick to the FACTS and EVIDENCE
- 3) DON'T get caught up in conspiracy theories
- 4) Practice all the PRECAUTIONARY measures
  - \* HANDS - Wash them often
  - \* ELBOW - Cough into it
  - \* FACE - Don't touch it
  - \* SPACE - Keep safe distance
  - \* HOME - Stay if you can
- 5) Maintain SOCIAL CONTACT via virtual platforms

Stress, anxiety, panic, fear, uncertainty ... levels are running high!



## Terminology in Mental Health

A person should never be defined by their mental health status. People may have their own preferences of terminology.

**Terminology when referring to a person with a mental health condition or disorder or psychosocial disability - on the principle of placing the person first:**

- ☑ Person with lived experience
- ☑ Expert by experience
- ☑ Person with psychosocial disability
- ☑ Person with a mental health condition/ mental disorder/ mental health problem
- ☑ Service user/ mental health care user

**Terms to be avoided, because of their attributes of having some stigmatizing and discriminatory connotations:**

- ☒ Mentally ill
- ☒ Mentally challenged
- ☒ Mental patient
- ☒ A schizophrenic
- ☒ A bipolar
- ☒ A depressive

**Terms to NEVER use when referring to a person with lived experience - which are disrespectful and promote stigma and discrimination:**

- ☒ Crazy
- ☒ Mad
- ☒ Insane
- ☒ Lunatic
- ☒ Disturbed
- ☒ Nuts

The term "service user" or "mental health care user" is mainly used in a clinical setting, whereas the other terms that start with the person first or Experts by Experience are most commonly used in global mental health. The word "patient" only applies when someone is receiving treatment in hospital - they are not patients all the time, however, the word "clients" is a more appropriate word when referring to someone receiving treatment in a clinical setting.



# Projects

The GMHPN officially launched its talk show called “**TRANSFORMING THE WORLD TOGETHER**” in December 2020. The show has 12 episodes that focus on a range of topics related to mental health and human rights from lived experience perspectives.



Transforming the World Together talk show is prerecorded and aired on our [YouTube Channel](#). The episodes produced covered the following topics:

- [Episode 1 Psychosocial Disability](#)
- [Episode 2 NCDs and Mental Health](#)
- [Episode 3 Education in Times of COVID](#)
- [Episode 4 Recovery in Mental Health](#)

## COVID Peer Support

The COVID-19 pandemic had a severe impact on people’s mental health and to ensure that people with lived experience had a space where they could talk about the effects of the pandemic on their mental health, the GMHPN, with funding from Open Society Foundations, hosted **virtual peer support groups** over a period of 6 months, to ensure that anyone who needed support, could join the groups and not feel isolated. The peer support groups were facilitated by Sandra Ferreira, one of our South African lived experience representatives.

## Services

Towards the end of 2020, the GMHPN set up its [services component](#) as an income generation initiative.

We have completed 4 contract work assignments ranging from facilitation and coordination of workshops with youth; a workshop on lived experience with schizophrenia; workshops on COVID and mental health in the workplace; and assisted in the development of a communications toolkit and materials, all for large international institutions.

We are globally connected in the field of mental health which provides for a valuable source of real experiences, unique perspectives, global information and innovative thinking. Our [services](#) are available to a range of public and private sectors – promoting, educating, informing, guiding, and creating of partnerships to drive positive change.

### Workplace Virtual Workshops

Global Mental Health Peer Network offers **virtual workshops** on a range of mental health topics, tailored the client’s specific needs.

The workshops are **conducted by persons with mental health lived experience** with expertise in the field of mental health, and the specific areas of the topics.



# Short-Medium Term Plans

## Executive Structure

- Expand on diverse representation on the Country Executive Committee
- Establish Sub-Committees for: Peer Support & Recovery; Quality Rights & Human Rights; Stigma & Discrimination
- Activate mentorship program with the Honorary Mentors

## General Membership

- Promote and recruit VIP paid Membership for both individuals and organisations with specific special benefits

## Partnerships, Representation

- Continue to strengthen existing partnerships and explore new partnerships
- Conclude and formally establish partnerships that have been in negotiations

## International Engagement & Participation

- Continue to provide lived experience perspectives and recommendations at international engagements and discussion platforms
- Continue to involve lived experience members in research

## Projects

- Secure funding and develop an online accredited peer support work and advocacy training platform
- Continue production of episodes 5 to 12 of our “Transforming the World Together” YouTube talk show

## Services

- Actively promote our Experts By Experience services across all sectors
- Develop a portfolio of contracted work completed and currently working on



The GMHPN family has helped to connect me with others and sharing sensitive topics. It is okay to take things slowly at first and focus on becoming comfortable. To us, confidentiality is extremely important and we respect it at all times. Knowing that we are not alone in our struggles can have a positive effect on our well-being and mental health. It takes courage to open up and share when we feel vulnerable, but the benefits are numerous.

**Godfrey Kagaayi (Uganda)**

GMHPN Country Executive Committee

# Long-Term Plans

## Long-Term Strategy

- Achieve global lived experience representation in at least 150 countries in the world within the next 5 years
- Establish regional offices to directly work with, and in countries within the 6 WHO world regions, with the Global Office providing strategic support and coordination between regions



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Global Mental Health  
Peer Network  
[www.gmhpn.org](http://www.gmhpn.org)



*Unapologetically Experts By Experience*

# Audited Financial Statements 1 April 2020 - 31 March 2021



**Global Mental Health Peer Network NPO**  
Registration number. NPO 212-449

**Annual Financial Statements  
for the year ended 31 March 2021**



**AB Accounting Specialists**  
Registered Specialists Accountants - Registered Technical Tax Specialists



## Global Mental Health Peer Network NPO

Registration number: NPO 212-449

### Annual Financial statements for the year ended 31 March 2021

#### GENERAL INFORMATION

<b>Country of incorporation:</b>	South Africa
<b>Nature of business and principle activities:</b>	Global Mental Health Peer Network NPO is a Non profit organisation that exists to empower, strengthen, and catalyse the voices of persons with lived experience worldwide. Their goal is to help cultivate a new generation of global lived experience leaders to empower and develop leaders worldwide to drive change and transformation in the global mental health sector.
<b>Founder and board of management:</b>	Founder and CEO - Charlene Sunkel Deputy CEO - Claudia Sartor Chairperson - Nigel Carpenter Member - Richard Vergunst Member - Chantelle Gardidge Member - Charmaine Higgins
<b>Trading names:</b>	Global Mental Health Peer Network (GMHPN)
<b>Website:</b>	<a href="http://www.gmhpn.org">www.gmhpn.org</a>
<b>Registered office address:</b>	302 Domba 2 Boekenhout Street Florida Park 1709
<b>Bankers:</b>	First National Bank Limited
<b>Accountants:</b>	AB Accounting Specialists 6 Jubilee Grove Umhlanga 4319
<b>Independent Reviwer:</b>	Mr A Bowers
<b>Level of assurance:</b>	These annual financial statements have been independently reviewed in compliance with the applicable requirements of the Section 17 of the Non-profit Organisations Act, 1997.
<b>Date published:</b>	Tuesday, 10 August 2021
<b>Legal form:</b>	Non Profit Organisation
<b>NPO registration number:</b>	212-449
<b>SARS PBO number:</b>	930065563
<b>Income Tax number:</b>	9284052231
<b>PAYE Tax number:</b>	7950803769

In compliance with the disclosure requirement of the Non-profit Organisations Act, 1997, the annual financial statements have been compiled by AB Accounting Specialists on behalf of the founder of Global Mental Health Peer Network NPO.

**Global Mental Health Peer Network NPO**

Registration number. NPO 212-449

**Annual Financial statements  
for the year ended 31 March 2021**

The reports and statements set out below comprise the financial statements presented to the board members:

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# Accounting Specialists

- MEDICAL ACCOUNTANTS - TECHNICAL TAX SPECIALISTS - HR SPECIALISTS -

## Independent Reviewer's Report

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### To the management committee of Global Mental Health Peer Network NPO

We have reviewed the financial statements of Global Mental Health Peer Network NPO, set out on pages 6 to 16, which comprise the statement of financial position as at 31 March 2021 and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and the notes, comprising a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

The organisation's management are responsible for the preparation of the financial statements in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Section 17 of the Non-profit Organisations Act, 1997, and for such internal control as the management determine necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Independent Reviewer Responsibility

Our responsibility is to express a conclusion on these financial statements. We conducted our review in accordance with International Standards on Review Engagements (ISRE) 2400 (Revised), Engagements to Review financial statements. ISRE 2400 (Revised) requires us to conclude whether anything has come to our attention that causes us to believe that the financial statements, taken as a whole, are not prepared in all material respects in accordance with the applicable financial reporting framework. This Standard also requires us to comply with relevant ethical requirements.

A review of financial statements in accordance with ISRE 2400 (Revised) is a limited assurance engagement. The independent reviewer performs procedures, primarily consisting of making inquiries of management and others within the entity, as appropriate, and applying analytical procedures, and evaluates the evidence obtained.

### Unqualified Conclusion

Based on our review, nothing has come to our attention that causes us to believe that these financial statements do not present fairly, in all material respects the financial position of Global Mental Health Peer Network NPO as at 31 March 2021, and its financial performance and cash flows for the year then ended in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Section 17 of the Non-profit Organisations Act, 1997.

*AB Accounting Specialists*  
**AB Accounting Specialists**

Tuesday, 10 August 2021  
 Umhlanga

AB Accounting Specialists. PR. No. 0005876 MP. No. 18828393. E-Mail : a.bowers@abaccountants.com  
 Unit 9 Aldrovande Palace , 6 Jubilee Grove, Umhlanga, 4319. Tel (031) 9031110, Fax (0865) 520462.  
 SAICA NO: 20011851 PMI NO: 2621370 IIBA NO: 85615 ICB NO: 845417 SAIT NO: 18828393



## Global Mental Health Peer Network NPO

Registration number. NPO 212-449

### Organisation's Responsibilities and Approval for the year ended 31 March 2021

The organisation's management committee is required by the organisation's constitution, to maintain adequate accounting records and is responsible for the content and integrity of the annual financial statements and related financial information included in this report. It is their responsibility to ensure that the annual financial statements fairly present the state of affairs of the organisation as at the end of the financial year and the results of its operations and cash flows for the period then ended, in conformity with the International Financial Reporting Standard for Small and Medium-sized Entities. The external reviewer's is engaged to compile the annual financial statements in accordance with the accounting standards applicable.

The annual financial statements are prepared in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgements and estimates.

The committee acknowledges that it is ultimately responsible for the system of internal financial control established by the company and places considerable importance on maintaining a strong control environment. To enable the organisation to meet these responsibilities, the board sets standards for internal control aimed at reducing the risk of error or loss in a cost effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the organisation and all employees are required to maintain the highest ethical standards in ensuring the organisation's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the organisation is on identifying, assessing, managing and monitoring all known forms of risk across the organisation. While operating risk cannot be fully eliminated, the organisation endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The committee is of the opinion, based on the information and explanations given by management, that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement or loss.

The committee has reviewed the organisation's cash flow forecast for the year to 31 March 2021 and, in the light of this review and the current financial position, are satisfied that the organisation has or has access to adequate resources to continue in operational existence for the foreseeable future.



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**Charlene Sunkel**  
CEO



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**Nigel Carpenter**  
Chairperson

## Global Mental Health Peer Network NPO

Registration number. NPO 212-449

### Statement of financial position as at 31 March 2021

	Note	2021 R	2020 R
<b>Assets</b>			
<b>Non Current Assets</b>			
Property Plant and Equipment	2	<u>52 317</u>	<u>40 963</u>
<b>Current Assets</b>			
Cash and Cash Equivalents	3	<u>2 171 934</u>	<u>292 341</u>
<b>Total Assets</b>		<u><b>2 224 251</b></u>	<u><b>333 304</b></u>
<b>Equity &amp; Liabilities</b>			
<b>Equity</b>			
Accumulated surplus	5	<u>2 194 522</u>	<u>326 484</u>
<b>Non Current Liabilities</b>			
Long Term Borrowings		<u>-</u>	<u>-</u>
<b>Current Liabilities</b>			
Trade and Other Payables	6	<u>29 729</u>	<u>6 820</u>
<b>Total Equity &amp; Liabilities</b>		<u><b>2 224 251</b></u>	<u><b>333 304</b></u>

## Global Mental Health Peer Network NPO

Registration number. NPO 212-449

### Statement of comprehensive income for the year ended 31 March 2021

	Note	2021 R	2020 R
Revenue	10	2 947 255	458 651
Cost of Sales	11	-	-
<b>Gross Surplus</b>		<b>2 947 255</b>	<b>458 651</b>
Other Income		87 195	16 137
<b>Total Income</b>		<b>3 034 450</b>	<b>474 788</b>
Operating / Overhead Expenses	12	1 166 411	539 982
<b>Surplus/(Deficit) Before Finance Charges</b>		<b>1 868 039</b>	<b>-65 194</b>
Finance Costs		-	-
<b>Surplus/(Deficit) for the year</b>		<b>1 868 039</b>	<b>-65 194</b>

## Global Mental Health Peer Network NPO

Registration number. NPO 212-449

### Notes to the annual financial statements for the year ended 31 March 2021

#### 1. Accounting policies

The following are the principal accounting policies used in preparation of the financial statements where applicable:

##### Basis of preparation

The annual financial statements are prepared on the historical cost basis and are consistent with those of previous years, except where otherwise indicated.

These accounting policies are consistent with previous periods.

##### 1.1 Significant judgements

In preparing the annual financial statements, management is required to make estimates and assumptions that affect the amounts

Trade Receivables  
Held to maturity investments  
Loans and receivables  
Available for sale financial assets  
Allowance for slow moving, damaged and obsolete stock  
Fair value estimations  
Impairment testing  
Provisions  
Expected manner of realisation for deferred tax  
Taxation

##### 1.2 Fixed Assets - Property, plant and equipment

Plant and equipment consist of computer equipment, office equipment, furniture & fittings, medical equipment, kitchen equipment and capitalised motor vehicles. Plant and equipment are measured at cost less depreciation.

Assets are written down to their recoverable amounts if the recoverable amounts are lower than the carrying amounts.

Depreciation is calculated on a straight line bases over the expected useful lives of the assets by taking into account their residual values. The expected useful lives are:

Item	Average useful life
Motor vehicles	5 years
Computer Equipment	3 years
Office Equipment	6 years
Furniture & Fittings	6 years
Medical Equipment	6 years
Computer Software	2 years

The cost of an item of property, plant and equipment is recognised as an asset when:

- It is probable that future economic benefits associated with the item will flow to the company; and
- the cost of the item can be measured reliably.

Costs include costs incurred initially to acquire or construct an item of property, plant and equipment and costs incurred subsequently to add to, replace part of, or service it. If a replacement cost is recognised in the carrying amount of an item of property, plant and equipment, the carrying amount of the replaced part is derecognised.

##### 1.3 Goodwill

## **Global Mental Health Peer Network NPO**

Registration number. NPO 212-449

### **Notes to the annual financial statements for the year ended 31 March 2021**

Goodwill arises only from business take-overs and internally developed goodwill is not recognised as an asset. Goodwill is not depreciated but is written down when a permanent reduction in value occurs.

Goodwill is initially measured at cost, being the excess of the business combination over the company's interest of the net fair value of the identifiable assets, liabilities and contingent liabilities.

Subsequently goodwill, acquired in a business combination, is carried at cost less any accumulated impairment and accumulated amortisation.

The excess of the company's interest in the net fair value of the identifiable assets, liabilities and contingent liabilities over the cost of the business combination is immediately recognised in profit or loss.

#### **1.4 Owner loans**

These financial instruments are classified as held to maturity and are carried at amortised cost.

#### **1.5 Loans to/(from) other companies**

These financial instruments are classified as held to maturity and are carried at amortised cost.

#### **1.6 Taxation**

Current tax for current and prior periods is, to the extent unpaid, recognised as a liability. If the amount already paid in respect of current and prior periods exceeds the amount due for those periods, the excess is recognised as an asset.

Current tax assets and liabilities for the current and prior periods are measured at the amount expected to be recovered from or paid to the tax authorities, using the tax rates (and tax laws) that have been enacted or substantively enacted by the statement of financial position date.

##### **South African normal taxation**

South African normal taxation is calculated at the current rate according to the individual tax tables applicable.

##### **Deferred taxation**

Deferred taxation is determined on all temporary differences between the carrying values and tax bases of assets and liabilities. The company recognises the net future tax benefit related to deferred income tax assets to the extent that it is probable that the deductible temporary differences will reverse in the foreseeable future.

#### **1.7 Leases**

A lease is classified as a finance lease if it transfers substantially all the risks and rewards incidental to ownership. A lease is classified as an operating lease if it does not transfer substantially all the risks and rewards incidental to ownership.

##### **Finance leases**

The company recognises finance lease receivables on the statement of financial position.

Finance income is recognised based on a pattern reflecting a constant periodic rate of return on the company's net investment in the finance lease.

##### **Operating leases**

Operating lease income is recognised as an income on a straight-line basis over the lease term.



## **Global Mental Health Peer Network NPO**

Registration number: NPO 212-449

### **Notes to the annual financial statements for the year ended 31 March 2021**

Initial direct costs incurred in negotiating and arranging operating leases are added to the carrying amount of the leased asset and recognised as an expense over the lease term on the same basis as the lease income.  
Income for leases is disclosed under revenue in the statement of comprehensive income.

#### **1.8 Inventories**

Raw materials, work in progress, finished goods, consumable stores and merchandise are stated at the lower of cost or net realisable value. The cost price is determined on a first-in-first-out basis.

When inventories are sold, the carrying amount of those inventories are recognised as an expense in the period in which the related revenue is recognised. The amount of any write-down of inventories to net realisable value and all losses of inventories are recognised as an expense in the period the write-down or loss occurs. The amount of any reversal of any write-down of inventories, arising from an increase in net realisable value, are recognised as a reduction in the amount of inventories recognised as an expense in the period in which the reversal occurs.

#### **1.10 Cash and cash equivalents**

Cash equivalents are short term, highly liquid investments that are readily convertible to known amounts of cash and are subject to insignificant risk in change in value.

#### **1.11 Impairment of assets**

The entity assesses at each statement of financial position date whether there is any indication that an asset may be impaired. If any such indication exists, the company estimates the recoverable amount of the asset.

Irrespective of whether there is any indication of impairment, the company also:

- tests intangible assets for impairment annually by comparing its carrying amount with its recoverable amount. This impairment test is performed during the annual year and at the same time every year.
- tests goodwill acquired in a business combination for impairment annually.

If there is any indication that an asset may be impaired, recoverable amount is estimated for the individual asset. If it is not possible to estimate the recoverable amount of the individual asset, the recoverable amount of the cash-generating unit to which the asset belongs is determined.

The recoverable amount of an asset or a cash-generating unit is the higher of its fair value less costs to sell and its value in use.

If the recoverable amount of an asset is less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount. That reduction is an impairment loss.

An impairment loss of assets carried at cost less any accumulated depreciation or amortisation is recognised immediately in profit or loss.

Goodwill acquired in a business combination is, from the acquisition date, allocated to each of the cash-generating units, or groups of cash-generating units, that are expected to benefit from the synergies of the combination.

## **Global Mental Health Peer Network NPO**

Registration number. NPO 212-449

### **Notes to the annual financial statements for the year ended 31 March 2021**

An impairment loss is recognised for cash-generating units if the recoverable amount of the unit is less than the carrying amount of the units. The impairment loss is allocated to reduce the carrying amount of the assets of the unit in the following order:

- first, to reduce the carrying amount of any goodwill allocated to the cash-generating unit and then,
- to the other assets of the unit, pro rata on the basis of the carrying amount of each asset in the unit.

An entity assesses at each reporting date whether there is any indication that an impairment loss recognised in prior periods for assets other than goodwill may no longer exist or may have decreased. If any such indication exists, the recoverable amounts of those assets are estimated.

The increased carrying amount of an asset other than goodwill attributable to a reversal of an impairment loss does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years.

A reversal of an impairment loss of assets carried at cost less accumulated depreciation or amortisation other than goodwill is recognised immediately in profit or loss. Any reversal of an impairment loss of a revalued asset is treated as a revaluation increase.

#### **1.12 Employee benefits**

##### **Short-term employee benefits**

The cost of short-term employee benefits, (those payable within 12 months after the service is rendered, such as paid vacation leave and sick leave, bonuses, and non-monetary benefits such as medical care), are recognised in the period in which the service is rendered and are not discounted.

The expected cost of compensated absences is recognised as an expense as the employee render service that increase their entitlement or, in the case of non-accumulating absences, when the absence occurs.

The expected cost of profit sharing and bonus payments is recognised as an expense when there is a legal or constructive obligation to make such payments as a result of past performance.

##### **Defined contribution plans**

Payments to defined contribution retirements benefit plans are charged as an expense as they fall due.

##### **Defined Benefit plans**

For defined benefit plans the cost of providing the benefits is determined using the projected credit method. Actuarial valuations are conducted on an annual basis by independent actuaries separately for each plan. Consideration is given to any event that could impact the funds up to statement of financial position date where the interim valuation is performed at an earlier date.

Past service costs are recognised immediately to the extent that the benefits are already vested, and are otherwise amortised on a straight line basis over the average period until the amendment benefits become vested.

To the extent that, at the beginning of the financial year, any cumulative unrecognised actuarial gain or loss exceeds ten percent of the greater of the present value of the projected benefit obligation and the fair value of the plan assets (the corridor), that portion is recognised in the statement of comprehensive income over the expected average remaining service lives of participating employees. Actuarial gains or losses within the corridor are not recognised.

## **Global Mental Health Peer Network NPO**

Registration number. NPO 212-449

### **Notes to the annual financial statements for the year ended 31 March 2021**

Gains or losses on the curtailment or settlement of a defined benefit plan is recognised when the company is demonstrably committed to curtailment or settlement.

When it is virtually certain that another party will reimburse some or all of the expenditure required to settle a defined benefit obligation, the right to reimbursement is recognised as a separate asset. The asset is measured at fair value. In all other respects, the asset is treated in the same way as plan assets. In the statement of comprehensive income, the expense relating to a defined benefit plan is presented as the net of the amount recognised for a reimbursement.

The amount recognised in the statement of financial position represents the present value of the defined benefit obligation as adjusted for unrecognised actuarial gains and losses and unrecognised past service cost, and reduces by the fair value of plan assets.

Any asset is limited to unrecognised actuarial losses, plus the present value of available refunds and reduction in future contributions to the plan.

#### **1.13 Provisions and contingencies**

Provisions are recognised when:

- the company has a present obligation as a result of a past event;
- it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and;
- a reliable estimate can be made of the obligation.

The amount of a provision is the present value of the expenditure expected to be required to settle the obligation.

#### **1.14 Trade and other payables**

Trade and other payables are measured amortised cost using the effective interest method.

#### **1.15 Revenue recognition**

The service rendered is recognised as revenue by reference to the stage of completion of the transaction at the statement of financial position date. The outcome of a transaction can be estimated reliably when all the following conditions are satisfied:

- the amount of revenue can be measured reliably;
- it is probable that the economic benefits associated with the transaction will flow to the company;
- the stage of completion of the transaction at the statement of financial position date can be measured reliably; and
- the costs incurred for the transaction and the costs to complete the transaction can be measured reliably.

#### **1.16 Cost of sales**

When inventories are sold, the carrying amount of those inventories is recognised as an expense in the period in which the related revenue is recognised. The amount of any write-down of inventories to net realisable value and all losses of inventories are recognised as an expense in the period the write-down or loss occurs. The amount of any reversal of any write-down of inventories, arising from an increase in net realisable value, is recognised as a reduction in the amount of inventories recognised as an expense in the period in which the reversal occurs.

#### **1.17 Borrowing costs**

Borrowing costs are recognised as an expense in the period in which they are incurred

## Global Mental Health Peer Network NPO

Registration number. NPO 212-449

### Notes to the annual financial statements for the year ended 31 March 2021

	2021			2020		
	Cost/ Valuation	Accumulated Depreciation	Carrying Value	Cost/ Valuation	Accumulated Depreciation	Carrying Value
<b>2. Property, Plant and Equipment</b>						
Land and Buildings	-	-	-	-	-	-
Motor Vehicle	-	-	-	-	-	-
Computer Equipment	40 963	13 654	27 309	40 963	-	40 963
Photography Equipment	37 512	12 504	25 008	-	-	-
	<b>78 475</b>	<b>26 158</b>	<b>52 317</b>	<b>40 963</b>	<b>-</b>	<b>40 963</b>
<b>Total fixed assets</b>	<b>78 475</b>	<b>26 158</b>	<b>52 317</b>	<b>40 963</b>	<b>-</b>	<b>40 963</b>

Carrying value of fixed assets can be reconciled as follows:

	Carrying value at beginning of year	Additions	Disposal	Depreciation	Carrying value at end of year
Land and Buildings	-	-	-	-	-
Motor Vehicle	-	-	-	-	-
Computer Equipment	40 963	-	-	13 654	27 309
Photography Equipment	-	37 512	-	12 504	25 008
	<b>40 964</b>	<b>37 512</b>	<b>-</b>	<b>26 158</b>	<b>52 317</b>
	<b>40 964</b>	<b>37 512</b>	<b>-</b>	<b>26 158</b>	<b>52 317</b>

### 3. Cash and cash equivalents

Cash and cash equivalents consists of:

	2021	2020
Cash on hand	-	-
FNB Business Account (****1109)	209 259	39 606
FNB 32 Day Flexi Notice (****0769)	1 962 675	252 735
	<b>2 171 934</b>	<b>292 341</b>

### 4. Trade and other receivables

	2021	2020
Donations receivable	-	-
	<b>-</b>	<b>-</b>

### 5. Equity account

	2021	2020
Opening balance	326 484	391 678
Surplus/(deficit) for the year	1 868 039	-65 194
Closing balance	2 194 522	326 484
	<b>2 194 522</b>	<b>326 484</b>

## Global Mental Health Peer Network NPO

Registration number. NPO 212-449

### Notes to the annual financial statements for the year ended 31 March 2021

	2021	2020
<b>6. Trade and Other Payables</b>		
South African Revenue Services	29 729	6 820
	<u>29 729</u>	<u>6 820</u>
<b>7. Statement of Cashflow</b>	<b>2021</b>	<b>2020</b>
<i>Reconciliation of profit before taxation to cash generated by operations</i>		
Profit/(Loss) for the year	1 868 039	-65 194
Adjusted for:		
Depreciation	26 158	-
Finance costs	-	-
<b>Operating profit before working capital changes</b>	<b>1 894 197</b>	<b>-65 194</b>
<b>Working capital changes</b>	<b>-</b>	<b>-</b>
Decrease/(increase) in inventories	-	-
Decrease/(increase) in debtors/receivables	-	-
Increase/(decrease) in creditors/payables	-22 909	-6 820
Other	-	-
<b>Cash generated by operations</b>	<b><u>1 894 197</u></b>	<b><u>-65 194</u></b>
<b>8. Profit Before Tax</b>	<b>2021</b>	<b>2020</b>
Profit before taxation is arrived at after taking into account the following:		
Depreciation of property, plant and equipment	26 158	-
Salaries and wages benefits expenses	1 070 858	344 742
	<u>1 097 016</u>	<u>344 742</u>
<b>9. Post balance sheet events</b>		
There are no post balance sheet events to report.		
<b>10. Revenue</b>	<b>2021</b>	<b>2020</b>
Donations received	2 947 255	458 651
	<u>2 947 255</u>	<u>458 651</u>
<b>11. Cost of Sale</b>	<b>2021</b>	<b>2020</b>
Cost of donations	-	-
	<u>-</u>	<u>-</u>

## Global Mental Health Peer Network NPO

Registration number. NPO 212-449

### Notes to the annual financial statements for the year ended 31 March 2021

#### 12. Operating Surplus/(Deficit)

Operating profit for the year is stated after accounting for the following:

	2021	2020
<b>Operating lease charges</b>		
Premises		
- Contractual amount	-	-
Depreciation on property, plant and equipment	26 158	-
Salaries and wages costs	1 070 858	344 742
	<u>1 097 016</u>	<u>344 742</u>

## Global Mental Health Peer Network NPO

Registration number: NPO 212-449

### Detailed statement of comprehensive income for the year ended 31 March 2021

	2021 R	2020 R
<b>Revenue</b>	<b>2 947 255</b>	<b>458 651</b>
Donations Received	2 947 255	458 651
<b>Cost of Sales</b>	<b>-</b>	<b>-</b>
<b>Gross Surplus</b>	<b>2 947 255</b>	<b>458 651</b>
<b>Other Income</b>	<b>87 195</b>	<b>16 137</b>
Interest Received	76 957	16 137
Refunds Received	10 238	-
<b>Operating / Overhead Expenses</b>	<b>1 166 411</b>	<b>539 982</b>
Accounting Fees	22 495	8 500
Bank Charges	5 019	2 916
Computer Expenses	17 369	145 250
Depreciation	26 158	-
Entertainment	450	-
Motor Vehicles Expenses	-	1 100
Printing and Stationery	11 865	22 538
Salaries and Wages	1 070 858	344 742
Telephone & Fax	12 197	4 698
Travel & Accommodation	-	10 238
<b>Surplus/(Deficit) Before Finance Charges</b>	<b>1 868 039</b>	<b>-65 194</b>
<b>Finance Costs</b>	<b>-</b>	<b>-</b>
<b>Surplus/(Deficit) for the year</b>	<b>1 868 039</b>	<b>-65 194</b>

# Human Rights ... what it means to us



My human rights matter at all times. Just because I can get admitted to a psychiatric ward doesn't mean I should be treated any less than human during such hospitalization. This should be the same for all persons with a lived experience.

*Marie Abanga ~ GMHPN Cameroon and Regional Representative for African Region*

Too often services for people with psychosocial disabilities and other mental health conditions are reliant on coercion, over-medication and institutionalisation. This status quo is not acceptable, as it may continue to reinforce stigma and helplessness among both users and providers of mental health services.

*Angelica Mkorongo ~ GMHPN Zimbabwe and Deputy Representative for African Region | Zimbabwe OCD Trust*



Human rights are important for those with lived experience of mental illness because mental illness is misunderstood, and therefore prejudged, and dismissed because it is an invisible illness. This results in stigma, isolation and ostracisation from society. Human rights are important to be able to give those with lived experience a voice and support to be able to be their true selves, without any fear of rejection or being dismissed as lesser members of society.

*Leila Sasman ~ GMHPN Country Executive Committee - South Africa*

Human rights are universal and inherent to all of us. When violations to these rights occur to people with lived experiences, it creates a perception that we don't matter, that our voices should be silenced, and it only continues to propagate stigma and discrimination attached to mental health issues. Such violations have far reaching implications in our society especially in matters regarding policy, legislation, funding and infrastructure related to mental health.

*Edwin Mburu ~ GMHPN Country Executive Committee - Kenya*



Human rights are important in mental health services because like any other disability, psychosocial disability requires equal consideration. And equality is a human right for all.

*Claire Kyalo ~ GMHPN Country Executive Committee - Kenya | Heart of Humanity Foundation Kenya*



I believe as a person with lived experience, my rights also deserve to be respected because I'm equally human like everybody else. Ignorance about mental health is not an excuse to abuse someone with lived experience.

*Esenam Abra Drah ~ GMHPN Country Executive Committee - Ghana*



We, persons living with mental health conditions in Africa, have the legitimate right to be considered as persons with human dignity. Stigma, prejudice, discrimination, abuse, exclusion, violence – these are the human rights violations we face every day. Africa, please do better!

*Eleni Misganaw ~ GMHPN Country Executive Committee - Ethiopia*





# Online Platforms & Other **Links:**



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