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INTERNATIONAL MENTAL HEALTH RESPONSES TO COVID 19

Helen Herrman

TheMHS Virtual Congress 2021

REVOLUTION IN MIND

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NO CONFLICTS OF INTEREST TO DISCLOSE

INTERNATIONAL MENTAL HEALTH RESPONSES TO COVID-19 PANDEMIC

Human societies*

People living with mental illnesses and families*

People infected with COVID

Health professionals

Response of the World Psychiatric Association - WPA*

HUMAN SOCIETIES WORLDWIDE

- Epidemics in human history
 - Plague epidemics
 - Flu epidemics – “Russian”, “Spanish”, “swine flu”, “avian flu”
 - Tuberculosis
 - Typhoid epidemics eg early 20th century
 - Malaria eg mid 20th century
 - HIV/AIDS
 - Ebola



Julian of Norwich: Mystic, Anchoress ...

HUMAN SOCIETIES WORLDWIDE

- COVID-19
 - The global transmission of the disease was unexpectedly rapid due to asymptomatic carriers and enhanced by prevalent worldwide travel
 - The disease rapidly overwhelmed the health care systems of some industrialized nations

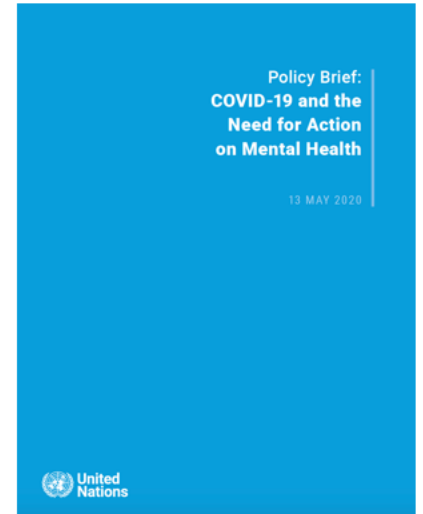
Vigo et al Mental Health of Communities during the COVID-19 Pandemic. Can J Psychiatry. 2020 Oct;65(10):681-687

HUMAN SOCIETIES WORLDWIDE

- Grappling with COVID in a modern world
 - Transport, communication, information, global warming, urbanization, living with chronic illnesses
 - Poverty and inequity
 - Conflicts, displacement, disasters
 - Lack of international solidarity
- Balancing responses to COVID
 - Health, social, economic, political consequences

HUMAN SOCIETIES WORLDWIDE

- United Nations Policy Brief, Secretary General, May 2020
 - COVID-19 and the Need for Action on Mental Health
 - Apply a whole-of-society approach to promote, protect and care for mental health
 - Ensure widespread availability of emergency mental health and psychosocial support
 - Support recovery from COVID-19 by building mental health services for the future





IMPACT OF COVID-19 ON PEOPLE LIVING WITH MENTAL ILLNESSES

IMPACT OF COVID-19 ON PEOPLE LIVING WITH MENTAL ILLNESSES

- Increased risk of COVID-19 infection and mortality in people with mental disorders Wang et al World Psychiatry 2020
 - Analysis from electronic health records in the USA
 - ADHD, bipolar disorder, depression, schizophrenia
 - Adjusted odds ratio up to 7
- Higher for women, minorities
- Higher mortality

ASSOCIATION OF PSYCHIATRIC DISORDERS WITH MORTALITY AMONG PATIENTS WITH COVID-19

- Adults with positive COVID test results in New York
- Those with schizophrenia spectrum disorder diagnosis at strongly increased risk for mortality
 - Those with mood and anxiety disorders were not
- Schizophrenia spectrum disorders may be an independent risk factor for mortality in patients with COVID-19:
 - Targeted interventions may be needed for patients with severe mental illness to prevent worsening health disparities

Nemani et al, JAMA Psychiatry, January 2021



2020: A YEAR THAT'S CHANGED THE WORLD: RESPONSES OF THE WPA

WPA SERVICE USER, FAMILY CARER ADVISORY GROUP



Established in 2018 - earlier recommendations for best practices in working with people with lived experience



Advice and participation in congresses and major projects

- WPA program on Supporting alternatives to coercion in mental health care

RESPONDING TO A GLOBAL PANDEMIC: COVID-19



Contacted members to offer help and seek collaboration

Developed a COVID-19 Mental Health Resource Library

Established the Advisory Committee on Response to Emergencies (ACRE)

Created expert groups on relevant topics

Produced ethical guidelines

Provided tools and forums for collaboration

RESPONDING TO A GLOBAL PANDEMIC: COVID-19

Advisory Committee on Response to Emergencies

- Oceania – Vanuatu, Solomon Islands
- Nepal
- Eastern Europe
- Central America
- Societies in Africa

Expert Groups

- e-mental Health
- COVID and care for people with mental illness

PSYCHIATRY AND THE COVID-19 PANDEMIC

ETHICAL AND PRACTICAL GUIDELINES



**The WPA Standing
Committee on Ethics
and Review**



**The roles of
psychiatrists**



**The protection of
people with mental
disorders**

**RESPONDING
TO
EMERGENCIES:
BEYOND
COVID-19**

The COVID-19 pandemic has been the impetus to establish a clearer plan for responding to emergencies

The WPA and member societies are now better placed than before to support each other and the wider mental health community in future emergencies

Changing the way we work and adapting to new technologies



CONCLUSIONS

COMMUNITY-ORIENTED MH PRACTICE

Strengthen the capacity of communities to respond to mental health needs

- Health professionals, service users, family carers
- Health and social practitioners, lay workers, community leaders, schools, gathering places
- Hybrid services that use e-mental health
- Supporting alternatives to coercion
- Prepared for emergency responses in the future

COVID-19 contradictions, community mental health service principles, the Action Plan of the global coalition

Roberto Mezzina

Chair, International Mental Health Collaborating Network

Vice President, European Region, World Federation for Mental Health

Former Director of Trieste Mental Health Services, Italy.



Post-Covid effects

- It is undisputed that the current COVID-19 emergency will have **long-lasting consequences and effects on the mental health of all people**, affecting the general population with astonishingly heightened stress.
- The real impact on mental health is **occurring today**, when people encounter the consequences of human and economic losses together with depressive and anger feelings, post-traumatic symptoms and other conditions.
- On the other hand, **impoverishment of services**, their reduction and mergers, and the shortage of staff that are already present due to the underlying economic crisis in most countries can leave mental health at the bottom of the list of health priorities.

The paradoxes and contradictions posed during the Covid pandemic for Mental Health

- **Therapeutic relationships:** when delivered online is compromised by the loss of physical presence materialised, however whilst remote connections cannot substitute for physical meetings completely they have shown to be useful in keeping human connection.
- **Social reconnections** are diminished by lockdown and by the necessary lifestyle changes that people have been required to make.
- **Community-based services availability has been reduced** (and outpatient care stopped in many places). Outreach work is mostly hindered (if not everywhere), whilst emergency care in hospitals is mostly preserved and protected.
- **Psychiatric institutions** (and all forms of residential care, e.g. nursing homes, social care homes, especially of a large scale) are known to be sources of infection. Further, human rights have been compromised; people are staying longer in hospital ,and social contacts are limited.

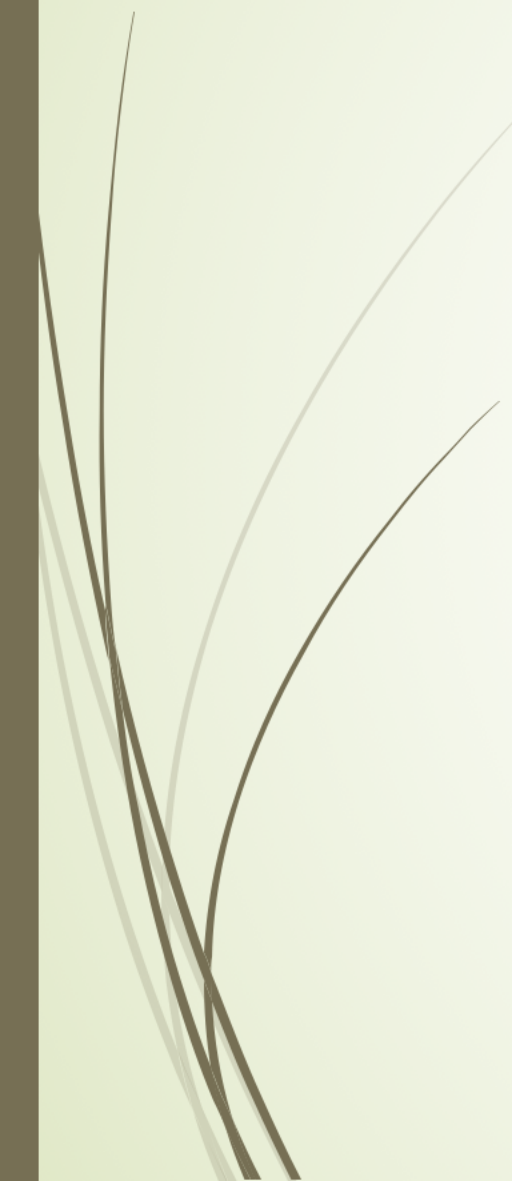


Paradoxes of Covid

- **Small scale** (e.g. supported accommodation) is safer, where co-management and so-responsibility is practiced, both from a therapeutic and preventive point of view.
- There is an opportunity to **challenge stigma** by developing a better understanding that we are all in this situation together. Everyone has experienced distress and trauma. Deprivation because of lockdown is causing social, ecological and economic problems. Mental health issues are now everybody's business.
- **Vulnerable people** impacted by poverty, racism, ageism, homelessness, isolation and marginalisation, especially those with pre-existing Mental Health problems should be a priority. The response should be especially tailored to their life needs and social circumstances. Surprisingly those who required closer attention by community services did better, because of the trusting, collaborative relationship and support offered, and the investment in shared responsibility.




Paradoxes of Covid

- There is a danger that the detrimental impact of **social determinants** will have a greater impact than the pandemic itself.
 - **Active participation** of people with MH problems, who must be recognised as **citizens** and valid members of communities are fundamental issues.
 - **Solidarity** (also at the community level) is needed, and has buffered the traumatic impact of Covid-19. However, this won't happen per se, it requires a catalyst role for community services.
 - **Comprehensive, “whole of society” responses** are proving to be more important than individual approaches, as integrated services respond to whole life needs of the person and the community.
- 



MH as a priority

- Mental health is related to **quality of life** and **human development** of individuals and communities / societies; to **sense of identity, purpose and meaning** of everyone's life; to **living and managing personal contradictions and conflicts** with some awareness; to **basic human rights, human links** and affection; to **personal freedom of choice** among opportunities and the capability of using them; ultimately, to **personal satisfaction, or even happiness**.
 - How is it connected to **social determinants of health** today? How is it related to the destiny and existence of people and communities? To what extent is it **guaranteed by (welfare and health) services**?
 - What is **the role of the services** themselves in guaranteeing greater and real **access to treatment**, but also to a **collective vision of mental health**?
- 



WFMH

- The World Federation for Mental Health issued an **Appeal for National Plans for Mental Health during the Coronavirus Global Emergency**. This required to all countries and their governments to ensure that national mental health plans are designed to manage the mental health consequences of the global coronavirus health emergency.
- After the outbreak of the Covid-19 pandemic, governments are called to reformulate mental health policies. Health - as a right per se - is included within the wider range of human rights and connected to social determinants and human development (SDGs).
- After the many appeals, **some countries** finally start to face the mental health problem in the post Covid. Visions like that of New Zealand that in its emergency plan refer to the community as a pivot.

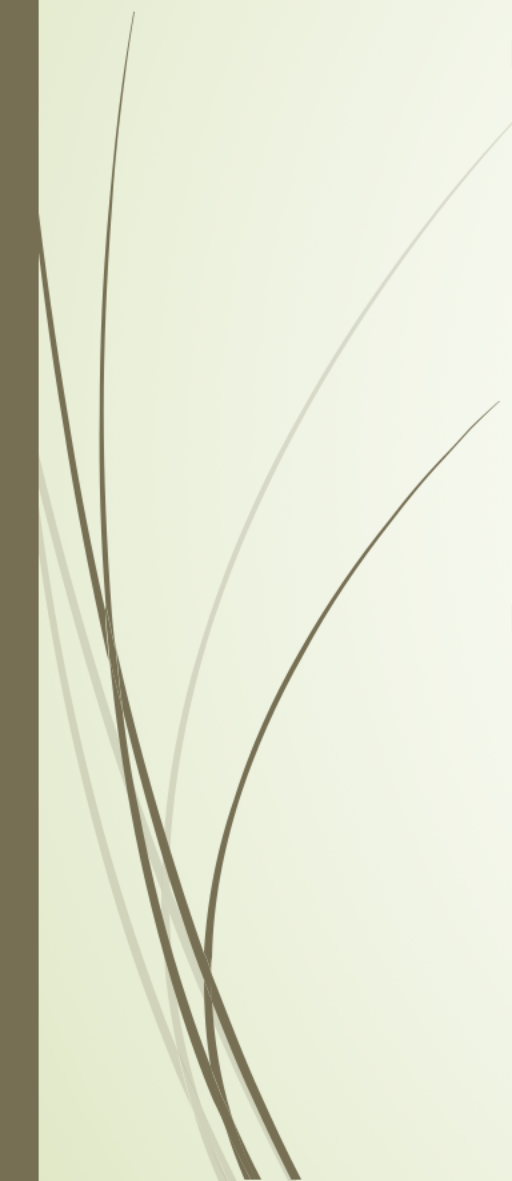



IMHCN

- ▶ In Europe, where for 20 years so far the **International Mental Health Collaborating Network** (a voting member organization of the WFMH) aims to bring together good practices and services.
- ▶ The IMHCN, established by a **first group of leading mental health organizations**, under the aegis of WHO Geneva in 2001, is currently working for a **whole life, whole system, whole community approach to mental healthcare**.
- ▶ Places like **Trieste** (and the Region Friuli Venezia Giulia) in Italy, **Lille** in France (which are WHO Collaborating Centres), **Asturias** in Spain, **Cavan and Monaghan** in Ireland, Cornwall, **Plymouth and South Wales** in the UK, **Lyngby** (Copenhagen), **Utrecht** in the Netherlands, **Prague**, etc. have closed their psychiatric hospitals or have at least severely limited and / or eventually excluded the use of coercion and seclusion (www.imchn.org).



UN

- These services have **reacted to the limitations imposed by the Covid-19 policy in proactive way**, not just closing outpatient services but **providing outreach, home supports, integrated personalized interventions, prevention of hospitalization, remote online support including group therapies, and responding to primary needs** of those in social isolation or deprivation.
 - The **UN policy brief**, presented by Secretary General Gutierrez, goes in the right direction: to recognize the essential services for people with severe disorder, to involve the whole society and above all the stakeholders as protagonists, to make national plans and to invest, to involve the community, to increase and reorganize services, and above all to deinstitutionalize.
- 



Big issues identified by Covid-19 Requiring Fundamental Change in Mental Health

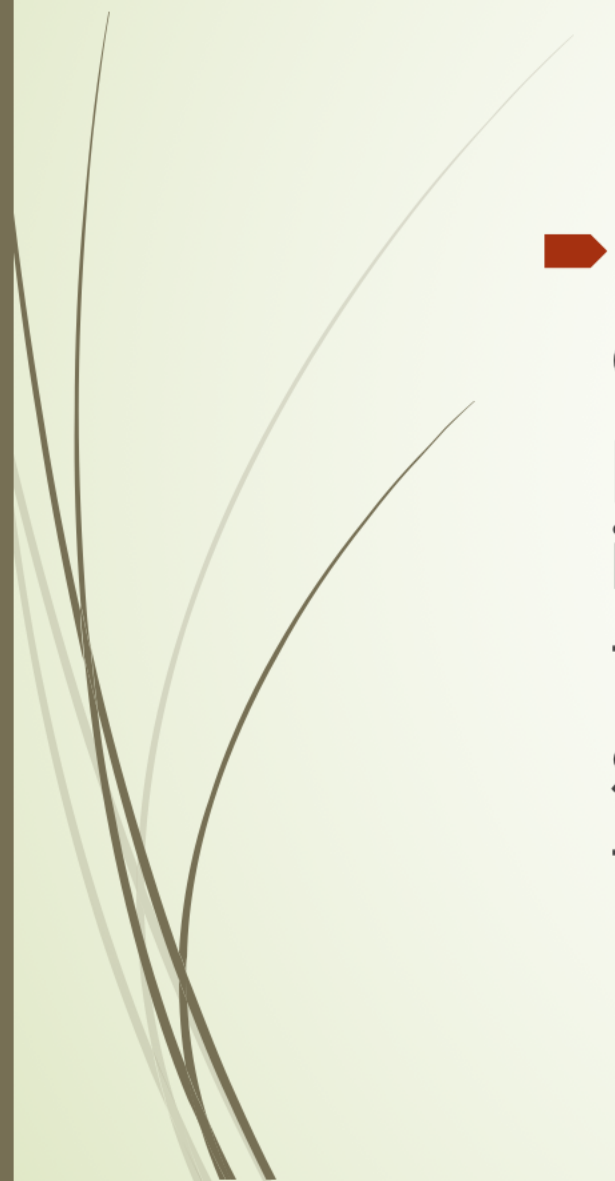
A Global and Local Action Plan
For Us All

Developed by a coalition of coalitions:

- International Mental Health Collaborating Network
- World Federation for Mental Health
- World Association for Psychosocial Rehabilitation
- Mental Health Europe
- European Community based Mental Health Service Providers (EUCOMS) Network
- Global Alliance of Mental Illness Advocacy Networks GAMIAN
- Human Rights Monitoring Institute (HRMI)
- Italian Society of Psychiatric Epidemiology (SIEP)
- Transforming Australian Mental Health Service System




2. Our Vision

- 
- “A world which respects and values the differences between individuals, enabling people who experience mental health issues, with appropriate supports, to lead fulfilling and productive lives using their strengths and resilience to contribute as full citizens and enrich our societies.”




Big Issues and Actions for Change

- 4.1 Society and Responsibility: Building societal responsibilities and responses to people with mental health issues
 - Action Points:
 - A society should take responsibility for determining and meeting the mental health and well being of its citizens founded on human and civil rights and a collective vision of responding to peoples' social and economic needs.
- 




Big Issues and Actions for Change

- 
- 4.2 Learning how service users and families have coped during the Pandemic. Discovering and valuing the ways people have shown their resilience and ingenuity at this time.
 - Action Points:
 - Gathering evidence of innovative practices and approaches that provided support during the pandemic. These activities must be captured, through action research and open discussion forums with service users, family members, peer workers and organisations.




Big Issues and Actions for Change

- ▶ 4.3 There is a fundamental need to focus on understanding the importance of the social determinants of mental health in meeting the whole - life needs of people
 - ▶ Action Points:
 - ▶ Developing local strategic plans on the social determinants of mental health through a community partnership that acknowledges international frameworks and goals.
- 




Big Issues and Actions for Change

- 4.4 Changing the thinking within mental health services, professionals, organisations and communities
 - Action Points:
 - Promoting a different belief that people can recover and discover a life of hope and purpose, especially amongst the professionals.
- 



Big Issues and Actions for Change


- 4.5 Increasing the ways to keep people connected, involved, informed and supported.
 - Action Points:
 - We must bring the voice of service users and families into the centre of decision making by ensuring that there is real connection, trust and support.
- 



Big Issues and Actions for Change

- 4.6 Human Rights: Acting on Human Rights and Fundamental Freedoms: Moving toward avoiding coercive practices

Action Points:

- Reducing the emphasis on risk aversion.
 - Avoiding involuntary treatment orders, locked doors, seclusion and restraint.
 - Changing attitudes, embedding evidence-based approaches to reduce and eliminate these forms of control.
- 




Big Issues and Actions for Change

- 4.7 Education and Training: Developing education, training, continuing education and retraining of all mental health workers to increase our skills and knowledge on recovery, social inclusion and community partnerships
- Action Points:
- We need to enlist universities and colleges and professional organisations to review foundation and continuing training curriculums toward developing new learning, based on human rights and recovery and discovery approaches.

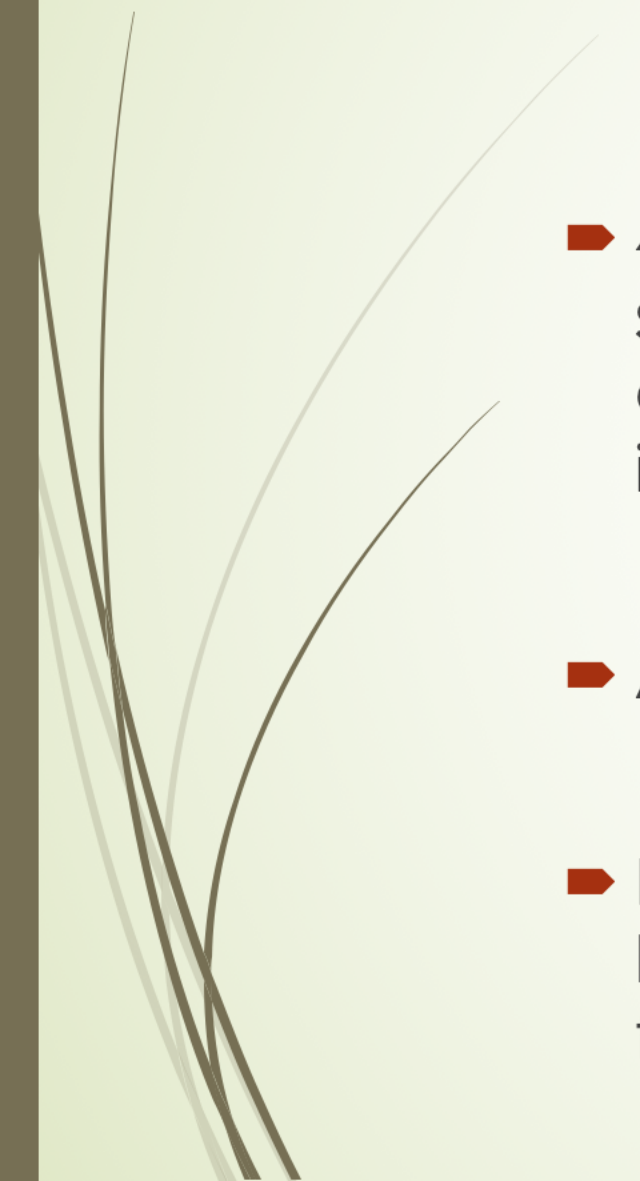


Big Issues and Actions for Change

- 
- ▶ 4.8 Self Help: Ensuring knowledge and availability of existing person centred self-help, tools and instruments; increasing the use of psycho-educational resources; and developing new resources.
 - ▶ Action Points:
 - ▶ Ensuring the availability of existing person centred materials, books, apps, tools and instruments.

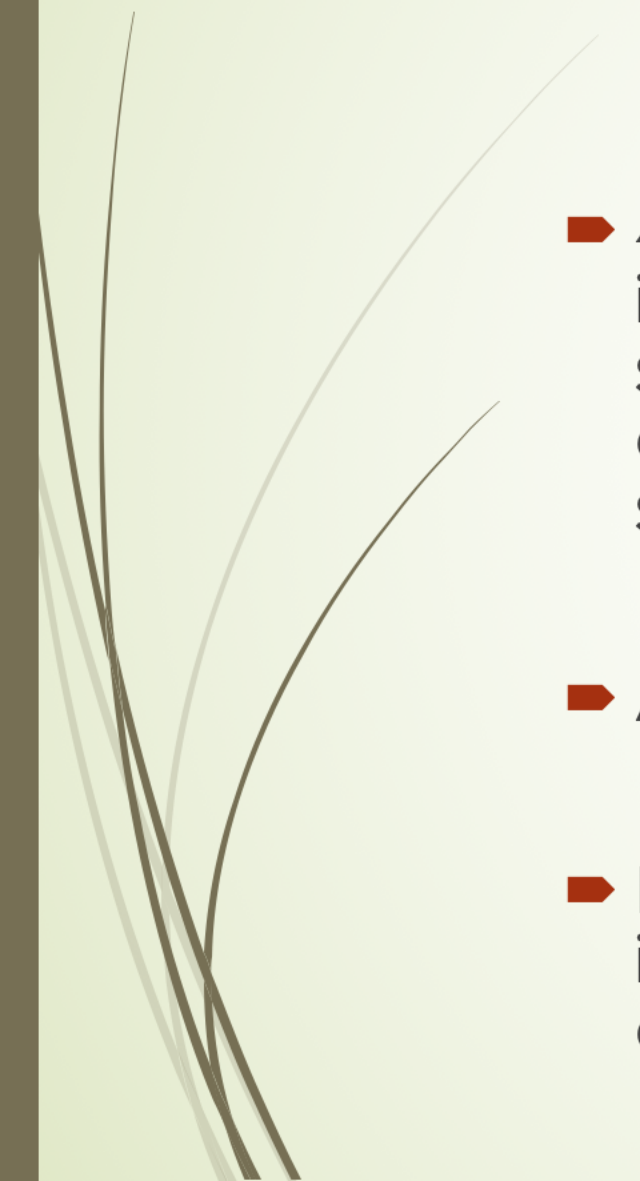


Big Issues and Actions for Change

- 4.9 Mutual Support: Establishing and promoting mutual support for service users and carers with the aim to enhance togetherness, knowledge, resilience and to increase hope and sense of belonging.
 - Action Points:
 - Developing mutual support groups, peer led groups, self help groups, community forums, citizen assemblies, formal and informal advocacy.
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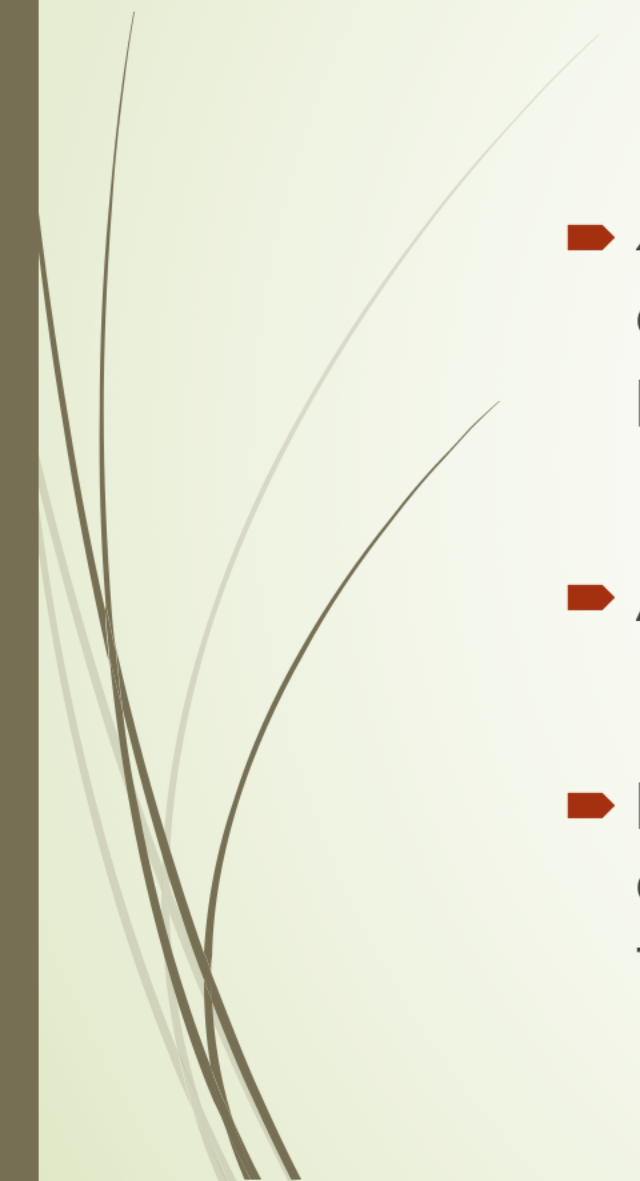


Big Issues and Actions for Change

- 
- 4.10 Deinstitutionalisation: Closing the large psychiatric institutions through strategic and incremental plans, simultaneously increasing the availability of comprehensive community mental health service systems.
 - Action Points:
 - Relaunching the campaign to close all psychiatric institutions by using all forms of social media, webinars, online conferences, seminars, tutorials and forums.

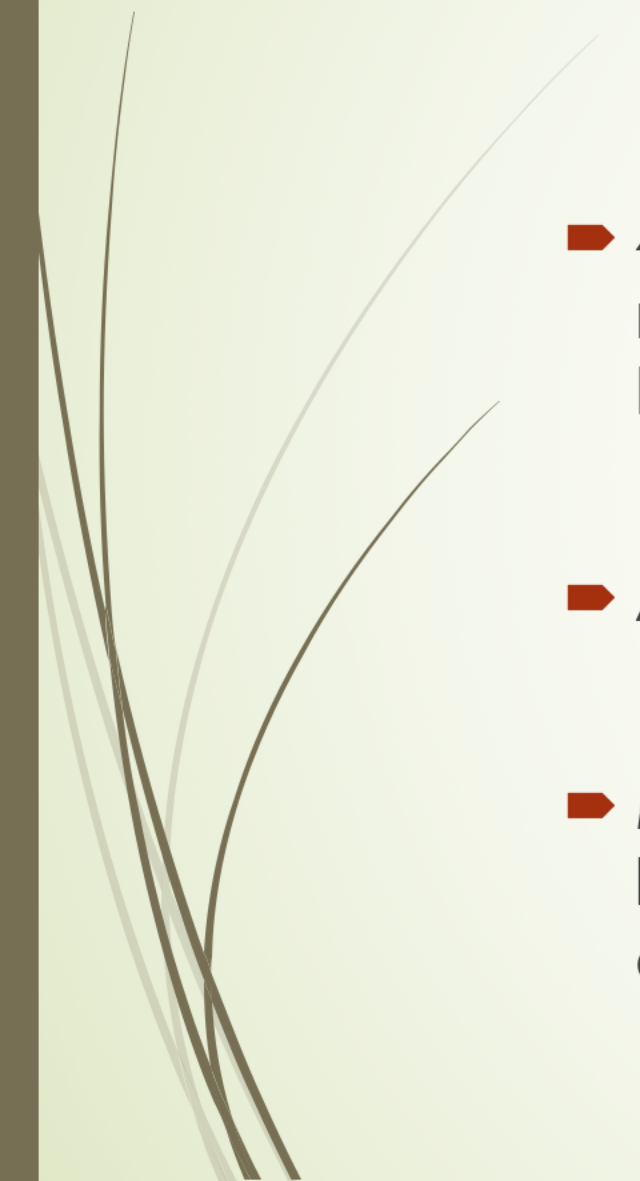


Big Issues and Actions for Change

- 4.11 Discovery and Recovery: Increasing the availability and choice of discovery and recovery informed practices.
 - Action Points:
 - Identifying and making available the wide range of discovery and recovery informed practices, tools and therapies.
- 



Big Issues and Actions for Change

- 4.12 People diagnosed with mental health conditions must have increased life expectancy and this issue must be urgently addressed by
 - Action Points:
 - Mental health organisations must focus on increasing the life expectancy of people with mental health problems and issues.
- 

Service principles: Community centered work in mental health. Integration

- Planning for the **integration of community mental health whole system** through:
 - Using methodologies and structures for co-planning and co-management of all services, approaches and interventions.
 - **Mainstreaming:** All mental health services should be an equal part of the general health care system and delivered at a local community level.
 - **Co-production:** The participation and empowerment of service users and carers (both past and present) is necessary in the planning, management and evaluation of services. The energy for successful service transformation comes from the knowledge of those who use the services based on their whole life needs.
 - **Equalities and Participation:** The participation of all stakeholders in decision making and self determination is essential for a co-production approach.

Services: deinstitutionalization and no coercion

- **No coercion:** All levels of involuntary and imposed treatments must be limited and considered a last resort after having possible alternatives. These practices based on human rights include having open doors, open access, no seclusion, no restraint, no compulsory treatment. These should be enforced legally and through shifting the power balance between the service user and the professional promoting a culture of positive / shared risk taking and developing specific training opportunities.
- **Work towards reducing the use of secure beds / units** means recognising that institutional forms of limiting freedom are contradictory and need to be addressed. We also need to manage the contradictions of sanctions within the prison system
- **No long term psychiatric hospitals:** The process of de-institutionalisation and closure of large psychiatric institutions is the foundation of community based mental health services. They should not coexist as this undermines the quality of the care and support in the community and peoples human rights.

Services: fully community based

Proximity: Services should be offered as close as possible to people homes and in neighbourhoods known to the person. Person / group / network / local community / institutions / society: this is the progression from the individual to the collective and social dimension

- **Community based services** must be small scale, accountable, responsible, accessible, mobile, flexible, not only physically located in the community, including utilising social media, apps and other internet based supports. These must be accessible 24 hours a day, seven days a week with multidisciplinary staff also providing home treatment and respite beds as alternatives to hospitalisation. This should have the aim and the capacity to care for people with severe problems.
- **The Holistic approach:** to all aspects of life (health and social determinants) does not separate the mental health condition, life experiences and the vicissitudes of life as they should be understood and responded to in relation to the whole life needs of the person. This approach should apply to every organisation, system and interventions in many respects. This approach is antithetical to biomedical reductionism and therefore should be central to the new paradigm.
- **Evidence based ethics:** The adoption of ethical, bioethical, rights-based values must be founded upon a person centred approach. This requires the development of participatory, dialogical, dialectical, multilateral relations between services, citizens and communities.

World Mental Health Day 2020

2020



**A Call to Action
Mass Scale Investment**



Mental Health for All

Greater Investment – Greater Access.



Everyone, everywhere...

Mental Health for All

Greater investment – Greater Access



World Health
Organization



POWERED BY

**YOUTH FOR
MENTAL HEALTH**

CHANGE STARTS YOUNG

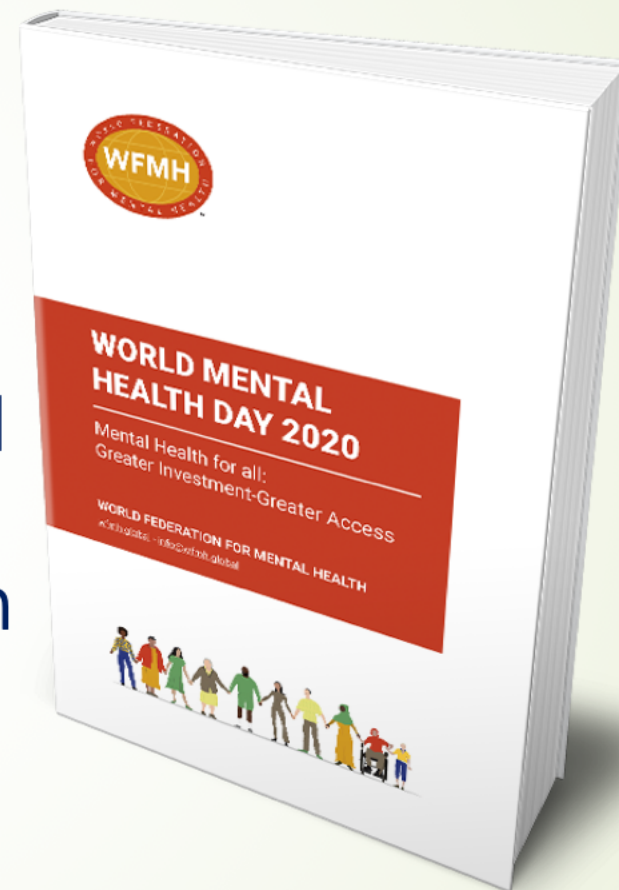


Clubhouse International

Creating Community: Changing the World of Mental Health



The World Federation for Mental Health has put together the **educational material to support this year's World Mental Health Day** theme and this will be available for download from the WFMH website from 1 September 2020 on this link: <https://wfmh.global/world-mental-health-day-2020/>





Investing in MH

- Investing resources in mental health means many things. First of all it means attention, appeal to public opinion, focus on collective needs to promote a better quality of life.
- It can even mean more money to **psychiatric hospitals, asylums and other places of seclusion. Already in the world they absorb more than 80 percent of the resources allocated to mental health.**
- We want investments that increase the **social capital of communities and individuals**, which are mediated by programs and services that increase user confidence.
- We want investments that bring people with psychosocial disabilities, who are the **new poor** and who are tied to addictions and who are denied the possible autonomy of a life project, out of poverty.
- We want productive investments that **transform people's lives** and the community services themselves, which are often their most important support.



Conclusions

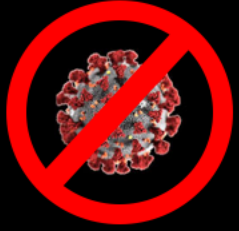
- Thus we need to emphasize the importance of **community based services, operating 24 hrs a day, 7 days a week, to mainstream them in healthcare organizations and integrating them with welfare services, promoting prevention of disability through early interventions, contrast to institutionalization, and responding to whole life needs, from housing to work to social inclusion.**
- Such services need to be planned, delivered and evaluated in co-production with stakeholders, starting from people with lived experience and their carers. The low level of coercive care is one of the most encouraging indicators, as in Italy



Key messages

1. The Covid-19 has **distressed human environments and individuals worldwide, especially those with existing mh conditions** and related services. It has also created a need for more integrated community interventions, also addressing social determinants of health.
2. Mental healthcare is **underfunded everywhere** in the world including Europe, but nonetheless remarkable **cost-effective good experiences** have been developed involving the society at large and addressing social determinants.
3. Mental health **must be involved in all policies**, and investment must enhance community services, close to people and their living environments, moving away from institutions, as UN and WHO are claiming today.
4. Finally, we stress the need for a **Worldwide Campaign for action to enhance peoples mental health**, a movement calling for fundamental change in the Thinking, Practice and Systems, made up of international, national and local Mental Health organizations, an alliance of organizations and individuals from Low to Middle and High income countries

Responding To The COVID-19 Pandemic...
And



Transforming Our Responses to Poor
Community Mental Health and Wellbeing.

What Can We Learn?





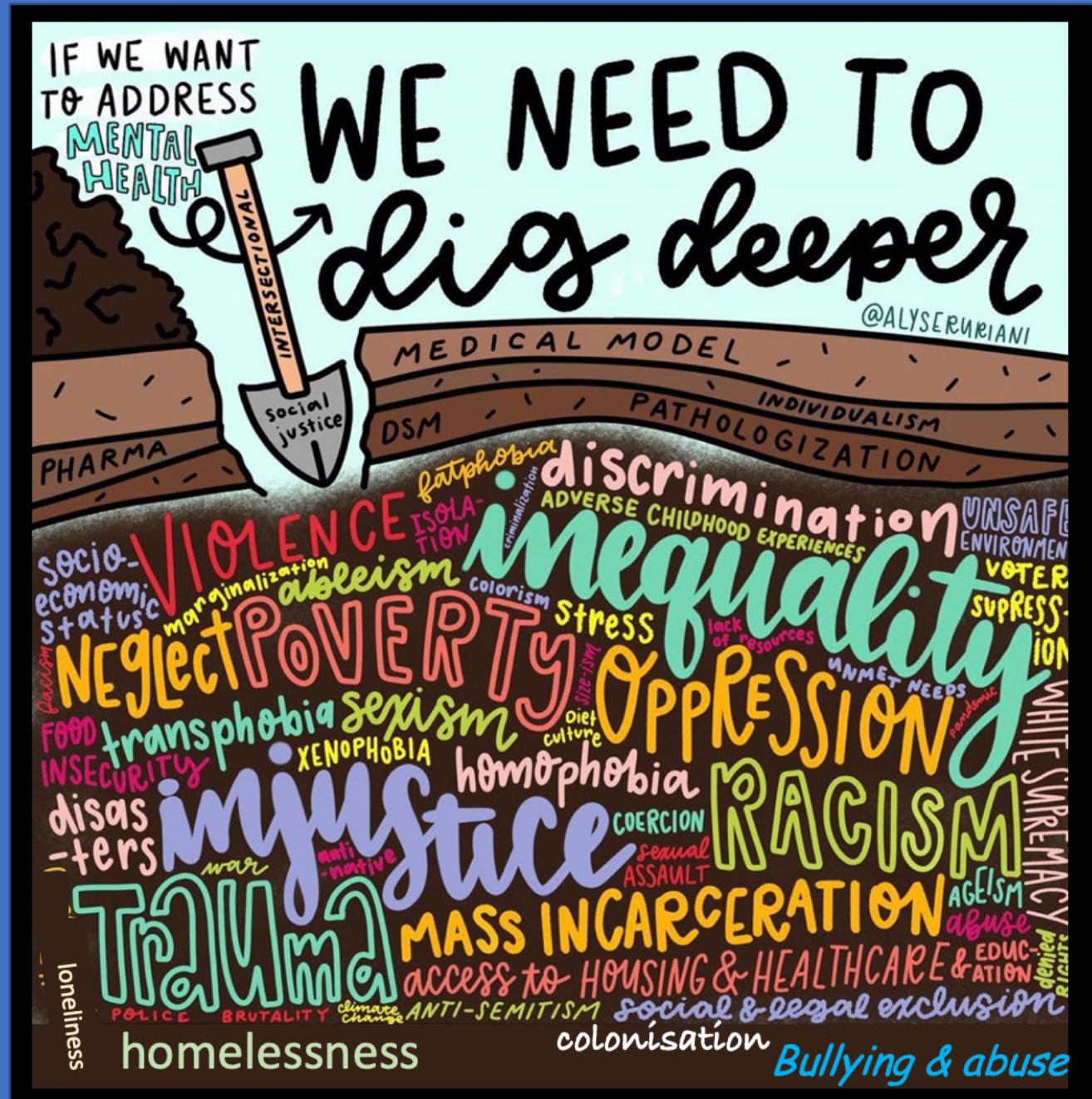


*"...let's make summer
unstoppable!"*

...leadership



...confronting
inequality



Is it time to move away from a paradigm of predominantly seeing medical problems with social implications...

...to understanding that these are *predominantly social problems with medical implications?*



“BALANCING THE SYSTEM”:

CALL FOR NATIONALLY **BALANCED & CONSISTENT
MENTAL HEALTH RESPONSES TO COVID19, CLIMATE
CHANGE & BEYOND**

**All services need to sustain a capacity for, and balance
between safe telehealth, and digitally augmented in-
person, residential & mobile, home-visiting, clinical &
support services & upskilling of our workforce**

Alan Rosen, TheMHS Conference, 2021

International Mental Health Collaborating Network

Brain & Mind Centre, University of Sydney,

Illawarra Institute of Mental Health, University of Wollongong,

Far West NSW Community Mental Health Services



THE UNIVERSITY OF
SYDNEY

BLURRY REMINDER OF “HITCH HIKER’S GUIDE TO THE UNIVERSE”



THE UNIVERSITY OF
SYDNEY

EXPECTED SURGES IN MENTAL HEALTH DISORDERS DURING C19 PANDEMIC

Modelling: Different **lag** phases & **surge** trajectories, with stress & isolation



Severe & Complex Mental Illness

Anxiety Depression & Suicidality

**Economic & Personal Loss,
Grief, Suicidality**



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THE OBSTACLES : INCONSISTENT LEADERSHIP, VACUUM OF CENTRAL POLICY DIRECTION & LOSS OF IN-PERSON CLINICAL BACK-UP FOR NGO SUPPORT SERVICES IN THE COMMUNITY.

<>Service directors told that there was no state health direction on mental health response to C19, and they should come up with local solutions - or plan promised, “being worked on” but yet to appear.

<>Funders, eg NDIS, giving guidance on how to convert to Telehealth, but not on how to do safe home visiting. Exceptions: eg Central Adelaide.

<>Vulnerable service-users avoiding clinical services until acute presentations are inevitable



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INCONSISTENT LEADERSHIP & ROLE MODELLING:

<>Some Community Clinical & Support Teams have reverted to office-based telehealth & have stopped seeing Severe & Complex and Suicidal individuals & their families in person or at home. Suicides have ensued.

<>Avoidant Role Modelling by senior clinicians of all professions

<>Lack of Clinical Crisis Back-up for NGO Community Support Services & associated withdrawal of Home Visiting & Community Transport services



SYSTEMIC OBSTACLES TO ACHIEVING BALANCE

- <> Lack of PPE + Community MHS Safety Training**
- <> Early Stealing & Selling PPE on Ebay**
- <> Realistic Contagion Fears for Self & Family**
- <> Absenteeism & Presenteeism.**
- <> Some Public MH Services have contingency plans to shift Community staff into Inpatient Unit Positions to replace C19 Infected staff and Contacts.**
- <> Passive-Response, Sedentary & Late intervention.**
- <> Workforce: some lack training & confidence in evidence-based outreach working integrating with peers**

..BUT MOST STAFF ARE PREPARED TO GO TO GREAT LENGTHS TO CARE FOR OTHERS WITH LEADERSHIP



SOLUTIONS

1. Expand evidence-based mobile outreach community mental health services. The Hospital in the Home model of care is a key innovation that will help to prevent likely access block at hospitals and should play a central part in the next wave of m.h. responses.

Digital



Face2Face



Home Delivery

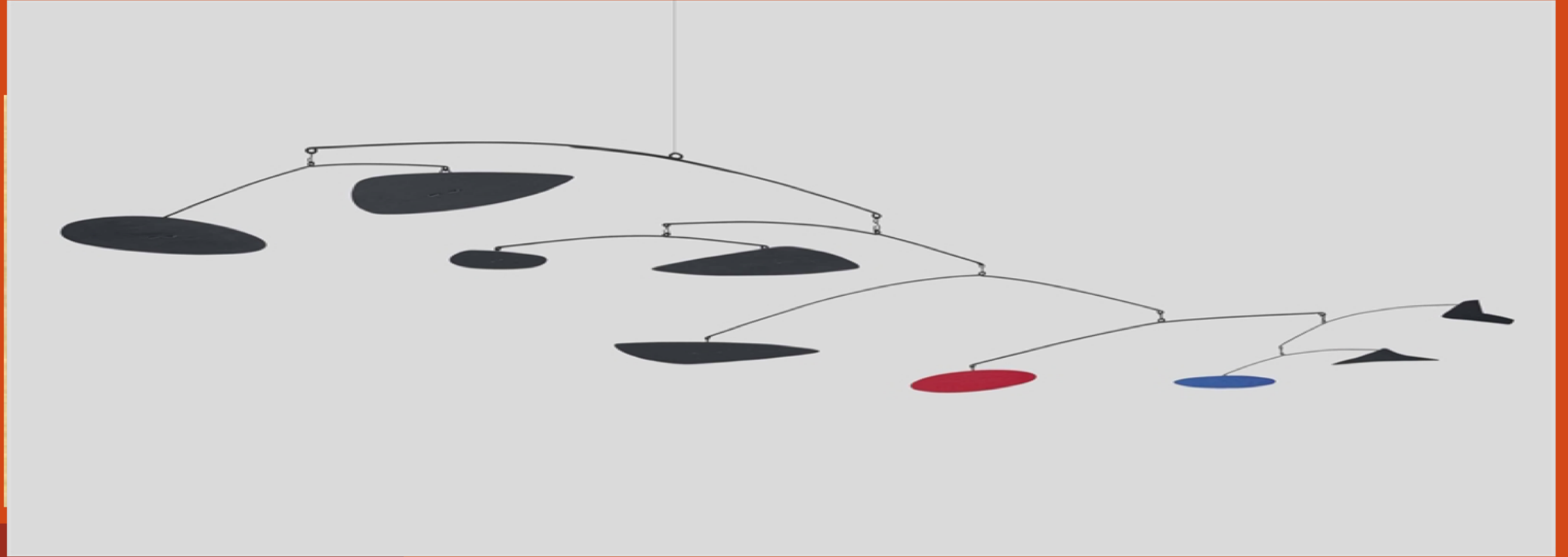
2. Further **augment** & enhance **digital** and **telehealth** technology gear to help organise F2F encounters & to minimise unnecessary person-to-person contact on safety grounds. = Digitally augmented MHS.

3. Ensure nationally coordinated replenishment of depleted Community MH Teams so there will be familiar trusted local practitioners on the ground. **Our Federal Govt response has mainly invested in on-line advice & distant stranger, transient telehealth practitioners.....and a few pilots (eg. Adult Hubs).**



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“BALANCING THE SYSTEM” : MENTAL HEALTH CARE ECOSYSTEMS ARE LIKE ALEXANDER CALDER MOBILES



Rosen A, Gill N S, Salvador-Carulla L, The future of community psychiatry and community mental health services, Current Opinion in Psychiatry, 33: 4: 375-390, July 2020



THE UNIVERSITY OF
SYDNEY

SOLUTIONS [CONTINUED]

4. Back-Up & Support

<> Ensure adequate safety and personal kit & procedures for all service-users, clinical and NGO providers.

<> **Mental health providers must be assured that there will be no retractions of community mh staffing or their outreach capacity,**

<> Strong and compassionate management support, thorough safety training, adequate supplies of personal protective equipment & technology, regular supervision, pastoral mentoring, mh counselling & Communities of Practice.

<> Nationally Consistent **Workforce** Upskilling in InterDisc Teams

<> OHS in full consultation with Staff industrial representatives.



LESSONS FOR THE FUTURE

<> Loss of Biodiversity, Droughts, Extreme Fires, Hail, Floods, Erosion of Water, Food, Energy security, Nuclear Catastrophe & Pandemics are interconnected via Climate Change. We need to mobilize as well to face these common threats to life & health, mental health & wellbeing on our planet.

<> This pandemic, in particular, highlights the devastating combination of an intertwined global economy, unpreparedness, belated action, social inequities & disconnection, competition for resources, old-style growth politics and hyper-individualism.

<> However, altruistic responses by essential workers, everyday people & some governments also show that widespread, positive change in human behaviour is possible – at least in the case of an acute global health crisis. What we learn from this may also apply to the major existential risks to humanity that are now unfolding.



SO, THANK YOU FOR ALL THAT YOU DO

**WE CAN ALL BE MORE EFFECTIVE IF
WE ALL SHARE MORE COMMON GROUND**



Climate change is the ultimate form of globalization:

What we each do about it affects all others' lives.

What action we design & do together works much better.



RECLAIMING THE “ASYLUM”

WITH THE HELP OF LUACA, TAPIA DE CASARIEGO, PUERTO DE VEGA AND CUIDILLERO
“BENEVOLENT INSTITUTIONS” (S SEGAL) OR “INTENTIONAL COMMUNITIES”

ASYLUM = EL ASILO =
A **HAVEN** or refuge in which
to seek shelter
AND
A **HARBOUR** from which to
set out again
- John Wing

-**inner**: 24hr community residential

-**middle**: ACT team

-**outer**: CMHT & Primary Health
Care

“If you stay in the harbour too
long you may forget how to
sail” --Carmen Villavorde, Asturias



DEALING WITH COMPLEXITY

E.G. THE **“QUINTUPLE WHAMMY”** OF LIVING WITH:

1. Severe & Complex Mental Illness
2. Co-occurring drugs & alcohol
3. Co-occurring physical disorders
4. Being Marginalized & Socially Excluded: e.g.
indigenous, remote & alienated from mainstream society,
incarcerated, forensic system, damaged environment but
kept from custodial duties; alienated youth, living with
disability.
5. Unstable housing & income: homeless & poor; multiple
deprivations/ social determinants of illness

