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Supporting community-based mental health initiatives: insights from a multi-country programme and recommendations for funders

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ABSTRACT

Community-based mental health initiatives are uniquely positioned to understand the mental health needs of their local population and provide relevant, culturally appropriate and sustainable responses. However, at the grassroots level, mental health initiatives in low- and middle-income countries face key challenges, such as inadequate funding, barriers to demonstrating impact and difficulty engaging with stakeholders. The Ember Mental Health programme establishes 12-month partnerships with community-based mental health initiatives in low- and middle-income countries to support them to address these challenges, grow and achieve sustainability. This paper outlines a longitudinal qualitative study conducted to evaluate the 2020-2021 Ember Mental Health programme. Data were collected from March 2020 to March 2021 through semistructured interviews conducted with 11 initiatives at various time points throughout their Ember Mental Health partnership. A framework approach was used to analyse all data in its original language. Findings indicated that initiatives particularly benefited from provision of side-by-side mentorship; opportunities for skills strengthening and strategic thinking; occasions to network with other like-minded initiatives and/or experts in global mental health; and support on team empowerment and well-being. Based on these findings, we put forward various recommendations for funders and other stakeholders working to support community-based mental health initiatives in low- and middle-income countries. Through establishing collaborative partnerships that challenge more top-down, traditional funder–grantee relationships, it is possible to support the rich ecosystem of initiatives working to address the mental health needs of communities.

INTRODUCTION

The social and economic systems and structures that affect people's everyday lives play an important role in shaping their mental health.[1 2] While structural responses are needed (eg, poverty reduction strategies, policies ensuring the human rights of vulnerable populations are protected, etc),[3–5]

SUMMARY BOX

⇒ Community-based mental health initiatives play a unique and crucial role in addressing the needs of their communities, particularly in settings where access to other types of mental health services may be limited.
⇒ However, these initiatives often face the challenge of operating with very limited resources and support, hindering their sustainability and growth.
⇒ The Ember Mental Health programme was designed to address these challenges and offer tailored support to community-based mental health initiatives working in low- and middle-income countries.
⇒ First-hand accounts from implementers on the ground highlight key areas of support and outstanding challenges.
⇒ Concrete recommendations in the areas of mentorship, funding, well-being and networking are put forward for stakeholders—particularly funders—partnering with community-based mental health initiatives.

community-based mental health initiatives (CBMHIs) also play an essential role in supporting local populations to identify and address risk factors, promote mental health and well-being and strengthen systems of care through specialised support.[6] CBMHIs are well positioned to understand the needs and priorities within their local contexts and are uniquely equipped to respond with relevant, culturally sensitive and sustainable strategies.[6] However, these initiatives face significant challenges, including insecure, restrictive funding often tied to burdensome administrative processes,[6 7] limited organisational capacity—including capacity to apply for competitive funding calls—and difficulties demonstrating impact or disseminating their work to and engaging with stakeholders.

Indeed, across all funding sources, resources allocated to mental health are low.

Median government expenditure dedicated to mental health ranges from just US$0.02 per capita in low-income countries to US$2.62 in upper middle-income countries.[8] Further, available government funding does not always make its way into communities. In low- and middle-income countries, over 80% of mental health spending goes towards psychiatric hospitals typically located in urban areas,[8] and many district-level health planners lack any budget line for mental health.[9] Funding by global actors is also scarce. By 2017, only 0.4% of international development assistance for health was allocated to mental health (US$132 million)[10]—this may have decreased recently due to cuts in official development assistance from high-income countries and diversion to COVID-19 response activities.[11] Mental health also receives the lowest proportion (0.5%) of philanthropic development assistance compared with other health conditions.[12] Where funding is available, it may be granted for only short periods of time or with restrictions on when and how it can be spent, that make it difficult for CBMHIs to remain responsive to local needs and priorities.[7 13]

Demonstrating impact is another resource-intensive task that is not always adequately costed and supported by funders, even when it is required as a condition of funding.[14] Showing how and to what extent initiatives are impacting the mental health of their communities is essential to service development and improvement—yet it requires technical expertise within teams that may not always be available. Further, the field of global mental health has traditionally focused on clinical and functional outcomes to measure impact.[15] However, these metrics are not always the most directly relevant or feasible for CBMHIs addressing contextual issues or systemic vulnerabilities to improve mental health, such as access to employment, or discrimination based on HIV status.[16]

Finally, funders are not the only stakeholders to whom CBMHIs are accountable. Previous studies have highlighted the lack of time for and logistical difficulties faced in establishing collaborations and engaging different types of stakeholders, such as policy makers, implementation partners, service providers, people with lived experience and communities themselves.[13] Active stakeholder engagement is crucial for participation in knowledge transfer, dissemination of work, increased service uptake, policy change and promoting long-term adoption and sustainability of activities.[13 17 18]

To address these challenges, the SHM Foundation, a UK-registered charitable foundation, and the Mental Health Innovation Network (MHIN), a collaboration between the London School of Hygiene and Tropical Medicine and the World Health Organization (WHO), initiated the Ember Mental Health programme ('Ember') in 2019 (box 1). Ember supports CBMHIs in low-resource settings to sustain, grow or replicate their work. Over the course of a 12-month partnership, Ember works with initiatives in areas such as accessing funding, expanding their networks or building skills to demonstrate impact, communicate with stakeholders or develop

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Box 1   Origins of the Ember collaboration

Ember is the product of a collaboration to help community-based mental health initiatives (CBMHIs) grow and replicate their work, become more sustainable and maximise their impact. For the SHM Foundation, the need to promote the visibility of CBMHIs and help them access funding opportunities became apparent as a result of their own efforts to develop and scale the Zumbido Health model. Zumbido Health is an innovation that facilitates peer-to-peer psychosocial support groups via mobile phone that has been implemented in Mexico, South Africa, Guatemala, Zambia, Zimbabwe and the UK.[31–33] Challenges faced in generating evidence of impact, obtaining funding and building networks brought the SHM Foundation into partnership with the Mental Health Innovation Network (MHIN). MHIN was originally established to support the knowledge management needs of Grand Challenges Canada's fast-growing portfolio of global mental health grantees in these areas. The Ember collaboration allows MHIN to extend this support to other initiatives, while harnessing the SHM Foundation's first-hand experience and the expertise of its multidisciplinary networks, to create a global resource for CBMHIs.

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business plans. Here we describe key learning from the 2020–2021 Ember programme and recommendations for funders and other stakeholders interested in supporting implementers in global mental health.

THE EMBER APPROACH TO BUILDING PARTNERSHIPS WITH COMMUNITY-BASED MENTAL HEALTH INITIATIVES

Ember's approach to community-based mental healthcare is based on: (a) contextual specificity; (b) interdisciplinarity and coproduction of knowledge; and (c) sustainability over scale. Accordingly, Ember forms partnerships with CBMHIs addressing the needs of local communities in culturally relevant ways that want support to sustain, grow or replicate their work. Support is provided as needed in the areas described in figure 1. Ember has a multidisciplinary team with skill sets in research, implementation science, business, technology, education, social work, design and communications. Support is currently available in English and Spanish. After conducting a pilot programme with six initiatives in 2018–2019, Ember partnered with 12 additional initiatives from 2020 to 2021, following the process detailed in figure 2.

In addition to the core financial support provided (ranging from £2500 to £5000), all initiatives in the 2020–2021 programme received a stipend via Ember's Well-being Fund, to support the mental health of team members during the COVID-19 pandemic. Several initiatives received further support through the Transformation Fund, to help overcome operational challenges caused by the pandemic.

EVALUATING THE EMBER PROGRAMME

The Ember programme was evaluated to assess the impact of the support provided through the 2020–2021

Figure 1 Areas of assessment of the Ember Health Check tool.

partnerships. The guiding research question was: what were the key achievements and shortcomings identified by initiatives from their partnerships with Ember?

A longitudinal qualitative study was carried out to understand how the perceptions of participants changed across different points during the partnership.[19] Data were collected from March 2020 to March 2021 through semistructured interviews conducted at two or three different time points: 3 and/or 6 months from the start of partnerships, depending on participants' availability and at the end of the partnership. Interviews covered the following domains:

► Initiative's needs and expectations about how the partnership could address these
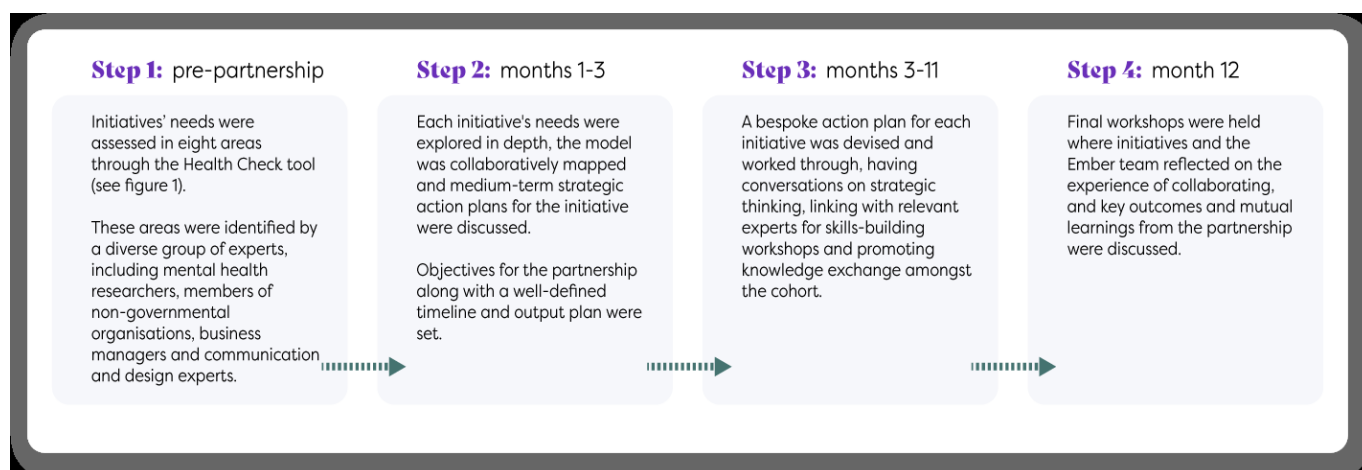
Figure 2 Ember partnership process.

Table 1 Participant characteristics

	n (%)
Gender (n=14)	
Female	8 (57)
Male	6 (43)
Region (n=11)	
Africa	4 (36)
South Asia	3 (27)
Southeast Asia	2 (18)
South America	2 (18)
Type of initiative (n=11)	
Treatment provider	6 (54)
Promotion and awareness	2 (18)
Livelihood	2 (18)
Advocacy	1 (10)

► Skill-building needs of initiative members
► Highlights and challenges of the partnership
► Key achievements and remaining areas of work

Interviews were conducted after obtaining informed consent by two researchers experienced in qualitative health research. Consent was sought to audio record interviews. Interviewers had been involved in the partnerships in various capacities; social desirability bias may have therefore affected responses. To minimise this bias, interviewers emphasised the confidentiality of interviews, and that comments and feedback would in no way impact the nature of the partnership moving forward. A session was also organised with all participants after preliminary data analysis to ensure that interpretation of findings by the researchers felt true to the experiences of participants. Audio recordings were transcribed verbatim for analysis.

Participant characteristics
Fourteen members from 11 initiatives took part in the current evaluation (see table 1). One initiative did not agree to take part in the evaluation due to lack of availability.

Analytical approach
A framework analysis approach was used, as described by Gale and colleagues.[20] Researchers followed a process of (a) data familiarisation, (b) coding, (c) development of an analytical framework, (d) double coding of 80% of the data using the analytical framework, and (e) identification and discussion of emerging themes. All data were analysed in the language in which they were originally collected (either English or Spanish) by researchers fluent in these languages. Analyses were conducted using Dedoose version 8.3.45.

LEARNING FROM THE EVALUATION: HOW CAN PARTNERS AND FUNDERS BEST SUPPORT COMMUNITY-BASED MENTAL HEALTH INITIATIVES?
Provide side-by-side support and mentorship
Initiatives highlighted Ember's active listening and the '*open*' (P4, Baseline) relationships developed, making coproduction possible: '*I feel that I have a right to choose […], for me that is a true partnership, you are on equal footing*' (P3, Baseline). Enabled by this horizontal approach, participants underlined Ember's tailored support package, adjusted to organisation's needs, availability and resources:

> [Ember] really cares about improving and strengthening the organisations it supports, based on the resources they already have and focusing on what their real challenges are. […] [Ember] does not come with a recipe, but rather, from a place of respect and care, they are willing to listen […] and work from there. (L1, End line)

Ember was perceived as '*[…] more than a mentor, Ember's been a buddy*' (P4, End line), but also an external partner enabling critical reflection and growth: '*Ember helps you gain insight, gain awareness, see your programme from a different perspective*' (L4, End line).

Facilitate opportunities for skills strengthening
Initiatives described the partnership as helping them acquire and strengthen a wide range of skills: writing; website development; monitoring and evaluation; communication with various stakeholders and researchers working in mental health; conducting research; staff well-being; developing a theory of change; and branding. Participants highlighted Ember's multidisciplinary network of '*experts around the world*' (L5, End line) that could be drawn upon, as needed.

Promote empowerment and leadership
Many participants explained that the partnership had empowered their team, increasing confidence in their model and promoting more ambitious medium-term and long-term planning; for example, by building skills to work more confidently on outputs, engaging in new streams of work and reflecting on their project's value and their team's inherent strengths. '*It has changed how we view ourselves […] being recognised as partners and as legitimate people with a collective voice and having such visibility etc., it has boosted our self-esteem individually as well as a group*' (P3, Baseline).

Provide a space for strategic thinking
Participants frequently reported that the partnership had brought clarity to their initiative's identity and helped develop ways to articulate this. A range of activities enabled this, including: discussing initiative's strengths and challenges; developing communications strategies, pitch documents and branding (ie, logo and visual identity); partaking in theory of change workshops; and defining systems for monitoring and evaluation. Participants highlighted how working with Ember provided

a space to reflect, solidify their organisation's vision, efficiently set priorities moving forward and lay out a feasible path to attain their goals. Many initiatives had been unable to prioritise this due to more immediate commitments: '*We get so used to that whole rat race and we keep on postponing things […] And [now] we are sitting and really thinking through different aspects of the organization*' (P1, Baseline).

Enable networking

Participants described the partnership as a gateway to new opportunities and contacts. Coproducing pitch documents, developing a website or being mentioned on Ember's social media channels was particularly helpful in reaching a wider audience: '*The website, it is also a vehicle now for us then to be noticed by potential donors, individuals*' (L3, End line). Through the Ember network, initiatives enjoyed connecting with fellow organisations facing similar challenges, making them feel less isolated in their work: '*Actually there are so many people around you and they are working really hard, so like I was inspired by the energy*' (L6, Midline). Ember's wider network of contacts was also important in increasing the initiative's visibility through participation in webinars, facilitating communication with potential funders and showcasing their work on the MHIN website.

Ensure the teams' well-being

Participants described Ember's approach throughout the collaboration as caring—namely because of the attention given to teams' well-being in regular check-ins scheduled to discuss progress and morale. Ember's provision of a Well-being Fund was also discussed. This pot of money enabled initiatives to sustain their work and support their team during the COVID-19 pandemic: '*The pandemic happened, and […] the entire Ember team dedicated itself to taking care of us*' (P6, End line). Beyond this financial relief, psychotherapy sessions facilitated by the charity Body & Soul and team-building sessions were cited as key to Ember's role in promoting the importance of 'caring for the caregivers':

> I don't think we've had a session where we have sort of known each other in that way, you know we work together, we eat together, we go to the field together but to have a team come together and just share and open up, that was… that's one thing that we have been able to achieve through Ember. (L4, Baseline)

LEARNINGS FROM THE EVALUATION: CONSIDERATIONS FOR IMPROVED SUPPORT

Four key areas were identified where further support from Ember was needed. These should be accounted for in future work:

► More collaboration and exchange between initiatives: although online gatherings were held throughout the year, participants felt that the wealth of experience within the cohort could have been further leveraged through more opportunities to share lessons learnt with current and previous cohorts.

► Longer term support: 1 year was considered by some to be insufficient time to integrate necessary changes to achieve sustainability. The partnership's first year set the foundation for initiatives to take next steps, for which they would also value Ember's support. Based on this observation, Ember is now taking on and investing in a subset of initiatives for a second year.

► Securing funding: most participants reported that funding insecurity continued to threaten their sustainability. Further support connecting with funders and developing grant writing skills were suggested, with these starting earlier on in the partnership.

► Language diversity: a few initiatives reported that their wider team could not be fully involved in the partnership unless they spoke English or Spanish.

KEY RECOMMENDATIONS FOR FUNDERS AND OTHER STAKEHOLDERS PARTNERING WITH COMMUNITY-BASED MENTAL HEALTH INITIATIVES

Based on the findings of this evaluation, we put forward the following recommendations for supporting CBMHIs.

Horizontal, tailored approaches as key to successful partnership

Initiatives consistently highlighted the horizontality of their relationship with Ember and the flexible, customised format of the support provided. It is recognised that power imbalances and centralised decision-making are significant barriers for community-based initiatives across many sectors to engage in partnerships.[21] Results of this evaluation indicate that fostering ecosystems of collaboration and partnership based on trust and conversation can better address their needs and lead to more sustainable outcomes. Further, they underscored the importance of ensuring that support packages are tailored to local understandings of mental health, to the health system structures within a particular context and to the specific needs and vision of an organisation. Building multidisciplinary, multilingual support teams that can offer unique insights into different components of organisations (governance, communications, management, impact, etc) can promote the sustainability of initiatives through skills strengthening, and help overcome the insecurities they face, redefining the meaning of 'expertise' which is often Western and academia driven.

Enable access to care for carers

Appreciation was also expressed for the emphasis that Ember placed on supporting teams' well-being. The COVID-19 pandemic has brought to light the importance of looking after the mental health of those who care for others across healthcare fields.[22–24] Current research investigating the mental health burden of healthcare providers focuses mainly on medical workers[25]; supporting the well-being of employees within and beyond the mental health sector is still a largely unmet need. Participants reported

that receiving well-being-specific funds had been very beneficial during the pandemic—funders can adapt to address contextual needs in times of crises and particularly provide resources that can safeguard the well-being of those working in mental health.

Foster collaboration

Many participants recognised the sense of connection provided by Ember, describing it as a comfortable space to reflect and share, feeling accompanied by a supportive partner or leaving it with a greater sense of empowerment. These findings underscore the isolation and high-pressure environment in which many community-based initiatives operate in low-resource settings.[26 27] Initiatives also appreciated the relationships forged with other organisations from the Ember cohort and gaining access to broader global mental health networks. Fostering collaboration within this field, including opportunities for conversation and knowledge exchange between organisations, should be an immediate priority for funders to support initiatives to thrive. These can both help strengthen and empower CBMHIs operating in similar contexts, as well as enable South-to-North learning that could complement and enhance 'Western' systems of care. Indeed, successful examples of South-to-South and South-to-North learning in global mental health are already emerging, such as the Friendship Bench, which began in Zimbabwe and is now being implemented in Malawi, Zanzibar and New York.[28]

Transform funding mechanisms

Initiatives also reported critical funding situations threatening their sustainability, which could not always be resolved within the 1-year partnership period. These reports resonate with other accounts of global mental health projects operating in low-resource settings[27] and highlight the strain that underinvestment in mental health—a widely recognised issue since the field's early days[29]—places on those working on the ground. Expanding investment into CBMHIs across diverse contexts[30] must be accompanied by longer funding cycles and further diversification of the mechanisms by which funding is currently granted. These must be made more accessible at the grassroots level, for example, through increased flexibility in the format and requirements of applications and reporting processes to funding bodies that account for limited resources—not limited impact— on the ground. See a list of recommendations for funders in box 2.

CONCLUSION

This evaluation highlighted several key changes that are needed to better support CBMHIs to achieve sustainability. International partners and funders need to: (a) build horizontal relationships with local partners/grantees that are centred on understanding and addressing specific needs; (b) promote self-care and well-being by allocating funds in these areas and enabling

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> **Box 2 Recommendations for funders and other stakeholders partnering with community-based mental health initiatives (CBMHIs)**
>
> ⇒ Enable access to flexible (ie, unrestricted in exact use) funds and increase the length of funding cycles to provide medium-term to long-term support.
> ⇒ Recognise that CBMHIs require a range of support, not just funding—building international multidisciplinary teams that can provide support in a range of areas and languages is therefore important.
> ⇒ Provide opportunities for peer-to-peer collaboration and knowledge exchange.
> ⇒ Invest in well-being and ensure that grantees have the support structures they need in place.
> ⇒ Allocate funds to initiatives integrating mental health work into other areas (eg, HIV, maternal health or livelihoods).
> ⇒ Support initiatives in strategic planning to ensure they have the plans and support to move into subsequent stages after their current funding ends.

access to support; and (c) have an important role in fostering collaboration and building spaces and opportunities for knowledge exchange. Finally, to maximise the impact of these innovations and harness the expertise and enthusiasm of the many actors in the field, more flexible and long-term funding needs to be allocated to CBMHIs. Although a common narrative in the field of global mental health is that further innovation is needed to tackle the rising burden of disease attributed to mental health conditions, a rich ecosystem of CBMHIs is already working in unique and impactful ways to address the needs of their communities. By establishing open, collaborative partnerships which aim to counteract more top-down, traditional funder–grantee relationships, it is possible to support the needs of these CBMHIs to help them thrive.

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