Gender and (~~mental health~~) policy: 'Mental health policy' or 'Development policy'?

Bhargavi V. Davar, Ph.D.

Director, Transforming Communities for Inclusion- Asia Pacific (https://tci-asia.org)

Managing Trustee, Bapu Trust for Research on Mind & Discourse (https://www.baputrust.com)

Shifting of policy gestalts
from the "medical model" to the "social model"

-Special Rapporteur's Report (July, 2020) A/HRC/44-48
- "Burden of obstacles"- 3 main obstacles *within the mental health system*
- Consequence of converting social problems into medical problems – over medicalization and the use of force
- Peculiarity of colonial mental health systems
- Strongly condemns the medicalization of "coercion"
-   Issues in the context of gender and mental health (DV, RHSH, LGBTQI+ people)
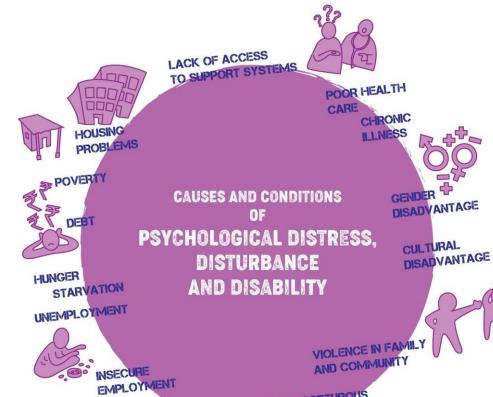
Reflecting more on the new policy gestalt

- Naming the medical model (quite pervasive, in trainings, in program policies, in government and NGO interventions, etc.) and transforming those questions
- "Mental health and wellbeing"- "mental illness"
- "How many psychiatrists?" "Are psych drugs available in the public health system?" "Do you know a good psychiatrist or a humane institution?"
- "Social determinants cause distress", medicines may be useful to "tide over" those contingencies
- Tools and Measurements

Policy solutions

Persons with psychosocial disabilities – preferred identity of those of us with enduring or life long lived experiences of trauma, psychosocial distress, disturbance or disability.

If the causes are social determinants, policy solutions must address those, contextualizing programs to address the conditions that are causing distress. [CRPD - SDG framework]

Is a special "mental health law" or "policy" required?

CAUSES AND CONDITIONS
OF
PSYCHOLOGICAL DISTRESS,
DISTURBANCE
AND DISABILITY

LACK OF ACCESS
TO SUPPORT SYSTEMS

POOR HEALTH
CARE

CHRONIC
ILLNESS

GENDER
DISADVANTAGE

CULTURAL
DISADVANTAGE

VIOLENCE IN FAMILY
AND COMMUNITY

CREUL, IN-HUMAN, TORTUROUS
TREATMENTS WITHIN MENTAL HELATH
CARE SERVICES

INSECURE
EMPLOYMENT

UNEMPLOYMENT

HUNGER
STARVATION

DEBT

POVERTY

HOUSING
PROBLEMS

8 POINT FRAMEWORK

SELF CARE
doing things to care for oneself

NUTRITION
mental health friendly food in daily diet

SOCIAL JUSTICE
addressing issues of violence, neglect and rights violation

FAMILIES
care giving support skills and negotiation skills

GROUPS
peer, support, self help groups in community

INDIVIDUAL SUPPORT
non formal counselling, art based therapies

HEALTH CARE
alternative therapies, life style changes, comprehensive health care

SOCIAL CAPITAL
circle of care, social networks

MENTAL HEALTH SPECTRUM

Address Specific Support Needs (Low Support Needs) **4**

3 Address Psychological Distress & Disturbance

Address High Support Needs **5**

2 Address Stresses

Address Full Range of Community Based Support Needs **6**

1 Address Stresses of Daily Living

Maintain Wellness **7**