

**Audience questions from the ICMDA webinar with
Dr Johann Alex Ebenezer and Dr Praveen Mathew Alexander
Community mental health in low resource settings
27 April 2023**

1. Anonymous: In North India how can you do community mental health in a hostile setting?
2. Anonymous: What is the role of faith leaders in community mental health?
3. Anonymous: What is the mindset in rural India regarding people with mental health challenges?
4. David: How useful is BPRS (Brief Psychiatric Rating Scale) for identifying Psychiatric problems in community? Can it be distributed to village volunteers or community staff for identification of cases?
5. Ann: As a GP working in rural Chad, I have found the WHO MhGap programme very useful in assessing patients and training others to do so. The nearest psychiatrist is 1,000+ Km away and the problem here is that such patients are perceived as demonised and untreatable, therefore they are not brought for treatment. When organising a seminar to train health centre nurses in MhGap, one was overheard saying, "of course they are not treatable." How can we overcome this thinking?
6. Anonymous: I think the same was thought for Leprosy, until someone accepted the lepers and people saw that they were getting better with treatment. Acceptance to the unknown takes time for any community.
7. Anonymous: Is the program you offer also open to psychologists, or is it just for medics?
8. Andrea: What upskills training (eg cognitive behavioural therapy, behavioural change) do you think GPs would use most in the day-to-day, follow-up and management of mental health?
9. Ann: Access to medicines is also a challenge. The central government pharmacy does not want to stock them saying that the drugs would not be used. The main reference hospital sends patients to private pharmacies where meds are maybe 4 times as expensive. Meds have recently become more difficult to access. I buy from UK. One drug recently has increased in price by 40% which may be prohibitive for patients. Others have not been available What is the solution?
10. Anonymous: The balance between faith uplifting and taking medicines can be very difficult. Some may opine that you don't need medicines but you need only prayer and meditation.
11. Sajoy: Do you consider collaborating with theological seminaries to understand/teach/research the role of spirituality and religion in -trauma and -stress related disorders (this includes substance use disorders)and vice versa?
12. Ann: Getting better is certainly a good publicity, but the problem is that people fall sick again when they stop taking meds after perhaps 6 months. Taking long-term meds is not considered effective medicine.
13. Allégresse: I'm a GP from DRC, what can you suggest as courses that could help in the training of a GP in order to be updated about community mental health?