

# MENTAL HEALTH IN THE CARIBBEAN AND THE ROLE OF THE CHURCH

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**The Caribbean is having a serious mental health problem** – a situation made worse because of mental health illiteracy, a lack of recognition of those suffering silently, stigma and fear. Moreover, our Caribbean leadership and society are behind in crafting or enacting the policies needed to avert a looming crisis, made worse by the COVID-19 pandemic and which is consuming our children, adolescents, elderly and families. This crisis is fueling youth violence, increased self-cutting, suicidal ideation and the specter of too many ill patients abandoned and at risk of uncharacteristically endangering the safety of others and their very selves.

As with Jamaica,[1] governments will be looking to the Church for help.

**NOW** is the opportune time for the widely located Church in the Caribbean to educate its congregations, clarify its role and unite to enhance services for the prevention and healing of mental health conditions.

To this end, this presentation will help Church members know what constitutes mental health versus mental illness, understand what are the common disorders in the Caribbean, become aware of our historical risks for diseases, and regional service deficits that we face. We will explore how each of our churches, in partnership with others, can work to strengthen the mental health of our nations.

## **What is good mental health vs mental illness?**

Good mental health:

- “is not merely the absence of illness”, but
- focuses on **wellness** of the mind.

This wellness affords good functioning and thus a better quality of life.

The World Health Organization (WHO) defines mental health as “*a state of well-being that allows people to cope with the stresses of life, realize their abilities, learn well and work well and contribute to the community*”.[2]

Thus, a mental disorder involves “a significant disruption of the mind which affects functioning by impairing an individual’s *cognition* as well as one’s *emotional regulation*... and *behaviour*”.<sup>[3]</sup>

This disruption of the mind mostly results from challenges with the brain. This includes problems with chemical communication between cells in the brain. Some brain-related disorders are developmental, starting in childhood. Thus, most persons with mental disorders are not merely being difficult or deviant, but people with real illnesses often beyond their control. It is the brain.

Several mental illnesses can have a genetic influence. They also can be triggered by life stressors or inner psychological vulnerabilities.

We can be optimistic that, with best practices, most persons can significantly recover or be rehabilitated. Early treatment brings best results.

### **What are the more frequent mental disorders in our region?**

Globally, mental disorders affect one in eight persons, or (12.5 percent), and is one of the leading causes of ill-health and disability.<sup>[3]</sup> In the Caribbean:

1. Depression is the most common mental health disorder<sup>[4]</sup>
2. Anxiety is next. Forms of anxiety include panic disorder, generalized anxiety disorder and post-traumatic stress disorder
3. There is bipolar disorder in which persons have mood swings between depression and mania including delusions and hallucinations.
4. Psychotic Disorders alters one's beliefs, thoughts or perceptions to include delusions and hallucinations. The most common is schizophrenia.
5. Dementia involves irreversible cognitive and functional deterioration. It is on the increase as the population ages.
6. Someone’s personality becomes a disorder when it deviates from cultural expectations and causes distress to the person or others. Examples include narcissistic and perfectionist features.
7. Suicide is a complication of severe or neglected illnesses and circumstances. It has become a critical issue among Indo-Caribbean in territories such as Trinidad and Tobago, Suriname and Guyana. In 2014 the World Health Organization reported Guyana as the country with the highest suicide rate – 44.2 suicides per 100,000 deaths, or four times the global average. Within 4 years, the rate dropped by 32 percent demonstrating the importance of solution-oriented psychosocial interventions.<sup>[5]</sup>

COVID-19 isolation contributed to symptoms of depression, anxiety and post-traumatic stress, especially among adolescents and young people. Several children in Jamaica, having had difficulties with online learning and separation from their peers, have transitioned from the school system into behaviour disorders and gang recruitment.

### **What are the common risks to mental health in the Caribbean?**

Our Caribbean population of 44.1 million people is distributed among over 30 mostly small and far-flung countries and territories.[6] We have a wide diversity of ethnic groups, languages and culture.

This multi-faceted Caribbean is the only geographical entity in the world where entire societies were brought into being and sustained by the mass relocation, by force, of an ethnic group from its native land to be an oppressed majority in a hostile environment. All this constitutes what Jamaican sociologist Orlando Patterson calls a “monstrous distortion of human society”[7]

Thus, our Caribbean historic experience is profoundly affected by well recognized risk factors for mental disorders. These historic experiences and vulnerabilities include the following:

1. **Persistent poverty** as a way of life for too many of our populations. According to the Statistical Institute of Jamaica (2019), the prevalence of poverty was almost one in every five Jamaicans.[8]
2. Due to **chronic underdevelopment**, most of our Caribbean governments have difficulty in adequate financing of infrastructure and services. Thus, there is a lack of access to adequate education and healthcare opportunities. In 2006, “seven out of every 10 Jamaican students left high school without any qualification”, and by 2019, the Primary Exit Profile (PEP) results showed that 56 percent of primary school children cannot write or barely (write)”.[9] These historical deprivations have become entrenched due to political party neglect, party divisiveness and mutual undermining.
3. In **disrupted family systems** men tend to be under-involved or absent. Male poverty and insecure gender identity contribute to significant partner abuse. In 2020, Jamaica had the second highest rate to Guyana of intentional homicide of females.[10]
4. A **rigid system of colour-class stratification** exists with poor African-Caribbeans occupying the majority lower income group. This contributes to inadequate black self-esteem.
5. All this **social disintegration and cultural confusion** have contributed to the interpersonal marginalization and isolation of too many persons. The widespread neglect and lack of meaningful attachments of many of our youths in the Caribbean has led to criminal and inter-gang violence.

6. The **materialism** of Western commerce and entertainment media has undermined empowering traditional indigenous culture and communitarian values. Social media endangers mental health.
7. The **geography of the Caribbean** has provided a massive risk factor of natural disasters, including hurricanes, floods, earthquakes, volcanoes and droughts.[11]

Necessary treatments for persons with mental disorders include psychotherapy, medication, psycho-education and suicide risk management. All of these need family and community-based support.

Roger Gibson, Professor of Psychiatry of the University of the West Indies, Mona, has warned that “unaddressed mental illnesses have ...costs at the individual and societal levels”. Including “low productivity, poverty, homelessness ... vulnerability to abuse”. [12]

### **What is the state of mental health services in the Caribbean?**

A comparative situational analysis of the mental health systems of six Caribbean territories reported the following challenges:[13]

- Social inequalities affecting access to care
- Limited implementation of mental health policy/plans
- Uncoordinated/sporadic health promotion
- Low levels of literacy about mental health problems and awareness of mental health services
- Stigma towards people with mental illness

Professor Gibson has noted that, overall, all Caribbean countries experience some similar challenges in addition to:[12]

- Being under-funded
- Poor integration of mental health care into public primary care clinics which provide day-to-day health care.
- Scant collaboration across health and other sectors
- Over-emphasis on mental hospitals vs. the more effective community mental health care
- Culturally, mental illness being often attributed to supernatural factors

**How should our well-placed Caribbean Church respond** given our historical and disaster risks as well as challenges to adequate services,

An appropriate ***mental health ministry can only be effective as part of a wider ministry of healing*** with the Church as a healing congregation.

The Church also **must be clear about its theology of health and healing along with having a relevant ecclesiology** or doctrine of how the Church should function as a healing congregation or community in all its rituals, sacraments, observances and practical ministries.

Luke Chapter 9, verses 1-6 provides the foundation (along with other scriptures) for a biblical theology of healing:

“When Jesus had called the Twelve together, he gave them power and authority to drive out all demons and to cure diseases, <sup>2</sup> and he sent them out to proclaim the kingdom of God and to heal the sick... <sup>6</sup> So they set out ..., proclaiming the good news and healing people everywhere.” (KJV)

In Luke 4:18 Christ announced his ministry as follows:

“The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free.” (KJV)

This announcement also portrays Christ’s concern with healing

### ***Firstly, we are Healers of the Whole Person***

How many of us seek wholeness as we look to the cross?

The true meaning of health is as follows: “an integration or harmony between the individual and his or her social, material and natural environment and between the individual and God”. (see figure 1)

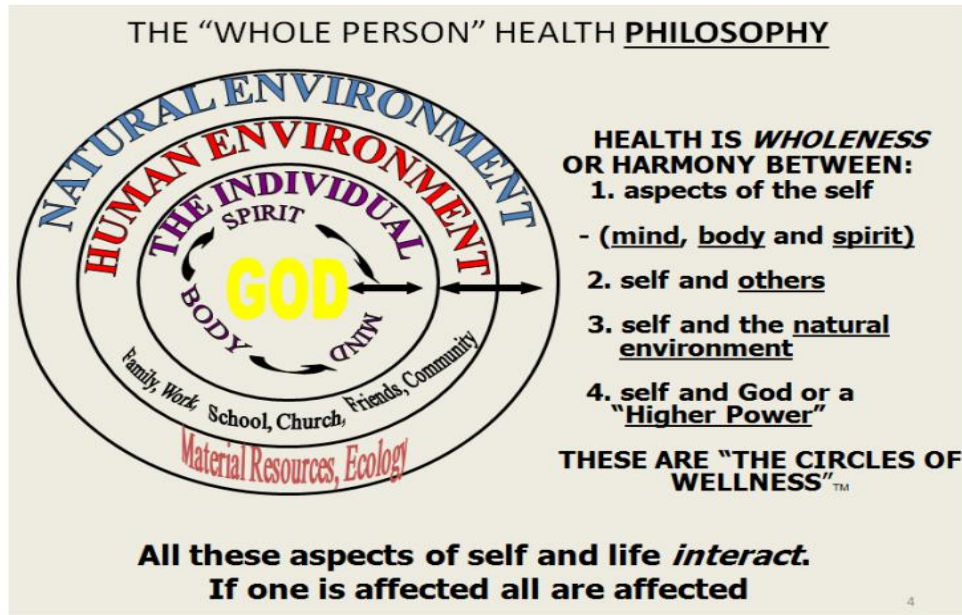


Figure 1

It is an approach to salvation that is rooted in scriptures. When God created Adam, he "breathed into his nostrils" ... and the human became a "living being" (Genesis 2:7). The Hebrew term for "being" is "*nepesh*" and is used to mean ***saving a person's entire life***.

In I Thessalonians 5:23, Paul prays: "May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ."

The dualism of Western thought, where the philosopher, Descartes, claimed that the mind and body are completely independent entities, is not biblical. The Western philosophy of scientific materialism seeks, also, to negate the reality of a human spirit that exists in relationship with a divine spirit.

The transformation of the whole person is the primary message of the Gospel of Salvation. If we take this perspective, we will understand that each aspect of a person's health has an impact on the other, both positively or negatively. Thus, physical illness, such as diabetes, can contribute to mental disorders and vice versa. Having this integrated mindset means that mental health disorders will only be adequately addressed if we attend to the other aspects of a person's health and lifestyles. Thus, our motto should be "There can be no mental health without good physical health and no good physical health without mental health."

***Secondly, we are Healers who need to proclaim and demonstrate an Integrated Gospel of Salvation and Healing***

This Gospel of Salvation and Healing invites persons to experience the reign or Kingdom of God in their lives. Christ sent his disciples (and us today) both "to preach the Kingdom of God, and to

heal the sick ...” (v.2). Salvation is about having an "abundant" life” (John 10:10, NIV) for God is interested in our entire health and well-being.

As Western-influenced churches, we have abandoned healing and healthcare delivery to medical science and psychology. Yet the purpose of the cross was also to destroy sickness and suffering. God created us to be perfect and to be in his own image. This is the ultimate purpose of our salvation experience. Yet our basic problem of sin or self-alienation from God leaves us unprotected and thus vulnerable to a disintegration of self which leads to the disease of the body, mind and spirit, and disharmony with others. Furthermore, the devil's direct activity is a disintegrating force.

God meets our basic human problems of alienation, as well as disintegration and disease by Christ's double work on the cross, of forgiving, redeeming and reconciling one hand, and healing or re-integration on the other. Thus, healing is inseparable from salvation or salvation is healing and they are one and the same.

Preaching by itself, as well as mere accusations of moral impurity and lack of faith, will be of no avail in Caribbean churches when there are so many in our congregations and surrounding communities who are being neglected or suffering with personality weaknesses, sicknesses and other disabilities.

Health and healing, therefore, should also be the business of the church seeking to preach an Integrated Gospel. The apostles were ones sent, and so, as ones sent, all members in the church are mandated to be apostles of healing.

### ***Thirdly, we are Healers in a Healing Community***

Too many congregations function like theaters with platforms as stages for the clergy and robed choirs to perform and pews for individualistic observers to be spiritually entertained. Instead, the crying need is for organic face-to-face healing communities where each person is as important as the other, and each is and has a helping friend.

Love is the greatest commandment. It motivates a neighborly caring for others in situations where there is sickness and suffering including both mind and body.

### **There is need for a functional model for best practices in being the Church as a Healing Community.**

For success in a ministry of healing, inclusive of mental health, and as a healing community every church needs to utilize a best practices healthcare model. This model being presented has five constant interacting aspects. The aspects are: Sponsorship, Approach, Scope, Method and Expertise level

### 1. SPONSORSHIP, WHICH IS **CONGREGATION-BASED**

A congregation-sponsored ministry is run mainly by volunteers from within the church using outside expertise, paid or voluntary, only when necessary. Each person should feel called by God to serve as part of the church's missionary outreach ministry. Congregation-sponsored means also that volunteers take over the leadership of the work which should not revolve around the pastor. In this way, the church will be fulfilling its role as a healing community.

### 2. APPROACH, WHICH IS **WHOLE PERSON-ORIENTED**

In this approach, there are four interacting services that can contribute to a person's wholistic healing. – physical care, counselling, social and economic development (including care for the environment), prayer and spiritual direction. As we reach out to help others in their personal lives, respect and confidentiality should always be maintained.

### 3. SCOPE, WHERE THERE IS **A COMPREHENSIVE SERVICE**

This incorporates, as needed and able, four levels of interventions in order of priority – promotive, preventive, curative and rehabilitative.

Promotion activities are aimed at increasing knowledge and understanding to encourage an appropriate attitude and behavioural changes. The goal is to help people maintain wholeness or to facilitate a constant improvement towards wholeness.

Prevention enables early detection of problems which allows for quick intervention and prevents any worsening of a situation. It supports intervention for the vulnerable, or persons at high risk.

Curative services seek total healing or restoration of whole person health where well-being has been compromised.

Rehabilitation is concerned with restoration of well-being and functioning to the greatest feasible level in persons with illnesses or problems where a total resolution cannot be guaranteed.

Priority should be given to the promotive work of a Ministry. Not only is this level of intervention the least costly but it also has the most lasting effect in improving the quality as well as the length of one's life.

### 4. METHOD, WHICH IS **COMMUNITY-BASED AND MANAGED**

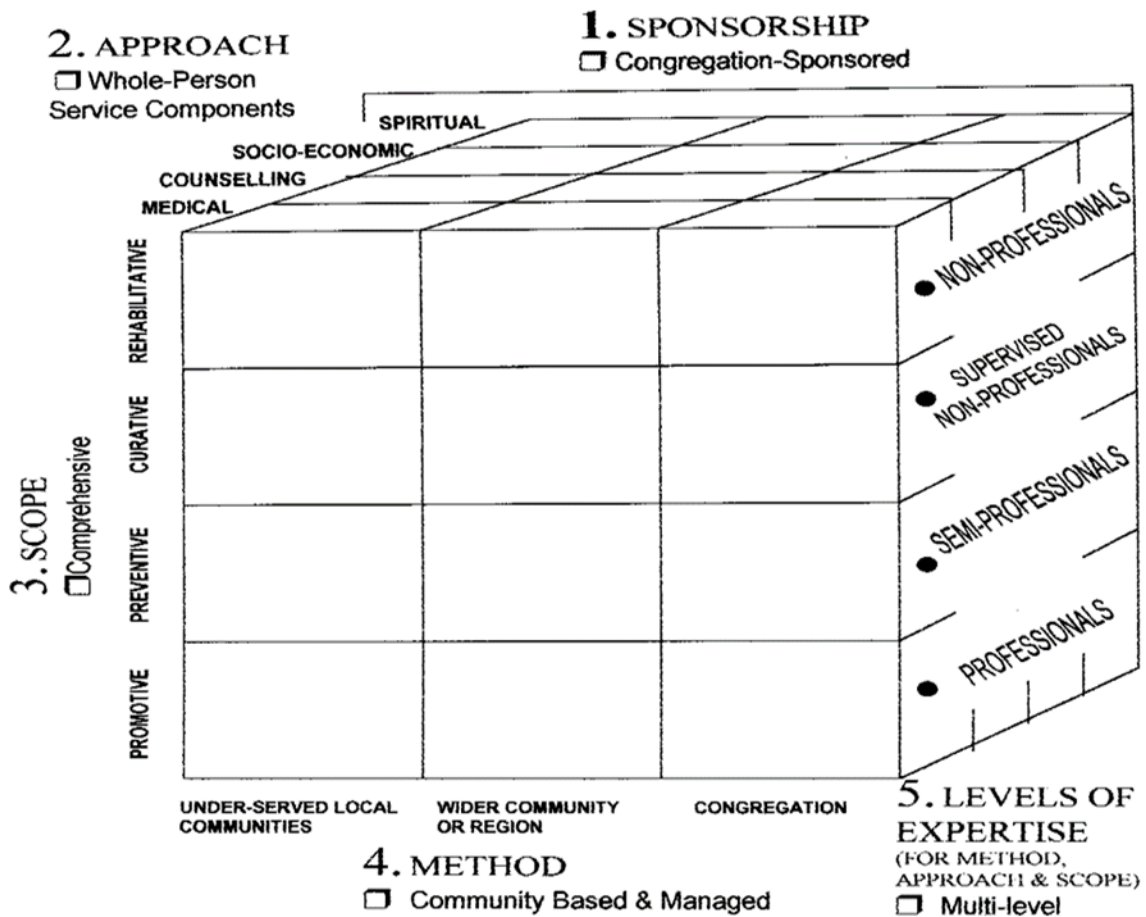
The church congregation is the primary community to be served. Any targeted, underserved geographical community and its population should be clearly identified. It should be an area where people live, work and play. The general public is to be included in ministry. Emphasis will involve members of all communities participating in decision-making and self-help activities.



5. EXPERTISE LEVEL, WHICH IS **MULTI-LEVEL**

This should involve both volunteers and paid workers. The focus should not be on professionals only but involve supervised non-professionals or “peer helpers” as well as semi-professionals. The priority should be on the use of all the non-professionals available. They can be trained to do all the health promotion and prevention work and up to 30 percent or more of the curative and rehabilitative work. Where persons need the professional expertise that we are not able to provide, then an outside referral for such services should be made.

Figure 2.  
**A Best Practices Integrative Model for the Church as a Healing Community**



It is the interdependence of all five aspects of this best practices model that enables integration. Each member, with suitable training can be involved in some way, in one or more aspects of the model.

How should our priorities be organized? This model highlights involving the most persons who can provide the most promotive and preventive services in the most cost-effective way that will contribute the most to advancing the well-being of all. It proposes a more participatory and self-help approach. All this is in contrast to the traditional hierarchical approach to meeting people's need for healthcare.

The key point to bear in mind is that this "best practices" model of the Church as a healing community will enable any church to "think big but start small".

### **A Case Illustration: The Bethel Baptist Church Congregation.**

Under the leadership of our Pastor, Rev. Dr. Burchell Taylor, and directorship of the author, a Healing Ministry began in 1975 with medical skills, pastoral care, counseling and prayer as a whole person set of services. The model was established as an example of wholistic health care as well as the church enabling better equity and access in health service provision in Jamaica.

Over the years, this "Healing Ministry" evolved into a broader understanding beyond primary care services.

We developed a needs-based approach to expansion. This has resulted in increasing new ministries evolving over the years to make their own unique contribution towards the whole person needs of the congregation, the public and persons in underserved communities. Now, over 18 such services exist mostly involving volunteers. Indeed, our current pastor, Rev. Dr. Glenroy Lalor, continues the emphasis on facilitating a strong non-clergy-centered lay involvement.

Guided by the "best practices "Healing Ministry model, not only are we congregation-sponsored, wholistic in approach , community based in method, and multi-level in our expertise, but our ministries are comprehensive in scope - promotive, preventive, curative and rehabilitative.

Our various ministries include the following:

#### 1. Wellness Promotion

- Our Wholistic Health Promotion Committee is about self-help and self-care. It provides educational talks on health (including mental health) and healthy lifestyles. There are family month activities and marriage enrichment sessions.
- There are activities for female wellness groups.
- There is a special Healing Sunday with prayer for individual suffering and awareness-building about the church as a healing community.
- There are support groups such as the “Bereavement Support” group for those experiencing grief and loss and the "Rays of Sunshine" group that provides education and support for cancer, other chronic life challenges such as depression, and non-communicable diseases.
- Practical help is provided by our Legal Aid Clinic, the Cyber Center (for learning computer skills and their application) and our Thrift Cooperative Society which provides for financial management, loan assistance services and health insurance access.
- Educational needs are met by our Homework Center while our Adult Learning Center prepares people for high school leaving certification. Training and referral for employable skill development take place. Our Life Coach educates on life management skills and has client sessions.
- To aid transformation from loneliness and isolation, we have organized the whole church into “Birth Month” support groups. Regional prayer and outreach groups also exist.

#### 2. Prevention

Some preventive activities at Bethel are carried out over the life cycle.

- You and your loved ones can have the benefit of premarital counseling.
- In the clinic we provide maternity monitoring and immunization for children.
- There is also counseling and parenting education for parents of children to be blessed, youth mentoring provided by our men’s group, as well as special activities in our "Seniors in Action” group.
- Screening for Brain Health and for Non-Communicable diseases is also available in house, after church and at health fairs.

- Vaccination is available to avoid COVID stress.

### 3. Curative Services

- The Healing Ministry wholistic clinic continues to provides our main curative services. This includes medical doctors, a nutritionist, physiotherapy, a pharmacy as well as counselling and social casework. Our prayer line volunteers provide spiritual counselling, prayer, in the clinic, online, and on home visits. A basic flowchart of the wholistic clinic is illustrated in Figure 3.
- Our homebound members have been visited by our deacons and other volunteers. They receive a monthly communion service, with prayer and a whole-person needs evaluation.

## The Bethel Wholistic Clinic- A Flowchart of Curative Services

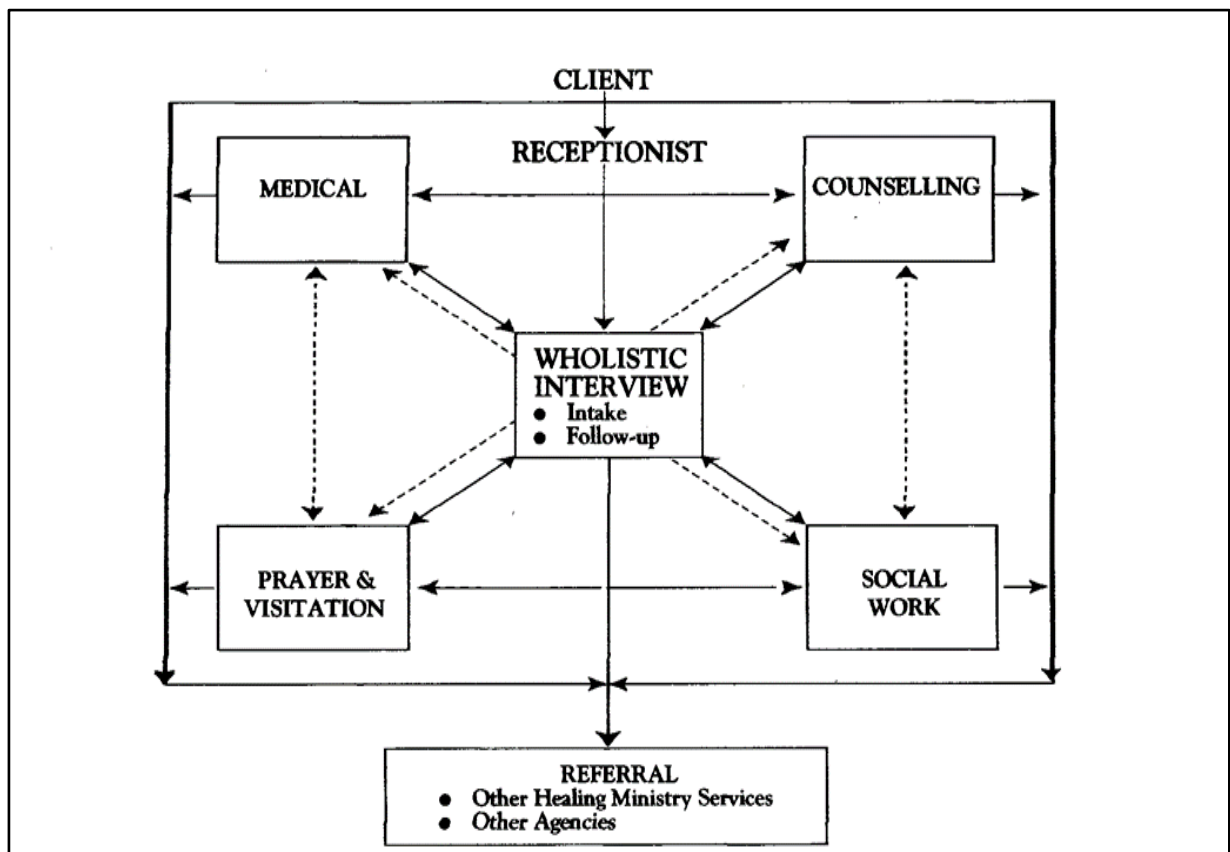


Figure 3

#### 4. Rehabilitation

Some people find themselves in situations where they need special rehabilitative care to help them care for themselves.

- We have support groups for persons living with mental health disorders and HIV/AIDS. Access is provided to confidential specialist intervention. There is assistance with treatment compliance.
- A Special Home Care Ministry addresses difficulties in self-care or family-provided care of members who have severe health or mental health disorders. No one is left unattended.
- The Homeless Ministry provides meals, bath, and barbering for the homeless. Persons receive prayer, casework and referral to relevant whole-person services. They buy what clothes they can afford at our Thrift Shop. Some persons have joined our membership.
- Through our Community Outreach Ministries, we have a basic school for children in an inner-city community prone to violence. With two other schools in the past, these all were points of entry where we have offered services such as Sunday School, evangelistic crusades, health fairs as well as community participation in school projects, meals and backyard gardens.

All these comprehensive whole person church ministries require multidisciplinary teams where members pray and strengthen each other.

Over the decades, churches in most denominations have adopted at least some of the activities present at Bethel. Training lay counsellors and health workers was done through the Jamaica Baptist Union.

We network to build partnerships with government or private sector agencies to expand mutual referrals. This includes mental health clinics, hospitals and especially community mental health services. In Jamaica, the Government has included churches among other community organizations for the training of persons for lay counselling and psychosocial intervention.

This ministry of over 40 years is sustained by strong administration, voluntarism, church member ownership, cost recovery from clients where possible, fundraising and a foundation for community outreach.

The wholistic ministry is reaching beyond the church. In a 2019 survey, 88 percent of our clinic users come from outside the church. Eighty-seven percent reported being satisfied or very satisfied with the services.

## How can your church get started in a mental health ministry?

- Every member can become an **emotional wellness supporter**
- Every church can have a **Mental Health Committee** with a volunteer Coordinator of Mental Health ministries that reach from infants to seniors.
- Develop **training and education** to enable mental health literacy as the responsibility of each person.
- **Combat stigma.** This has no place in the church. Mental health is a spectrum from health → to reacting to stressors → to being emotionally injured → and to becoming ill. Each one of us will move back and forth on all points on the spectrum. Recognizing our own vulnerability, we need to see even the most severely ill person inclusively and not as an “other.”
- **Seek advocacy** for access to adequate services and for the human rights of the person who has the dignity of God’s image.

## How to be an emotional wellness supporter

1. Manage your own health and mental health self-care through healthy lifestyle practices including nutrition, exercise, sleep, support systems, forgiveness, gratitude and stress management.
2. Become aware of individuals around you.
3. Reach out and make yourself both available and accessible.
4. Spend time to listen to a person's story and share empathy, while being respectful and confidential.
5. Refer the person to a medical, mental health professional or other professionals. Go with them if necessary.
6. Provide or recruit practical assistance.
7. Help to keep the person integrated in social and spiritual relationships.
8. Pray for God's healing.

## Conclusion

The Caribbean is facing a mental health crisis. We have examined the commonest disorders and reflected on the role of the dark legacies of our history and geography as critical mental health risks. There are shortfalls in services in our region. Within this context, the church has a critical role in meeting the mental health needs of our region. This calls for a mindset for a wider ministry of healing undergirded by a relevant articulated theology and ecclesiology. A best practices model of the church as a Healing Community has been suggested. The Wholistic

Health Ministry of the Bethel Baptist Church has been shared as an illustrative case study and suggestions on how to get started outlined.

***Mental health is not a lost cause.***

Despite our dark legacy, Caribbean people and families caring for patients are outstanding in their *resilience*. We need to remind the vulnerable about Bob Marley, the Steel Pan, Marcus Garvey, our unmatched athletes and several Nobel laureates.

With political will, innovative strategies and technologies, *we can overcome the barriers to Caribbean Church collaboration* posed by great distances, multiple small territories and the ethnic and language diversities of the region.

We can “think big and start small.

The ministry of healing can be a very demanding task. Yet Jesus first gave his disciples “power and authority ...” then “he sent them out.” (Luke 9: 1-2). Keep connected to God.

**With this God of power, all things are possible!**

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