



MENTAL HEALTH

This is the Annual Impact Report written for Mental Health Program, written by Ayesha Irfan (IFMSA-Pakistan) on the 26th June, 2018, submitted for the **67th IFMSA General Assembly August Meeting 2018**.

Summary of the report

This report represents the impact of the mental health program for all the activities enrolled and reported in the term 2017/2018 from 16th June 2017 to 15th June 2018. This report includes the statistics from **45 enrolled** and **44 reported** activities. Based on this report, there are **33 NMOs** working on the topic of mental health from **four regions**. Most of the activities were campaigns and education type and very few focused on advocacy and research. The focus area most worked on was creating awareness regarding mental health problems and tackling the stigma that still surrounds anything related to mental health. But we still need more work on integration of mental health in primary health care to reach a stage where we do not just treat mental health problems but also promote mental well being and work on the preventive side of the picture.

As for the work done this year, an important aspect to consider is that there is still a significant number of activities that are not enrolled in the programs and the evaluation of the ones that are enrolled does not always capture the complete impact of the activity.

My recommendation would be to increase program promotion and work on evaluation of activities so IFMSA can one day represent the true picture of its impact in the world. If you have any queries about the report, do not hesitate to contact me at mentalhealth@ifmsa.org or +923374907036

Message from the Program Coordinator

Dear IFMSA family,

I am Ayesha Irfan, from IFMSA-Pakistan, a medical student who is less than one year away from officially becoming a doctor. It has been an honor to work as the program coordinator for mental health this year. An opportunity which brought my passion and work in one place. The journey has been short but extremely fruitful and rewarding. Working as a program coordinator has given me great insight into the importance of programs and the challenges faced by activity coordinators throughout IFMSA. I do believe there is still a lot of work that needs to be done for the programs to be an accurate representation of the work that IFMSA does worldwide. It has been so heartwarming to see people sharing the same passion and working towards the same goal, living in a mental health friendly world. I believe it is as important, if not more, to encourage the activity coordinators with small events that do not necessarily have a huge impact because I believe that at the end of the day, even if you made a difference in one person's life, it counts as significant impact.

Even though the number of activities has tripled since last year, my estimate is that there are at least 100 more activities that took place and have not been enrolled. Finally, it gives me immense pleasure to present to you the report for the term 2017/2018.

With love,

Ayesha Irfan
Mental Health Program Coordinator



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ACHIEVEMENTS

- **406,647** People reached
- TRIPLE the enrollments from last year with excellent reporting rates
- FIRST EVER PROGRAM STREAMS SESSION on the GA
- Program Alignment
- Programs Newsletter

STRUGGLES

- Balancing hospital work and responsibilities as a program coordinator (working in a developing country in one of the busiest hospitals of the country which also happens to be extremely understaffed making me want to quit multiple times)
- Lack of response via emails from multiple activity coordinators
- Some internal NMO issues being a hurdle in enrolling the activities.

Introduction to the Program

Mental health is defined by the WHO as a “state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

Mental illness is extremely prevalent worldwide and is a huge burden on society, including the economy, with statistics showing that:

- Mental, neurological and substance abuse disorders are responsible for 13% of the total global burden of disease in 2004
- It is estimated that the economic impact of mental health impairment is equivocal to 16.3 million USD lost between 2011 and 2030 and the World Economic Forum claims that mental health is the greatest health threat to global GDP

IFMSA program on mental health works on multiple aspects of improving the status quo, from Improving education and knowledge regarding mental health at all levels to advocate for increased inclusion of mental health education in medical school curricula and in the primary health care system and developing accessible resources on mental disorders and/or disorders to educate and inform stakeholders.

Although positive strides have been made to improve mental health worldwide, great disparity still exists. Factors as poverty, distance, lack of information, inadequate services, stigma and cultural practices prevent people from realising it as a proper field of medicine and failing to seek the care they need. By doing activities in mental health, NMOs and IFMSA aims to tackle these barriers in order to make the world a more mental health friendly place. As future health leaders and a vulnerable population, medical students are well suited to lead the way in developing mental health activities to help reduce stigma between the medical and wider community.

Annual Working Plan of the Program

Enrolments

One of the major goals for this term was to focus on increasing enrollments by increasing visibility of the program and by actively looking for activity coordinators conducting activities on mental health. The enrollment has been **thrice more than last year** that i believe is a significant improvement.

Reporting

After enrollment, reporting is the major task that is required to include the activities in the annual impact report. In this term, 45 activities were enrolled and 44 reported as opposed to 15 enrolled and 9 reported last year.



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Collaboration with IT

Collaborated with **SCOPH D** regarding mental health SWG

Collaborated with the RAs of **Europe** as mental health was a regional priority there.

Collaborated with RA of **Americas** on the regional priorities regarding mental health

Resources development

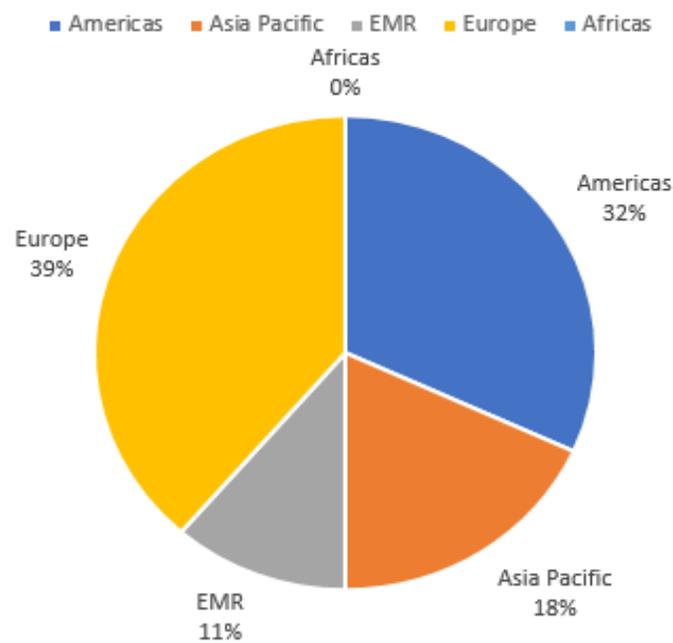
Unfortunately, I could not work much in this part as planned to.

Impact of the Program

BASIC STATISTICS

In the term 2017/18, a total of 45 Activities were enrolled in the Mental Health Program, and 44 Activities completed the report form. This is markedly improved from last term. In the term 2016/17, there were 15 Activities enrolled in the Program, which means there are almost three times more Activities enrolled this term compared to last term. In terms of regional distribution, **Europe** again has most Activities enrolled (38.6% of total), 31.6% from the Americas, 18.2% from Asia Pacific, 11.4% from EMR and 0% from Africas. Although there is diversity in the regional distribution but still the major portion is from Europe and Americas. Sadly there are no enrolled activities from the African region.

Region	Activities	Events
Americas	14	54
Asia Pacific	8	35
EMR	5	75
Europe	17	240
Africas	0	0



Gr.MH-1 Region wise Activity Enrolment

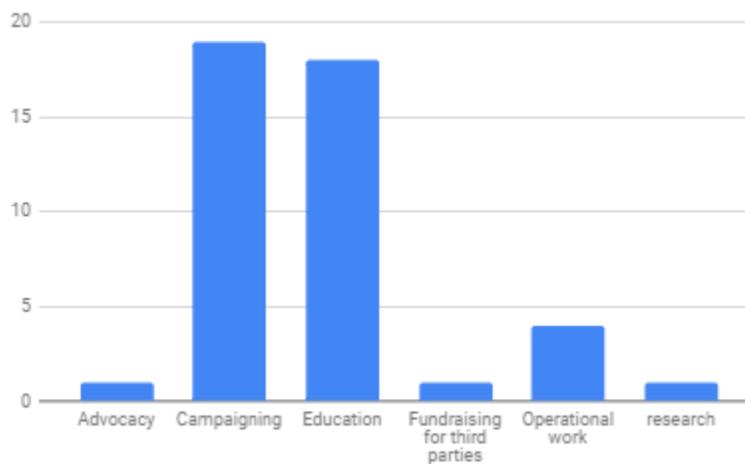


TYPE OF ACTIVITIES

In terms of type of activity, 43% of all the reported activities were Campaigns, 40% were Education type, 0.09% consisted of Operational Work and Advocacy and Research both comprised of 0.02% each. It is definitely impressive to see the work being done in Education and Campaigning, however, there is a dire need to work on Research and Advocacy type activities regarding mental health.

Type of activity	Activities	Events
Advocacy	1	1
Campaigning	19	153
Education	18	242
Fundraising for 3rd parties	1	1
Operational work	4	6
Research	1	1

TYPE OF ACTIVITIES



Gr.MH-2 Type of Activities

Another important thing I would like to mention is that 68% of the activity coordinators did not contact the PC before implementing the project. This is really important especially in terms of evaluation as the PC can provide help in planning evaluation alongwith the planning of the activity so that the impact can be calculated properly.



Mental Health Program Impact According to the Program Description: There are four expected outcomes for the Mental Health Program with corresponding indicators.

- **Outcome 1.** Raised awareness regarding Mental Health within target populations.
 - Indicator: Increase from pre- to post-survey among target populations (due to the lack of consistent evaluation by all projects, number of people reached will currently serve as a rough estimate of the awareness)
- **Outcome 2.** Increased access to Mental Health services by medical students in need.
 - Indicator: Identifiable access to providers of Mental Health care by target population. (increased number of consultations)
- **Outcome 3:** Support, create and promote Mental Health initiatives.
 - Indicator: Number of quality initiatives implemented by an NMO (number of activities and events will serve as NMO initiatives for this indicator)
- **Outcome 4:** Engagement of stakeholders.
 - Indicator: Proof of relationships between the NMO and Mental Health stakeholders.

Outcome 1 (next to the indicator named in the Program Description) can also be measured by the number of people reached, as it is the most common measure indicated by Activity.

OUTCOMES	INDICATORS
Outcome 1	406,647 people reached
Outcome 2	Evidence of increased access to mental healthcare services in 2NMOs
Outcome 3	44 activities comprising of 404 events from 33 NMOs
Outcome 4	1 NMO collaborated with their government and passes a policy on mental health

IFMSA led activities related to the Mental Health Program

Public Health Leadership Training on Mental Health

- SRT BRNO in 2018

Maternal mental health online campaign by SCORA

V4 Conference by IFMSA-Poland in Hungary (unfortunately not reported even after trying to get in contact with them)

Mental health sessions in NGAs

- a basic and an advanced session on mental health in Tunisia
- a session on mental health in Pakistan
- mental health scoph session in morocco
- mental health theme event in morocco
- mental health joint session between scoph and scorp in morocco



Articles in MSI

1. **MSI 36:** One (1) activity competing for the Rex Crossley Award. Two (2) other articles on mental health (unfortunately one of them has not been able to enroll).
2. **MSI 37:** One (1) activity competing for the Rex Crossley Award. Two (2) other articles on mental health (unfortunately both of which have not been enrolled). One (1) article on mental health in Programs section.

Public Health Sessions on Mental Health

1. **AM17**
 - Introductory session on mental health in SCOPH
 - First ever 4 hour long program session/workshop on mental health by ella and nishwa
 - Joint session between SCOPH and SCOME on mental health
2. **MM18**
 - Pre GA mental health and psychosocial support in refugees
 - Advanced session on mental health in SCOPH sessions
 - Program streams on mental health in medical students

IFMSA Policies related to the Program

- **IFMSA Policy Statement on Mental Health** (Adopted by the 65th General Assembly Puebla, Mexico, August 2016)- still in effect

Discussion and Recommendations:

Overall there has been a great boost in the number of enrollments for the Mental Health Program, however the overall impact in this report does not represent the true impact of the Federation because many activities have not been enrolled and the ones enrolled do not always have the adequate evaluation to estimate the impact of their activity. I estimate that about 100 activities have not been enrolled into the program because 80 NMOs mentioned mental health as a national priority in the NMO reports in the March Meeting 2018 held in Hurgadha, Egypt.

Recommendation for ACs

1. ACs should not hesitate to contact the program coordinators with any queries. Try to consult Program coordinators to help make your activities better and more impactful.
2. Try to enroll activities two weeks before the **Commencement Date** so that the PC can help in making any necessary modifications.
3. Reporting of the activity is the most important step for us to evaluate the impact so I urge all ACs to report their activities four weeks after the completion of their activities.

Recommendations for IT

1. Please try to involve PCs as much as possible in the work related to their program focus areas,
2. Include PCs in planning of program sessions related to their topics at the GAs and Regional Meetings.
3. Collaborate with the PCs to celebrate important international days related to their program.



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Recommendations for the next PC

1. Please dedicate a specific amount of time per week or day (according to your feasibility) for the program.
2. It would be ideal to keep a diary to track all the relevant contacts and conversations which may get lost in your inbox.
3. Try to actively look for activities on the program topic and get them enrolled.
4. Collaborate with the IT and International Assistants to celebrate important days that fall under the focus areas of your program.
5. Actively ask people from all NMOs on the GAs about the work done on the program topics and try to get contacts of the relevant people to get activities enrolled.

*"When the light of your mind forgets to shine,
mine will shine brighter for the both of us"*
Veronica Moreno



ASCEM COL Neurodegenerative Disease Program ASCEM COL



Mind Matters KuMSA - Kuwait