

Policy in the everyday: Exploring the realities of "community" mental health systems in the Global South.

Colombian society has experienced a prolonged period of violence since the 1940s. Rural areas, low-resource settings, and marginalized groups have been particularly affected; these events have impacted their infrastructure, economy, social and political life, which has had an impact on overall population well-being. In response to the above, the Colombian government developed a long process of legal and political examination aiming to recognise people's rights and promote mental wellbeing. Law 1448 of 2011, established the creation of the Psychosocial Care and Comprehensive Health Program for Victims of the Armed Conflict (PAPSIVI) within the framework of the National Plan for Comprehensive Care and Reparation to the Victims. The program aims to guaranty healthcare and physical, mental and/or psychosocial rehabilitation for the victims of serious violations of Human Rights and Infractions of International Humanitarian Law in the context of armed conflict, with special emphasis on promoting the recovery or mitigation of psychosocial damage and emotional suffering.

In this context, the region of Caquetá has the largest residence of fully identified victims and

health care to communities as well as the enduring challenges, such as lack of transport and medication. They also shared their experiences of partnering with traditional and faith-based healers and families to prevent harmful practices. Stephen described the value of collective action for community mental health and the work of his NGO, the [Mental Health Advocacy Foundation](#), which he set up to help people who are restrained by families or healers. George talked about his activities as a trainer with WHO Quality Rights, travelling around the country to train fellow practitioners and other stakeholders in human rights in mental health.

Despite the geographical and cultural differences between Colombia and Ghana, numerous aspects of mental health service implementation overlapped. An example mentioned during the event was the presence of stigma against mental health service users, their families and mental health professional. The influence of culture on approaches to mental health care in both contexts was also discussed, specifically in terms of finding meaning and making sense of mental distress, approaches to help-seeking, and ways of interpreting psychological and psychiatric interventions. The audience discussed the ways in which different knowledge systems can co-

2. The University of Warwick. UK