

# SCREENING GUIDE



TOGETHER FOR MENTAL HEALTH

# NKABOM

A little medicine, a little prayer

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## TOGETHER FOR MENTAL HEALTH:

Using visual research methods to understand how health workers, families and healers work together to improve mental health and reduce coercion and restraint in Ghana and Indonesia

A Screening Guide for  
*Nkabom: A little medicine, a little prayer*


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## TIPS AND ADVICE BEFORE SCREENING THE FILMS

This screening guide accompanies the documentary film *Nkabom: A little medicine, a little prayer*.

The guide is designed to provide background information and additional context for the film and to facilitate discussion and learning on the film content.

The intended users of this screening guide include:

- Institutions and individuals holding a screening of either of the two films;
- Teachers, lecturers and students, including those running or attending courses for health professionals, advocates and allies in the field of mental health;
- Professionals in medicine, psychiatry, psychology, nursing, social work, occupational therapy, etc.;
- Healers and religious/spiritual leaders with an interest in mental health;
- Civil society organisations with an interest in mental health (e.g., NGOs and advocacy groups working in health and/or human rights).

## INTRODUCTION

*Nkabom: A little medicine, a little prayer* was filmed in Ghana as part of the research project *Together for Mental Health* conducted by researchers from universities in Indonesia, Ghana and the UK. The project explored the ways in which healers and mental health workers in Ghana and Indonesia developed partnerships to improve care and prevent human rights abuses.

### Why did we make these films?

We know that in many countries traditional and faith-based healers are commonly used when a family member appears to be suffering from mental illness. Sadly, it is not uncommon for families and healers to use chains and other restraints when attempting to treat people with mental illness (Human Rights Watch, 2020). Organisations such as the World Health Organisation have suggested that partnerships between healers and health workers could help prevent human rights abuses and enable people with mental health conditions to access better quality treatment and care (Green & Colucci, 2020; Gureje et al., 2015).

However, it can be challenging to establish such partnerships and bring about change. Healers and health workers have different and often conflicting approaches to mental illness, and healers can feel as if their knowledge and experience is not recognised (Kpobi & Swartz, 2018). There are also many different types of healers, even within one country, with a wide variety of belief systems, rituals and practices.

Health policy and health systems, as well as infrastructure and resources, also differ between countries. Mental health is commonly underfunded compared to other health conditions and mental health workers often have to work with very limited resources. Therefore, the best ways to improve treatment of people with mental health conditions and create partnerships between health workers and healers is likely to vary depending on many things including the type of healers, the resources available and the relationships between healers and health workers (Kpobi & Swartz, 2018; Read, 2019).

In Ghana and Indonesia some mental health workers and healers have begun to work together with the aim to improve treatment of people with mental illness. The research documentaries follow some of the families, healers and health workers in the two countries to explore examples of successful partnerships as well as some of the enduring challenges.

### Why Ghana and Indonesia?

Members of the research teams in this project have conducted long-standing research on mental health in Indonesia and Ghana using ethnography, visual methods like photography and film, and qualitative and participatory methods (Anto SG & Colucci, 2015; Hunt, Guth & Setiyawati, 2021; Kpobi & Swartz, 2018; Read, 2019;). We were able to build on the relationships and understanding we have developed through our research to engage respectfully with the communities where we conducted our filming. This is particularly important when filming on sensitive and stigmatised topics and to take into account the impact of long histories of colonial power and internal inequalities.

### *Mental health resources*

Both Ghana and Indonesia have committed to the expansion of community mental health care, however resources remain insufficient to meet the needs of their populations. In addition, in both contexts mental health services are unevenly distributed, with most concentrated in the major urban centres. Mental health services primarily focus on diagnosis and the provision of medication. There are very few specialists such as psychologists, occupational therapists and mental health social workers.

### *The religious context in Ghana and Indonesia*

Ghana and Indonesia both have rich religious and cultural histories, and religion, rituals and spirituality continue to play an important role in approaches to sickness, health and wellbeing, including mental illness. In both countries, mental illness is often seen to be caused by spiritual forces such as possession by spirits or *jinn*, witchcraft and curses, or as punishment for an immoral act (Ae-Ngibise et al., 2010; Stephen & Suryani, 2000).

In Indonesia there are six officially recognised religions. Islam is the most widely practiced religion, followed by Catholicism, Protestantism, Hinduism, Buddhism, and Confucianism. There are also numerous indigenous belief systems, rituals and practices such as Kejawen in Central Java, Sunda Wiwitan in West Java, and Wetu Telu in Lombok Island. Ghana also has many different ethnic groups, each with their own traditions and spiritual leaders, commonly referred to as ‘traditional healers’. Ghana is about 70% Christian and 30% Muslim so alongside these healers are a large number of Christian and Islamic healers who also offer healing through prayers, fasting and rituals.

### *Human rights concerns*

Sadly, in Ghana and Indonesia it is not uncommon for people with mental health conditions to be restrained, confined and mistreated. Some interventions by faith-based and traditional healers can violate human rights. This includes the use of physical restraints and confinement, beatings, non-consensual administration of herbal medicines and enforced deprivation of food (Colucci, 2016; Hidayat et al., 2020; Human Rights Watch, 2020; Read, 2019).

In recent years governments, charities and mental health advocates in Ghana and Indonesia have been taking steps to prevent these human rights abuses and improve the care of people with mental health conditions. This includes introducing new mental health legislation and training community-based mental health workers. Indonesia’s 2014 Mental Health Law classifies physical restraint and confinement (known as *pasung*) as a criminal offence, as well as promoting the integration of mental health into primary care (Hunt, Guth & Setiyawati, 2021). Ghana’s 2012 Mental Health Act aims to shift mental health care to a community-based approach (Roberts, Mogan & Asare, 2014), ultimately integrating mental health into primary care. The Act promotes collaboration between mental health workers and traditional and faith-based healers, and the establishment of ‘visiting committees’ to monitor human rights (Nyame et al., 2021).

You can read more about mental health and human rights in Ghana and Indonesia here:

- Human Rights Watch: <https://www.hrw.org/report/2020/10/06/living-chains/shackling-people-psychosocial-disabilities-worldwide>
- WHO Quality Rights Ghana: <https://www.qualityrights.com.gh/>

## How we did it

*Together for Mental Health* ([movie-ment.org/together4mh](http://movie-ment.org/together4mh)) is an applied interdisciplinary visual research project based on the use of ethnographic documentary and participatory video to collect and present research findings. Ethnographic documentary follows people in their everyday life, filming field-observations, interviews and conversations. A previous ethnographic documentary (Colucci, 2016) used this method to explore the use and meanings of physical restraint and confinement (i.e. *pasung*) in Indonesia ([movie-ment.org/breakingthechains/](http://movie-ment.org/breakingthechains/)).

For this project we filmed people with lived experience of mental illness, family caregivers, healers, mental health workers and other key stakeholders. The two films were edited from the footage taken in the two countries. Everybody who took part in these documentaries gave their informed staged (Hansen & Colucci, 2020) consent.

In Participatory Video, techniques are used to involve a group or community to make their own films based on issues that matter to them (as individuals and/or members of a community). They decide how they are represented in the films by taking a director role in the filming and choosing the footage, images and dialogue they wish to include. The participatory videos produced through this project are freely available on our YouTube channel, Movie-ment: [www.youtube.com/c/Movementorg](http://www.youtube.com/c/Movementorg).

For more information and other examples of visual research methods, including those used in this project, please visit [movie-ment.org/](http://movie-ment.org/).



## Want to help?

If you would like to support organisations working to improve the human rights of people with mental health conditions in Ghana please contact:

*Mindfreedom Ghana*

Tel: +233 302 774 261

Email: [info@mindfreedomghana.org](mailto:info@mindfreedomghana.org)

*Mental Health Advocacy Foundation (MHAF)*

Tel.: +233 24 596 5801

Facebook: @themhaf

*Mental Health Society of Ghana (MEHSOG)*

Tel.: +233 30 279 5610

Email: [info@mehsog.org](mailto:info@mehsog.org)

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## HOW TO USE THIS SCREENING GUIDE

This guide provides some background information to help you to introduce the film, followed by some questions to guide discussion after the screening.



### CAUTION:

Some of the topics in these films are distressing, particularly for people who may themselves have experienced mental illness and coercion or restraint. Make sure people are cautioned about this before screening the film and that everyone who attends has information on where to go for help, advice and support if needed. We have provided contact details for some organisations in Ghana who offer support and advice at the end of this document. You can add contact details for available support services where you are showing the film.



**TOGETHER FOR MENTAL HEALTH**  
**P R E S E N T S**

# **NKABOM**

**A little medicine, a little prayer**

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**GLOBAL CHALLENGES RESEARCH FUND**

## Background

### *Traditional and faith-based healing in Ghana*

As in many countries, traditional and faith-based healers are commonly used for the treatment of mental illness in Ghana. Ghana consists of many different ethnic groups, each with their own language and traditions. What is meant by the term ‘traditional healer’ therefore varies, even within Ghana, but is usually used to indicate community-based ritual specialists who believe in the power of unseen forces (gods or spirits) to influence the health and wellbeing of human beings. The healers, therefore, work with these gods or spirits to resolve problems such as interpersonal conflicts, financial difficulties and sickness, including mental illness. Such problems are sometimes believed to be caused by witchcraft, curses or behaviour that contravenes traditional rules and values. The healers use rituals including the offering of animals to appease the gods, as well as plant-based medicines.

Alongside traditional healers are many faith-based healers, both Islamic healers and Christian pastors or Prophets. Many pastors set up healing centres called ‘prayer camps’ where people can go and stay for some time to seek help for their problems. Some traditional religious shrines also offer places to stay. People staying at these shrines and prayer camps usually go with a family member who helps to look after them while they are there. During their stay, people with mental health conditions and their families are taken through various rituals such as prayers, fasting and worship, which aim to deliver them from evil spirits and heal their problems. Some pastors also offer herbal medicines and use sacred water or oil.

### *Mental health services in Ghana*

Alongside these traditional and faith-based healers, Ghana also has a long history of psychiatric treatment, dating back to the early colonial period. There are three public psychiatric hospitals run by Ghana Health Service, as well as some private facilities. Ghana was also an early adopter of community mental health care. Until recently this was very limited in scope. However, over the last 10 years the number of mental health nurses across the country has increased exponentially

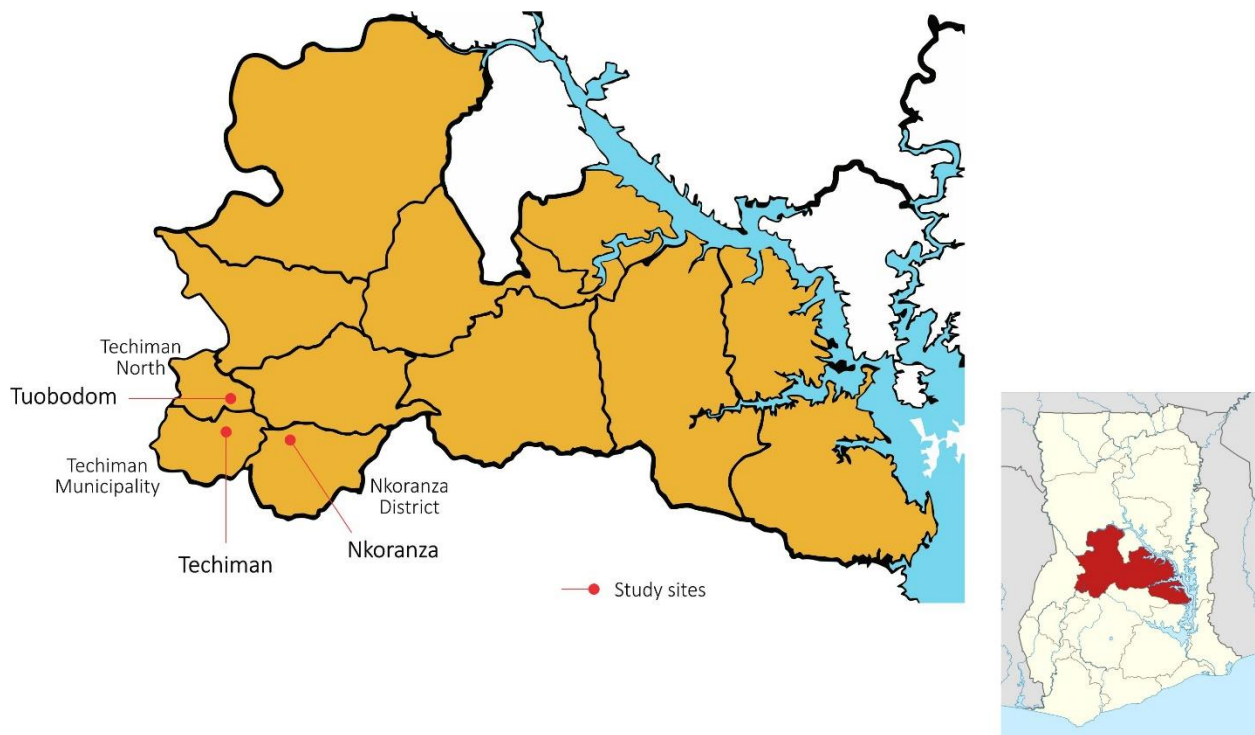
from around 600 to nearly 3,000, with many of these now working in community clinics and general hospitals. Nevertheless, they face enormous challenges due to the very limited funding for mental health in the country. This affects supplies of medicines as well as access to transport and fuel to visit people at home or at healing shrines or churches.

### *Human rights concerns*

Ghana has been the focus of international concerns regarding the human rights of people with mental illness. People with mental health conditions staying with traditional and faith-based healers are often restrained with chains and shackles, beaten and forced to go without food or even water for long periods. They may also be given herbal medicines and other treatments without their consent.

In 2012 the Government of Ghana passed a new Mental Health Act, which aims to protect the human rights of people with mental health conditions and prevent such mistreatment. Mental health workers have been trained and posted to clinics and hospitals across the country to make it easier for people to access mental health services. As part of their role, they are asked to find ways to work together with traditional and faith-based healers and families to provide treatment and care, and reduce human rights abuses.

Some mental health workers, like the ones we show in this film, have been able to develop successful relationships with healers operating in the communities where they work. In this film, we show examples of how mental health workers and healers in rural towns and villages in Ghana establish these partnerships, and the various activities they carry out with different types of healers. The hope is that through these partnerships some of the harmful practices that occur can be prevented and that mental health care will improve to support people with mental health conditions to enjoy a full life and equal rights within the community.



**Picture 1.** Map of Ghana with location of the research: Bono East Region – Nkoranza, Techiman, Tuobodom

Sources:

- “Bono East Region in Ghana 2019” by NordNordWest is licensed under [CC BY-SA 3.0 de](https://creativecommons.org/licenses/by-sa/3.0/de/).
- “Districts of the Bono East Region (2019)” by Jakob Gottfried and Macabe5387 is licensed under [CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/), via Wikimedia Commons.

## Synopsis

*'Nkabom: A little medicine, a little prayer'* is filmed in rural villages and market towns in the central belt of Ghana. *Nkabom* in the Akan Twi language can be translated as 'unity' or 'togetherness'. The film starts with the story of Malik, a young man who has experienced a sad and shocking mental health crisis. We meet his father who has taken him to see many different healers, as well as to one of the country's three psychiatric hospitals. From there we learn more about the practices of traditional and Christian healers in this region of Ghana and meet the mental health nurses who are creating partnerships with healers in the communities where they work. The film shows how these partnerships develop, what makes them successful, and the challenges faced by nurses in negotiating the removal of restraints as well as accessing the resources they need to do their work. The nurses and healers describe how they *ka bom*, join together, to reach the same goal of helping their patients to get well. The film ends by following a young woman, Serwaa, and her mother as they prepare to return home to their village from the prayer camp where they have been staying. On her journey Serwaa is accompanied by the healing prayers of the Prophet as well as carrying medication from the nurses at the clinic. As the saying goes: "*aduro kakra, mpaebo kakra*" - "a little medicine, a little prayer".



## Discussion topics

The following is a guide for facilitators to lead discussion following the screening of the film. We suggest the questions below to be presented for free discussion with guidance and prompts to identify the themes presented in the film, if needed.

### 1. What did you learn from the film that you did not know before?

This is a general open question to prompt discussion on what the audience have learned from the film that is new or that might have challenged their preconceptions, e.g., many people may not be aware of the availability of mental health services in this setting or they may have particular expectations of how healers operate.

If necessary, the following examples can be given:

- The availability of different healing traditions and practices - Christian and 'traditional';
- Ways of conceptualising mental illness as a spiritual problem;
- The impact of mental illness on families;
- Help-seeking - the factors that influence decision-making around the source of treatment, combining different kinds of healing and mental health services;
- The practices of community mental health nurses and the resource challenges;
- Ways of negotiating relationships between healers and health workers and combining different approaches;
- Ethical dilemmas in mental health.



**Picture 3.** Nurses Abu and Kingsford hold a mental health education session with families and people with mental illness on the church premises before doing a health assessment and providing medication.

## 2. What have you learned from the film about the major challenges facing mental health workers in Ghana?

Examples:

- Lack of resources - medication, transport, fuel. Nurses like Regina describe having to pay for these themselves;
- Motivation of health workers;
- Lack of investment in mental health services, low priority;
- Differing understandings about mental illness;
- Stigma towards people with mental health conditions and people who work with them. George describes people pouring water on people who have mental health conditions.



**Picture 4.** Health workers sometimes have to travel long distances along unpaved roads to reach healing centres or homes. Some of these roads can become flooded and impassable in the rainy season.

### 3. Having watched the film, what do you think influences the decision of caregivers of people with mental illness to use traditional and faith-based healers?

Examples:

- Lack of money (as described by the mother at the shrine and Malik's father);
- Spiritual beliefs (for example, Abu describes Ghanaians as being very religious);
- Advice from other people (for example, Malik's father talks about receiving advice about where to get treatment);
- Lack of awareness of the availability of medical treatment for mental illness;
- Lack of access to mental health services;
- Wanting to find a way to keep the person safe, unable to manage the person at home (for example, one of the mothers at RCAC talks about her son wandering far away from home).

#### 4. What did you learn about some of the ethical dilemmas for families providing care for someone with mental health conditions in Ghana?

Participants could be split into groups to discuss the dilemmas.

Some examples include:

- Some caregivers describe challenging symptoms experienced by their relative who has mental illness e.g., self-harm by Malik, fighting described by the mother at the beginning of the film, wandering far away from home (stories from mothers at the RCAC), using drugs and being abusive.
- Some caregivers at RCAC describe using chains to stop the person wandering away and getting lost, to stop the person using drugs, or to stop them harming themselves or getting into fights with others.

#### 5. At some points in the film, we saw people who were chained. Based on what you have seen, what have you learned about attempts to prevent such practices? What do you think might be the drawbacks of the approaches you saw in the film?

This question is very challenging and needs careful facilitation to think through the ways in which this problem is approached in this context.

Participants could be split into groups to discuss the following things to consider:

- Abu talks about having patience, the need to take time - but what would be the consequences for the person in chains?
- The nurses invest in building the relationship with the healers and showing respect and letting the healers take the glory - are there any drawbacks to this approach?
- How could lack of resources impact on attempts to prevent chaining (e.g., difficulties getting to prayer camps)?



**Picture 5.** The health workers monitor how people with mental health conditions are treated in prayer camps and negotiate with the pastors to start medical treatment and remove restraints. Here a patient is assessed by a health worker to check for any skin damage and swelling. After the nurse spoke with the pastor the chains were removed.

6. These days, there is a lot of discussion about reducing the stigma attached to mental health. How do you think this film can be used to change the conversation around mental health?

Examples:

- Seeing people talking openly about their experience with mental health and understanding what they have gone through;
- Seeing people who have recovered and are participating in their communities (e.g., James, Serwaa and Malik);
- Understanding the impact of poverty and inequality on people's mental health;
- Understanding the various influences on people's decisions in relation to treatment and the use of restraints, rather than assuming they are 'ignorant' or 'superstitious'.



**Picture 6.** Nurse Liberty visiting Malik and his father at home to review Malik's recovery and provide medication. Home visits are an important aspect of community mental health care, which helps provide continued support to families in rural communities in Ghana.

**7. How did you understand collaboration between healers and mental health workers before watching the film? What new understanding have you gained of what is involved in this process?**

Examples:

- Better understanding of the power relationships between healers and health workers and the need to consider this in forming partnerships;
- Better understanding of the role of religious belief - for healers, families and nurses - and how this might facilitate collaboration (George and Abu both talk about this);
- Mutual learning and respect - mental health education is important but openness to other ways of thinking about and making sense of mental illness is also important.



**Picture 7.** Comfort Serwaa is blessed by Prophet Kusi before leaving the Holy Healing Church in Nkoranza. She is dressed in white cloth which is worn on important ritual occasions in both Christianity and traditional religion. Talcum powder is sprinkled on her head and shoulders to signify victory over her challenges.

## 8. What do you think might be some of the drawbacks or limitations of the approaches to collaboration shown in the film?

Examples:

- Nurses could get burned out through having to rely on their own resources;
- Not all nurses will be willing or able to use their own resources;
- Some people remain in chains while the negotiation with the healer is ongoing;
- Limited options from mental health services beyond medication e.g., counselling or social interventions;
- Side effects from medication may mean that patients discontinue taking it;
- Medication may not cure so expectations may differ between the family and the mental health workers (e.g., James describes being cured without any medical intervention);
- Families may not be able to afford medication (e.g., Malik's father);
- Healers could decide not to collaborate and health workers feel unable to force this (George and Abu both talk about this);
- Many healers are inaccessible as they live in remote locations;
- Health workers remain in positions of power relative to healers, the medical model is sponsored by the government, whereas spiritual healing is not.



## 9. From watching the film, what do you think helped to make the collaborations successful?

Examples:

- The importance of establishing good relationships and mutual respect to build collaboration;
- Openness to new ways of working by both healers and health workers;
- Shared spiritual beliefs between mental health workers and healers;
- The role of the individual's personality in committing to the work and overcoming resource challenges – some of the nurses are very highly motivated and passionate, and willing to fund their work from their own pocket when resources are lacking;
- The personality of the healer and their willingness to work with mental health workers and recognise where they could help (for example, Prophetess Puopime and Eric agreeing on the need to balance the physical and the spiritual);
- Patience and humility on the part of health workers - letting the healer take the glory (George talks about this);
- Regular visits to the shrines/prayer camps, follow up by mental health workers;
- Access to mobile phones so that healers and health workers can contact each other.



**Picture 8.** The health workers are careful to recognise and respect the cultural authority of the healers with whom they collaborate. Here we see nurse George greeting Nana Duodu, a traditional healer. He is bowing to show his respect.

## 10. What are some of the benefits of collaboration that the film highlighted for people with lived experience and their caregivers?

Participants could be split into groups to discuss one or more of the following scenarios. What advantages could collaboration bring to each of the stories below:

- Malik's father describes how he sought care from different healers and the psychiatric hospital;
- We see a patient in chains at RCAC. Abu and Kingsford visit the prayer camp to check the patients and offer medical treatment alongside the Prophet's prayers;
- Comfort Serwaa completes the rituals at a healing church and then receives medication and advice from George. She is given a referral letter so she will be followed up by mental health workers in her home village.

## ADDITIONAL RESOURCES:

### In English

‘Champions of Society’ with Ama K Abebrese. Documentary on mental health in Ghana  
<https://www.youtube.com/watch?v=q1wnLE7iXGQ>

“All Things Bipolar Disorder” – YouTube channel by mental health advocate Esenam Drah about her personal experiences of mental illness and discrimination in Ghana  
<https://www.youtube.com/channel/UCxy-c0vdppjI9Nkv0MYW2Bg>

Brian Goldstone 2017 *A Prayer’s Chance: The Scandal of Mental Health in West Africa*  
Harper’s Magazine <https://harpers.org/archive/2017/05/a-prayers-chance/>

Lily Kpobi and Ursula Read *The Interdependence of Human Rights in Mental Health in Ghana: Why Breaking the Chains Is Not Enough*. Seminar for Michigan State University African Studies Centre Eye on Africa  
<https://www.youtube.com/watch?v=1fMJWIVMTeQ>

Ursula M Read 2020 Breaking the Shackles. Blog written for *Africa is a Country*  
<https://africasacountry.com/2021/07/breaking-the-shackles>

### In Twi

Boys No Dey Cry 2019. Short film by Albert Donkor exploring mental health and masculinity  
<https://www.youtube.com/watch?v=f3-9gZWscfs&list=PLwuPp7BPn0oEEkRyxbWaN6Q6kBa4v0XJB&index=1&t=105s>

(in English, Twi and Pidgin)

## TIPS AND ADVICE FOR CLOSING THE DISCUSSION

1. Close the discussion with a positive and uplifting question.
2. Remember to provide a list of local services if the person attending or someone they know needs mental health/emotional support (see Helpful Contacts we have provided at the end of this guide).
3. Provide the audience with web and social media links where they may find out more information and resources about the project.
4. If possible, close the event with a networking or other social event (e.g., refreshments or just an area for people to mingle for a bit) to allow a space for the audience to have informal conversations and debriefing.

Follow our social media channels @Together4MH and

[Together for Mental Health | moviement.org](https://www.togetherformentalhealth.org)

for updates and more outputs from this project,

including articles, short films and updated screening guides.

## Acknowledgements

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### Ghana

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- Ghana Health Service
- The Mental Health Authority
- Ghana Health Service
- Nkoranza South Municipal Health Directorate
- Nkoranza South Mental Health team
- Techiman Municipal Health Directorate
- Techiman Polyclinic Mental Health team
- Tuobodom Mental Health unit
- Nkoranza Traditional Council
- MindFreedom Ghana
- Nubuke Foundation
- Department of Psychology, University of Ghana
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- Nana Kofi Munufie, Fawoman, Kokuma, Nkoranza South
- Nana Acheampong Duodu, Duodukrom shrine, Nkwabeng
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- Prophetess Theresa Manu Puopime and the Blood of Jesus Church, Tuobodom
- Elder Elijah Kwaku Agyeman and Mount Zion church, Kyeradeso

## Together for Mental Health Steering Committee Members

- Leslie Swartz (Chair)
- Ama de-Graft Aikins
- Jose C. Almeida
- Olatunde Olayinka Ayinde
- Muhammad Zamzam Fauzanafi
- Roberto Mezzina
- Harry Minas
- Subandi
- Agus Sugianto
- Mike Poltorak
- Sjaak van der Geest
- Kwartarini Wahyu Yuniarti



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## Helpful Contacts

If you need help and support in relation to any of the issues raised in the film or issues of mental health in general, please contact:

### Ghana

1. Mental Health Authority Ghana:  
Tel.: +233 27 443 5261  
Website: <https://www.mhaghana.com>
2. MindFreedom Ghana  
Website: <http://www.mindfreedomghana.org/>  
Tel. number: +233 302 774 261
3. OthersLikeMe (peer support):  
Tel.: +233 50 470 1239  
Facebook: @OthersLikeMe
4. Psychosocial Africa (peer support)  
Tel: +233 50 391 9615  
Facebook: @cosociafrica
5. Mental Health Society of Ghana (MEHSOG):  
Tel.: +233 30 278 1712 OR +233 30 279 5610  
Email: [info@mehsog.org](mailto:info@mehsog.org)  
Website: <https://www.mehsog.org>
6. Mental Health Advocacy Foundation (Tamale)  
Tel: +233 24 596 5801  
Facebook: @menhaf
7. The Ghana Psychological Association for support and information on psychological help available:  
Tel.: +233 55 347 0086  
Email: [info@gpaghana.org](mailto:info@gpaghana.org)  
Website: <https://gpaghana.org>

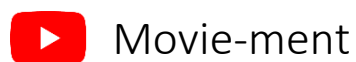
### United Kingdom

1. MIND <https://www.mind.org.uk/>
2. Mental Health Foundation <https://www.mentalhealth.org.uk/>
3. National Service User Survivor Network <https://www.nsun.org.uk/>



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