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Black body and mind. As it stands, the mental health system does not consider the epistemological experiences of Black men within the decision making process or the importance of Afrocentric models to redress the power of White psychiatry. There is an urgent need for effective coproduction, co-learning, and shared decision making based on values of liberation. Radical change is necessary: the first step should be the abolition of the non-evidence-based and restrictive Community Treatment Order.

CK declares no competing interests. TJ is an Executive Board member of the British & Irish Group for the Study of Personality Disorder, a freelance consultant with Pink Sky Thinking, and founder and facilitator of Mad Studies Birmingham.

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- 1 Beresford P. Speaking as a survivor researcher. March 7, 2015. <https://www.madinamerica.com/2015/03/speaking-survivor-researcher/> (accessed July 16, 2020).
- 2 Wilson AN. The falsification of Afrikan consciousness: eurocentric history, psychiatry and the politics of White supremacy. New York: Afrikan World Infosystems, 1993.
- 3 King C, Bennett M, Fulford KWM, et al. From Preproduction to Coproduction: COVID-19, whiteness, and making black mental health matter. *Lancet Psychiatry* 2021; **8**: 93–95.
- 4 Mbembe A. Decolonizing knowledge and the question of the archive. June 9, 2015. <https://wiser.wits.ac.za/system/files/Achille%20Mbembe%20-%20Decolonizing%20Knowledge%20and%20the%20Question%20of%20the%20Archive.pdf> (accessed July 16, 2020).
- 5 Ritchie JH. The report of the inquiry into the care and treatment of Christopher Clunis. London: Stationery Office Books, 1994.

UK official development assistance cut threatens global mental health

In March, 2020, the G20 countries reaffirmed their 2017 commitment to global health through unified efforts to address the health

and socioeconomic impact of the COVID-19 pandemic.¹ On March 11, 2021, the UK Research and Innovations spokesperson, Professor Smith,² announced the UK's inability to stand by its commitment, reporting a £120 million shortfall between allocation and commitment for 2021–22. The shortfall is because of the massive budget cuts to the UK's official of development assistance (ODA).

Until now, the UK has been one of the ten top global funders of mental health research. This funding assures that evidence-based approaches are used to advance mental health and sustainable development in low-income and middle-income countries. Without such funded research, the effectiveness and assurances for return-on-investment are jeopardised. It is shocking that this cut occurs when research is most important to guide the global response and recovery from COVID-19.

Inadequate developmental assistance to mental health has hampered responses to the global burden of disease, partly attributed to mental illness. Between 2015 and 2019, total developmental assistance to mental health was US\$18.5 billion,³ and less than 10% of this fund would have been for research done in low-income and middle-income countries. The investments made have yielded tremendous benefits for generating knowledge and transforming practice in global mental health. During the Ebola virus outbreak in west Africa, UK Aid facilitated the development of a framework for improving access and coverage to mental health services in a humanitarian emergency, which led to the development of 14 mental health units in Sierra Leone.⁴ In 2011, the UK Department for International Development, through its funded programme for improving mental health care,⁵ supported: the development of a national mental health curriculum

for health workers in Nepal; the establishment of mental health consultation rooms (Mann Kaksha) in all 51 district hospitals in Madhya, India; the scaling up of primary care-based mental health services in Uganda, Ethiopia, and South Africa; and established the next generation of global mental health scientists enrolments in PhD programmes.⁵ Therefore, the UK ODA cut will stunt future advances in global mental health, especially for early-career scientists.

Evidenced-based multidisciplinary collaborative strategies are required to improve global mental health and avert possible catastrophic effects of the COVID-19 pandemic through the effects of economic recessions and social disruptions on already fragile populations with little or no social protection. A concerted global partnership is needed to stabilise the struggling health-care systems of many low-income and middle-income countries.

Investment in global health would, in the long run, protect UK citizens from the impacts of future pandemics and strengthen global efforts in the attainment of the sustainable development goals. Considering that viruses observe no borders, the globally interconnected nature of trade, travel, and health questions the cost-effectiveness of the UK's ODA cut. Now is the time to focus on recovery and building back better by investing in global mental health research to mitigate the public health and economic effects of the COVID-19 pandemic.

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For the petition to repeal the Community Treatment Order see <https://petition.parliament.uk/petitions/578555>

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- 1 G20 leaders' summit statement. Extraordinary G20 leaders' summit statement on COVID-19. https://reliefweb.int/sites/reliefweb.int/files/resources/G20_Extraordinary%20G20%20Leaders'%20Summit_Statement_EN%20%283%29.pdf (accessed March 29, 2021).
- 2 UK Research and Innovation. UKRI official development assistance letter 11 March 2021. March 11, 2021. <https://www.ukri.org/our-work/ukri-oda-letter-11-march-2021/> (accessed March 29, 2021).
- 3 Woelbert E, Lundell-Smith K, White R, Kemmer D. Accounting for mental health research funding: developing a quantitative baseline of global investments. *Lancet Psychiatry* 2021; **8**: 250–58.
- 4 Kamara S, Walder A, Duncan J, Kabbedijk A, Hughes P, Muana A. (2017). Mental health care during the Ebola virus disease outbreak in Sierra Leone. *Bull World Health Organ* 2017; **95**: 842–47.
- 5 Centre for Global Mental Health. PRIME: programme for Improving mental health care. <https://www.centreforglobalmentalhealth.org/prime-programme-for-improving-mental-health-care> (accessed March 29, 2021).