PRIME Policy Brief 2
May 2013

Scale up of services for mental health in low-income and middle-income countries

Julian Eaton, Layla McCay, Maya Semrau, Sudipto Chatterjee, Florence Baingana, Ricardo Araya, Christina Ntulo, Graham Thornicroft, Shekhar Saxena

SUMMARY

There is a well-documented gap between mental health needs and available care, and a strong moral and economic case for investing in services to close this gap. However, while there is now a strong evidence-base, for there to be a significant global impact, mental health initiatives need to be planned and developed in a strategic way that will enable significant scaling up of services.

- Mental illness represents one of the highest burden of all disease, and is a major factor in perpetuating poverty. Currently, around 80% of people in low-income countries do not receive treatment that would effectively reduce impairment.
- There are many diverse examples of mental health programmes offering services, including in Low and Middle-Income Countries (LAMICs), but although many are doing good work, few are evaluated, remaining hidden from view.
- Although a sound evidence base now exists, and new resources are available, this is not yet being accessed by service implementers.

The findings propose the scaling up of mental health services in an inclusive, systematic and strategic manner that requires strong advocacy for financial commitment.

PRIME's goals are to:

(1) Develop **evidence** on the implementation & scaling-up of mental health treatment in primary & maternal health care, in low resource settings

(2) Enhance the **uptake** of its research evidence amongst key policy partners and relevant stakeholders

PRIME
programme for improving mental health care
Evidence on scaling-up mental health services for development

Funding

Development assistance in **health** has grown. Despite the **mental health** treatment gap, less progress has been made for mental, neurological and substance abuse disorders[1]

Political will and the prioritisation of health

At the core of global, and national efforts to scale up services is the need for decision makers and political leaders to understand the issues, recognise their importance, and prioritise action to address mental health needs. A survey of national mental health experts in 59 countries showed improvements in the awareness of mental health issues amongst leaders, although as many as 26 countries identified continuing poor awareness and low priority or poor commitment by political leaders as major barriers to development of mental health services.

> ***" There is a lack of political will to provide a workable mental health policy, introduce reforms in health service delivery, and poor funding at all levels of government. "*** **– Principal, School of Psychiatric Nursing, Nigeria**

Organisation of services

Existing structures into which mental health services fit often do not facilitate evidence-based interventions. The continued dominance of large psychiatric hospitals in many countries is at odds with the evidence, which suggests that most services should be delivered in decentralised locations, with deinstitutionalisation, and integration between the community and hospitals, and appropriate referral systems incorporating secondary and tertiary care. There still remains an important role for tertiary hospitals in provision of specialised beds, which remain in short supply compared with need.

Results from a global survey indicate that the **ingredients** for **successfully scaling up** are:

ONGOING TRAINING & SUPERVISION

by **mental health care specialists** to monitor and motivate **district and primary health care staff**

INTEGRATION OF MENTAL HEALTH CARE

into **mainstream** systems, services for people with **long-term** (chronic) **conditions**, **social care** and **education**

SUSTAINABLE PROVISION OF ESSENTIAL DRUGS & PSYCHOTHERAPY

to **strengthen health systems** and **equip trained personnel** to carry out **evidence-based care**

COMMUNITY BASED CARE AND TASK SHARING

to empower **families, carers** and **volunteers** to support people with mental illness, and reform service structures to allow a **wider range of staff to provide mental health care**

INTEGRATING MENTAL HEALTH INTO HEALTH INFORMATION SYSTEMS

to show **demand for services**, ensure the **mobilisation** of **essential drug supplies** and increase **recognition of this sector**

Most agree that evaluation is important, however, only **20%** of community-based mental health programmes in Africa were evaluated. Amongst those that reported evaluating mental health programmes, only **39%** reported to have been completed.

There were many gaps in metrics and evaluation, with inadequate and incomparable primary data available. Well-researched pilot projects are rarely scaled-up.

Close **collaboration** between **research groups**, **government**, **non-governmental organisations** and **other stakeholders** is essential from the outset

Consideration of **practical sustainability** issues is vital for making services research influential in the real world.

FINANCIAL RESOURCES

- To scale up services, more resources are needed, and existing resources need to be used more efficiently
- Absence of funding is believed to be a major barrier to programme implementation
- Tracking of financial resource allocation is one way to judge political commitment to scaling up of mental health services
- Brazil and Chile are two examples where increased allocation of funds have been achieved
- There is evidence that more funds are likely to be available from international sources in future

Image: Microsoft Clipart

STAFF TRAINING

- In most LMIC, the ratio of people who need mental health care to the number of qualified psychiatrists is so disproportionate that psychiatrists will never be able to deliver the care needed in the foreseeable future. Supporting general doctors and nurses to provide most of the clinical care is therefore essential (task sharing).
- Training is an essential component of any effort to scale up services. Such training must be tailored to the roles staff will play in practice (for example in a reformed task sharing model of services). Any training must always take place in a planned way, where those trained are able to use their new knowledge and skills in an environment that supports them, for example where there is time and space for them to work, where they have medication and any equipment that they need, and most importantly, where they can receive regular supervision.
- Shortage of skills among mental health leaders is a major barrier to progress in mental health service reform. Good new training materials now exist to build capacity at all levels of the health system.
- Training options have emerged to address the need for leadership and public health skills among mental health professionals.

Photo: Julian Eaton

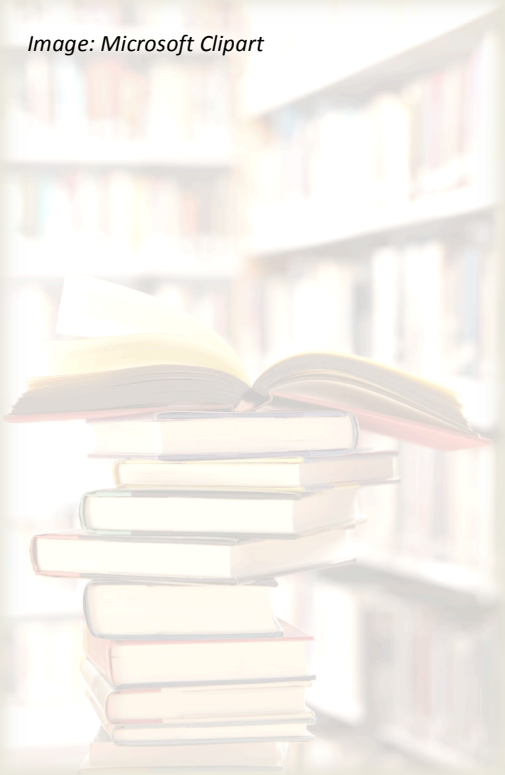
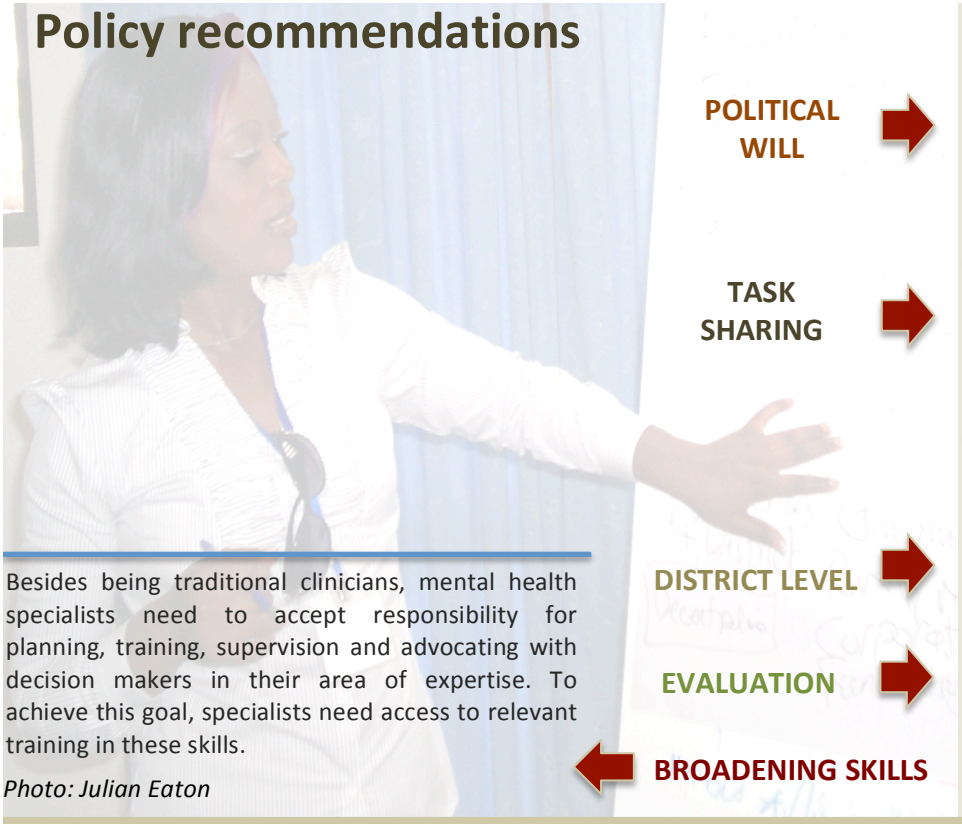


Image: Microsoft Clipart

EVIDENCE-BASED INFORMATION

- Several guidelines were identified to assist scale up of services.
- Some covered inter-sectoral mental health interventions (e.g. **WHO Community-Based Rehabilitation Guidelines** [1]), whilst others related to a specific mental health work (e.g. in humanitarian settings [2]).
- **The *PLoS Medicine* global mental health series** [3] describes how non-specialist health workers can deliver effective treatments for mental and neurological disorders in resource poor settings, and how to integrate into primary care settings with treatment of other chronic disorders
- The **WHO mhGAP Intervention Guide** [4], published in Oct 2010, recommends interventions that aim to be feasible and acceptable in LMIC, for integrating into existing health systems. The Guide covers 8 priority mental, neurological and substance misuse disorders in non-specialised health settings.
- Full **mhGAP training materials** are also available [4].

Policy recommendations



Besides being traditional clinicians, mental health specialists need to accept responsibility for planning, training, supervision and advocating with decision makers in their area of expertise. To achieve this goal, specialists need access to relevant training in these skills.

Photo: Julian Eaton

POLITICAL WILL

Specific interventions to increase coverage of mental health services need to be part of a broader and integrated process, which will require strong advocacy for financial commitment, and that important elements of health infrastructure are strengthened for service sustainability in the long term.

TASK SHARING

A high proportion of the need can be met with simple packages of care delivered in non-hospital settings by non-specialists. Services should be both evidence-based and locally relevant.

DISTRICT LEVEL

Specialist mental health staff are required at the district level, with at least a prescribing clinician. This can then be a point of referral and supervision for primary care services.

EVALUATION

Scaled up services need to be evaluated, and the lessons learnt generalized. The evaluation of innovative programmes can make an important contribution to the case for scaling up.

BROADENING SKILLS

Resources

1. WHO Community-based Rehabilitation Guidelines (2010). Available http://www.who.int/disabilities/cbr/guidelines/en/
2. IASC Guidelines on Mental Health and Psychosocial support in Emergency settings. Available http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
3. PLoS Medicine Global Mental Health Series (2012). Available http://www.plosmedicine.org/article/browse/issue/info%3Adoi%2F10.1371%2Fissue.pmed.v09.i05;jsessionid=3C1650083B30558877F2FB3190B4469A
4. WHO mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialised health settings (2010). Available http://www.who.int/mental_health/evidence/mhGAP_intervention_guide/en/

Policy brief based on published research by Eaton J, McCay L, Semrau M, Chatterjee S, Baingana F, Araya R, Ntulo C, Thornicroft G, Saxena, S (2011). Title Scaling up of services for mental health in low-income and middle-income countries. Journal Lancet 2011; 378:1592-1603

About PRIME

PRIME is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government's Department for International Development (UKAID). The programme aims to develop world-class research evidence on the implementation, and scaling-up of treatment programmes for priority mental disorders in primary and maternal health care contexts, in low resource settings.

Partners and collaborators include the World Health Organization (WHO), the Centre for Global Mental Health (incorporating London School of Hygiene & Tropical Medicine and King's Health Partners, UK), Ministries of Health and research institutions in Ethiopia (Addis Ababa University), India (Public Health Foundation of India), Nepal (TPO Nepal), South Africa (University of Kwazulu-Natal & Human Sciences Research Council) and Uganda (Makerere University & Butabika Hospital); and international NGOs such as BasicNeeds, Healthnet TPO and Sangath.

PRogramme for **I**mproving **M**ental health car**E** **(PRIME)**

Alan J Flisher Centre for Public Mental Health

Department of Psychiatry & Mental Health

University of Cape Town

46 Sawkins Road, Rondebosch, South Africa 7700

Web: www.prime.uct.ac.za

Alan J. Flisher Centre for Public Mental Health

Policy brief design and layout: Amit Makan | *This document is an output from a project funded by UK Aid from the Department for International Development (DFID) for the benefit of developing countries. However, the views expressed and information contained in it are not necessarily those of or endorsed by DFID, which can accept no responsibility for such views or information or for any reliance placed on them.*