

The acceptability and feasibility of task-sharing for mental healthcare in low and middle income countries: a systematic review

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SUMMARY / OVERVIEW

Task-sharing has frequently been proposed as a strategy to overcome human resource shortages in order to scale up mental health care. Although evidence suggests this approach is effective (1), to date, no review has been conducted to assess its acceptability and feasibility amongst service users and health care practitioners.



- ❖ This review summarises current findings and provides evidence-based recommendations to improve the success and sustainability of task-sharing approaches.
- ❖ The review highlights that task-sharing is not an outright solution for overcoming human resource shortages in low and middle income countries (LMIC).
- ❖ A number of factors need to be considered in order for task-sharing to be acceptable and feasible, for example, the incidence of distress experienced by the task-sharing workforce, their self perceived level of competence, the acceptance of the workforce by other health care professionals and the incentives provided to ensure workforce retention.

KEY RECOMMENDATIONS

As the main barrier to addressing the factors listed is a lack of resources, an increased investment in mental health care is essential in order to ensure that task-sharing interventions are successful and sustainable.

- ❖ Policy-makers should implement a **clear policy framework** which provides guidance on:
 - **Reimbursement and working conditions**
 - **Training and supervision**
 - **Management and accountability**



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

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



Key Concepts

Task-sharing - the process by which tasks are delegated to less specialised workers in order to use human resources more efficiently and increase capacity and health care coverage within a constrained budget.

Acceptability – the degree to which an intervention is satisfactory to those asked.

Feasibility – the degree to which an intervention can be practically or conveniently implemented.

Community Health Workers (CHWs) - non-specialised persons involved in healthcare provision within a community.

Methodology



Image Source:
www.iconarchive.com

Five electronic databases were searched combining the concepts **non-specialist workforce** AND **mental disorders** AND **LMIC**, and relevant organisations and experts were contacted. Titles and abstracts were screened and the full text copies of all potentially relevant studies examined to determine whether they met the pre-specified inclusion criteria. Both English language peer-reviewed and grey literature was included using any study design which assessed the feasibility and acceptability of task sharing for mental health care in LMIC. Data were extracted using a standard data extraction form and the methodological quality of each included study was assessed using a standardized checklist. A comparative thematic approach was used for data synthesis of both qualitative and quantitative data.



Image Source: www.Click2Map.com

The systematic review identified studies in the following 14 countries, identified above:

Bangladesh, Burundi, Colombia, Ghana, Indonesia, India, Lao PDR, Nepal, Pakistan, Sri Lanka, Sudan, Tanzania, Uganda and Zimbabwe.

ACCEPTABILITY

Satisfaction with services vs. satisfaction of need

Satisfaction with services, and in particular with the task-sharing workforce, was generally favourable. In contrast, satisfaction of need was variable. This is problematic as even if participants found the use of a task-sharing workforce acceptable, adherence is unlikely if the services do not meet their needs. This therefore highlights the importance of differentiating between types of satisfaction during service evaluation.

Acceptability to service users

Service users, managers and stakeholders held similar opinions about the characteristics that a task-sharing workforce should possess. Important characteristics included personality, educational background, experience or knowledge and in some cases gender. However, these studies were all from the Indian subcontinent and further studies in other regions are needed before drawing wider conclusions.

Acceptability to health care providers and stakeholders

The lack of evidence on the acceptability of intervention delivery to the task-sharing workforce is a limitation of the current evidence base, given that the two studies that did present findings on the issue reported that a significant proportion of the workforce experienced distress.

CHWs were not always viewed positively by managers and other health care professionals. Numerous studies found that managers and other health care professionals were initially skeptical or unaware of the work conducted by the task-sharing workforce. As such, the workforce did not have, or perceive themselves to have, a clear role within the health care team. The findings in this review suggest that improvements in health care providers' perceptions can be made by ensuring regular meetings with the workforce.

FEASIBILITY

Logistical challenges

A number of studies highlighted a lack of funding or infrastructure for task-sharing interventions.

Availability of a task-sharing workforce

Two studies described a scarcity of individuals suitable to fulfill task-sharing roles. A compromise may therefore be necessary when attempting to recruit a workforce that is locally acceptable.

Some studies provided evidence of difficulties with regards to retention of workers and completion of intervention delivery. These arose due to a lack of incentives. The WHO task-shifting guidelines emphasise that a lack of incentives hinders sustainability (2). Few articles stated whether workers were remunerated, however in at least three studies the CHWs worked on a voluntary basis.

Competency

Self-perceived competency to deliver the intervention varied across studies.

Training and supervision

Training and supervision were important in ensuring feasibility, through preventing workforce distress and helping those who did not feel fully competent to overcome difficulties. However, the quantity of training was variable and less than half the studies reported the existence of supervision as part of the intervention.

Workload

The burden of workload was addressed by separating the roles of identification and treatment provision so they were carried out by separate CHWs, and by discussing feasibility with the task-sharing workforce in pre-intervention research.



Policy Recommendations

- 1 Explore factors that affect the **acceptability to participants and their families** of using a task-sharing workforce to deliver an intervention.
- 2 Ensure that task-sharing interventions **satisfy participant's need**.
- 3 Explore the **acceptability of the task-sharing workforce to managers and other health care professionals** and consider methods of improving this.
- 4 Explore the **acceptability of the intervention delivery to the task-sharing workforce**, in particular whether they **experience any distress**, and consider ways in which this can be minimised.
- 5 Consult with stakeholders and the workforce to assess whether the **workload is feasible** and obtain their opinions as to how it could be made more so.
- 6 Consult with stakeholders and the workforce to develop an adequate and sustainable **training and supervision system**.
- 7 Consider **incentives** for the task-sharing workforce such as career progression, where it is not feasible to create sufficient monetary incentives.

References

- (1) Van Ginneken, N., Tharyan, P., Lewin, S., Rao, G., Romeo, R., & Patel, V. (2011). [Non-specialist health worker interventions for mental health care in low- and middle- income countries](#) (Protocol). Cochrane Database of Systematic Reviews, DOI: 10.1002/14651858.CD14009149.
- (2) World Health Organisation, US President Emergency Plan For AIDS Relief, & Joint United Nations Programme on AIDS. (2007). [Task Shifting: Global Recommendations and Guidelines](#).

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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.

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