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.
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

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:

<table>
<thead>
<tr>
<th>ONGOING TRAINING &amp; SUPERVISION</th>
<th>INTEGRATION OF MENTAL HEALTH CARE</th>
<th>SUSTAINABLE PROVISION OF ESSENTIAL DRUGS &amp; PSYCHOTHERAPY</th>
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<tbody>
<tr>
<td>by mental health care specialists to monitor and motivate district and primary health care staff</td>
<td>into mainstream systems, services for people with long-term (chronic) conditions, social care and education</td>
<td>to strengthen health systems and equip trained personnel to carry out evidence-based care</td>
</tr>
<tr>
<td>COMMUNITY BASED CARE AND TASK SHARING</td>
<td>INTEGRATING MENTAL HEALTH INTO HEALTH INFORMATION SYSTEMS</td>
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<tr>
<td>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</td>
<td>to show demand for services, ensure the mobilisation of essential drug supplies and increase recognition of this sector</td>
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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*

**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

Resources


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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