SUMMARY

Growing international evidence shows that mental ill health and poverty interact in a negative cycle in low-income and middle-income countries. However, little is known about the interventions that are needed to break this cycle.

- Interventions are needed that address both the social causes of mental illness and the disabilities and economic deprivation that are a consequence of mental illness.

- On the basis of data from two systematic reviews, we found that mental health interventions were associated with improved economic outcomes in all studies. Improvements in economic status thus go hand in hand with improvements in clinical symptoms, creating a virtuous cycle of increasing returns.

- We also found that poverty alleviation programmes can have mental health benefits, particularly for conditional cash transfers and asset promotion programmes. This was revealed in the case of individual studies, and thus more studies are needed to generate more conclusive results.

The findings support the call to scale up mental health care and include mental health on international development agendas.
The vicious cycle of poverty and mental ill-health

There is growing international evidence that mental ill health and poverty interact in a negative cycle in low-income and middle-income countries. This cycle increases the risk of mental illness among people who live in poverty, and increases the likelihood that those living with mental illness will drift into or remain in poverty.

**Social Causation theory:** Conditions of poverty increase the risk of mental illness through social exclusion, heightened stress, decreased social capital, malnutrition, increased obstetric risks, violence and trauma.

**Social Selection or Social Drift theory:** People with mental illnesses are at increased risk of drifting into or remaining in poverty through increased health expenditure, reduced productivity, stigma, loss of employment and associated earnings.

The social causation pathway might apply more readily to common mental disorders such as depression, whereas the social selection pathway might be more applicable to disorders such as schizophrenia and intellectual disabilities. These pathways are complex, and evidence suggests that they move in both directions for most mental, neurological and substance misuse disorders.

**WHO & UN place mental health on the global development agenda**

The WHO Mental Health and Development Report (released in 2010) emphasized the importance of mental health as a development issue in countries with low and middle incomes, providing compelling evidence that people with mental disorders constitute a vulnerable group who need to be targeted in development assistance.

A UN General Assembly Declaration (A/RES/65/L.27 2010) on global health and foreign policy welcomed the WHO report, and recognized that mental health problems have “huge social and economic costs.”
What interventions are needed to break the cycle of poverty and mental ill health?

Until recently, little has been known about the strength of the evidence for mental health interventions. Yet, such questions are important in the context of the Millennium Development Goals (MDGs) and calls to include mental health in the MDGs and subsequent international development targets.\textsuperscript{7,8} If mental health is to be included in future development targets beyond 2015, assessment of the evidence base and feasibility of interventions that attempt to break the cycle of poverty and mental ill health is important.

Two systematic reviews were conducted to address these questions. The objective of Review 1 was to assess the effect of poverty alleviation interventions on mental, neurological and substance misuse disorder outcomes in countries with low and middle incomes. The objective of Review 2 was to assess the effect of mental health interventions on individual and family or carer economic status in these countries.

Targeted Interventions aimed at breaking the vicious cycle

**POVERTY ALLEVIATION INTERVENTIONS**

- Conditional cash transfers
- Unconditional cash transfers
- Loans
- Asset Promotion

**MENTAL HEALTH INTERVENTIONS**

- Family psychoeducation
- Group or individual psychotherapy
- Psychiatric drug treatment
- Epilepsy surgery
- Residential drug rehabilitation
- Community rehabilitation programme

Conclusions

Mental health interventions are associated with Improved economic outcomes. Of the 19 associations tested, ten showed the intervention to have a significant positive effect on economic status, and nine a non-significant positive effect (or no tests of significance were provided).

Some poverty alleviation interventions, such as conditional cash transfers and asset promotion programmes, had mental health benefits.
The call to scale up mental health care needs to be supported not only as a public health and human rights priority, but also as a development priority.

Set targets for scaling up mental health care, linked to Sustainable Development Goals (SDGs). These include:

- Percentage of national health budgets allocated to mental health
- Number of primary care workers trained in detection and management of common mental disorders
- Population coverage of evidence-based mental health interventions within a human rights framework

Mental health should become a central element for monitoring the outcomes of poverty alleviation programmes.

References


Title Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. Journal Lancet 2011; 378:1502-14

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 Improving Mental health care 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

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.