Mental Health and Poverty Project

Policy Brief

Developing Effective Mental Health Policies and Plans in Africa

7 key lessons

EMERGING ISSUES FOR MENTAL HEALTH POLICY REFORM

Addressing mental health requires a supportive policy environment and careful planning to coordinate and scale up mental health services and access to treatment.[1] Yet the majority of countries in Africa do not have a comprehensive mental health policy and plan.

A review of the mental health policies and plans of four African countries was undertaken as part of the **Mental Health and Poverty Project (MHaPP)**, a project to identify the steps required to strengthen mental health systems of poor countries. Using the WHO checklist on mental health policy and plans, the policies of Ghana, South Africa, Uganda and Zambia were analysed. Seven key lessons emerged that may be useful for other low and middle-income countries undertaking policy reform.

Mental health policies and plans are essential tools for increasing the availability, accessibility, affordability, effectiveness and quality of mental health care and services.

ISSUES AND RECOMMENDATIONS

1. Strong and clear commitment from government: Successful policy development and implementation requires a high level political mandate, leadership and political will. Although all countries reported an official mandate to develop policy on mental health only one country – Zambia - used language reflecting a firm commitment to change ('will' instead of 'shall'). Furthermore, the content in all four countries was too general allowing countries to avoid real commitment.

Lack of committal language reflected by use of should instead of will:
*".. The service **should** contribute in reaching the objectives of the programme." S. Africa*
*" ..Access to the service **should** be based on need and no discrimination. "S. Africa*

- ***Recommendation:*** Policy must demonstrate the commitment of government by clearly stating measurable actions to be achieved and using committal language to describe these.

2. Involvement of stakeholders: All countries, except South Africa failed to consult widely with important stakeholders during policy development. The South Africa consultation went beyond the Ministry of health departments and included the ministry of Finance, family associations and the South African Federation for Mental Health. Service users are the most important stakeholder group yet they were only consulted with in Zambia.

"...if I don't have a stake in the development of the policy, and you want me to have a stake in implementation, I may not value it the way you value it. ..... so I think the

[1] Module 'Mental Health Policies, Plans and Programs' - updated version, WHO, 2005a

stakeholders should be involved at all levels of policy; formulation, implementation, evaluation." (SSI, a health manager at district level, Uganda country report, 2008)

- ***Recommendation***: Identify relevant stakeholders from both inside and outside the health sector (welfare, religious sectors, education, housing, employment, criminal justice, police and other social services) and involve them in policy formulation through extensive consultation so that agreements for action can be made. Consumers and family organisations must always be included in consultations.

3. Realism about what can be achieved and how: Analysis of the policies revealed that they had all been written in an overambitious way. High expectations for mental health are set, describing many objectives broadly without any clear information about how they will be achieved within available resources.

For example it is of crucial importance to indicate how policy implementation will be financed, whether additional resources will be allocated to mental health and if so what is going to be the source of the additional funds. None of the policies had such information.

Though finances are mentioned in the policies of South Africa, Ghana and Zambia, no specific mention is made of the source or allocation of funds. In the Uganda policy, financing is not addressed at all.

- ***Recommendation:***

Set a limited number of objectives, prioritising the most urgent areas for action that can be achieved with the funds that government will make available for implementation.

4. Elaborated policy areas for action:
Mental health reform requires multiple actions in different inter-related domains, such as human resource development, development of services for mental health, advocacy, access to medicines, quality improvement and so on. In all four documents detail about policy direction was lacking.

All countries mentioned important areas for action in their policies, however none of the countries sufficiently elaborated these, making it difficult to understand the real changes intended as a result of the policy.

Recommendation: Policy objectives need to be accompanied by substantive and well thought out descriptions of policy directions and the actions required to achieve objectives.

5. Internationally recognised best practices: International evidence supports the need to radically reform services from an institutional model to one based on community care.

Both the Uganda and the South Africa policies promote the integration of mental health care into general health services as well as a community-oriented approach. However, in the Ghana and Zambia policies these issues are not actively promoted. Furthermore, deinstitutionalization is not addressed in any of the four policy documents.

- ***Recommendation:*** Organize and incorporate into policy an effective network of mental health services by deinstitutionalization, developing community mental health services, and integrating mental health care into general health services

6. International human rights standards:
Policies need to specifically promote the human rights of people with mental disabilities in the actions they prescribe. This is an obligation based on international human rights standards[2].

[2] International Convention on the Rights of Persons with Disabilities. Adopted by UN General Assembly, December 2006; International Covenant on Civil and Political Rights (1966); International Covenant on Economic, Social and Cultural Rights (1966)

In practical terms it means making sure that services are accessible and acceptable to those in need, that they promote the autonomy and liberty of people with mental disabilities and that put an end to violations faced by people with mental disability.

None of the countries explicitly promoted human rights within their policy. Human rights of people with mental disabilities were only addressed in terms of specifying access to mental health services in the community. In the Zambia policy the guiding principles mentioned the civil, social, political, economic and cultural rights of persons with mental disabilities

- ***Recommendation:*** Put in place human rights oriented mental health policies and strategic plans building on international human rights standards.

7. Formulation of mental health strategic plans to implement policy: Mental health policy does not automatically translate into adequate delivery of mental health services if not spelt out clearly by a comprehensive strategic plan and budget. None of the four countries elaborated such a strategic plan detailing what will be put in place to achieve the policy objectives and directions. This is particularly problematic given the vagueness in the content of the policy documents themselves.

- ***Recommendation*** Develop a strategic mental health plan that specifies the strategies and activities required to implement policy. Determine the budget and timeframe for each activity and strategy, as well as expected outputs, targets and indicators that can be used to assess whether the implementation of the plan has been successful.

South Africa's policy, despite the high level of consultation with stakeholders, was never really implemented at a nationwide level. An important reason for this is the absence of a strategic mental health plan to translate the policy directions at national level into achievable actions on the ground at all provincial and district levels. Significantly where provinces independently developed a provincial level strategic mental health plan important changes were seen to service provision in line with national policy directions.

REFERENCES AND RESOURCES

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- The WHO Mental Health Policy & Service Development Guidance Package. 14 modules for mental health policy, planning and service development. url: http://www.who.int/mental_health/policy/en (last accessed: 23/04/2007)
- WHO Checklists on mental health policy and plans http://www.who.int/mental_health/policy/essentialpackage1/en/index2.html

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