Mental Health and Poverty Project

Policy Brief

Key elements of a situational analyses to inform mental health policy

ROLE OF SITUATIONAL ANALYSIS IN DEVELOPING MENTAL HEALTH POLICY

A situational analysis designed to inform policy must involve a systematic collection and collation of relevant information and data. In some countries however, they are informed only by the personal knowledge and beliefs of national experts involved in drafting the new policy. This is inadequate and can lead to poor policy and planning decisions being made

Situational analysis of mental health in 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. Each country collected essential information on their mental health system using the WHO Assessment Instrument for Mental Health Systems (WHO AIMS). Relevant law and policy documents were also analysed using WHO checklists, and various key stakeholders were consulted using semi-structured interviews and focus group discussions.

What is a situational analysis?
A situational analysis defines the circumstances prevailing in the country both in terms of the needs (e.g. prevalence of disorders requiring treatment or support) and with regard to the resources available or that can be mobilized. It requires a systematic process of data collection and interpretation.

RECOMMENDATIONS FOR THE CONTENT OF A SITUATIONAL ANALYSIS

1. Country general context: Political, demographic, economic and social factors impact on the prevalence and distribution of mental disorders in a population. For example, people living in poverty may not be able to afford the costs associated with mental health services and may consequently fail to get the care they require. These contextual factors are therefore a critical component of any comprehensive situational analysis.

Uganda – a young population
In Uganda demographic data showed that almost half of the population (49.3%) is under 15 years of age. It was also reported that child and adolescent mental health is a neglected area at most mental health facilities. Given the country's demographic profile, child and adolescent mental health was identified by Uganda as an important area for further development in the new mental health policy.

2. General health context: Mental health and physical health are indivisible and in order to provide the best possible care mental health needs to be integrated into services for other health problems. It is crucial therefore to have information on the general health needs and services in the country to guide decision making for mental health services. Situational analysis must document the main health challenges and priorities in the country and the present structure and capacity of the national general health system including its strengths and weaknesses.

Mental Health and Poverty Project

South Africa & Uganda - HIV/AIDS

Both South Africa & Uganda are countries heavily affected by HIV/AIDS. South Africa has a prevalence rate of 18.1% among adults aged 15-49, and Uganda has a prevalence rate of 6.4%. Some existing services which address the mental health needs of people with HIV/AIDS were identified in both countries. However the pressing need to better address the mental health consequences of HIV/AIDS was reported in stakeholder interviews, and was also confirmed by scientific studies referred to in the situational analysis for South Africa.

3. Policy & legislative framework: The drafting of a mental health policy needs to take into account the current policy and legislative environment, and note whether major changes are required. Appropriate documents should be identified from the general health sector and from the non-health sector, for example, the social welfare and justice areas. Development policies and poverty reduction strategy papers (PRSPs) are also valuable data sources.

South Africa- Mental health reform driven by new law

South Africa's recent mental health Act (2002) requires the provision of 72 hour assessments for certain patients. The situational analysis revealed that current human resource and service levels are unable to meet these requirements of the law. Consequently future policy intervention may be needed to ensure that the mental health sector can fulfill the services required of it under the Act.

Uganda - involuntary & voluntary care

In Uganda the mental health legislation is over fifty years old. The situational analysis revealed that one of the most significant flaws of this law is its failure to make a distinction between involuntary and voluntary care. It focuses almost entirely on issues to do with the detention of people with mental disabilities and fails to promote and protect their rights both within the health care context and in the community. The next Ugandan policy should promote reform of the mental health legislation, and encourage a human rights approach to this issue.

4: Coordination: Coordination is essential to optimize the use of resources for services. The situational analysis needs to clearly state the current level of coordination of mental health services in the country, whether there is a coordinating body and if so what its functions are, so that clear decisions can be made in relation to the policy.

Ghana: Fragmented coordination of mental health services.

In Ghana, while the Mental Health Unit coordinates institutional care for mental health, a parallel coordination body exists for community psychiatric services (headed by a different coordinator). The poor communication between these different bodies leads to poor coordination and fragmentation. The situational analysis highlighted the need for a more functional coordination mechanism, to be reflected in future policy.

5: Mental health needs and current service utilization: Documenting the prevalence of different types of mental disorders in the country as well as service utilization data (e.g. number and length of hospitalizations, number of consultations in outpatient departments and in rehabilitation services) is a critical element of the mental health situation analysis as it allows for the planning of services according to need. Where national prevalence data is not available, information can be obtained from estimations derived from surveys conducted in countries with similar characteristics or by using data from the World Mental Health Survey, 2004. It is also useful to estimate the treatment gap (difference between the total estimated number of people with mental disabilities and the number of people receiving mental health care) for advocacy and monitoring purposes.

South Africa – prevalence of mental disorders

A major epidemiological study has shown that 16.5% of South Africans suffered from common mental disorders (depression, anxiety and somatoform disorders) in 2007. This figure does not include schizophrenia and bipolar mood disorder, which place an additional burden. A review of existing studies revealed that about the same proportion (17%) of children and adolescents suffer from mental disorders. This information is essential to quantify the real burden of mental disorders and the services required at national level, including human resources and medication.

6. Mental health financing: Knowing the sources of financing and the budget available for mental health are essential for realistic planning. It is particularly important to know whether there is a discrete or separate budget for mental health within the general health budget and whether this is adequate. Any new policy needs to have a clear statement on how mental health activities will be financed.

Zambia - financing and mental health

In Zambia, mental health services for people who live in poverty are free of charge. However, public health financing, although relatively strong for some other health programmes (eg. such as HIV/AIDS, Malaria, T.B, Child Health, Environmental health and Health promotion) , is comparatively weak for mental health, which attracts less than 1% of the total public health budget. Thus policy must ensure that mechanisms are put in place to improve mental health service quality and availability.

7. Mental health services and their organization: Analysing information on all aspects of current mental health services allows those involved in drafting policy and plans to identify gaps and inequalities in the current service provision that need to be addressed in the new mental health policy.

Situational analysis must therefore provide clear and comprehensive information, at each health care level, on the following:
- the location and number of facilities where mental health care is provided,
- the human resource available for mental health both in specialized and general health settings,
- mental health training opportunities, both initial and 'in service',
- recruitment and retention measures for skilled mental health workers,
- a detailed description of the mental health services available.

Ghana- lack of psychosocial interventions.

Psychiatry in Ghana is largely focused on inpatient care and the provision of psychiatric drugs. With no rehabilitation and few community services to reduce the risk of relapse, many patients end up back in the hospital. Based on these findings, the new policy needs to promote deinstitutionalization, integration of mental health into primary care and community-based care in order to significantly improve overall health and social outcomes for people with mental disabilities.

8. Intersectoral collaboration: Collaboration with the non-health sector (e.g. social welfare, education, employment, housing, justice) is crucial to provide comprehensive care and support to people with mental disabilities, and to assist in the prevention of mental ill-health and the promotion of mental health. Situational analyses therefore need to provide information concerning the resources available in these different sectors and also their policy directions, in order to make optimal use of resources while meeting the objectives of all.

South Africa - access to social assistance for people with mental disabilities

In South Africa a care dependency grant is provided for children requiring fulltime care due to a mental or physical disability. A disability grant is also available to provide temporary or permanent support to people unable to work due to a medical condition (including mental disability). However the situational analysis highlighted that people with mental disabilities are often unable to benefit from the grant because their disorders are not recognized or because of the logistical problems they may experience in applying for the grant. Policy innovations can assist in promoting access to social assistance for people with mental disabilities.

Mental Health and Poverty Project

REFERENCES AND RESOURCES

— Mental Health and Poverty Project (MHaPP)
http://www.psychiatry.uct.ac.za/mhapp/

— WHO MIND - Mental Health, Poverty and Development
http://www.who.int/mental_health/policy/development/en/index.html

— 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 AIMS
http://www.who.int/mental_health/evidence/WHO-AIMS/en/

— WHO Checklists on mental health policy and plans
http://www.who.int/mental_health/policy/essentialpackage1/en/index2.html

— WHO Checklist on Mental Health Legislation
http://www.who.int/mental_health/policy/essentialpackage2/en/index.html

****