Centre for **Global Mental Health**

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

Background: 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, to date no review has been conducted to assess its acceptability and feasibility among 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.

Method: 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 were 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 standardised checklist. A comparative thematic approach was used for data synthesis of both qualitative and quantitative data. This involved coding the themes described in the extracted data, grouping the codes into themes by looking for similarities and differences between and within them, analysing these themes in relation to the review question, and inferring implications and recommendations.

Results: In total, 17 articles representing 21 studies were included. The findings relating to acceptability were summarised by four main themes: satisfaction with services; satisfaction of needs; factors affecting satisfaction; and acceptability to health care providers and stakeholders. Five themes emerged from the findings relating to feasibility: logistical challenges; availability of a task-sharing workforce; competency; workload; and training and supervision.

Bangladesh (Naved, 2009) Burundi, Indo Lanka, Sudan (Jordans, 2011)

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Uganda (BN Ug 2008; BN, 2008)

Zimbabwe (Chibanda, 2011

Conclusion: Task-sharing has become a widely adopted strategy to scale-up mental health care in LMIC following a number of large trials demonstrating its effectiveness. However to date little emphasis has been placed on evaluating the acceptability and feasibility of these interventions. This review illustrates the complexity of both acceptability and feasibility and the importance of exploring them in depth. It concludes that task-sharing is not an outright solution for shortages of mental health specialists in LMIC. For task-sharing to be successful and sustainable a number of factors need to be considered: 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 retention of the workforce. As the main barrier to addressing these is a lack of resources, it is clear that in order to ensure the acceptability and feasibility of task-sharing interventions, an increased investment in mental health care remains essential.

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Implications for designing task-sharing interventions:

developers should:

- 1. Explore factors that affect the acceptability to participants and their families of using a task-sharing workforce to deliver an intervention.
- Ensure that task-sharing interventions satisfy participant's need.
- Explore the acceptability of the task-sharing workforce to managers and other health care professionals and consider methods of improving this.
- 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.
- 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.
- Consult with stakeholders and the workforce to develop an adequate and sustainable training and supervision system.
- Consider incentives for the task-sharing workforce such as career progression, where it is not feasible to create sufficient monetary incentives.

Policy-makers should implement a clear policy framework which provides guidance on:

•Reimbursement and working conditions

•Training and supervision

•Management and accountability







Before, during and after the implementation of an intervention, programme