



# Global mental health – scaling up mental health services

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# Key issues for scaling up

- Attend to the quantity (access/coverage) as well as the quality of services
- Devise and evaluate new delivery systems for mental health care that are
  - Affordable
  - Accessible
  - Cost-effective
  - Consumer and community-driven

# What do we need to do now?

- to develop and evaluate interventions **to be delivered by non-mental health professionals,**
- to evaluate how health systems can scale up feasible and effective interventions across all routine care settings



- Incremental cost-benefit (dollars/DALY)!!



# Psychosis in the community – before and after treatment

Before treatment



After treatment







**Testimonies from the Butajira community**

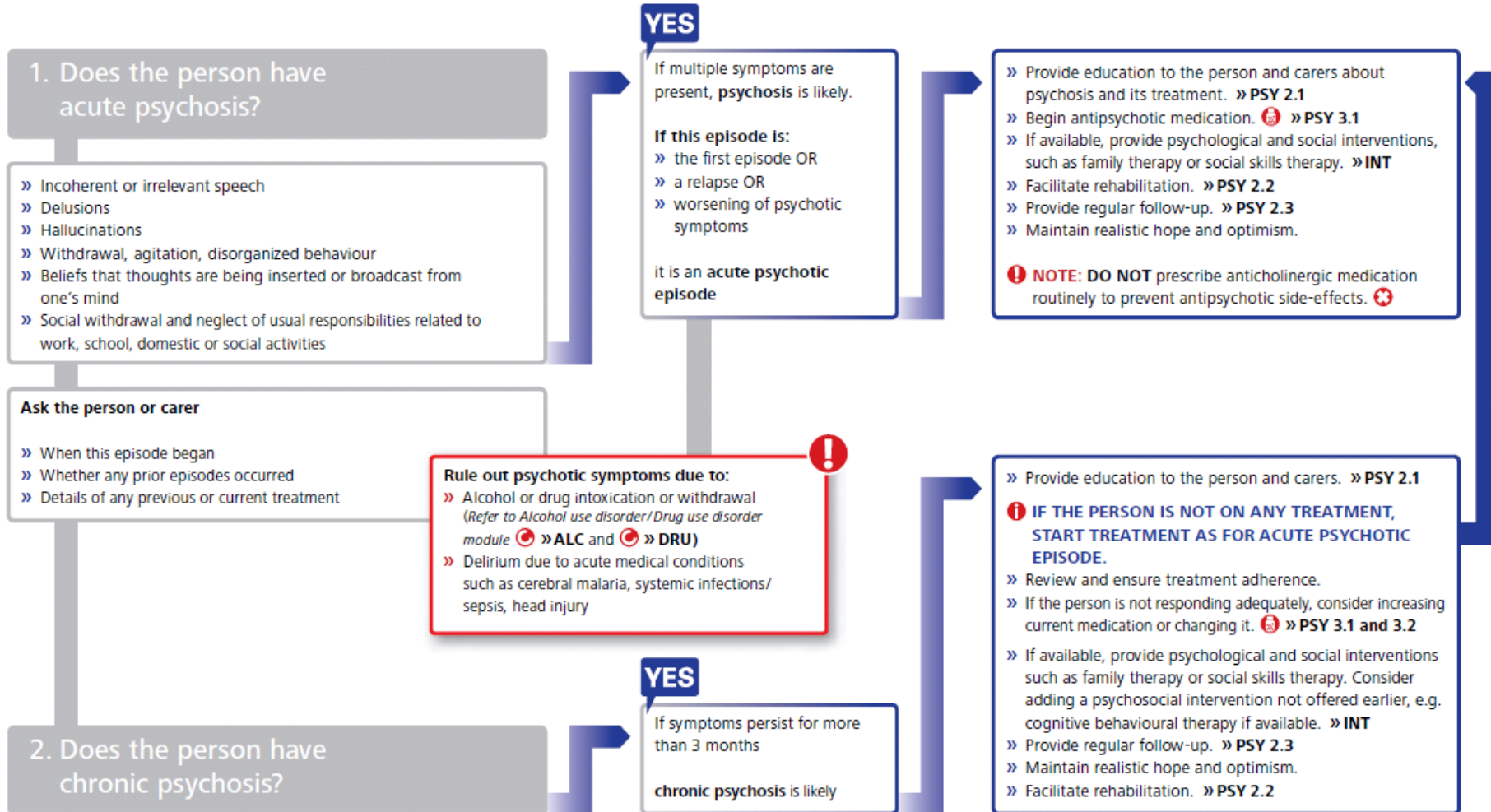
- Increasing the coverage of evidence-based community interventions in low and middle income countries



- Seven priority areas – depression, psychosis, epilepsy, dementia, child and adolescent disorders, alcohol use, suicide
- Development of evidence-based practice guidelines for non-specialists in LAMIC
- Implementation
- Evaluation



## Assessment and Management Guide



# Potential problems and challenges

- Can CHWs identify mental distress, and diagnose?
- Do we really know what works?
- Can we integrate this in general healthcare (or are we setting up another vertical system?)
- Can we set up a suitable and sustainable delivery system?



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## The 10/66 Dementia Research Group

The 10/66 Dementia Research Group is a collective of researchers carrying out population-based research into dementia, non-communicable diseases and ageing in low and middle income countries.

10/66 refers to the two-thirds (66%) of people with dementia living in low and middle income countries, and the 10% or less of population-based research that has been carried out in those regions.

10/66 is a part of Alzheimer's Disease International, and is co-ordinated from the Institute of Psychiatry, King's College London.



Good Quality Research




Generates Awareness



Shapes Policy



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### Latest 10/66 News

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[www.alz.co.uk/1066](http://www.alz.co.uk/1066)

# Do we know what works? E.g. Dementia

(Prince et al PLOS Medicine 2010)

Casefinding	Yes – CHW's in India and Brazil	(Shaji et al, IJGP, 2002 Ramos-Cerquiera et al JAGS, 2005)
Brief diagnostic screening assessment	No – but pop'n based studies indicate potential for abbreviated CSI'D'	(Prince et al, Lancet 2003)
Making the diagnosis well	No	
Attention to physical comorbidity	Much burden, but no evidence for efficacy. Good practice guidelines only	(Prince et al, IJGP in press)
Carer interventions (carer strain)	Yes – India, Russia, Peru	(Dias et al, PLoS ONE, 2008; Gavrilova et al IJGP, 2008; Guerra et al, Rev Bras)
Cognitive stimulation	No – but 9 positive trials from HIC, as effective as AChE's	
Non-pharmacological interventions for behavioural and psychological symptoms	No – limited HIC evidence for e.g. massage, aromatherapy	



# Vertical vs horizontal (integrated) approaches

## VERTICAL (HEALTH CONDITIONS)

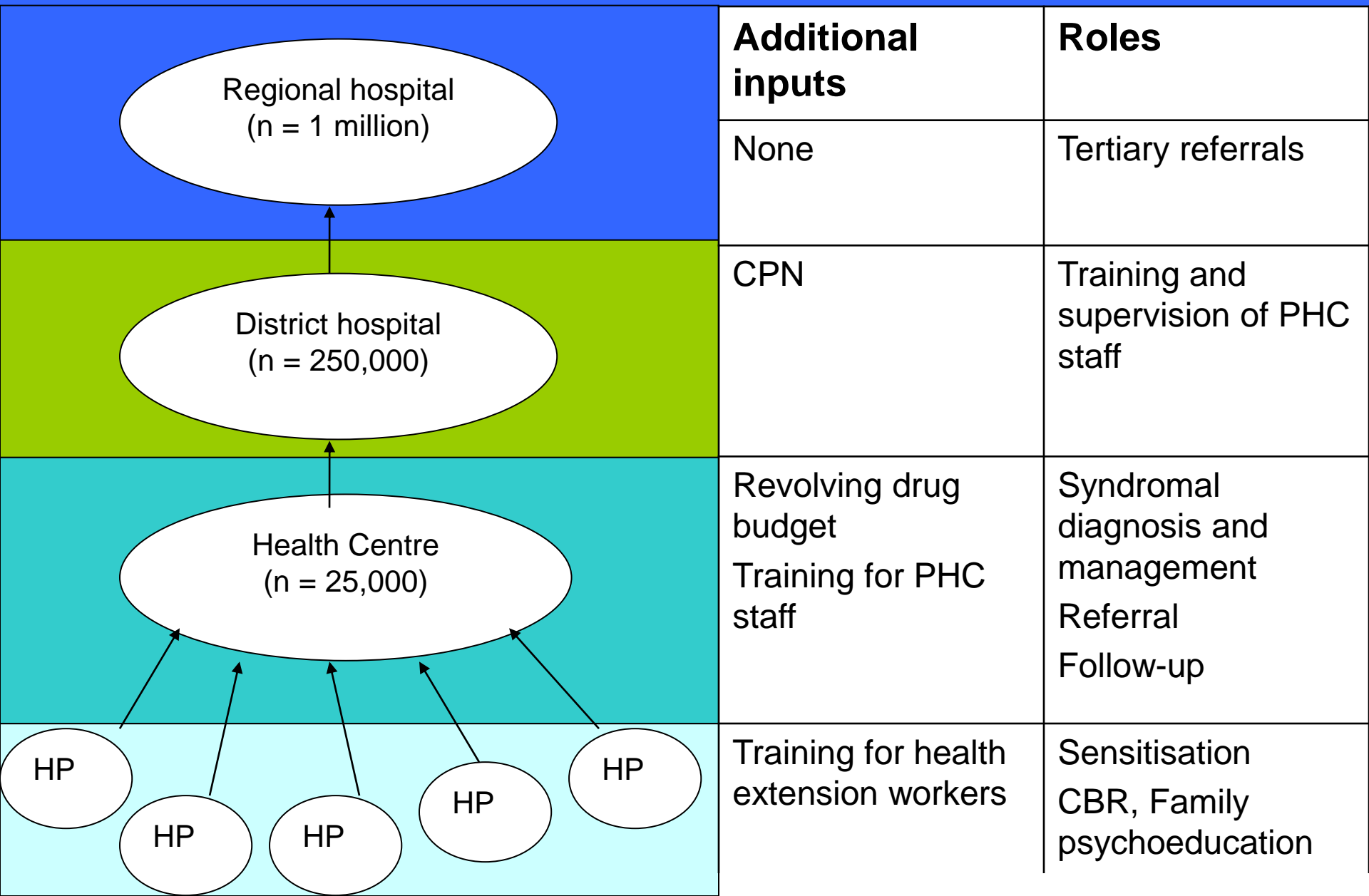
- Dementia
- Stroke
- Parkinson's disease
- Depression
- Arthritis and other limb conditions
- Anaemia

## HORIZONTAL (IMPAIRMENTS)

- Communication
- Disorientation
- Behaviour disturbance
- Sleep disturbance
- Immobility
- Incontinence
- Nutrition/ Hydration
- Caregiver knowledge
- Caregiver strain



# A delivery system for community mental health care



# Implementation science

- Not what, but how (who and where)
- Defining the role of the specialists
- Training and supervision (how much, how often?)
- Recognition
  - Screening?
  - Case finding?
  - Diagnosis?
- Initial management
- Follow-up

# Research questions

- Can we train community healthworkers effectively?
- Does the referral/ help-seeking rate increase?
- What is the casemix? Is the service equitable?
- Is a revolving drug budget sustainable?
- Do those accessing the service remain in contact?
- What is the incremental cost per additional patient treated?
- What is the effect size for those who are referred/ treated?
  
- A definitive cluster-randomised controlled trial?





# Established priorities

## Mental Health

### Child health

- Infant mortality
- Nutrition/ Growth/ Development

## Mental Health

### Reproductive health

- Fertility
- Pregnancy
- HIV/ AIDS

### Infectious disease

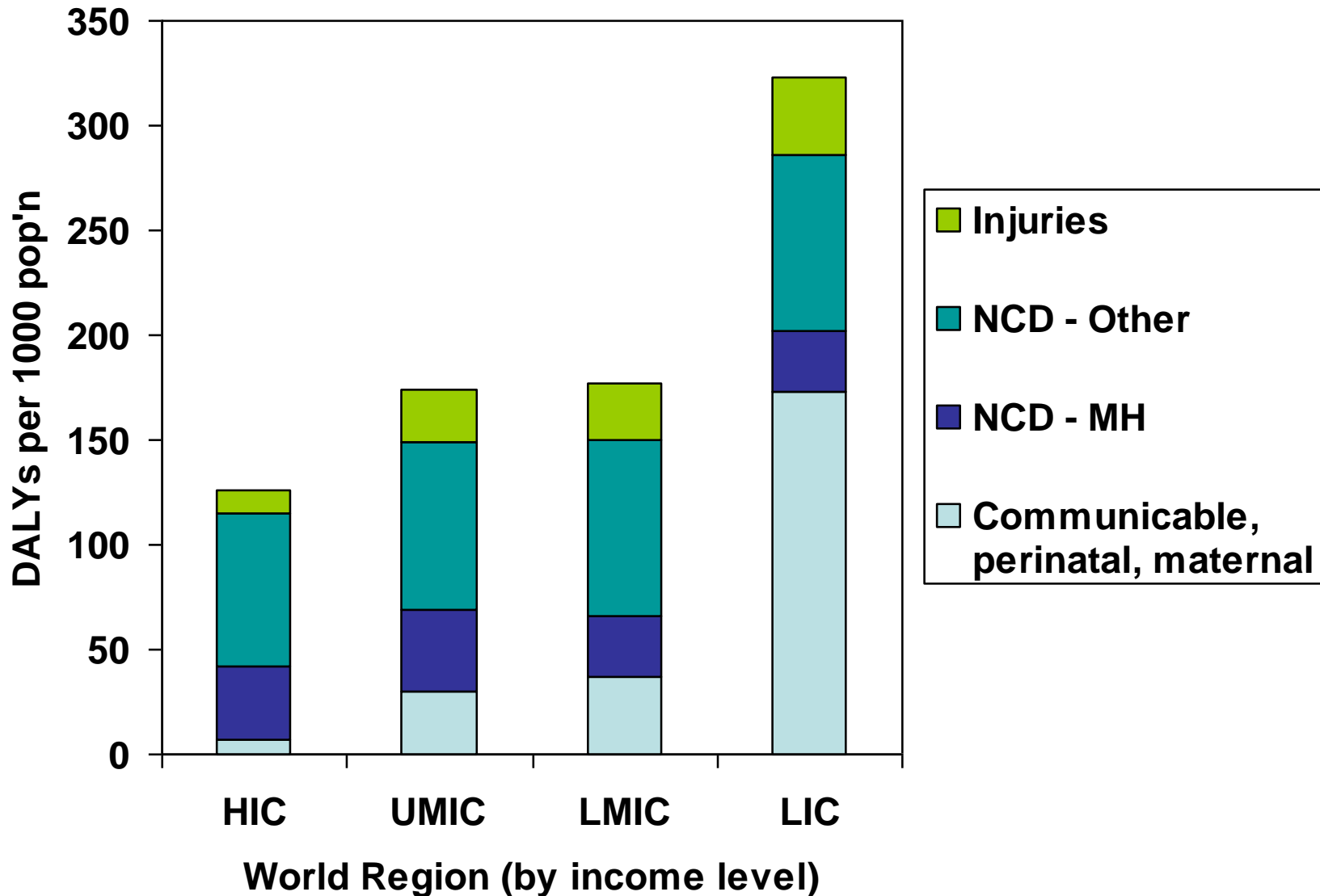
- Control and eradication of communicable diseases
- TB
- Malaria

## Mental Health

# Building evidence for integrated community and primary care interventions

- Integrate mental health into general healthcare programmes
  - HIV/ AIDS
  - Reproductive and child health
  - Child nutrition
  - Chronic non-communicable disease management
- Task-shifting to community health workers with training and supervision from mental health specialists
- Address the general health care needs of people with mental disorders

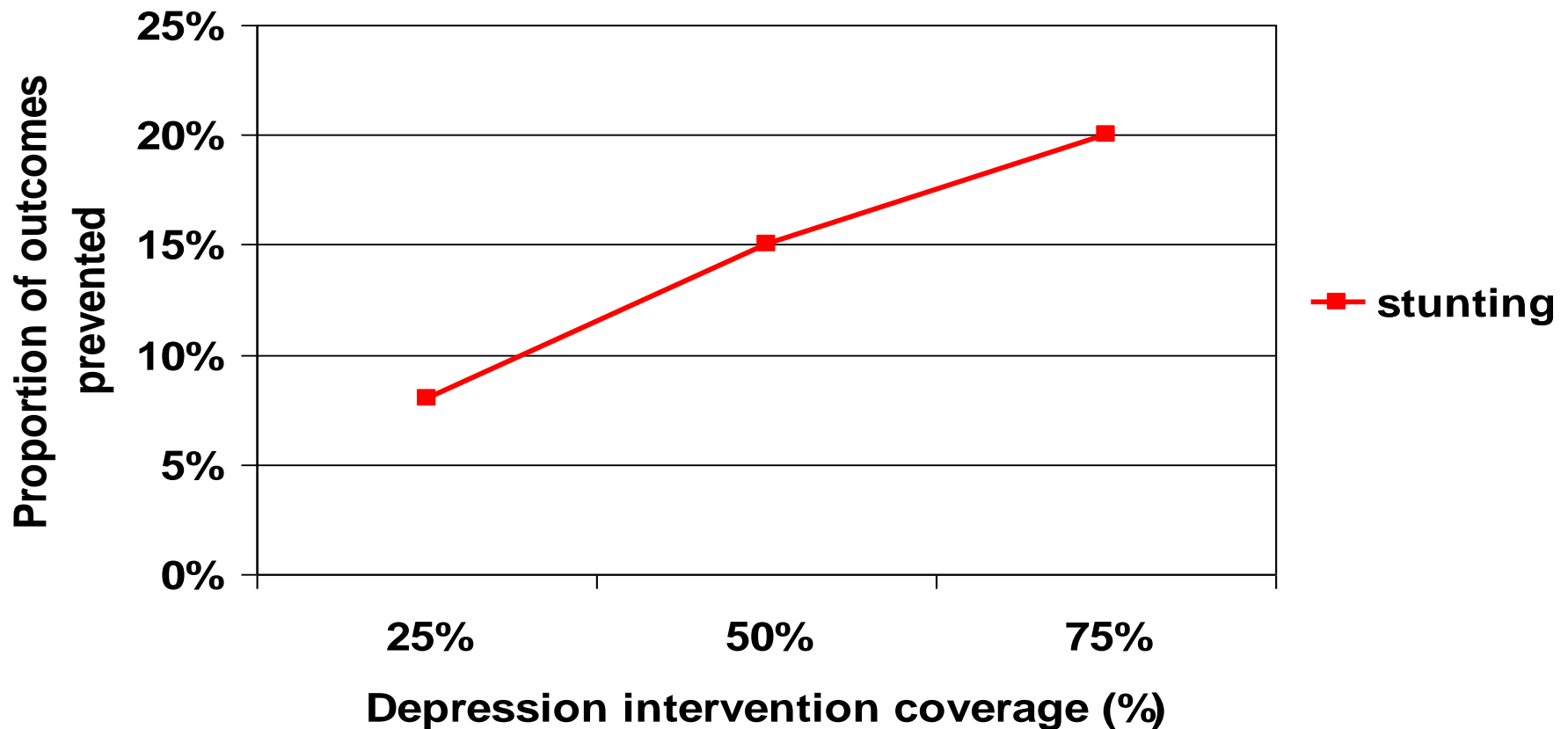
# DALYs/ 1000 pop'n attributable to different disorder groups, by country income level





# Modelling of impact of improved coverage of evidence based treatments for depression

**Proportion of cases of infant stunting (Pakistan) theoretically prevented following increased coverage of evidence-based treatment for maternal depression**



# Lady health visitors using CBT to treat postnatal depression in rural Pakistan (Rahman et al, Lancet, 2008)



# Scaling up - the five P's

- Problem
- Packages
- Programmes
- Partnership
- Patience
- The 'big push' – unity, visibility, rights, recovery

# Critical actions

- Getting mental health on the global public health agenda
- Building evidence for community and primary care interventions
- Placing global mental health within a human rights framework
- Networking among diverse stakeholders (building capacity for effective advocacy)
- A movement for global mental health





## Movement for Global Mental Health

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### Monthly Updates

effectiveness of ...

3. Explore the processes used by ASC and other agencies....

4. To test a universal class intervention to improve ....

#### Web Resources

1 Health and Human Rights; A

2. International journal of Men

3. [http://www.who.int/mental\\_1](http://www.who.int/mental_1)

4. [mdri\\_mental\\_disability](#)  
[Disability ...](#)

## About the Movement for Global Mental Health

The Movement for Global Mental Health aims to improve services for people with mental disorders worldwide. In so doing, two principles are fundamental: first, the action should be informed by the best available scientific evidence; and, second, it should be in accordance with principles of human rights. The Movement is a global network of individuals and institutions who support this mission.

The Movement has emerged from the recent [Lancet series of articles on Global Mental Health](#). Its goal is to implement the final [Call for Action](#) article of the Series which demands the scaling up of treatments for mental disorders, for the human rights of those affected to be protected, and for more research in low and middle income countries. We believe that the Movement for Global Mental Health will facilitate a vigorous and sustained response to the Call for Action. Furthermore, the Lancet will designate mental health as one of its 'campaign focal points' in the coming years. Ultimately we aim to ensure that, through a range of activities, the Movement for Global Mental Health takes its place alongside those promoting HIV/AIDS treatment and maternal and child survival, and is identified as one of the great public health successes of our times.

[About this website](#) | [The Advisory Group](#) | [Institutional Partners](#)  
| [Charter of the Movement](#) | [Funder form](#) |

### Members

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### Advocacy



Pledge your support to our Global Advocacy Campaign [More...](#)

# Human rights – mechanisms for change

**International charters, conventions, agreements**

**Legislators**

**MH professionals**

**Policymakers**

**Jurists**

**Media**

**SOLIDARITY**

**Public**

**Users/ consumers**

**Families**

# What rights?

- Food, shelter
- Livelihood, adequate income
- Access to medical care
- Full and active participation in society
- Civil rights
- Family life
- Self-determination

Universal Declaration of Human Rights (1948)

Convention on the Rights of Persons with Disabilities (2006)

# What can you do?

- Register on the MGMH website
- Pledge your support for the global advocacy campaign – the Big Push (unity, visibility, rights, recovery)
- View the material
- Submit information on human rights, packages, programmes, research, training and capacity building
- Network (Facebook site)
- Attend the 2nd MGMH summit – Cape Town, 17<sup>th</sup> October 2011