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Principles to guide mental health policies in low- and middle-income countries

Princípios para orientar as políticas de saúde mental em países de baixa e média rendas

In this editorial, we focus on the practical implementation of policies related to people living with mental disorders, as opposed to the wider population for whom policies related to health promotion and prevention are important. Broadly speaking, there are two major principles which should underpin these policies: improving access to evidence-based care and respecting the human rights of affected persons. Whereas the principles concerning human rights are comprehensively addressed in international instruments such as the United Nation's Convention on the Rights of People with Disabilities (CRPD), until now we have not had internationally accepted guidelines on the former. Over the past few decades, we have witnessed an impressive growth in evidence on the burden, impact, and unmet needs of care for people with mental disorders in low- and middle-income countries (LMIC). However, much of the evidence on effective treatments for mental disorders has been generated only from high-resource countries. Contextual factors, in particular the great shortage and mal-distribution of human resources specialized in mental health in LMIC, greatly limit the generalisability of this evidence. Given these limitations, it was simply not possible to confidently recommend how to 'scale up' services (what treatments to offer, and how to deliver them) in many parts of the world. This has now changed.

On October 7th, 2010, the Director-General of the World Health Organization (WHO) released the Mental Health Gap Action Programme (mhGAP) Intervention Guide (Figure 1). The mhGAP is the WHO's flagship program for mental health. Its objective is to achieve higher coverage of mental health care with key interventions especially in low- and lower-middle income countries. At the launch event, Dr Chan said: "we face a misperception that mental health care is a luxury item on the health agenda – that care is beyond reach in resource-constrained settings where higher mortality diseases win the lion's share of domestic and external financial support. We now have good reason to challenge this thinking. With the publication of the mhGAP Intervention Guide (mhGAP-IG), we now have a simple technical tool for detecting, diagnosing, and managing the most common, and burdensome, mental, neurological, and substance use disorders, in any resource setting" and that "no matter how weak the health system or how constrained the resources,

something can always be done" (www.WHOProject\mhGAP\WHODGSpeechmhGAP-IGlaunchOct2010.htm). The mhGAP-IG¹ is the most important product in global mental health in terms of its potential impact on improving access to care for people with mental disorders in five major respects.

First, the guidelines are designed to be utilized by non-specialist health workers, such as primary care doctors, nurses, and medical assistants working in primary and secondary health care facilities. Second, the guidelines have been developed following a robust and transparent methodology, involving more than 100 experts and 20 international organizations and professional associations from around the world. A particular effort was made to prioritise evidence from LMIC. Third, priority conditions cover a range of mental, neurological, and substance use conditions that constitute a great disease burden and for which effective treatment options are available: depression; schizophrenia and other psychotic disorders; suicide; epilepsy; dementia; disorders due to use of alcohol; disorders due to use of illicit drugs; and behavioral and developmental disorders in children. Fourth, the guidelines cover all aspects of care, from specific drug, psychological, and social interventions, to general principles of care including those related to autonomy and dignity. Fifth, the whole exercise has been translated into less than 100 pages of "clinical wisdom and

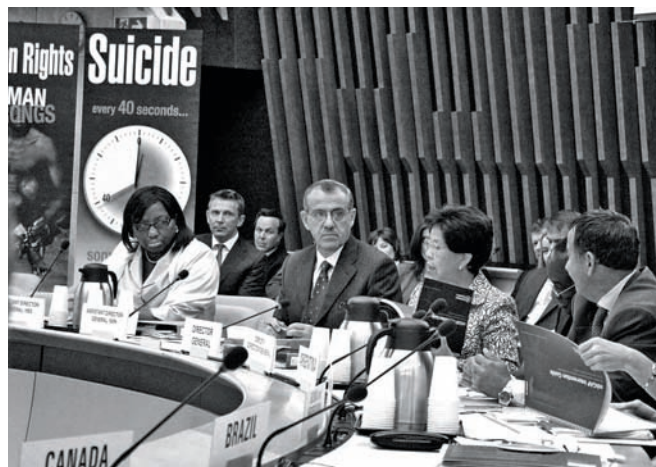


Figure 1 - World Health Organization (WHO) released the Mental Health Gap Action Programme (mhGAP) Intervention Guide. © WHO

succinct practical advice”, presented in a clear and logical format.

The strengthening of the role of non-specialists in mental health care has been endorsed by all major stakeholders in global mental health including, importantly, the world psychiatric community.² There is also a growing evidence base pointing to the effectiveness of the delivery of mental health treatments by non-specialist workers - a process referred to as ‘task-shifting’ - for disorders as varied as schizophrenia, dementia, and depression.³ The mhGAP-IG provides a strong foundation for developing practical resource materials for use by health workers in primary and secondary care, including training materials that will allow a wider range of staff to be involved in mental health care delivery than has been the norm to date. If this tool is to be used effectively, the task ahead is to define the supervisory and organizational requirements to ensure its implementation in a manner which maximizes fidelity and quality, and to commit the resources to take the program to scale, ultimately increasing coverage to the entire population. It is clear that to do this we will need a greatly expanded understanding of who comprises the mental health workforce - all members of the health workforce can now be considered potential mental health workers. Mental health specialists will need to play a key role in providing supervision and quality assurance of services where client contact in most cases will be through these other practitioners. This reorientation may be a challenge to traditional roles, but investment in the development of specialists with such a public health focus means that a stimulating and rewarding career in this field is becoming an increasingly attractive and viable option.

The successful implementation of the programme rests, first and foremost, on political commitment at the highest level. One way to

begin to achieve this is to establish a core group of key stakeholders at a national or regional or level who have multidisciplinary expertise to lead implementation processes. Assessment of needs and resources are critical to guide prioritization and phasing of interventions and improve the likelihood of their successful implementation. Development of a policy and legislative infrastructure is an important framework to address the needs of people with mental disorders and to promote and protect the human rights of people with these disorders. The obstacles that hinder the widespread implementation of these interventions must also be considered and addressed.⁴ The essence of mhGAP is to establish and reinforce productive partnerships; to attract and energize new partners; and to accelerate efforts and increase investments towards a reduction of the burden of mental disorders. Successful scaling up is the joint responsibility of governments, health professionals, civil society, communities, and families, spanning the international community. The Movement for Global Mental Health (www.globalmentalhealth.org) is one example of a global partnership which seeks to achieve the goal of scaling up services⁵ and we are now seeing that, in many countries, steady steps are being taken towards engagement in this process.

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Julian Eaton	-	-	-	-	-	-	-

* Modest

** Significant

*** Significant: Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.

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