Global mental health: Current policy and service issues

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Outline

• Core concepts
• Key milestone publications
• Burden of mental and substance use disorders
• Global policy and resource challenges – the treatment gap
• Cycle of poverty and mental illness
• Links with the SDGs
• Recent innovations: PRIME
• Acknowledgements
Core concepts
Definitions

• **Health**: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1978)

• **Mental health**: “the capacity of thought, emotion and behaviour that enables every individual to realize their own potential in relation to their developmental stage, to cope with the normal stresses of life, to study or work productively and fruitfully, and to make a contribution to their community.”

• **Mental disorder**: “disturbances of thought, emotion, behaviour, and/or relationships with others that lead to significant suffering and functional impairment in one or more major life activities, as identified in the major classification systems such as the WHO International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM).”

(adapted from WHO, 2001)
Complexity: Social and cultural determinants

- Inequality
- Violence
- Food insecurity
- Poor housing
- Inadequate water, sanitation
- Unemployment
- Migration
Milestone publications in global mental health

- World Mental Health (1995)
- Lancet series on Global Mental Health (2007)
- Launch of Movement for Global Mental Health (2007)
- WHO mhGAP (2008)
- WHO Mental Health and Development report (2010)
- 2nd Lancet series on Global Mental Health (2011)
- Nature article: Grand Challenges in Global Mental Health (2011)
  - Significant new research funding: DFID, NIMH, EU, GCC, WT (2011-present)
- WHO Mental Health Action Plan (2013-2020)
- Coming soon: Lancet Commission on Global Mental Health and Sustainable Development: September 2018
Burden of mental disorders
Global Burden of Disease 1990-2015: Rising Burden of Mental and substance use disorders (DALYs)

Mental and Substance Use Disorders
Both Sexes, All Ages

- Global
- World Bank Low Income
- World Bank High Income
- World Bank Lower Middle Income
- World Bank Upper Middle Income

• Source: GBD Health Data Available from: https://vizhub.healthdata.org/gbd-compare/
Disability-adjusted life years (DALYs) for each mental and substance use disorder in 2010, by age

Comorbidity

• HIV/AIDS:
  • People with mental disorders at increased risk of contracting HIV/AIDS
  • Among HIV positive individuals prevalence of mental disorder is higher than general population eg depression (OR 2.0, 95% CI 1.3-3.0)\(^1\)
  • Adherence to ART is adversely affected by depression, cognitive impairment and substance abuse
  • Treating depression improves ART adherence and CD4 count\(^2\)
  • HIV-Associated Neuro-cognitive disorder among patients commencing ART in Cape Town:\(^3\)
    • Mild neuro-cognitive disorder: 42.4%
    • HIV-Dementia: 25.4%

Maternal mental health

• Consequences of maternal depression for infant and child development in LMIC: ¹
  • low birth-weight
  • sub-optimal mother-infant bonding
  • inadequate child care
  • impairments in behavioral, social, emotional, cognitive and physical child development (including stunting and underweight)

Lack of policy commitment and resources – the treatment gap
Mental Health Expenditure per capita\(^1\)

![Mental Health Expenditure per capita chart]

Mental Health workforce per 100,000 population\(^1\)

![Mental Health workforce per 100,000 population chart]

Mental health expenditure by care setting

The treatment gap

Cycle of poverty and mental illness
Poverty and Common Mental Disorders in Low and Middle-Income Countries

Is there an association between Common Mental Disorders and poverty?

• Most studies showed statistically significant association* between diverse measures of poverty and CMD

• Poverty strongly associated with higher rates of CMD across age ranges in rural and urban areas

• Poverty associated with:
  • Increased prevalence
  • Increased severity
  • Longer course and worse outcome

* (p<.05; OR with 95%CI>1))

Cycle of poverty and mental illness

**Poverty**
- Economic deprivation
- Indebtedness
- Low education
- Unemployment
- Lack of basic amenities
- Inadequate housing
- Overcrowding

**Social causation:**
- Social exclusion
- High stressors
- Reduced access to social capital/safety net
- Malnutrition
- Obstetric risks
- Violence and trauma

**Social drift:**
- Increased health expenditure
- Loss of employment
- Reduced Productivity
- Stigma

**Mental Illness**
- Higher prevalence
- Poor/lack of care
- More severe course
Breaking the cycle of poverty and mental illness: the evidence so far…

Links between mental health and the Sustainable Development Goals
Social determinants of mental health and the SDGs: a conceptual framework

The SDG Challenge

• How do we demonstrate the link between attaining “upstream” SDGs and mental health benefits?

• Can we also show that providing mental health care yields social, economic and environmental benefits?

• Is mental health both a means and an end of development?
Recent innovations: PRIME

www.prime.uct.ac.za
Develop  Implement  Scale Up
# Mental Healthcare Plans

<table>
<thead>
<tr>
<th></th>
<th>Awareness</th>
<th>Detection</th>
<th>Treatment</th>
<th>Recovery</th>
<th>Enabling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Organisation</td>
<td>Engage and mobilise district stakeholders</td>
<td></td>
<td></td>
<td></td>
<td>Programme management, HMIS &amp; capacity building</td>
</tr>
<tr>
<td>Specialist mental healthcare services</td>
<td></td>
<td>Provide specialist care to complex cases</td>
<td></td>
<td>Provide case reviews for complex cases</td>
<td>Ensure specialist MH care interfaces with PHC</td>
</tr>
<tr>
<td>Healthcare facilities</td>
<td>Increase awareness of service users and providers</td>
<td>Detect, screen and assess for priority disorders</td>
<td>Provide psychosocial interventions and psychotropic medication</td>
<td>Ensure continuing care</td>
<td>Build capacity of facility staff to deliver facility level packages</td>
</tr>
<tr>
<td>Community</td>
<td>Improve awareness and decrease stigma</td>
<td>Improve case detection in the community</td>
<td>Provide basic psychosocial interventions and peer support</td>
<td>Promote rehabilitation &amp; recovery</td>
<td>Build capacity of community to support mental health care</td>
</tr>
</tbody>
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Implemented

- In 37 facilities across 5 countries
- >20340 mental health visits during the implementation phase

<table>
<thead>
<tr>
<th>Country</th>
<th>District</th>
<th>Population</th>
<th>Number of facilities</th>
<th>Number of visits in PRIME facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Sodo</td>
<td>165 000</td>
<td>8</td>
<td>4667</td>
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<tr>
<td>India</td>
<td>Sehore, Madhya Pradesh</td>
<td>1,311,008</td>
<td>3</td>
<td>3,794</td>
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<tr>
<td>Nepal</td>
<td>Chitwan</td>
<td>575,058</td>
<td>10</td>
<td>4,533</td>
</tr>
<tr>
<td>South Africa</td>
<td>Dr Kenneth Kuanda</td>
<td>632,790</td>
<td>3</td>
<td>572</td>
</tr>
<tr>
<td>Uganda</td>
<td>Kamuli</td>
<td>740,700</td>
<td>13</td>
<td>6,774</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>-</td>
<td>37</td>
<td>20,340</td>
</tr>
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Evaluation of Implementation

Case Study
How well was the MHCP Implemented?

Facility Survey
Does the MHCP increase correct diagnosis and initiation of evidence based treatment for depression and AUD?

Cohort Study
Do people treated by the MCHP and their families have improved clinical, social and economic outcomes?

Community Survey
Does the MHCP reduce the treatment gap for people with priority disorders?
Funding acknowledgements
Thank you!