



Mental Health

at a glance

Why address mental health?

Mental and neurological disorders are prevalent. According to the WHO World Health Report (WHR) 2001, neuropsychiatric disorders account for 12% of the Global Burden of Disease, second only to infectious disorders (23%), and are a bigger burden than AIDS, TB and malaria combined (10%). In the WDR 1993, four of the top ten causes of disability were due to mental and neurological disorders. Depression was ranked fourth in 1993, and is projected to be second in 2020 and number one for women.

Mental disorders are disabling and costly. They affect the employment and productivity of the person with the disorder, and also of the family/caregiver. Mental disorders lead to high health service utilization, and high rates of utilization of other formally delivered services including social services, housing, education and in some cases, the criminal justice system.

Mental disorders can have catastrophic costs for individuals/families which can tip them into **poverty**. Poor people are more likely to have symptoms of mental distress (Narayan, 2000).

There are many myths about the **causes** of mental illness. However, it is now known that mental illnesses are caused by an interaction of social, genetic, traumatic and infectious factors (WHR 2001).

Mental health is linked to physical health (Davis 1996), economic productivity, and employment (Ettner 1994, 2000), and to other development issues. Violence against women, alcoholism and HIV/AIDS are some of the areas where social pathologies interact with health problems. The high burden of infectious disorders in children below five years of age and the high burden of peri-natal and maternal mortality are often reflected in high rates of neurological disorders such as epilepsy, cerebral palsy, hydrocephalus and mental retardation.

What can be done to improve mental health?

Depending on the condition, effective treatments exist and patients can lead productive lives. It has been demonstrated that community mental health programs can be effective even in poor populations.

Public health interventions such as immunization and prevention of nutritional disorders will help prevent developmental disorders. School health services, adolescent health services and maternal health services all contribute to the prevention of mental disorders and the promotion of mental health. A life cycle approach shows how to integrate mental health into other health services.

Where to start

- **Policy/Program development:** Establish or strengthen the mental health delivery system within the framework of PHC, community based rehabilitation and school based health care.
- **IEC:** Increase awareness of what mental health and mental disorders are, their causes and prevention, and the availability of effective interventions.
- **Training:** Increase the numbers of health workers and other relevant personnel (teachers, social workers, community based rehabilitation workers, psychologists) who can recognize and manage or refer patients with mental health problems.
- **Quality:** Develop and implement standards and guidelines for the management of common mental health problems.
- Establish or strengthen a support supervisory system.
- Establish or strengthen the referral system.
- Develop and implement a mental health Management Information System.

Objectives	Key Activities	Beneficiaries/ Target Groups	Indicators
<p>Create demand for mental health services</p> <p>Increase awareness of what mental health and mental disorders are, causes and prevention, and availability of effective interventions</p>	<ul style="list-style-type: none"> • IEC activities such as: <ul style="list-style-type: none"> ✓ radio programs ✓ posters ✓ pamphlets ✓ newspaper articles • Education sessions in communities including in schools and workplaces 	<p>The whole population</p>	<p>Process</p> <ul style="list-style-type: none"> ✓ Number of programs organized/held ✓ Number of posters/pamphlets produced and distributed <p>Output</p> <ul style="list-style-type: none"> ✓ Increase in attendance at health units
<p>Improve access to mental health services</p> <p>Increase the numbers of health workers, social workers, community based rehabilitation workers and teachers who can recognize and manage or refer patients with mental health problems</p>	<ul style="list-style-type: none"> ✓ Develop training curricula for continuing education (CME) of nursing personnel, teachers, social workers, NGO personnel ✓ Develop curricula and carry out workshops to train primary health workers, NGO personnel, social workers & teachers how to recognize and manage/refer common mental disorders ✓ Integrate a mental health component in the core/basic training curricula of nursing personnel and teachers, NGO personnel and social workers 	<p>Primary health workers (nurses or primary physicians depending on the country)</p> <p>Social workers</p> <p>NGO workers</p> <p>Teachers</p> <p>Community Rehabilitation Officers</p>	<p>Process</p> <ul style="list-style-type: none"> ✓ Training manual for CME available ✓ Number of health workers, social workers, community based rehabilitation workers and teachers trained ✓ Number of training workshops held ✓ Availability of core/basic training curricula (for teachers, social workers, community based rehabilitation workers) with mental health component <p>Output</p> <ul style="list-style-type: none"> ✓ Change in referral patterns of health workers, social workers, community based rehabilitation workers and teachers ✓ Change in prescription patterns of primary health workers
<p>Establish or strengthen a support supervisory system</p>	<ul style="list-style-type: none"> ✓ Develop guidelines for support supervision ✓ Develop the support supervision structure ✓ Mobilize resources to facilitate the process of support supervision 	<p>Health workers, social workers, teachers, rehabilitation workers providing mental health care</p>	<p>Process</p> <ul style="list-style-type: none"> ✓ Number of support supervision visits by the different cadres of personnel, teachers, social workers, community based rehabilitation workers <p>Output</p> <ul style="list-style-type: none"> ✓ Improvement in the prescription patterns of lower level health workers
<p>Establish or strengthen the referral system</p>	<ul style="list-style-type: none"> ✓ Develop guidelines for referral system ✓ Ensure that referral structure is in place ✓ Mobilize resources to facilitate the process of referral eg funding to transfer a patient from one level to another. 	<p>Health workers</p> <p>Social workers, teachers, rehabilitation workers</p> <p>Patients</p>	<p>Process</p> <ul style="list-style-type: none"> ✓ Number of referrals made at each level and between the different care systems, health, education, social protection, legal services <p>Output</p> <ul style="list-style-type: none"> ✓ Reduction in number of inappropriate self referrals made to regional and national referral hospitals ✓ Increase in the numbers of referrals from and to the communities and the other sectors
<p>Improve the quality of mental health care</p> <p>Develop and implement standards and guidelines for management of common mental health problems</p>	<ul style="list-style-type: none"> ✓ Develop standards and guidelines ✓ Disseminate the standards to relevant policy makers and all providers of services ✓ Train all providers of services, teachers, social workers, psychologists, health workers, to use the guidelines ✓ Evaluate and document successful interventions ✓ Empower service users/consumers of services 	<p>Patients with mental health problems</p> <p>Health workers, teachers, social workers, rehabilitation workers, psychologists providing mental health care</p>	<p>Process</p> <ul style="list-style-type: none"> ✓ Standards and guidelines available social workers, teachers, rehabilitation personnel as well as health workers ✓ Number of dissemination/training workshops held for policy makers in relevant sectors, education, health and social protection and for all levels of governance <p>Output</p> <ul style="list-style-type: none"> ✓ Increased attendance at health units ✓ Improvement in mental health skills of health workers, teachers, social workers and rehabilitation workers

Improve routine mental health data collection

- Develop and implement a mental health Management Information System
 - Develop form/system for collecting routine mental health data
 - Disseminate the data form to all levels of care where information is to be collected
 - Establish system for collecting, compiling, analyzing, and disseminating the data at each of the levels of planning and in each of the relevant sectors
- Policy makers at each of the levels where planning has to take place
- Process**
- Data form available at all levels of care system such as community based data collection, school based, social protection, and health
 - Number of reports produced at each level
 - Collation and analysis of all data from different sources at each level of planning and programming
- Output**
- Improved planning and implementation of mental health services at all levels and within all relevant sectors, education, social protection, legal and health

Examples of Potential Best Buys in Different Situations

Possible Scenario

- Eastern Europe**
- Post Conflict
 - Alcoholism (5 of 10 countries in the world with highest per capita spirit consumption)
 - Suicide (8 of 10 countries with highest rates in the world)

Priority Solutions

- Conflict/Post Conflict**
- Assess needs
 - Establish community based psycho-social support
- Alcoholism**
- Conduct and compile alcohol country profile/brief
 - Develop alcohol policy that includes control of supply, preventing abuse and mitigating effects of abuse
- Suicide**
- Improve accessibility of mental health services in schools, workplaces and communities
 - Develop materials and train primary health workers, teachers, social workers, rehabilitation workers in the recognition and prevention of suicide

Who to Involve

- Conflict/Post Conflict**
- Ministries of Health, Social Welfare, Education
 - Relevant NGOs
 - Agencies eg UNICEF, UNHCR, WFP
- Alcoholism**
- Ministry of Health, Ministry of Education
 - AAs or other NGOs
- Suicide**
- Ministry of Health and Education
 - NGOs providing mental health care, support to survivors, relatives of victims

Sub Saharan Africa

- HIV/AIDS
- Wars/Conflict (29 of 46 Countries)

HIV/AIDS

- Develop module for health workers, social workers, rehabilitation workers, and NGOs of PLWH/A so they can provide psychological support to patients and their relatives
- Provide psycho-social support to children and adults affected by HIV/AIDS
- Establish community based psycho-social support

Wars/Conflicts

see Conflict section for Eastern Europe above

HIV/AIDS

- Ministry of Health, Education, Social Affairs
- Agencies eg WHO, UNICEF
- NGOs, eg People Living with HIV/AIDS

Depression (High DALY burden)

- Develop culture and context relevant guidelines for management of depression (primary to tertiary level)
- IEC on the symptoms of depression and where services can be received
- Train staff at all levels of care to recognize and manage depression
- Ensure supply of anti-depressant drugs at all levels of the system

- Ministry of Health, Education, Social Affairs

Do's and Don'ts in Mental Health Services

- **DO create demand** for mental and neurological services by investing in health education programs to combat stigma and raise awareness of what mental and neurological disorders are, causes and prevention, that effective interventions exist and where the services are.
- **DO improve access to services**, and integrate mental health into primary health care, community based rehabilitation, early child programs, legal services and school health programs. This involves
 - ✓ **training** primary health workers, teachers, social workers, and rehabilitation workers to be able to recognize and/or manage/refer common mental health problems,
 - ✓ establishing a **support supervisory system** and
 - ✓ establishing a **referral system** within each sector and across sectors.
- **DO** ensure that mental health is included in the Health Policy and Health Sector Strategic Plan, the Social Sector Policy, the Educational Sector Policy and **budgets** at national level and other administrative levels, e.g. district or provincial level.
- **DO** encourage development of **standards and guidelines** for management of common mental disorders for each level of the care delivery system in all relevant sectors.
- **DO** advocate inclusion of a few mental and neurological drugs in the Essential Drug List to help ensure **access to drugs** for all levels of the health care system. Criteria for choosing drugs: safety, cost, ease of administration, and designed to address the most common treatable disorders.
- **DO** explore the role that **alternative therapists**, including traditional healers, can play in providing mental health care. In some parts of Africa, up to 80% of patients consult traditional healers even before consulting with the allopathic system.
- **DO** facilitate **inter-sectoral linkages** such as with education, social welfare, housing, community rehabilitation, NGOs working in mental health; and **intra-sectoral linkages** with AIDS Control Programs, Reproductive Health, Early Child Development, Adolescent Health, Health Education, School Health Programs, Onchocerciasis, Clinical Services, Community Services and Disability Services. A Mental Health Co-ordinating Committee can be important for bringing the various stakeholders together.

For more information

- HNP Anchor: Florence Baingana
- Public Health Thematic Group: Jumana Qamruddin
- Alcohol: Mariam Claeson
- Disability Thematic Group: Pamela Dudzik
- Health and Population Advisory Services: healthpop@worldbank.org

Key references

- World Bank Group Note on Alcoholic Beverages, World Bank 2001
- Alcohol at a glance
- R. Desjarlais et al, World Mental Health: Problems and Priorities in Developing Countries, Oxford University Press, 1995
- WHO, Integrating a Mental Health Component into Primary Health Care, 1990
- WHO, Global Action for the Improvement of Mental Health Care: Policies and Strategies, 1996
- Institute of Medicine, Neurological, Psychiatric and Developmental Disorders: Meeting the Challenge of the Developing World, 2001, Committee on Nervous Disorders in Developing Countries, Board of Global Health. *4 page summary; full report (458 pages)*
- WHO World Health Report 2001: *Mental Health: New Understanding, New Hope*

Key web sites

- World Health Organization http://www.who.int/mental_health
- World Bank <http://www.worldbank.org/mentalhealth>
- International Consortium for Mental Health Policy and Services <http://www.world-mental-health.org>

Expanded versions of the “at a glance” series, with e-linkages to resources and more information, are available on the World Bank Health-Nutrition-Population web site: www.worldbank.org/hnp