

# Community Mental Health Care in the world: Current State and Future Challenges

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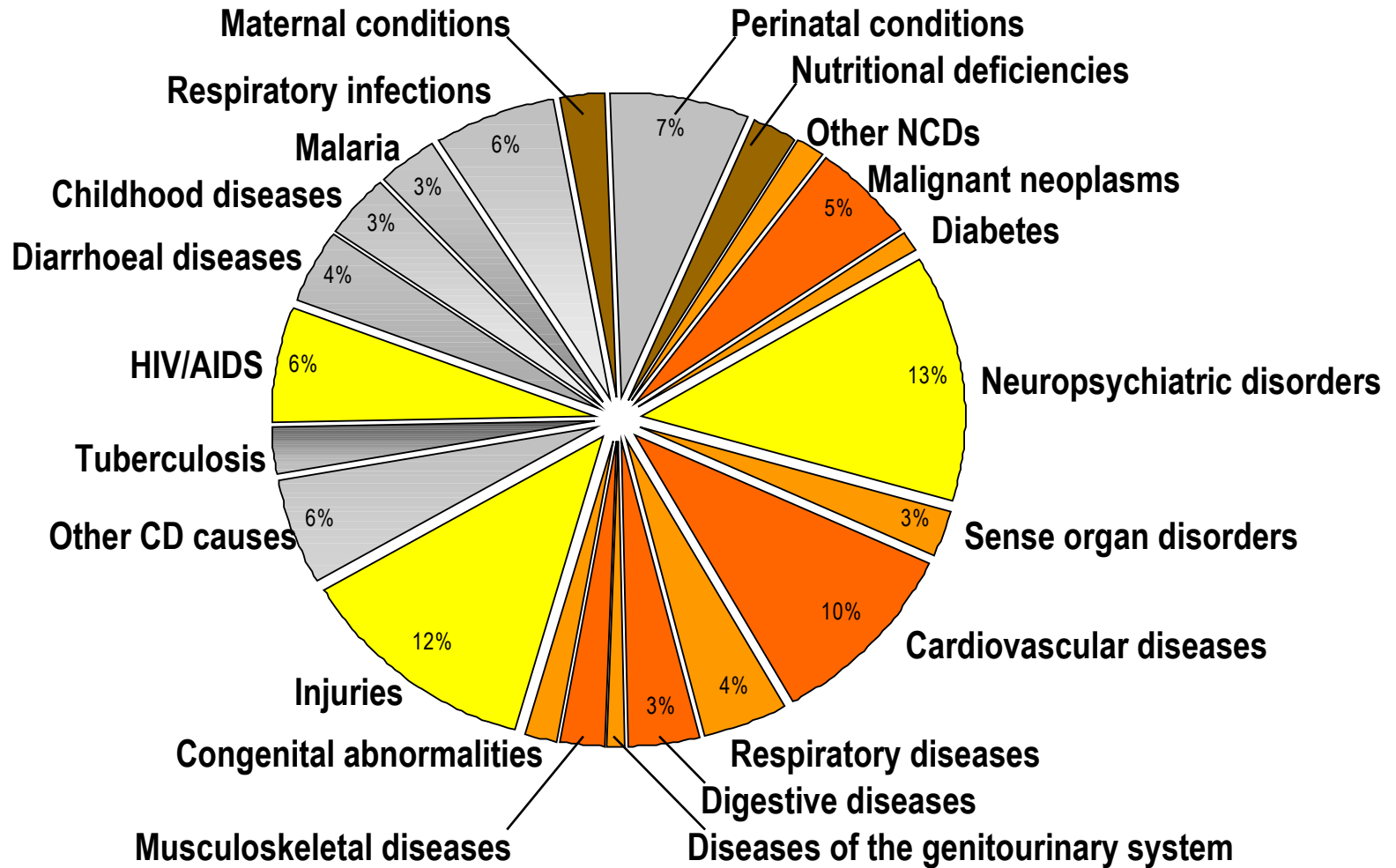
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**World Health  
Organization**

# Disease Burden (DALYs)



# Disease Burden

- 33% of YLDs
- People affected- 450 million
  - 150 million with depression
  - 25 million with schizophrenia
  - 38 million with epilepsy
  - 90 million with alcohol or drug use disorder
- Nearly 1 million commit suicide every year

# THE LANCET

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[www.thelancet.com](http://www.thelancet.com)

"Why do we invest so little  
in our mental health care?"

See Comment page 808

#### Articles

Effect of combination treatment  
for vascular outcomes of  
diabetes  
See page 818

#### Articles

Use of event-related potentials  
for anxiety, mood, and  
substance disorders  
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#### Articles

Depressive, chronic diseases,  
and disability in health  
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#### Series

Global Mental Health: and the  
burden and resources  
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#### Commentary

HPV and cervical cancer  
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# The Lancet Series on Global Mental Health 2007

## Resources

<b>Availability</b>	<b>Scarcity</b>
<b>Distribution</b>	<b>Inequity</b>
<b>Utilization</b>	<b>Inefficiency</b>

***Scaling up of care is the  
call for action***

# Scarcity Human Resources

(N=157 to 183 countries)

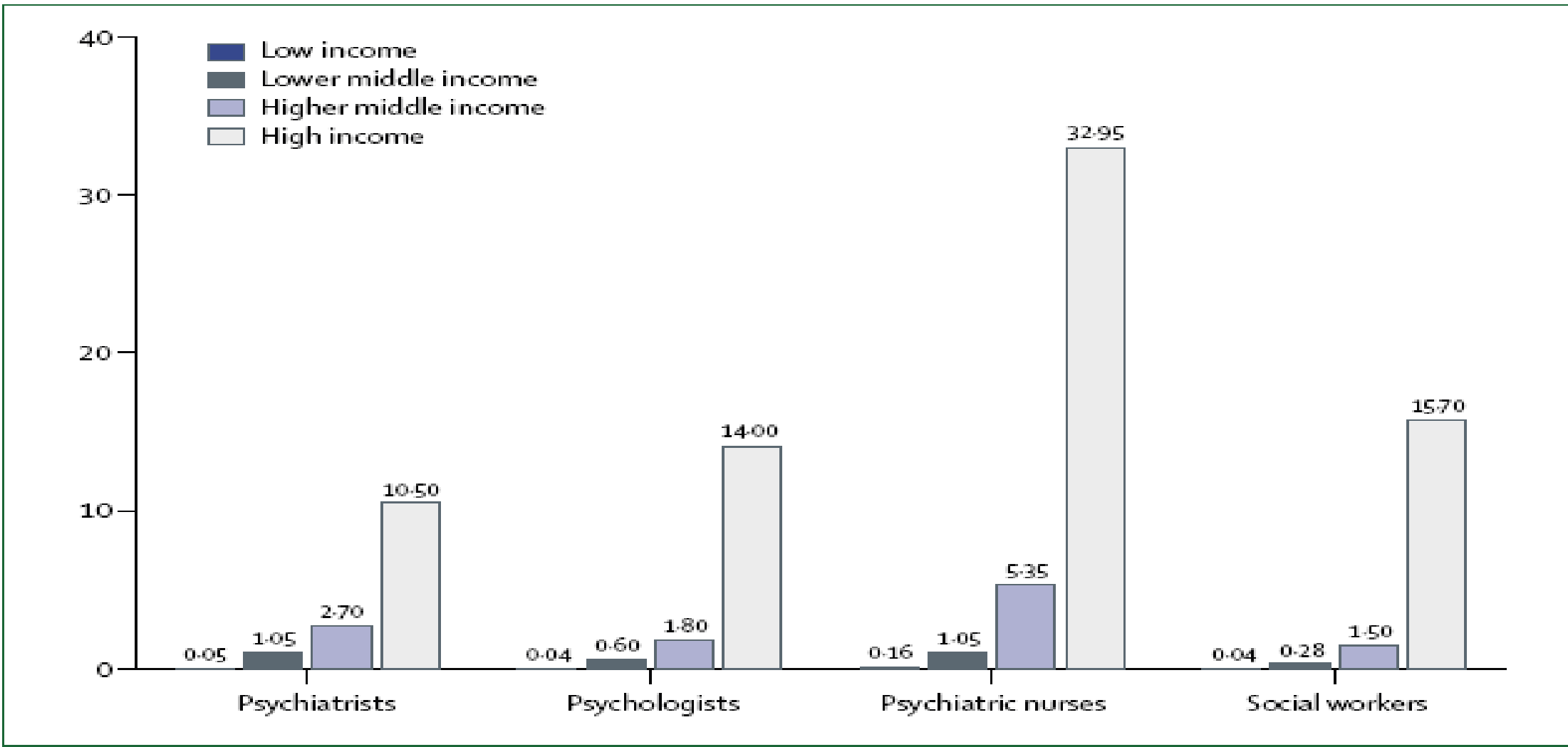
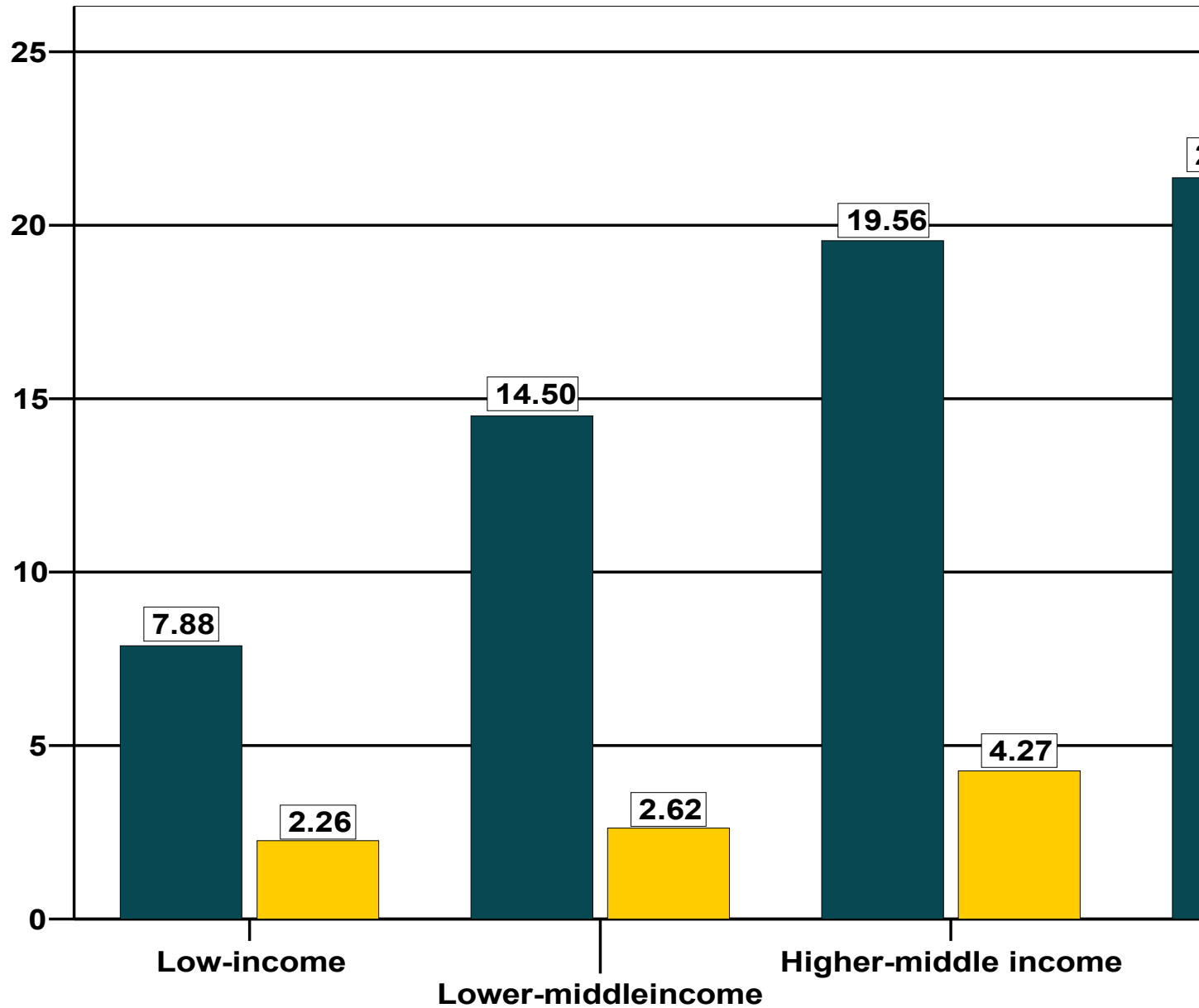


Figure 2: Human resources for mental health in each income group of countries per 100 000 population

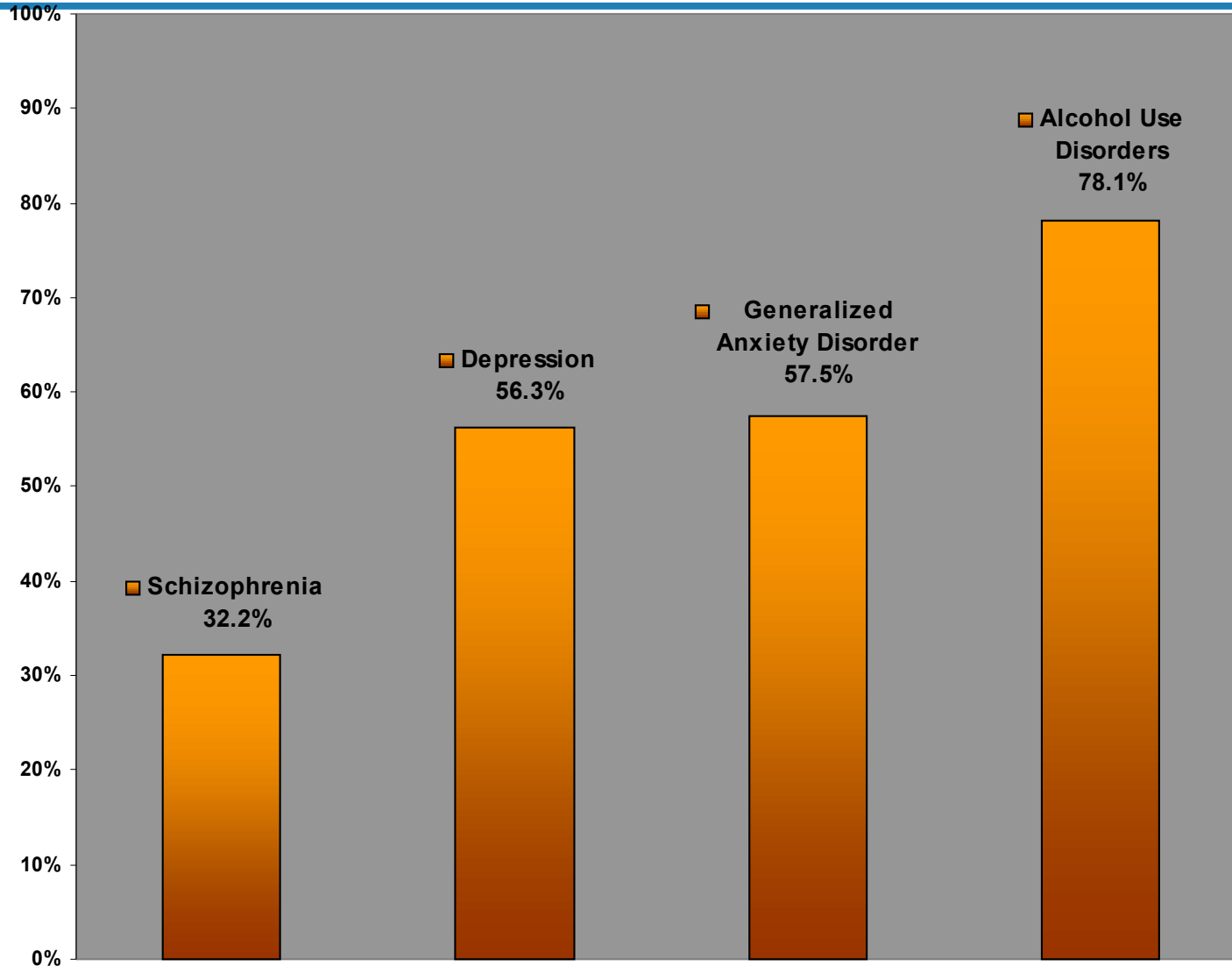
# Burden versus Budget



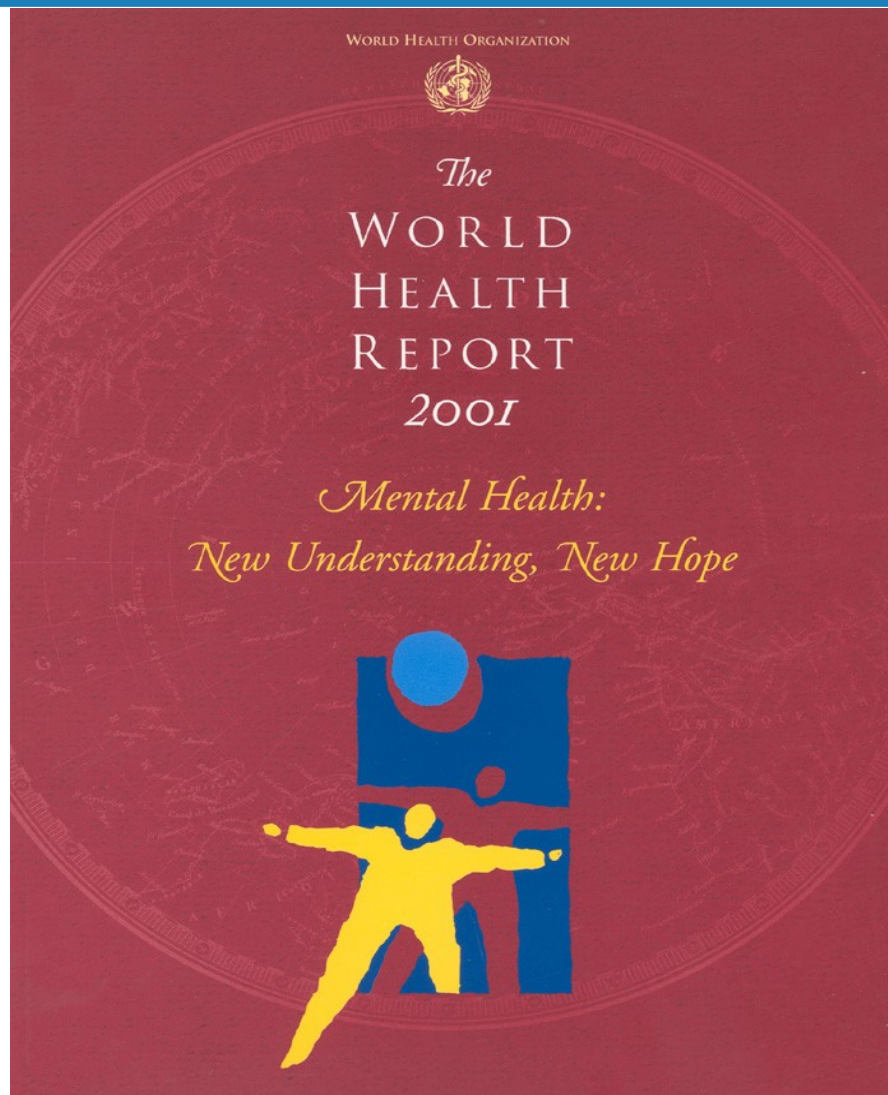


# Treatment Gap

(Kohn, Saxena, Levav, Saraceno; Bull of WHO, 2004)







# WHR-2001 RECOMMENDATIONS



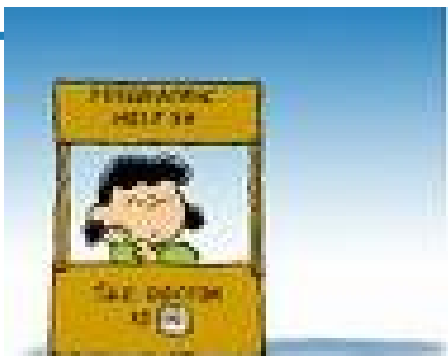
- provide treatment in primary care
- make psychotropic drugs available
- give care in the community
- educate the public
- involve communities, families and consumers
- establish national policies, programmes and legislation
- develop human resources
- link with other sectors
- monitor community mental health
- support more research



# What does community mental health care mean for low and middle income countries

- Availability of care outside mental hospitals
- Integration of mental health care with primary care
- Integration of health care with social care
- Availability of inpatient care within general hospitals
- Availability of specialised care in at least a few centres

# The network of mental health facilities



## OUTPATIENT FACILITY

(present in all countries)

1 per 263,490 residents



## DAY CENTER

(present in 74% of countries)

1 per 1,687,280



## MENTAL HOSPITAL

(present in 86% of countries)

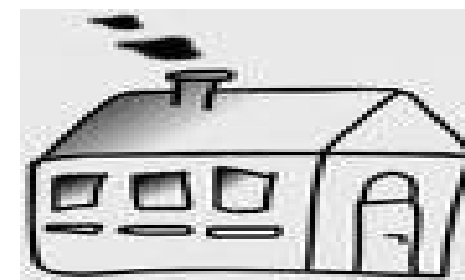
6.24 beds per 100,000



## COMMUNITY BASED PSYCHIATRIC UNIT

(present in 86% of countries)

1 bed per 100,000

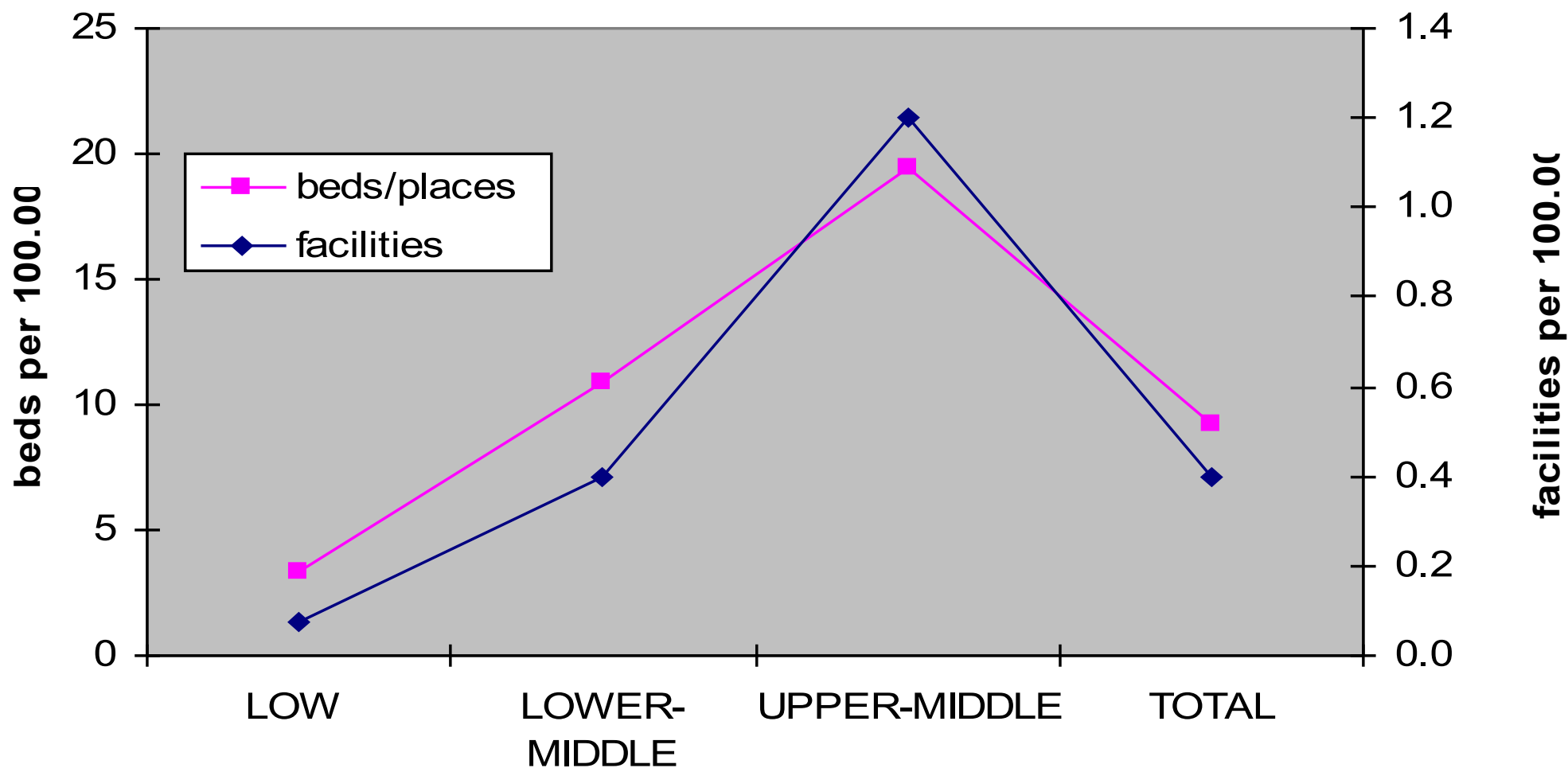


## RESIDENTIAL FACILITY

(present in 40% of countries)

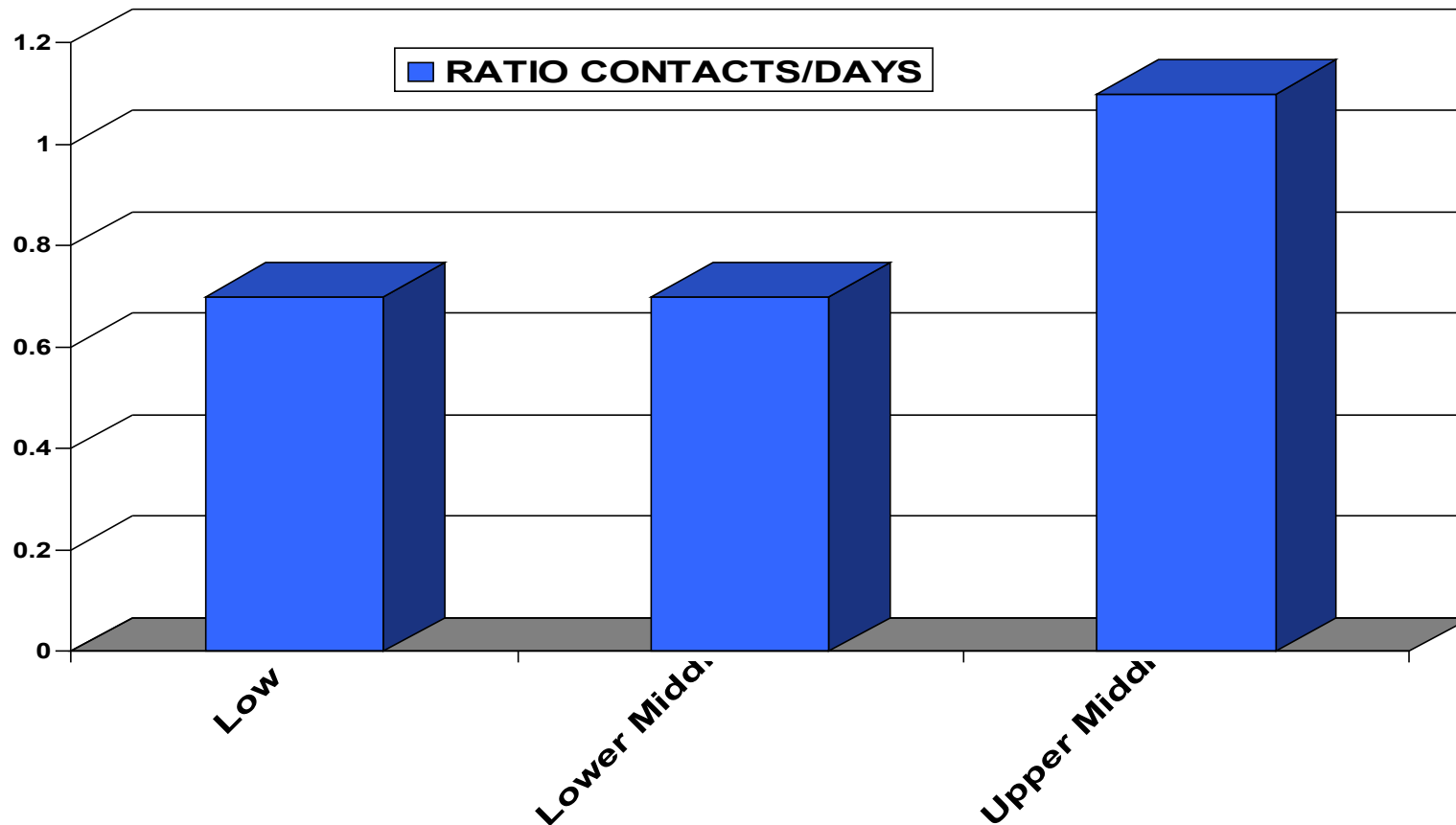
0 beds per 100,000

# Rates of beds/places versus rates of outpatient and day treatment facilities

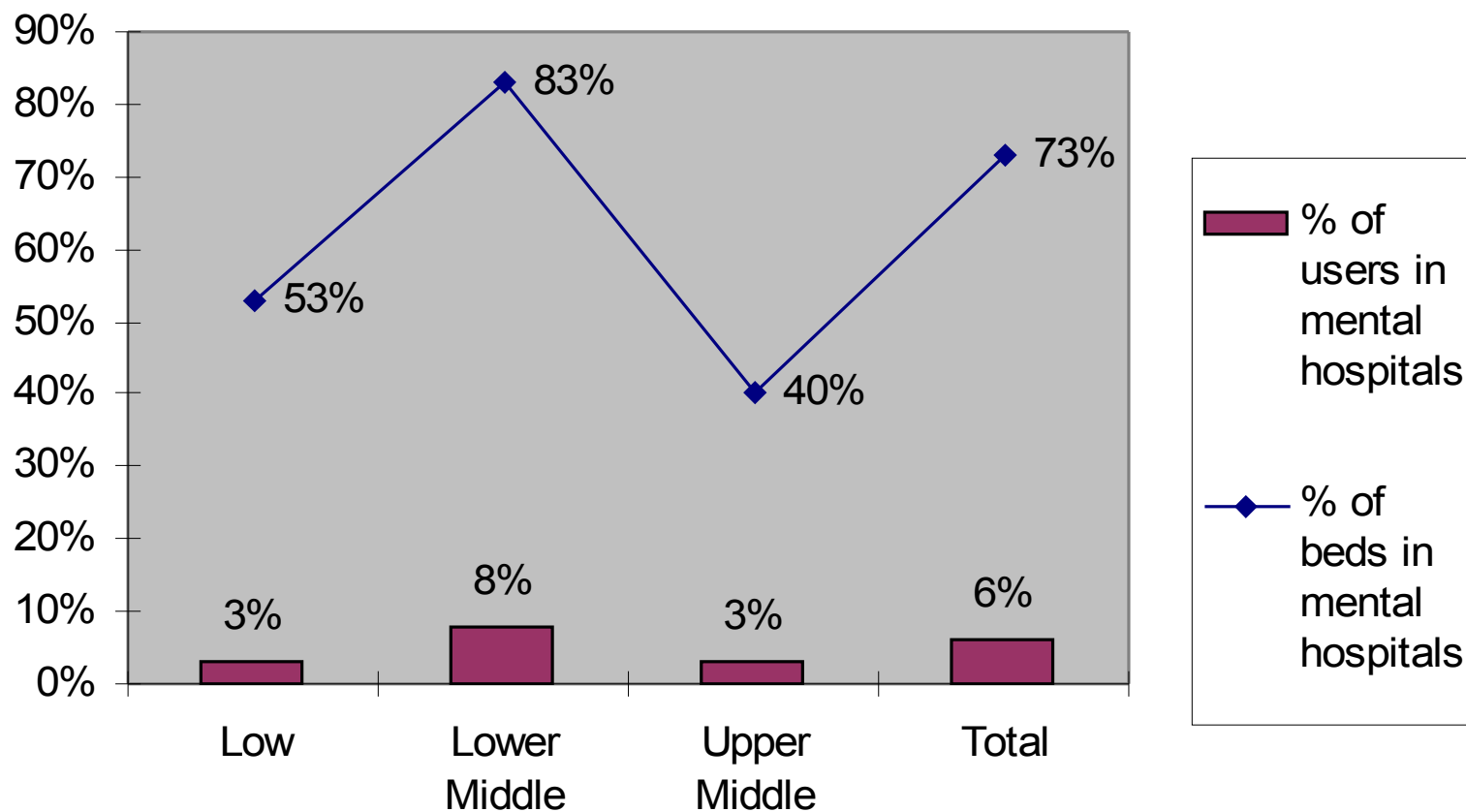


# Ratio Community Contacts / Hospital Days \*

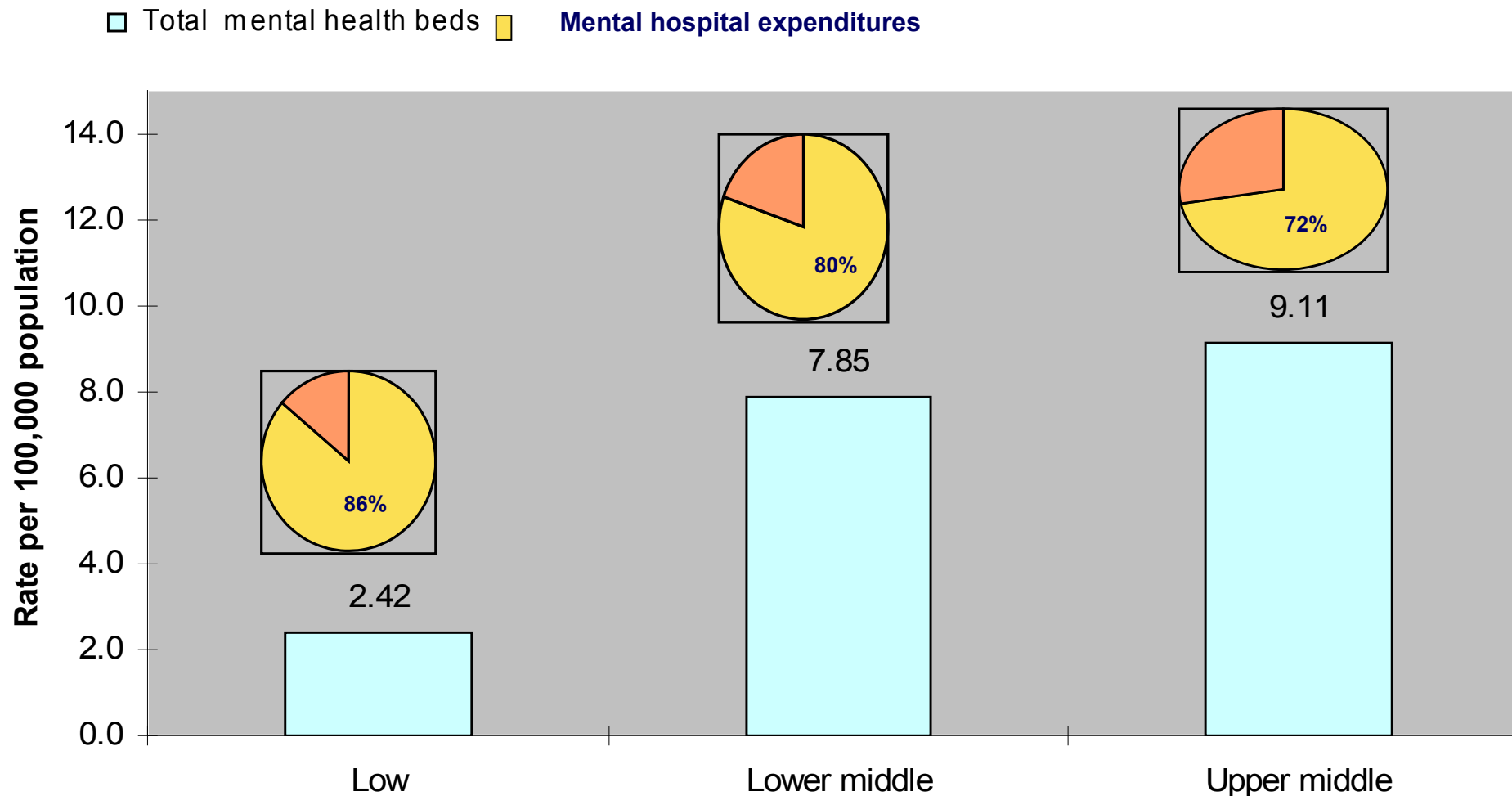
## (Lund & Flisher)



# Beds in mental hospitals versus users treated in mental hospitals

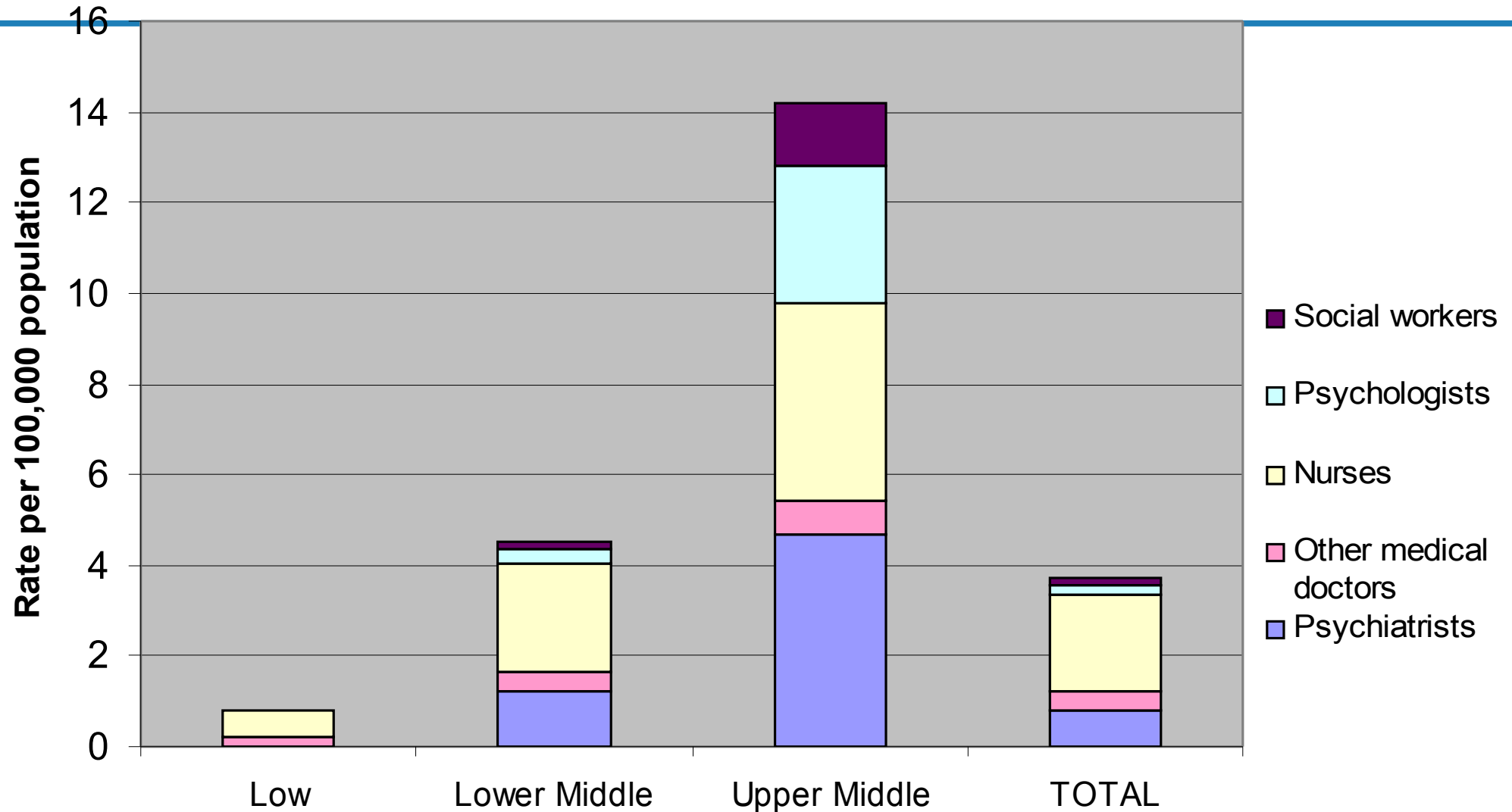


# Total mental hospital beds and proportion of mental health budget on mental hospitals





# Rates of human resources working in mental health facilities



# *mh* **GAP**



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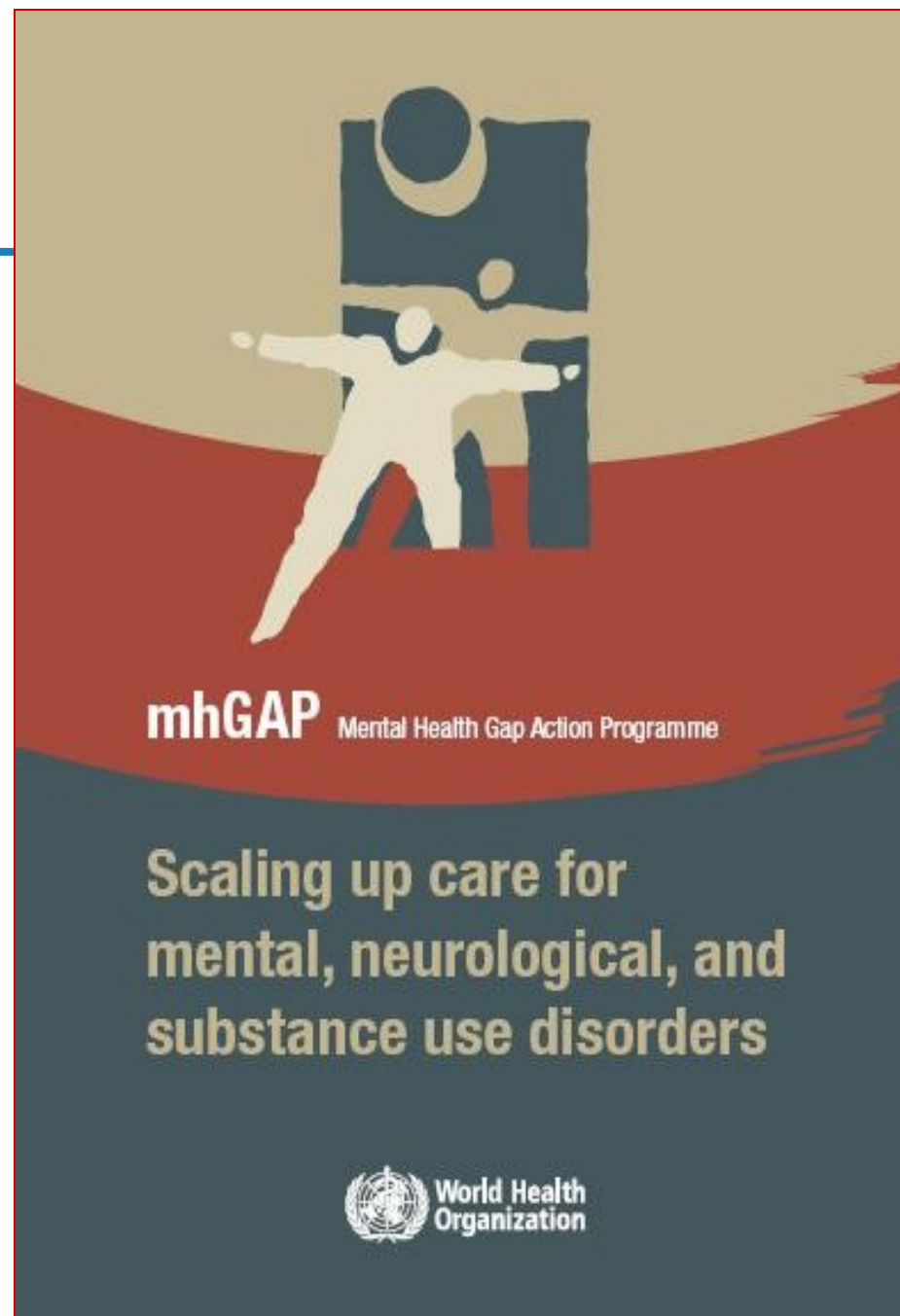
**mhGAP** Mental Health Gap Action Programme

## Scaling up care for mental, neurological, and substance use disorders



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**Launched by WHO  
Director General on 9<sup>th</sup>  
October 2008**



# mhGAP: objectives

- increase the commitment of governments, international organizations and other stakeholders
- achieve significantly higher coverage with key interventions in the resource-poor countries

# mhGAP: strategies

- Priority conditions
- Intervention package
- Countries for intensified support
- Scaling up

(Special attention to identification of barriers to scale up)

- Building partnerships

# Priority conditions

## Criteria

- High burden (mortality, morbidity, disability)
- Large economic cost
- Effective intervention available
- Affecting vulnerable populations

# Priority conditions in the area of mental, neurological and substance use disorders

- Depression
- Schizophrenia
- Suicide prevention
- Epilepsy
- Dementia
- Disorders due to use of alcohol
- Disorders due to illicit drug use
- Child mental disorders





# Intervention package

- Criteria for identification of interventions
  - Efficacy
  - Cost-effectiveness
  - Equity
  - Ethical issues such as protection of human rights
  - Feasibility and acceptability
- Packaging
  - Many interventions can be delivered by the same person at the same time
  - More cost-effective in terms of training, implementation and supervision

# Intervention package

<b>Condition</b>	<b>Evidence-based interventions</b>	<b>Examples of interventions that can be included</b>
<i>Depression</i>	Treatment with antidepressant medicines  Psychosocial treatment	Older or newer antidepressants  Trained primary health professionals  Referral and supervisory support
<i>Schizophrenia</i>	Treatment with antipsychotics  Family or community psychosocial interventions	Older antipsychotics  Trained primary health professionals  Within community or family setting  Community based rehabilitation  Referral and supervisory support
Suicide prevention	Restriction to access to common methods of suicide  Prevention and treatment of depression, alcohol and drug dependence	Public health oriented multisectoral measures e.g. restricting the import and use of pesticides, ensuring supplies are kept in a secure facility  See examples of interventions for depression, disorders due to use of alcohol and illicit drug use

# Intervention package

<b>Condition</b>	<b>Evidence-based interventions</b>	<b>Examples of interventions that can be included</b>
<i>Epilepsy</i>	Treatment with antiepileptic medicines	First line antiepileptic medicines Trained primary health professionals Referral and supervisory support
<i>Dementia</i>	Interventions directed towards caregivers	Basic education about dementia Specific training on managing problem behaviours Trained primary health professionals
Child mental disorders	Prevention of developmental disorders  Pharmacological and psychosocial interventions	Measures within health sector e.g. provision of skilled care at birth  Public health oriented multisectoral measures e.g. food fortification with folic acid and iodine

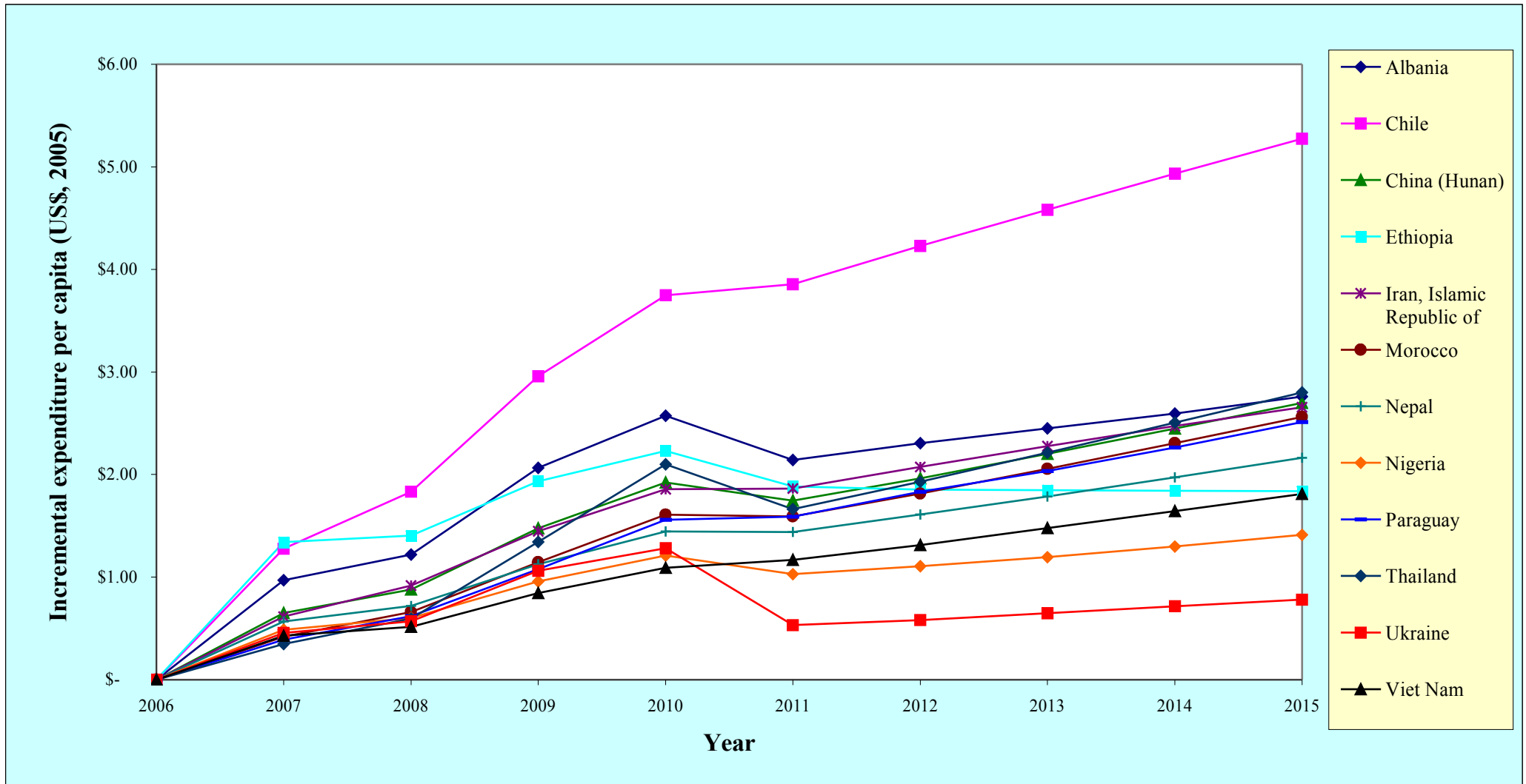
# Intervention package

<b>Condition</b>	<b>Evidence-based interventions</b>	<b>Examples of interventions that can be included</b>
<i>Disorders due to use of alcohol</i>	Comprehensive policy measures aimed at reduction of harmful use of alcohol  Interventions for hazardous drinking and treatment of alcohol use disorders	Public health oriented multisectoral measures e.g. policy and legislative interventions including regulating availability of alcohol, enactment of appropriate driving policies, reducing the demand through taxation and pricing mechanism  Screening and brief interventions  Trained primary health professionals  Referral and supervisory support
<i>Disorders due to illicit drug use</i>	Pharmacological and psychosocial interventions	Psychosocially assisted pharmacotherapy e.g. agonist maintenance treatment for opioid dependence  Early identification and prevention and treatment by trained primary health professionals  Referral and supervisory support

# Cost of scaling up

- Costing is necessary to set budgets, estimate resource gaps and mobilise resources
- A recent WHO study identified the cost of scaling up of a core package comprising treatment for schizophrenia, bipolar disorder, depression and hazardous alcohol use

# Additional yearly investment on the package that will be needed per capita population to get from current to target coverage levels (2006-2015)



# Mobilizing financial resources

- Develop resource mobilisation strategy
- Resources can be mobilized from various sources
  - Increasing the health budget (?)
  - Increasing the percentage of budget for priority conditions within the health budget
  - Reallocation of resources
  - External funding (development aid, grants, bilateral or multilateral funding)

# Partnerships for action

WHO in partnership with:

- Development agencies e.g. WB
- International health agencies e.g. UNICEF
- Academic centres including WHO Collaborating Centres
- Donor agencies and foundations
- Health communities in the countries
- Nongovernmental organizations
- Service users and caregivers





*Thank You*



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