

MENTAL HEALTH

TRANSFORMING LIVES, ENHANCING COMMUNITIES: INNOVATIONS IN MENTAL HEALTH

Report of the Mental Health
Working Group 2013

Vikram Patel and
Shekhar Saxena, with
Mary De Silva and Chiara Samele


مؤتمر القمة العالمي للابتكار في الرعاية الصحية
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A handwritten signature in black ink, appearing to read 'A. V. Darzi'.

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Professor Vikram Patel

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A handwritten signature in black ink, appearing to read 'Shekhar Saxena'.

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FOREWORD

Mental health conditions affect the well-being of hundreds of millions of individuals, cause considerable disability and incur high economic and social costs, yet mental health is perhaps one of the most neglected of all global health concerns. A major reason for this neglect has been the lack of awareness of the burden that mental health conditions impose on individuals, families and societies. This lack of awareness has been compounded by the misconception that nothing much can be done, even though there are a great many effective pharmacological, psychological and social interventions available. The stigma attached to mental health problems, which in some instances leads to the worst human rights violations of our times, is another major barrier that stalls action. Put simply, the vast majority of people affected by mental health problems do not receive the treatment and care that we know can transform their lives.

However, here is the good news. In May 2013, 194 ministers of health adopted the Comprehensive Mental Health Action Plan in the World Health Assembly, recognizing mental health as a public health priority and pledging action. On the scientific side, after more than a decade of sustained efforts to build knowledge, we are witnessing a flourishing of innovations that successfully address the health and social needs of people affected by mental health problems, even in the most poorly resourced settings. This report provides a synthesis of the most promising innovations in treatment and care; specifically, those which are the most promising for taking to scale in all countries of the world.

We have the knowledge of what works in treatment and care – for example, using trained and supervised community health workers to deliver mental health interventions and treating depression to reduce the global burden of suicides. Now we need political will and financial resources from global and national institutions to implement this knowledge. Most of all, we need to empower people affected by mental health problems to enjoy the universal right to a life with dignity, autonomy and inclusion. We emphasize the right to receive evidence-based treatment and care as one of the essential foundations of these goals.

The arguments for action can be moral and humanitarian: the denial of basic healthcare and, worse, the clear abuse of human rights are compelling enough reasons on their own. However, we also emphasize the scientific and economic arguments. Innovative ways of delivering evidence-based care can decrease disability and suffering; increase the health and productivity of people with mental health conditions; and reduce the adverse economic impact on individuals, their families and the health system. These arguments emphatically point to the need to end the neglect of hundreds of millions of people affected by mental health problems around the world. The time to act is now.

EXECUTIVE SUMMARY

KEY MESSAGES

WHAT: To position mental health as a global health priority and to describe innovations that expand access to effective mental health treatment and care.

WHY: To reduce the global human and economic cost of mental health problems by providing equitable and evidence-based mental healthcare and treatment.

HOW: Six key policy actions, illustrated by a number of innovative solutions, based on a set of cross-cutting principles with specific steps to implement these at scale.

THE REASONS TO ACT NOW

Up to 10 percent of people worldwide are affected by mental health problems such as depression, substance abuse, dementia or schizophrenia. Mental health conditions are among the top five leading causes of non-communicable diseases, and lead to considerable disability and high economic and social costs. These costs are estimated to be an astonishing US\$2.5 trillion for 2010.¹

Yet the vast majority of people with mental health problems do not receive treatment, especially in low-income countries, and there is chronic underinvestment in mental health. People with mental health problems are often victims of discrimination and human rights abuses. The lack of attention paid to their plight has been described a failure of humanity.² Meanwhile many effective approaches to treatment and care for mental health problems exist and there are compelling reasons for investing in these. The reasons are to:

1. Promote human rights and inclusion.
2. Reduce the human impact of mental health problems.
3. Prevent premature death.
4. Reduce the economic costs to society.
5. Reduce poverty and social disadvantage.
6. Put knowledge of cost-effective treatments into practice.

A FRAMEWORK FOR ACTION

The unmet need for care for mental health problems is a global challenge. In 2013 the World Health Organization agreed an action plan to **provide comprehensive, integrated and responsive mental health and social care services in community-based settings**.³ This report and its recommendations are primarily for policy-makers and those who influence healthcare systems; its focus is treatment and care. It describes six policy actions, guided by four cross-cutting principles. These policy actions are illustrated by a number of innovations from around the world. The policy actions are:

1. Empower people with mental health problems and their families.
2. Build a diverse mental health workforce.
3. Develop a collaborative and multidisciplinary team based approach to mental healthcare.
4. Use technology to improve access to mental healthcare.
5. Identify and treat mental health problems early.
6. Reduce premature mortality in people with mental health problems.

The cross-cutting principles are:

- Respect human rights.
- Draw on evidence-based practice.
- Strive for universal mental health coverage.
- Take a life course approach.

We have collated an online repository of over 60 mental health innovations, including the ones in this report, which we have identified as likely to make a difference (www.mhinnovation.net/innovation).

ROUTES TO SUCCESS

Mental health is everyone's business. A wide range of stakeholders - from those who are affected and their families, to service providers, policy-makers and researchers – need to work together to make a difference. We identify four key recommendations to implement policy actions at scale.

1. Promote a human rights and anti-discrimination perspective in mental healthcare.
2. Develop a mental health policy and action plans.
3. Commit adequate financial resources to back implementation of policies and plans.
4. Invest in and promote evaluation and research to improve treatment and care.

A ROADMAP FOR ACTION

Based on the innovations identified in this report, we recommend the following roadmap for action by policy-makers and other stakeholders.

- ✓ Take the initiative and **commit** to improving mental healthcare.
- ✓ **Review** current policies, laws and plans and change them if needed.
- ✓ **Inspire** others, especially influential political and community leaders, to drive change by using positive stories of recovery and hope.
- ✓ **Invest** wisely in cost effective innovations that could dramatically improve mental health.
- ✓ Monitor and **evaluate** service outcomes, making sure they are service user focused, family and carer focused.
- ✓ **Start** change now with whatever resources you have; do not let resource constraints stall progress.

Use of terms – In this report we use the term “mental health problems” to denote mental distress, disorders and psycho-social disabilities. Those who have such problems are usually referred to as “people with mental health problems”, and in relation to health services, as “service users”.

PART 1: MENTAL HEALTH PROBLEMS ARE A GLOBAL HEALTH PRIORITY

Mental health is an indispensable component of health, defined by the World Health Organization as 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.'⁴ Mental health problems refer to health conditions that impair a person's mental health, leading to disability or death, and that are the result of an interaction between genetic, biological, psychological, and adverse social and environmental factors that shape an individual's personal make-up.⁵

Mental health problems comprise a wide range of health conditions such as depression, drug and alcohol abuse and schizophrenia, which affect people across their life course from infancy to old age. They vary in severity and impact. The main types of mental health problems which contribute to a large share of the global burden of disease and their life-course stage are described in Appendix A.

Up to 10 percent of the world's population is affected by at least one of these problems, which means that as many as 700 million people around the world were affected in 2010.⁶ Many more feel the impact of mental health problems as primary care givers and family members.

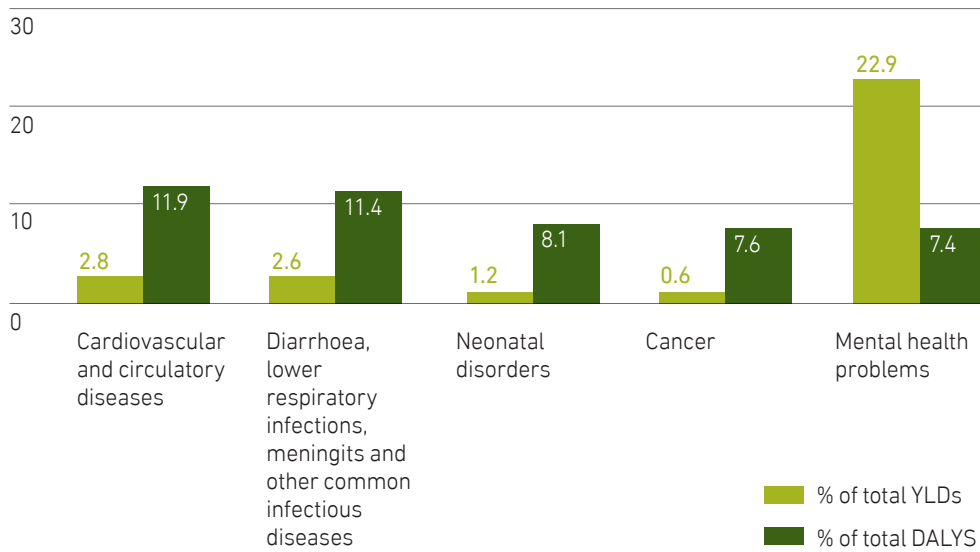
Overall, mental health problems represent 7.4 percent of the world's total burden of health problems (as measured in disability-adjusted life years, or DALYs) and are the fifth leading cause of non-communicable diseases.⁶ Mental health problems command an even greater share of the time lived with disability (years lost due to disability or YLDs): nearly one-quarter of the total. This is more than cardiovascular diseases or cancer (Figure 1).

MEASURING THE IMPACT OF MENTAL HEALTH PROBLEMS

DALYs (Disability Adjusted Life Years) for a health condition is the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences.

Figure 1: Top five contributors to the health burden (DALYS and YLDs) for 2010

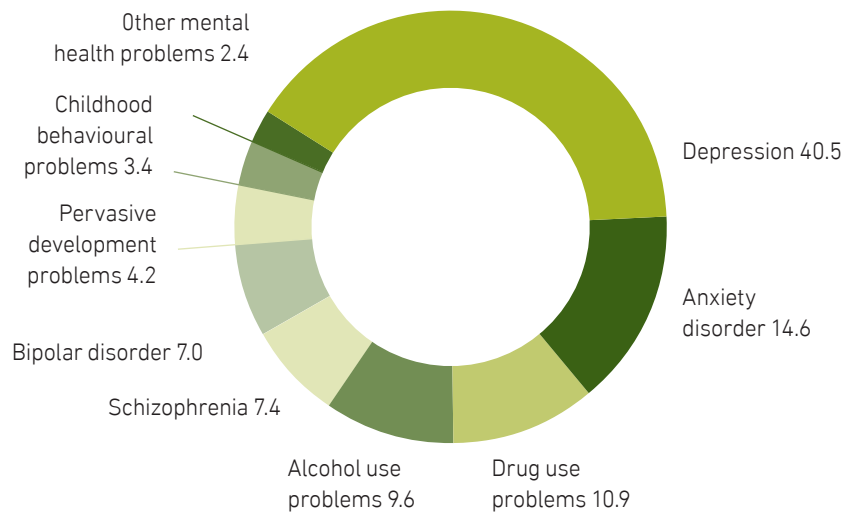
Source: Global Burden of Disease study ⁶



Depression and anxiety disorders account for over half of all DALYS attributable to mental health problems, followed by drug and alcohol use problems (Figure 2).

Figure 2: Percentage of total DALYS attributed to mental health problems by type of disorder, 2010

Source: Global Burden of Disease study ⁶

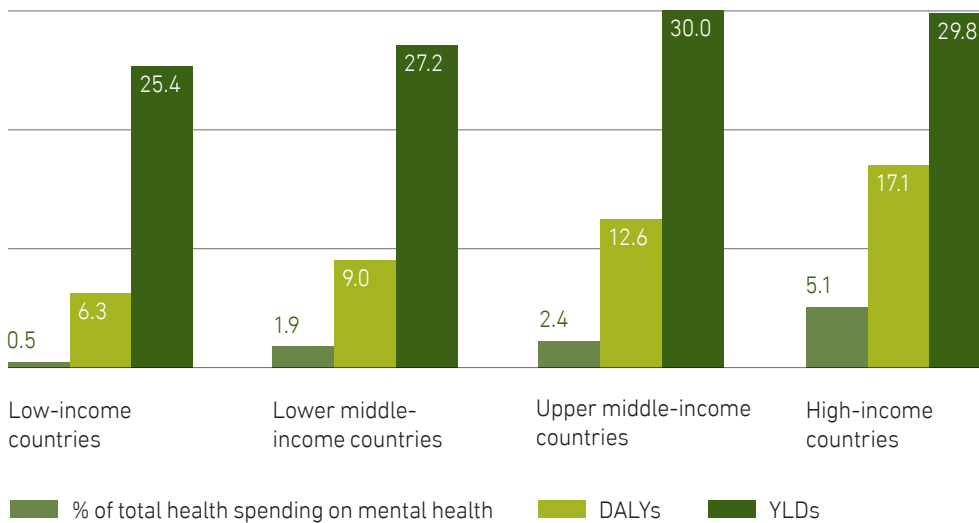


THE IMPORTANCE OF INVESTING IN MENTAL HEALTH

Currently, most low- and middle-income countries allocate less than two percent of their health budget to the treatment and prevention of mental health problems. This seriously under-represents their contribution to the burden of disease, and the impact that mental health problems have on societies (Figure 3).⁷

Figure 3: Percentage of total health spending on mental health compared to the burden of disease (DALYs and YLDs) for all mental health problems, by country income level

Source: Global Burden of Disease study⁶ (DALYs and YLDs)⁸ and World Health Organization Atlas 2011(% of mental health spending).⁹ Income levels are based on those defined by the World Bank.¹⁰



There are a number of compelling reasons for investing in mental healthcare (Figure 4).

Figure 4: Reasons for investing in mental health

1. PROMOTE HUMAN RIGHTS AND INCLUSION	2. REDUCE THE HUMAN IMPACT OF MENTAL HEALTH PROBLEMS	3. PREVENT PREMATURE DEATH
<p>People with mental health problems are more likely than others to experience social exclusion, violent victimization and human rights abuse.²</p> <p>Access to evidence-based treatment and care would have a direct positive impact and would greatly promote human rights and the chances of recovery and inclusion.</p>	<p>There is no health without mental health. Mental health problems lead to extremely distressing symptoms for the affected person and burden for family members. In addition, they are closely associated with physical health problems.¹¹</p> <p>There is a high level of co-existence of non-communicable diseases and mental health problems which compromise treatment and prevention efforts.</p>	<p>People with severe mental health problems die up to 20 years earlier than people without mental health problems, even in high-income countries.</p> <p>Excess mortality is due to suicide, unhealthy lifestyles such as high smoking rates, poor physical health, and poorer physical healthcare for people with mental health problems.^{12, 13}</p>

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4. REDUCE THE ECONOMIC COSTS TO SOCIETY	5. REDUCE POVERTY AND SOCIAL DISADVANTAGE	6. PUT KNOWLEDGE OF COST EFFECTIVE TREATMENTS INTO PRACTICE
<p>In 2010, the global economic costs of mental health problems were estimated at US\$2.5 trillion and are projected to rise sharply to US\$6.0 trillion by 2030.¹</p> <p>Around two-thirds of these costs are related to lost productivity and income - the consequences of untreated mental health problems.¹</p>	<p>Poverty, social disadvantage and mental health problems are intimately related to one another.^{14,15}</p> <p>Mental health interventions can help improve the social and economic well-being of people affected by mental health problems.¹⁶</p>	<p>The treatment of mental health problems is as cost effective as other health treatments such as antiretroviral treatment for HIV/AIDS.</p> <p>The returns on investments in mental health are considerable. Every US\$1 spent on programmes such as early intervention for psychosis, suicide prevention and conduct disorder leads to a benefit or cost saving of US\$10.¹⁷</p>

The lack of public understanding of mental health problems, high levels of discrimination and inadequate political attention have led to a chronic under investment in mental healthcare globally. There are still many countries whose limited resources for mental health services are mostly consumed by large psychiatric institutions. These institutions distance people from their communities, prevent meaningful recovery and are associated with abuses of human rights.

There is documented evidence from all regions of the world that people with mental health problems experience some of the most severe human rights violations. This includes being chained to their beds or kept in isolation in psychiatric institutions, being incarcerated in prisons, being chained and caged in small cells in the community and being abused by traditional healing practices.² Such violations amount to a failure of humanity² and represent a global emergency that requires immediate and sustained action.

FRANCIS'S STORY



Francis spent nearly one and a half years bound to a log in Ghana because of his mental health problems. This was partly because his family could not afford the US\$17 for medication that would have stabilized his condition and enable him to be released.

Francis said *"I felt very sad, neglected and abused, having my leg pinned to a log like an animal. It did not feel like home to me. I felt immeasurable pain from the weight of the log, especially whenever I wanted to reposition myself..."*

Following support from his friend Samuel, a Community Psychiatric Nurse, and the efforts of the NGO BasicNeeds, Francis is well and teaching again. Francis said: *"But for you, I possibly would have been dead today."*



Photo: © Nyani Quarmyne for BasicNeeds.

THE GLOBAL CONTEXT FOR ACTION

The UN General Assembly resolution 65/95 recognized the huge cost of mental health problems and the need to respond to them. In 2013, the World Health Organization, with unanimous support from its 194 Member States, agreed an action plan to tackle mental health problems. Key objectives to be achieved by 2020 are:

- To strengthen effective leadership and governance for mental health.
- To provide comprehensive, integrated and responsive mental health and social care services in community-based settings.
- To implement strategies for promotion and prevention in mental health.
- To strengthen information systems, evidence and research for mental health.

The World Health Organization's Comprehensive Mental Health Action Plan and the Convention on the Rights of Persons with Disabilities offer a historic opportunity for governments to act on mental health.^{3,18} The goal should be to integrate mental health into primary care with strong links to mental health specialist care and informal community-based services and self-care.^{19, 20} There are specific evidence-based interventions that are cost-effective, affordable and feasible for delivery in primary and secondary care. Depression, for example, can be treated with antidepressants plus brief psychotherapy for less than US\$1 per person.²¹ National commitments to scaling up mental health innovations have been made in several countries, including low- and middle-income countries, and some successes have been documented.²² But there is much more to be done.

A FRAMEWORK FOR ACTION

Even though effective treatments are available for mental health problems, most people in need do not receive effective and high quality care. The best way to bridge this gap is to **provide comprehensive, integrated and responsive mental health services and social care services in community-based settings**; the second Objective of the World Health Organization's Comprehensive Mental Health Action Plan 2013-2020.³

This report and its recommendations are primarily for policy-makers and other stakeholders who influence healthcare systems. Our focus is on treatment and care to ensure that adequate resources are invested to enable people already affected by mental health problems to recover. Prevention of mental health problems and promotion of mental health are also important goals and we hope that these will be the focus of a future report.

Our report offers practical guidance on how to achieve the above objective through six policy actions. Implementing all of these policy actions would produce a holistic and responsive mental healthcare system and contribute to reducing the human impact of mental health problems. Choosing which policy actions to implement should be based on current gaps in mental healthcare in a particular context and on the priorities of policy-makers and other stakeholders. We illustrate how each policy action can be implemented with examples of

specific innovations that are effective and may be suitable for adaptation to other contexts. These policy actions are influenced by the four cross-cutting principles. The innovations that we highlight demonstrate how each policy action could be achieved, while adhering to the cross-cutting principles.

CROSS-CUTTING PRINCIPLES	POLICY ACTIONS
<p>Respect human rights All innovations should confirm to the Convention on the Rights of Persons with Disabilities and relevant regional human rights instruments</p> <p>Draw on evidence-based practice Mental health innovations need to be based on scientific evidence of 'what works' and/or best practice, taking cultural considerations into account</p> <p>Strive for universal mental health coverage Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, persons with mental health problems should be able to access essential health and social services that enable them to achieve recovery and the highest attainable standard of health without the risk of impoverishing themselves</p> <p>Take a life course approach Mental health innovations must address needs throughout the life course, from infancy to old age. Interventions should be delivered as early in the life course as possible to reduce the long-term impact of these problems.</p>	<p>1. EMPOWER PEOPLE WITH MENTAL HEALTH PROBLEMS AND THEIR FAMILIES</p>
	<p>2. BUILD A DIVERSE MENTAL HEALTH WORKFORCE</p>
	<p>3. DEVELOP A COLLABORATIVE & MULTIDISCIPLINARY TEAM-BASED APPROACH TO MENTAL HEALTHCARE</p>
	<p>4. USE TECHNOLOGY TO IMPROVE ACCESS TO MENTAL HEALTHCARE</p>
	<p>5. IDENTIFY AND TREAT MENTAL HEALTH PROBLEMS EARLY</p>
	<p>6. REDUCE PREMATURE MORTALITY</p>

PART 2: POLICY ACTIONS THROUGH INNOVATION

The six policy actions can be achieved by the use of the effective innovations listed in this report. The innovations were identified through systematic reviews of the evidence on scaled-up innovations globally²³ and effective innovations in low- and middle-income countries.^{24,25} Additional innovations were identified through interviews with 47 experts, 22 members of the WISH Mental Health Advisory Forum and representatives of 16 NGOs (listed in the Acknowledgments).

SUMMARY OF POLICY ACTIONS AND HIGHLIGHTED INNOVATIONS

1. EMPOWER PEOPLE WITH MENTAL HEALTH PROBLEMS AND THEIR FAMILIES	
1. Prevent discrimination and human rights abuses	Chain-Free Initiative, Somalia
2. Empower people with mental health problems to provide support to one another	Clubhouse International, 33 countries worldwide
2. BUILD A DIVERSE MENTAL HEALTH WORKFORCE	
1. Build the capacity of non-specialist health workers to deliver mental healthcare	Kintampo Project, Ghana
2. Build mental health specialist capacity	Improving Access to Psychological Therapies, England
3. DEVELOP A COLLABORATIVE AND MULTIDISCIPLINARY TEAM-BASED APPROACH TO MENTAL HEALTHCARE	
1. Develop collaborative mental healthcare teams	Program for Screening, Diagnosis and Comprehensive Treatment of Depression, Chile
2. Integrate mental healthcare and economic empowerment	Basic Needs Model for Mental Health and Development, 11 countries in Africa and Asia
4. USE TECHNOLOGY TO IMPROVE ACCESS TO MENTAL HEALTHCARE	
1. Use technology to reach rural and remote communities	SCARF mobile tele-psychiatry, India
2. Use computer-assisted self-guided psychological therapies	THISWAYUP, Australia
5. IDENTIFY AND TREAT MENTAL HEALTH PROBLEMS EARLY	
1. Treat parental mental health problems	Perinatal Mental Health Project, South Africa
2. Intervene early to treat child and adolescent mental health problems	Psychosocial care package for children in areas of armed conflict, Burundi, Sudan, Sri Lanka, Indonesia and Nepal
6. REDUCE PREMATURE MORTALITY IN PEOPLE WITH MENTAL HEALTH PROBLEMS	
1. Provide integrated care for people with both mental and physical health problems	TEAMcare, US and Canada
2. Improve access to treatment and care for people with depression and other mental health problems to prevent suicide	European Alliance Against Depression, 10 countries in Europe and Chile

MENTAL HEALTH INNOVATION NETWORK REPOSITORY

We have created an open-access Web-based repository of more than 60 mental health innovations as part of the Mental Health Innovation Network (MHIN) funded by Grand

Challenges Canada www.mhinnovation.net/innovation. The repository provides a description of each innovation and its impact, along with images, videos and links to further information, including websites, published papers and reports. Following the WISH Summit, the repository will continue to be expanded with the intention that it will serve as an open-access resource for policy-makers, researchers and practitioners to access and implement knowledge about mental health innovations.



For this report, we have highlighted a small number of outstanding innovations in keeping with the cross-cutting principles and based on one or more of the following criteria:

- Are consistent with the highest standards of human rights.
- Represent a range of mental health problems.
- Include experiences from high-, middle- and low-income countries.
- Show evidence of impact and are cost effective.
- Are delivered at scale and/or are potentially transferable to other contexts.

Many of these innovations could be used to address a number of different policy actions. For ease of presentation, we list the innovations under the most dominant policy action that they address.

For more information on any of the innovations in this report, please click on the name of the innovation, or please visit www.mhinnovation.net/innovation

POLICY ACTION 1: EMPOWER PEOPLE WITH MENTAL HEALTH PROBLEMS AND THEIR FAMILIES

It is estimated that 18,800 people with mental health problems in Indonesia are restrained in chains, a practice called Pasung.²⁶

*"An emphasis should be placed on empowerment of people with mental health disorders so that they can be advocates for themselves and provide a voice to the voiceless."*²⁷

Charlene Sunkel, Gauteng Consumer Action Movement, South Africa

1: PREVENT DISCRIMINATION AND HUMAN RIGHTS ABUSES

The discrimination and human rights abuses experienced by people with mental health problems must be combated by innovative programs that prevent abuse and promote the inclusion of people with mental health problems in society. This can be achieved through coordinated advocacy and communication involving the mass media, community elders, and families.²⁸ An example of pioneering work towards this end is the Chain-Free Initiative in Somalia.

Chain-free initiative, Somalia

In Somalia, like in many low-income countries, mental healthcare consists largely of institutional care in a small number of psychiatric facilities. Conditions are dismal, drugs almost non-existent and mental health services are not available in primary care. In Somalia it is estimated that 170,000 people with mental health problems are kept in chains.²⁸ The Chain-Free Initiative aims to improve the quality of life of people with mental health problems through combating discrimination and facilitating humane treatments in hospitals, at home and in communities.



Innovation

1. The Chain-Free Initiative consists of three steps:
 - a. Reformation of current hospitals into humane facilities with minimum restraints by eliminating chains from hospitals.
 - b. Training and education provided to families of people living with mental health problems.
 - c. Elimination of the "invisible chains" of societal stigma and human rights restrictions on people with mental health problems.
2. In addition, capacity building programs for health-workers have been initiated to enable mental healthcare to be delivered in the community, rather than in institutions.

Continued overleaf

Chain-free initiative, Somalia continued

Impact

- Between 2007 and 2010 in Habeb Mental Hospital in Mogadishu, more than 1,700 people were released from chains, about 80 percent of them from hospitals and 20 percent from a community-based setting. Currently, no one is chained at this facility.²⁸
- The capacity building programme has trained 55 health workers, enabling six new community based facilities to be opened to provide an alternative to institutionalized care. These clinics have now treated 15,000 patients.²⁹
- The Chain-Free Initiative has expanded to all areas of the country. A national mental health strategy has been developed and the integration of mental health into primary care is on the agenda.

Dr Aden Haji Ibrahim, Transitional Federal Government Minister of Health Somalia, releases the chains of a patient in Habeb Hospital, Mogadishu.

"When the doctor requested me to remove the chains, and the wife started to object, I did not know what to do ... [however,] as the doctor was insisting to remove [the chains], I had to decide, and I started to remove [them]... to my surprise and the bewilderment of everybody present, the patient stood up and kissed my face."

Dr Aden Haji Ibrahim,
Transitional Federal Government Minister of Health and Human Services.

www.mhinnovation.net/innovation/somalia-unchaining



Photo: © Habeb Hospital, Mogadishu.

2: EMPOWER PEOPLE WITH MENTAL HEALTH PROBLEMS TO PROVIDE SUPPORT TO EACH OTHER

People with mental health problems and their carers must be empowered to advocate for the services that best meet their needs and should be involved in delivering these solutions. There are many examples of empowerment initiatives across the world as this forms the value base of all family, survivor and user-led mental health NGOs. You can read more about the specific role of mental health NGOs in the report "Driving Change",³⁰ developed for WISH.

A safe space in which to build communities of support and empowerment can be of enormous benefit to people with mental health problems. One organization with innovative ways of providing such a space is ClubHouse International, a global network of community centers in 33 countries.

Clubhouse International

Clubhouse is based on the belief that work and normal social and recreational opportunities are restorative and play an important part in a person's path to recovery.



Innovation

1. A Clubhouse is a community created in a specified locality, with the aim of offering people who have mental health problems hope and opportunities to achieve their full potential. The Clubhouse is run by people affected by mental health problems.
2. The basic components of successful Clubhouses are: a work-ordered day; employment programs; evening, weekend and holiday activities; community support; out-reach services; supported education; housing support; and decision-making and governance.
3. There are currently 330 Clubhouses operating in 33 countries on six continents, receiving 90 percent of their funding from government funding sources.

Impact

- Each year, Clubhouses are accessed by about 100,000 people with mental health problems. About 60,000 people are active members and use a Clubhouse regularly.
- Clubhouse members are more likely to report being in recovery and having a higher quality of life, as compared with non-members.³¹ Hospitalizations are significantly reduced,³² and working days and average earnings are significantly higher among Clubhouse members.³³
- The average Clubhouse has an annual budget of approximately US\$550,000, serving 65 members each day. However, Clubhouses in low-resource settings operate with much smaller budgets. The cost of Clubhouses is much lower than other models of community based care such as supported-employment, Community Mental Health Centers and Assertive Community Treatment.³⁴

Mental health problems are *"a battle that can be won with support, understanding, and empowerment, all of which Accredited Clubhouses provide for their members on a day-to-day basis."*

Eleisha, Clubhouse member, Salt Lake City, US



Photo: © Clubhouse International.

www.mhinnovation.net/innovation/clubhouse-program

MORE LIKE THIS...

Here are some further innovations which tackle discrimination and human rights abuses or promote empowerment through peer support.

- The **Indonesia Free Pasung program**, implemented within the context of wider Indonesian mental health system reforms has helped over 3,000 people with mental health problems to be released from being chained and gain access to treatment.

- In South Africa, the **Gauteng Consumer Advocacy Movement** enables people with mental health problems to exchange views and experiences in order to support one another and advocate for change.
- In England, the **Meriden Family Program** trains and supervises multi-disciplinary groups of clinicians, service users, and carers in evidence-based family interventions to ensure that mental health services address the needs of families.

POLICY ACTION 2: BUILD A DIVERSE MENTAL HEALTH WORKFORCE

Almost half the people in the world live in a country where there is one psychiatrist or less to serve 200,000 people⁹

Creating a diverse and skilled mental health workforce is an essential building block for any mental health service. The lack of a skilled workforce is one of the main reasons why most people with mental health problems do not receive treatment, or receive poor quality care. Even in high-income countries, the number of mental health workers is often inadequate. In low- and middle-income countries the situation is dramatically worse, with an estimated shortage of 1.18 million workers.³⁵ The situation will deteriorate further unless substantial investments are made to implement effective strategies to increase human resources for mental healthcare. There are two strategies for developing a workforce with the right skill mix: build the capacity of non-specialist health workers; and build specialist capacity. As illustrated in Policy Action 1, peer support workers can also play a key role in delivering services.

1: BUILD THE CAPACITY OF NON-SPECIALIST HEALTH WORKERS TO DELIVER MENTAL HEALTHCARE

Community and primary healthcare workers can be trained and supervised to perform a variety of roles including identifying and referring cases, delivering psycho-social therapies, and supporting medication adherence. There have been numerous trials demonstrating the effectiveness of these approaches for a range of mental health problems in low-resource settings.²⁴ The Kintampo Project in Ghana is a successful example of such a 'task-sharing' innovation.

Kintampo Project, Ghana

The goal is to train and support a community mental health workforce to provide care close to people's homes throughout the country.



Innovation

1. Two new types of mental health workers are trained to provide treatment for mental health problems. Community Mental Health Officers detect mental health problems, provide ongoing support to service users and their families,

Continued opposite

Kintampo Project, Ghana continued

and raise community awareness to reduce stigma. Clinical Psychiatric Officers, supervised by Ghana's handful of psychiatrists, diagnose mental health problems and prescribe medication.

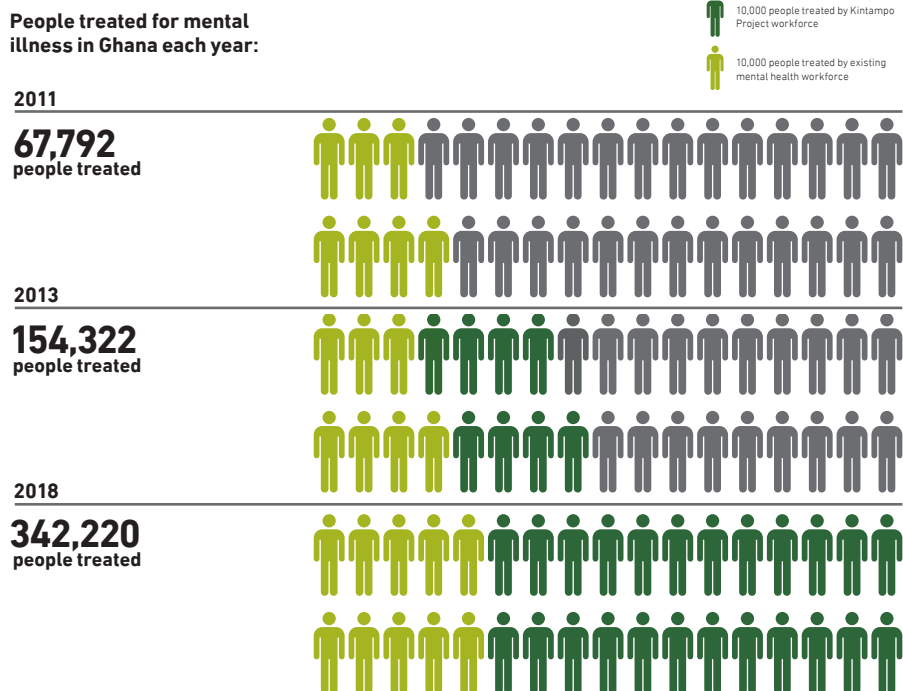
2. A national training center provides professional placements and remote learning and networking through social media for students and graduates.

Impact

A nationwide population survey has shown that:³⁶

- The trained community mental health workforce has increased by 96 percent (from 308 to 604) and the medical psychiatric workforce by 89 percent (from 18 to 34).
- There are now 296 new practitioners working across all ten regions of Ghana, reaching the remotest communities.
- The number of people treated for mental health problems in Ghana has risen by 128 percent (from 67,792 in 2011 to 154,322 in 2013) (Figure 5).
- The Tropical Health Education Trust is considering scaling up the Kintampo Project to other African countries.

Figure 5: Increase in number of people treated for mental health problems in Ghana, 2011 to 2018. Source: The Kintampo Project



"The Kintampo Project is a timely solution to the woefully inadequate mental health human resource provision and poor geographical access to mental healthcare facing Ghana."

Priscilla Tawiah, Clinical teacher, Volta Region

www.mhinnovation.net/innovation/kintampo-project

2: BUILD SPECIALIST CAPACITY

Mental health specialists play crucial roles in building capacity and supervision of non-specialist workers, in conducting quality assurance of mental health programs and in providing care for people with severe mental health problems. Expanded training programs for psychiatrists and psychologists can dramatically increase access to care in community settings, as demonstrated by the Improving Access to Psychological Therapies (IAPT) program in England.

Improving Access to Psychological Therapies (IAPT), England



The goal is to expand access to evidence-based psychological treatments for people with depression and anxiety disorders, within the National Health Service (NHS) in England.

Innovation

1. A comprehensive training program was launched for new therapists, providing training in psychological treatments which have strong evidence of effectiveness from clinical trials.
2. Individuals with mild to moderate symptoms are first offered a low-intensity intervention such as guided self-help. If they fail to benefit from this intervention, or have a severe disorder, they are given a high-intensity face-to-face therapy.
3. A comprehensive monitoring and evaluation system collects performance data on service access, treatment provision and routine session-by-session service user-reported outcomes.

Impact

- More than 1.7 million people have used the service.³⁷
- Of the people who have completed a course of psychological therapy, two-thirds showed reliable improvement and 43% recovered completely. About 71,000 people treated by IAPT have moved off sick pay and benefits.³⁸
- It is estimated that the cost of the service is fully recovered in savings to the government, in terms of savings in incapacity benefits, lost taxes and expenditure on physical healthcare.³⁹
- The UK government is expanding IAPT to children and adolescents and to adults who also have long-term physical health problems or medically unexplained symptoms.
- Norway, Sweden, Canada and Australia are at various stages of adopting aspects of the IAPT model.

"I hear GP colleagues saying that [IAPT] is the single most positive change to their medical practice in the last 20 years, and I echo this ... They have filled a huge gap in need, and are a force for good."

UK General Practitioner

www.mhinnovation.net/innovation/iapt

MORE LIKE THIS...

Here are some further examples of innovations which build a multidisciplinary mental health workforce:

- In India, a randomized controlled **Home Care Trial**⁴⁰ showed that interventions delivered by community based non-specialist health workers reduced burden and improved the mental health of care givers of persons with dementia.
- The task-sharing model has been scaled up in the **Ashagram NGO program**⁴¹ which uses trained community health workers to deliver community based rehabilitation to people with mental health problems in the state of Madhya Pradesh India.
- The **national capacity-building program in Ethiopia** trains all cadres of mental health specialists including psychiatrists, psychiatric nurses and clinical psychologists. They also train general health workers including community health workers and primary care staff in mental healthcare.

POLICY ACTION 3: DEVELOP A COLLABORATIVE AND MULTIDISCIPLINARY TEAM-BASED APPROACH TO MENTAL HEALTH CARE

In high-income countries men with mental health problems die 20 years earlier and women 15 years earlier than people without mental health problems.¹⁴ In low-income countries this gap is likely to be much wider.⁴²

Collaborative care is an approach which integrates mental health into general healthcare to provide person-centered care which addresses all the needs of individual patients.⁴³ Collaborative care typically involves a partnership between mental health specialists with primary care providers and non-specialist health workers in routine healthcare settings such as primary care clinics.

1: DEVELOP COLLABORATIVE MENTAL HEALTH CARE TEAMS

Collaborative care is an effective model for integrating mental health into primary care with substantial benefits in terms of recovery rates.⁴³ This approach has been taken to scale in Chile for the treatment of depression.

Program for Screening, Diagnosis and Comprehensive Treatment of Depression, Chile



This program was established to bridge the treatment gap for depression by integrating detection and treatment of depression into primary care.

Innovation

1. Detection of depression is carried out by any health professional in the primary healthcare clinic during regular consultations.
2. Possible cases are referred to a primary care physician for further assessment and diagnosis. Severe cases are referred to a mental health specialist.
3. Confirmed cases enter a depression-management program with checks every two weeks, antidepressant medication and individual or group psychotherapy. Monitoring is maintained for at least six months. If the person's symptoms do not improve, he or she is referred to a specialist.

Impact

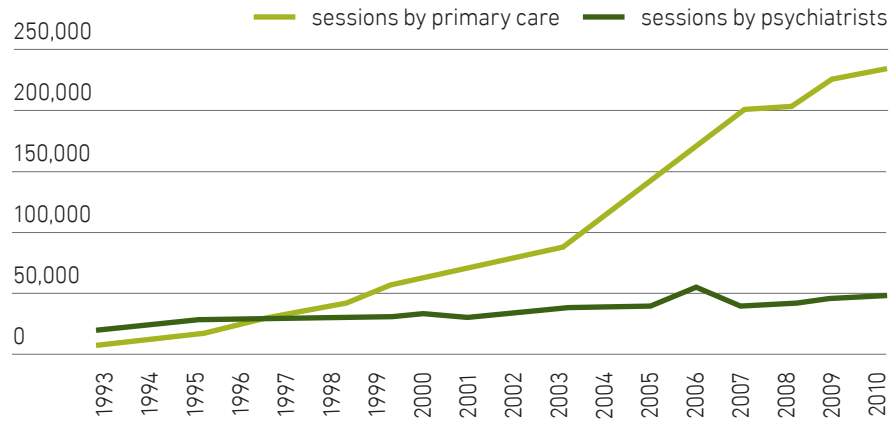
- Randomized control trials have shown positive service user outcomes with a recovery rate of 70 percent compared with 30 percent for those receiving usual treatment;⁴⁴ and that the program is cost-effective.⁴⁵
- The number of full-time psychologists in primary care increased by 344 percent between 2003 and 2008.⁴⁶ This has resulted in more than a five-fold increase in visits to primary care for a mental health condition while visits to psychiatrists remained relatively stable (Figure 6).

Continued opposite

Program for screening, continued

Figure 6: Annual number of sessions by primary care teams and by psychiatrists from 1993 to 2010 in the public sector

Source of data: Ministry of Health, Chile



www.mhinnovation.net/innovation/chile-depression-treatment

2: INTEGRATE MENTAL HEALTHCARE AND ECONOMIC EMPOWERMENT

To achieve lasting recovery, it is essential to address the social determinants and consequences of mental health problems. A systematic review of randomized controlled trials has shown that effective mental healthcare can help to improve social and economic outcomes and break the vicious circle of poverty and mental health problems.⁴⁷ The most powerful innovations are those that combine treatment and care with the individual's social needs and economic empowerment, as illustrated by the Mental Health and Development model of the NGO Basic Needs.

Mental Health and Development model, 11 countries in Africa and Asia

The aim of the Mental Health and Development (MHD) model is to empower people with mental health problems living in poverty, through community-oriented treatment and self-help support.



Innovation

The Mental Health Development model comprises five interlinking modules:

1. Capacity-Building: identifying, mobilizing, sensitizing and training MHD stakeholders.
2. Community Mental Health: enabling effective and affordable community-oriented mental health services.
3. Livelihoods: facilitating opportunities for affected individuals to gain or regain the ability to work, to earn and to contribute to their family and community.
4. Research: generating evidence from the practice of MHD.
5. Collaboration: managing partnerships and relationships with stakeholders who are involved in implementing the BasicNeeds MHD Model on the ground and/or are responsible for policy and practice decisions.

Continued overleaf

Mental Health and Development model, continued

Impact

- BasicNeeds has reached over 580,000 people with mental health problems, their carers and family members. They have enabled 94 percent of people with mental health problems in the communities they serve to access treatment, of which 70 percent reported reduced symptoms. They have helped 79 percent to be able to work (compared to 65 percent at baseline).⁴⁸
- A non-randomized evaluation of the Kenya program showed a 33 percent increase in the number of people with severe mental health problems who could engage in productive employment or income generation, and nearly triple their monthly household income.⁴⁹
- BasicNeeds have an innovative system of social franchising to achieve large-scale replication via a sustainable business model.

www.mhinnovation.net/innovation/basic-needs-international



Photo: © Basic Needs.

MORE LIKE THIS...

Here are some further examples of innovations that highlight the development of a collaborative and multi-disciplinary approach to mental healthcare:

- In the US the **Collaborative Care Model** uses a team approach consisting of a primary care provider, a care manager (nurse, clinical social worker, or psychologist), and a psychiatric consultant to provide care for mental health problems. A web-based **Care Management Tracking System** is used to pay clinicians on a treatment-to-target system.
- In England, **3 Dimensions of Care for Diabetes (3DFD)** uses a team consisting of a psychiatrist and a social worker from an NGO embedded in the diabetes care team to integrate medical, psychological and social care for people with diabetes and mental health problems, and/or social problems such as housing and debt.
- The **MANAS** trial for depression and anxiety in India showed improved service user outcomes and reduced overall costs of illness for a collaborative care model led by non-specialist health workers supervised by specialists compared to treatment as usual in primary healthcare.^{50, 51}

POLICY ACTION 4: USE TECHNOLOGY TO IMPROVE ACCESS TO MENTAL HEALTHCARE

In some populations, fewer than 5 out of 100 people with severe mental health problems receive treatment and care.⁵²

Appropriate technologies can help connect people affected by mental health problems to mental health specialists and evidence based interventions.

1: USE TECHNOLOGY TO REACH RURAL AND REMOTE COMMUNITIES

Rural and remote communities in all countries can be severely disadvantaged by limited access to specialists. Telemedicine, mobile phone and internet-based technologies can help to bridge this gap. They enable mental health specialists based in urban areas to supervise non-specialist workers and provide consultations with service users. One such innovation is tele-psychiatry, as implemented by SCARF in India.

SCARF mobile tele-psychiatry in Tamil Nadu, India

The goal is to use a mobile tele-psychiatry unit to provide services to remote rural communities.



Innovation

1. A bus with a tele-psychiatry consultation room and a pharmacy visits pre-identified sites, where 3G mobile connectivity enables video-conferencing.
2. Local NGOs and trained members of the local community identify and refer people to the tele-clinics, along with home-based rehabilitation services by community health workers.
3. Awareness-raising films are screened to the public, to increase utilization of the service and reduce stigma.

Impact

- Around 1500 people have been treated, more than half of those estimated to need treatment in the target population.⁵³
- The capital set-up costs were US\$25,000; the total cost for treating a patient is US\$12 per month.

"Tele-psychiatry being introduced to rural populations in India has extreme potential to greatly affect mental healthcare as well as to serve as a model for other developing and developed countries that are dealing with limited access to rural populations."

Megha Patel in Global News,
March 18, 2011



Photo: © Schizophrenia Research Foundation.

www.mhinnovation.net/innovation/scarf

2: USE COMPUTER-ASSISTED SELF-GUIDED PSYCHOLOGICAL THERAPIES

An innovative way of increasing access to psychological treatments is to provide automated treatment via the internet, accessed via a computer, tablet or phone. Such interventions have low marginal costs, are accessible in populations with good access to the internet and have been shown to be very effective in randomized controlled trials.⁵⁴ The rapid expansion of mobile technology and internet access enhances their appeal for adoption in low-income countries.

THISWAYUP, Australia

THISWAYUP aims to increase access to psychological therapies for mild and moderate mental health problems.



Innovation

1. This program is delivered as part of a stepped-care model with specialists retaining clinical responsibility for service users.
2. Clinicians prescribe the six-lesson course to people who have depressive or anxiety disorders. Mild and moderate cases are prescribed automated, internet-delivered cognitive behavioral therapy (iCBT) with "homework" to do offline.
3. The system sends the treating clinician an email alert about people whose symptoms worsen so clinicians can provide one-to-one therapies for severe cases and those that do not recover following iCBT.

Impact

- THISWAYUP has been implemented in Australia, New Zealand, the US and Canada, and in expatriate communities in Asia.
- Since the program was launched in 2000, 3,100 clinicians have enrolled to use it, registering 7,200 service users, predominantly in Australia and New Zealand. 55-60 percent of service users complete all lessons. On average, 50 percent of completers recover, 30 percent improve, 10 percent show no change in their symptoms, and 10 percent worsen. The number of lost work days is halved.⁵⁵
- In Australia, people pay US\$51 to use the program, and the cost to government is US\$220 per service user. iCBT is 10 times more cost-effective than face-to-face therapy.⁵⁶
- THISWAYUP Schools is an internet-based learning system that provides health and well-being courses for students to manage stress, anxiety and depression.
- Free short self-help courses are available for people anywhere in the world:
www.THISWAYUP.org.au/self-help



Image: © THISWAYUP.

www.mhinnovation.net/innovation/this-way-up

MORE LIKE THIS...

Here are some further innovations that use technology to increase access to mental healthcare:

- In the US, the **Mental Health Integration Program** provides tele-psychiatry in more than 150 community health clinics. In 2011, more than 10,000 consultations reached 35,000 people.
- **MoodGYM** is a free web-based psychological therapy with proven effectiveness at treating mild and moderate depression and anxiety, and at promoting mental well-being.
- **Big White Wall** is an internet-based community which supports its members to self-manage their care with the collaboration and guidance of clinicians, caregivers and peers.

POLICY ACTION 5: IDENTIFY AND TREAT MENTAL HEALTH PROBLEMS EARLY

50 percent of mental health problems begin in childhood and young adulthood.⁵⁷

The best investment we can make to reduce the global burden of mental health problems is to intervene early to either prevent them from happening in the first place or to stop them from progressing.

1: TREAT PARENTAL MENTAL HEALTH PROBLEMS

Emerging evidence is helping to clarify the complex relationships between the brain and environmental influences in children and young people. Maternal depression, for example, can lead to poorer physical health and a higher risk of depression and ADHD in the children.^{58, 59, 60, 61} Early intervention with the mother – during pregnancy and the child’s first year of life – provides the best opportunity both to help the mother recover as well as to prevent mental health problems in her child.⁶² The Perinatal Mental Health Project in South Africa is an example of an innovative approach to treating maternal depression using trained non-specialist health workers.

Perinatal Mental Health Project, South Africa

The Perinatal Mental Health Project seeks to integrate maternal mental healthcare into routine prenatal and postnatal healthcare to improve outcomes for mothers and their children.



Innovation

1. Mental health training is given to general health workers in maternity units. Non-specialist health workers receive training as counselors.
2. A stepped-care model is used in prenatal and postnatal clinics:
 - Women are screened for psychological distress during their first routine visit to the prenatal clinic.
 - Those with distress are referred for individual counseling by an on-site counselor. Women can also be referred to complementary services such as HIV/AIDS counseling, social workers or relevant NGOs.
 - Severe and non-responding cases are referred to the supervising psychiatrist.

Impact

- The Perinatal Mental Health Project has screened nearly 22,000 pregnant women for psychological distress, and has counseled over 3700 women.⁶³

Continued opposite

Perinatal Mental Health Project, continued

- Following counseling, 86 percent report a reduction in depressive symptoms and 84 percent report a decline in anxiety, 85 percent report improvement in support from partners or family and in their social environment. The program has been shown to promote positive birth experiences, successful bonding with the child and enhanced maternal caregiving capacity.⁶³
- The total program cost per year to provide care to one mother is US\$19.50.

"Despite the fact that our clients are facing several extreme hardships simultaneously, it is remarkable that so many of these women, with a small amount of structured emotional and practical support, are able to draw on their resilience, cope with their circumstances, and care for their children."

Dr Simone Honikman, Director PMHP



www.mhinnovation.net/innovation/pmhp

2: INTERVENE EARLY TO TREAT CHILD AND ADOLESCENT MENTAL HEALTH PROBLEMS

Key strategies for starting early are to provide care to at-risk children and adolescents and to intervene early when problems do develop. Several randomized controlled trials in low-resource settings have demonstrated the effectiveness of such interventions.⁶⁴ This is exemplified by the HealthNetTPO program in areas of armed conflict, with its stepped approach to health promotion, prevention and early intervention.

Psychosocial care package for children in areas of armed conflict, Burundi, Sudan, Sri Lanka, Indonesia and Nepal

HealthNet^{TPO}

The HealthNet TPO program delivers a multi-tiered psychosocial care package combining mental health promotion, prevention and treatment to address the needs of at-risk children and adolescents.

Innovation

1. Health promotion activities including peer-support groups, community sensitization and psycho-education to increase awareness of the mental health needs of children and increase community resilience.
2. Prevention activities target subgroups of children with psychosocial distress, as identified by a brief context-sensitive screener used in schools. A structured group intervention addresses symptoms of distress and strengthens protective factors to protect children against developing mental health problems.
3. Treatment is provided to children with severe mental health problems in the form of individual counseling, parental support and referral to a psychiatrist when necessary.

Continued opposite

Psychosocial care package, continued

Impact

- The Classroom-Based Intervention (CBI) has been shown to be effective in several clinical trials in Indonesia,⁶⁵ Nepal,⁶⁶ and Sri Lanka.⁶⁷
- A series of non-randomized evaluation studies once the program had been rolled out across all five countries showed that it improved case detection and made effective care available to over 96,000 children in the five countries.⁶⁸
- The program continues to run in Burundi, but a lack of resources has stopped the program in the other countries.

www.mhinnovation.net/innovation/psychosocial-for-children-in-armed-conflict



Photo © Koen Wessing

MORE LIKE THIS...

Here are some other innovations that involve early intervention:

- The **Thinking Healthy Program** uses community health workers to address maternal depression and promote child development in Pakistan. This model is now being tested using peer-support workers in the **Thinking Health Program Peer Delivery** trials in India and Pakistan.
- The **Equilibrium Project** in Sao Paulo, Brazil, has successfully progressed from a research project to a community-based integrated approach to care for street children, using a stepwise method of care catered to the specific needs of the children.
- In Australia, **Orygen Youth Health services** provide a fully integrated, comprehensive inpatient and outpatient service with a particular emphasis on the early stages of mental health problems. It has been expanded to provide national coverage for a comprehensive enhanced primary care service for young people with mental health problems through Headspace.

POLICY ACTION 6: REDUCE PREMATURE MORTALITY IN PEOPLE WITH MENTAL HEALTH PROBLEMS

Nearly one million people take their own lives every year,⁶⁹ almost double the number who are killed as a result of conflict related or criminal violence.⁷⁰

People with mental health problems have higher levels of premature mortality. This life expectancy gap is due partly to suicide, but also because people with mental health problems lead poorer, more disadvantaged lives, experience more physical health problems, and receive worse treatment for their physical health problems.¹⁴ This must also be recognized as a human rights issue.

1: PROVIDE INTEGRATED CARE FOR PEOPLE WITH BOTH MENTAL AND PHYSICAL HEALTH PROBLEMS

The most complex and costly patients to treat often have both mental and physical health problems, such as a combination of diabetes or coronary heart disease with depression or alcohol use problems.⁷¹ Outcomes for these people are further complicated by unhealthy lifestyles, poor adherence to medication and social deprivation.⁷² Innovative ways of treating this group of patients using collaborative care are now being implemented – for example, by TEAMcare in North America.

TEAMcare, US and Canada

TEAMcare provides team-based primary care for diabetes, coronary heart disease and depression simultaneously.



Innovation

1. TEAMcare trains primary care staff to work in collaborative teams that deliver care in the clinic and by phone.
2. Each service user is assigned a TEAMcare Care Manager, usually a medically supervised nurse, who serves as the conduit between the consultation team, the primary care team, and the service user.
3. The program takes a treat-to-target approach, modifying treatment as needed to ensure improvement in symptoms. It teaches service users self-care skills to control illnesses and encourages and increases behaviors that enhance quality of life.

Impact

- About 1400 people have received TEAMcare, with a trial showing improvements in medical disease control and depression symptoms.⁷³

Continued overleaf

TEAMcare, continued

- The estimated cost per service user is US\$1224. Within a capitated system, this resulted in a cost saving of about US\$600 per person over 24 months. In a fee for service system, the cost saving was about US\$1100 per service user over 24 months.⁷⁴
- Further implementation is currently being tested in India, with collaborations planned with European countries and Australia.



"Working in this capacity has been the highlight of my career. We definitely made an impact and change for the better – which is what we, as healthcare professionals, are trying to do."
TEAMCare Care Manager

www.mhinnovation.net/innovation/teamcare

2: IMPROVE ACCESS TO TREATMENT FOR PEOPLE WITH DEPRESSION AND OTHER MENTAL HEALTH PROBLEMS TO PREVENT SUICIDE

Between half and three-quarters of suicides could be averted if mental health problems were treated.⁷⁵ All of the innovations listed in this report aim to improve access to care and can contribute to preventing suicide. There are further specific measures that can be taken including raising awareness, helping high-risk individuals, and restricting access to the means of taking one's own life. One initiative which seeks to combine many of these strategies with the explicit goal of suicide-prevention is the European Alliance Against Depression.

European Alliance Against Depression

The European Alliance Against Depression consists of a network of community-based programs to improve access to treatment and prevent suicide. They are currently operational in ten countries in Europe as well as in Chile.



Innovation

European Alliance Against Depression has four levels of intervention:

1. Cooperation with primary and mental healthcare, focusing on training general practitioners.
2. Public awareness campaigns.
3. Cooperation with community facilitators and stakeholders.
4. Support for people at high risk, and their relatives.

Continued opposite

European Alliance Against Depression, continued

Impact

- The model was shown to be effective in reducing suicidal behaviour in a demonstration project.⁷⁶
- One evaluation in a district of Hungary using population based surveys showed a sharp annual decline in suicide rates from 30 per 100,000 in 2004 before the program started, to 12 per 100,000 in 2007. This decrease was significantly greater than that observed in the whole country or in the control region.⁷⁷



www.mhinnovation.net/innovation/european-alliance-against-depression

MORE LIKE THIS...

Here are some further examples of innovations that reduce premature mortality in people with mental health problems.

- In South Africa, **Primary HealthCare 101+ (PC 101+)** is based on the TEAMcare model and provides an integrated primary care service for people affected by mental health problems with co-morbid chronic physical health problems including HIV/AIDS, TB, hypertension and diabetes. The approach is currently being tested in a clinical trial.
- **Mental Health First Aid**, founded in Australia and now operating in 20 countries across the world, trains people to provide help to individuals who might be developing a mental health problem or who are in a mental health crisis and at risk of taking their own life.
- Limiting access to the means of suicide is an extremely cost-effective policy level action. In **Sri Lanka** the suicide rate halved after regulatory controls were imposed on the import and sale of pesticides that are particularly toxic to humans.

PART 3: MAKING ACTION HAPPEN

CHANGE IN MENTAL HEALTH BEGINS WITH...

Services users and families	Individuals and groups can act as a force in driving change. ⁷⁸ Public attitudes can be positively influenced through social contact with people with mental health problems and hearing their stories. Involving service users and families in the design and delivery of local services, including user-led initiatives, addresses stigma, empowers individuals and strengthens the mental health system.
Mental health professionals	Mental health professionals are often champions for change. In many countries mental health reforms were initiated by psychiatrists. Mental health professionals play a critical role in supporting all the policy actions recommended in this report.
Governments	Governments are critically important to implement the policy actions and to provide overall stewardship and financing of the mental healthcare system. Governments around the world are recognizing the human cost of mental health problems, in particular their large burden, human rights abuses and the toll of suicides.
The media	Sensitive coverage by the media (including social media) of mental health issues is valuable in advocating for action.
International organizations	When international NGOs, UN agencies, donors and human rights organizations shine a spotlight on and invest resources in mental health, they influence governments and communities to act.
Business and employers	Leadership must be shown by employers in following best practice in promoting mental health in the workplace and supporting staff with mental health problems. Taking a positive approach to mental health in the workplace is good for business.
Researchers	Research is critically important in informing the mental health policy agenda, guiding the selection of cost-effective interventions and evaluating the impact of scaled-up programs.

ROUTES TO SUCCESS

“As nations of this world, our duty is to carry human rights acts and actions to full implementation for people with mental disabilities. This is a life-long journey, that requires hard work, dedication and ardent support and advocacy of all those involved: law- and policy-makers and all stakeholders.”

HRH Princess Muna Al Hussein of Jordan, 2010.⁷⁹

We have made the case for increased commitment, resources and action to transform the lives of people with mental health problems in all countries.

A ‘one size fits all’ approach is not appropriate for scaling up in global health.⁸⁰ National contexts and cultures vary greatly and, to be effective, mental health planners and policy-makers must adapt innovations to take into account local social, economic and cultural conditions. For example, some fragile states and countries

affected by war and disaster have used their humanitarian crises as an opportunity to “build back better”.²⁸ In **Afghanistan**, humanitarian programs have shown how mental healthcare can be successfully integrated and scaled up in selected areas of a country. Since 2001, more than 1000 health workers have been trained in basic mental healthcare and close to 100,000 people have been diagnosed and treated in Nangarhar Province. In **Jordan**, the mental health system reforms, initiated in response to the Iraqi refugee crisis and largely funded by international aid to support the refugees, illustrate how a coordinated effort from the Ministry of Health and international partners can produce positive and lasting change for people with mental health problems.

So change is possible, irrespective of the context and the constraints. We have identified four routes to successfully scaling up the six policy actions to maximize access to effective and quality mental healthcare. These routes are related to human rights, political leadership, resources, and research.

1. Promote a human rights and an anti-discrimination perspective in mental healthcare

All mental health policies and plans must be consistent with internationally recognized human rights frameworks. This can be achieved through progressive legislation that ensures the right to healthcare in the least coercive and accessible medium, as in India’s recent Mental Healthcare Bill.⁸¹ In addition, initiatives are needed to change hearts and minds to reduce discrimination and the pervasive stigma attached to mental health problems. Such initiatives can take the form of global and national campaigns such as the Global Alliance Against Stigma and **Time to Change**, and through partnerships between user organizations and professionals, such as the EMPOWER project.

“Human rights must be a bridge for us to transform our life from neglect to care, discrimination to dignity and non-human to human. Global mental health should serve as a catalyst for this transformation.”

Jagannath Lamichhane, President, Nepal Mental Health Foundation

2. Develop a mental health policy and action plans

Political leadership is crucial. Introducing a mental health policy and plans backed by multi-sectoral consensus and political will is the essential first step towards a comprehensive, integrated and responsive mental health service. Although it is for the government to take the lead, the development of policies and plans should involve all relevant stakeholders: NGOs, service users and families, advocacy groups, mental health professionals, other service providers and researchers. They are all catalysts for change, and can ensure there is a united voice for reform through social mobilization, and by finding ways to change entrenched attitudes. Many countries have adopted such an approach to developing mental health policies and plans. Notable recent examples include the Qatar National Mental Health Strategy and the National Mental Health Programme in India.

It is important to renew mental health plans every five years or so, to ensure that they are responsive to changing circumstances and are consistent with evidence-based and humane practices.

"It is clear that the policy and legislation of laws concerning persons with disabilities are in place but implementation of these laws remains a hurdle that the stakeholders in the cross disability movement will need to address."

Kanyi Gikonyo, CEO, Users and Survivors of Psychiatry in Kenya

3. Commit adequate financial resources to back the implementation of policies and plans.

Mental health policies and plans must be backed by adequate financing to implement them. Political leadership should provide a long-term commitment to the necessary resources, and work with international donors, such as the World Bank, to lobby for these resources if they are not available in country. The funding decisions for mental health services should take into consideration levels of need and the associated human and social costs. The plans should specify targets in order to focus efforts and monitor progress, and foster political involvement and accountability. Investments should be primarily aimed to implement a comprehensive set of policy actions. For example, **Brazil** has implemented a series of wide-ranging reforms including policy changes and a capacity building program with the aim of transferring care for people with mental health problems from psychiatric institutions to the community.⁸² In **Jamaica**, a series of reforms have integrated mental health into all levels of the Jamaican health system, including general hospitals, primary care and the community. The result is accessible and affordable mental healthcare for the entire population.⁸³

"Setting national targets for mental health outcomes is essential. We need specific targets to reduce the rates of suicide, mental illness, as well as seclusion and restraint. We also need specific targets for increased access to services and greater workforce participation for people with a mental illness. Funding must support, and be linked to, outcomes – it's not good enough to throw money at an issue in the absence of specific goals."

Jack Heath, CEO SANE Australia

4. Invest in and promote evaluation and research to improve treatment and care

Research and program evaluation are critical to improving the quality of mental health services. Research should be guided by the priorities established by the Grand Challenges in Global Mental Health.⁸⁴ These are primarily aimed at developing and evaluating interventions to improve access to mental healthcare. The UKAid funded **PRogramme for Improving Mental healthcare (PRIME)** is a good example of how researchers and policy-makers can work together to evaluate the scale up of mental health services in countries with limited resources.⁸⁵ Since 2012, more than US\$70 million has been awarded to fund mental health innovations in low- and middle- income countries. Many of these innovations are listed in the online Mental Health Innovations Network Repository (www.mhinnovation.net/innovation). The knowledge generated will be synthesized and communicated to policy-makers by the Mental Health Innovation Network. Sustaining this type of funding is essential to ensure future progress.

Routine monitoring and evaluation of mental health programs is essential to ensure that programs achieve their goals of providing effective and high quality care that meets the needs of people with mental health problems. Finally, countries

with adequate resources could also invest in developing new and more effective treatments informed by the exciting developments in neuroscience and psychological treatments.

“The researchers have to be involved in understanding and interacting with folks who are doing practice. Anything that we can do to bring those two areas of expertise together to work in a partnership will drive change.”

Sam Nickels, Director, Center for Health and Human Development (USA) and Partner, Association for Training and Research in Mental Health, El Salvador

Figure 7 shows how the four routes to success can be used to implement the six policy actions recommended by this report.

Figure 7: Routes to success for achieving change through policy action



A ROADMAP FOR ACTION

This report is just the start. We invite the wider communities of business, technology, civil society, researchers, international donors and governments to work together to invest in mental health. Together we can transform lives and enhance communities.

Based on the innovations identified in this report we recommend the following roadmap for action by policy-makers, and other stakeholders.

- Take the initiative and **commit** to improving mental healthcare.
- **Review** current policies, laws and plans, and change them if needed.
- **Inspire** others, especially influential political and community leaders, to drive change by using positive stories of recovery and hope.
- **Invest** wisely in cost-effective innovations that could dramatically improve mental health.
- Monitor and **evaluate** service outcomes, making sure they are service user, family, and carer-focused.
- **Start** change now with whatever resources you have; do not let resource constraints stall progress.

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APPENDIX

Mental Health Problems

MENTAL HEALTH PROBLEM	DESCRIPTION	LIFE COURSE STAGE
Developmental disorders	A group of conditions characterized by impairments in intellectual, movement, sensory, social, or communication abilities (eg, autism, intellectual disability and cerebral palsy).	Infancy onwards
Anxiety disorders	A group of conditions featuring excessive worrying, tension and fear, and physical symptoms such as palpitations, headaches and sleep disturbances.	Childhood onwards
Child behavioural disorders	A group of conditions characterized by impairments of attention and disruptive behaviour (eg, attention deficit hyperactivity disorder and conduct disorder).	Childhood onwards
Alcohol use problems	A group of conditions characterized by the consumption of alcoholic drinks to the level of causing harm to the person's health and social/personal relationships.	Adolescence onwards
Depression	A condition characterised by low mood, loss of interest and enjoyment, fatigue and reduced energy, and sleep and appetite disturbances.	Adolescence onwards
Drug use problems	A group of conditions characterized by regular use of substances such as opioids, sedatives or cocaine causing harm to the person's health and social/personal relationships.	Adolescence onwards
Self-harm and suicide	Intentional self-inflicted poisoning or injury which may lead to death.	Adolescence onwards
Schizophrenia	A condition characterized by distortions of thinking and perception (eg, hallucinations and delusions), behavioural abnormalities and emotional disturbance.	Adolescence onwards
Bipolar disorder	A condition characterized by episodes of elevated or lowered mood and activity levels, often with complete recovery between episodes.	Adults
Dementia	A condition characterized by a progressive deterioration in mental functions, such as memory and orientation, leading to behavioural problems and loss of the ability to care for oneself and, ultimately death.	Late life

This list of mental health problems is based on those prioritised in the World Health Organization mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-Specialized Health Settings. 2010, Geneva: Switzerland.

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