Mental health for all - by all

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Public Health Foundation of India
Courtesy: Abhay Bang, SEARCH, India
Effect of home-based neonatal care and management of sepsis on neonatal mortality: field trial in rural India

Abhay T Bang, Rani A Bang, Sanjay B Baitule, M Hanimi Reddy, Mahesh D Deshmukh

Summary

Background Neonatal care is not available to most neonates in developing countries because hospitals are inaccessible and costly. We developed a package of home-based neonatal care, including management of sepsis (septicaemia, meningitis, pneumonia), and tested it in the field, with the hypothesis that it would reduce the neonatal mortality rate by at least 25% in 3 years.

Introduction

Nearly 5 million neonates worldwide die each year, 96% of them in developing countries. Neonatal mortality rate per 1000 live births varies from 5 in developed countries to 53 in the least developed countries.\(^1\)\(^2\) Immunisation, oral rehydration, and control of acute respiratory infections have reduced the post-neonatal component of the infant mortality rate. Hence, neonatal mortality now constitutes 61% of infant mortality and nearly half of
Lay health workers in primary and community health care (Review)


A systematic review of task-shifting for HIV treatment and care in Africa

Mike Callaghan, Nathan Ford, and Helen Schneider
Relevance to global mental health?
“an area for study, research and practice that places priority on improving mental health and achieving equity in mental health for all people worldwide”
Suicide is a leading cause of death of young people globally

<table>
<thead>
<tr>
<th>Cause of death*</th>
<th>Estimated deaths '000</th>
<th>Contribution of each cause to the overall mortality (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport accidents</td>
<td>48</td>
<td>13.6</td>
</tr>
<tr>
<td>Suicide</td>
<td>45</td>
<td>12.8</td>
</tr>
<tr>
<td>Other unintentional injuries**</td>
<td>40</td>
<td>11.3</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>34</td>
<td>9.6</td>
</tr>
<tr>
<td>Cardiovascular diseases</td>
<td>25</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Total of 5 leading causes</strong></td>
<td>192</td>
<td>54.3</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal conditions</td>
<td>46</td>
<td>15.5</td>
</tr>
<tr>
<td>Suicide</td>
<td>40</td>
<td>13.7</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>30</td>
<td>10.3</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>29</td>
<td>9.9</td>
</tr>
<tr>
<td>Cardiovascular diseases</td>
<td>20</td>
<td>6.9</td>
</tr>
<tr>
<td><strong>Total of 5 leading causes</strong></td>
<td>165</td>
<td>56.3</td>
</tr>
</tbody>
</table>

*Table 2: Leading 5 causes of death among men and women age 15-29 years old as a percent of the total mortality 2010*

Patel et al, Lancet 2012
Depression is a **LEADING CAUSE** of the global burden of disease

Mental illnesses account for **15%** of the global burden of disease

About **500 MILLION** people on our planet suffer from a mental illness
People with mental disorders die younger
Schizophrenia, depression, epilepsy, dementia, alcohol dependence and other mental, neurological and substance-use (MNS) disorders constitute 13% of the global burden of disease (Table 1), surpassing both cardiovascular disease and cancer. Depression is the third leading contributor to the global disease burden, and alcohol and illicit drug use accounted for more than 5% (ref. 2). Every seven seconds, someone develops an MNS disorder, costing the world up to US$609 billion in 2009 (ref. 4). By 2020, an estimated 1.5 million people will die each year by suicide, and between 13 and 20 million will make an attempt.

The absence of cure, and the dearth of preventive interventions for MNS disorders, in part reflects a limited understanding of the brain and its cellular and molecular mechanisms. Where there are effective treatments, they are frequently not available to those in need. In 60% of low-income countries, there are no anti-Parkinsonian treatments in primary care, and 30% there are no anti-epileptic drugs. Unequal distribution of human resources—between and within countries—further work to access the World Health Organization's European region has 20 times as many psychiatric posts in Africa. Across all countries, investment in fundamental research into preventing and treating MNS disorders is disproportionately low relative to the disease burden.

To address this state of affairs, the Grand Challenges in Global Mental Health initiative has identified priorities for research in the next 10 years that will make an impact on the lives of people living with MNS disorders. The study was funded by the US National Institute of Mental Health (NIMH) in Bethesda, Maryland, supported by the Global Alliance for Chronic Diseases (GACD), headquartered in London. Answers to the questions posed will require a surge in discovery and delivery science. We use the term 'mental health' as a convenient label for MNS disorders. We exclude conditions with a vascular or infectious aetiology (such as stroke or cerebral malaria), because these fall within the scope of the two previous grand challenges—initiatives in global health and in chronic non-communicable disease.

This initiative differs from previous priority-setting exercises for mental health...
Synthesizing evidence on what works

mhGAP Intervention Guide
for mental, neurological and substance use disorders
in non-specialized health settings

World Health Organization

The way forward
The treatment gap is over 50% in all countries

Reaches an astonishing 90% in low income countries
Low political will
Resistance to decentralization
Difficulties to integration of mental health in primary care
Lack of public mental health leadership
Weak human resource capacity
India’s population
1.2 billion

132000 psychiatrists

3000 psychiatrists
Lay health workers delivering group Interpersonal therapy for depression in rural Uganda
(Bolton et al, JAMA 2005, 2007)
Lady health visitors using CBT to treat postnatal depression in rural Pakistan
(Rahman et al, Lancet 2008)
The MANAS trial for depression and anxiety disorders
(Patel et al, Lancet 2010)
Recovery Rate From Depression

- Bolton et al, JAMA 2003 Uganda: 95% (Intervention arm), 45% (Control arm)
- Rahman et al, Lancet 2008 Pakistan: 73% (Intervention arm), 41% (Control arm)
- Patel et al, Br J Psych 2012 India: 70% (Intervention arm), 50% (Control arm)
Relevance to trauma

• Trauma is a major determinant of several mental health problems, including depressive and anxiety disorders

• The burden of trauma related life experiences is arguably greater in LMIC, not least in the context of humanitarian crises

• Is there evidence specifically for trauma related disorders?
Global Mental Health 3

Mental health and psychosocial support in humanitarian settings: linking practice and research

Wietse A Tol, Carado Barbi, Ananda Galappatti, Derrick Silove, Theresa S Betancourt, Renato Souza, Anne Galaz, Mark van Ommeren

<table>
<thead>
<tr>
<th>Psychological support</th>
<th>Control</th>
<th>Weight (%)</th>
<th>Standard mean difference (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
</tr>
<tr>
<td>Basoglu31</td>
<td>44.4</td>
<td>25.0</td>
<td>31</td>
</tr>
<tr>
<td>Basoglu30</td>
<td>30.2</td>
<td>20.3</td>
<td>16</td>
</tr>
<tr>
<td>Dybdahl86</td>
<td>56.1</td>
<td>20.4</td>
<td>42</td>
</tr>
<tr>
<td>Igreja72</td>
<td>40.1</td>
<td>9.6</td>
<td>63</td>
</tr>
<tr>
<td>Neuner</td>
<td>61.6</td>
<td>24.0</td>
<td>37</td>
</tr>
<tr>
<td>Neuner (Bielefeld University, personal communication)</td>
<td>6.1</td>
<td>6.8</td>
<td>111</td>
</tr>
<tr>
<td>Neuner74</td>
<td>50.0</td>
<td>6.5</td>
<td>114</td>
</tr>
<tr>
<td>Neuner75</td>
<td>1.9</td>
<td>0.5</td>
<td>37</td>
</tr>
<tr>
<td>Teomans74</td>
<td>2.0</td>
<td>0.5</td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td>486</td>
<td>285</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Heterogeneity: τ²=0.01, χ²=10.10, degrees of freedom=8 (p=0.26), I²=21%
Test for overall effect: Z=4.21 (p<0.0001)

Figure 3: Random-effects meta-analysis of psychological support for adults with post-traumatic stress disorder symptoms in humanitarian settings
Simplify the message

UNpack the treatment

Deliver it where people are

Affordable and available human resources

Reallocation of specialists to train and supervise
Old wine in a new bottle?
Comparative Effectiveness of Paraprofessional and Professional Helpers

Joseph A. Durlak
Southern Illinois University at Carbondale

Forty-two studies comparing the effectiveness of professional and paraprofessional helpers are reviewed with respect to outcome and adequacy of design. Although studies have been limited to examining helpers functioning in narrowly defined clinical roles with specific client populations, findings have been consistent and provocative. Paraprofessionals achieve clinical outcomes equal to or significantly better than those obtained by professionals. In terms of measurable outcome, professionals may not possess demonstrably superior clinical skills when compared with paraprofessionals. Moreover, professional mental health education, training, and experience do not appear to be necessary prerequisites.
Comparative Effectiveness of Professional and Paraprofessional Helpers

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Because the debate between Durlak (1979, 1981) and Nietzel and Fisher (1981) on the relative effectiveness of professional and paraprofessional counselors has been inconclusive, this article uses meta-analysis procedures to help resolve some of the contentious issues that have been raised by these researchers. Effect sizes based on 154 comparisons from 39 studies indicated that clients who seek help from paraprofessionals are more likely to achieve resolution of their problem than those who consult professionals; moderators of this conclusion were related to experience, duration of treatment, and the manner in which effectiveness was measured. There does appear to be substantial evidence that paraprofessionals should be considered as effective additions to the helping services, at least when compared with professionals.
Paraprofessionals for anxiety and depressive disorders (Review)

Boer PCAM, Wiersma D, Russo S, Bosch RJ

2009
Findings

• 5 trials comparing paraprofessionals with control condition (n=220)
  – SMD 0.34 (0.13 to 0.88) in favour of paraprofessionals

• 5 trials comparing paraprofessionals with professionals (n=106)
  – SMD 0.09 (-0.23 to 0.4)
Concerns

• Dismisses role of specialists
  – Specialists play critically important roles, for e.g. in developing the treatments and building capacity

• Dumbs down mental health care
  – It expands the range of interventions to achieve a larger coverage of services to address unmet needs

• Subversive
  – Practical avatar of the idea that mental health is too important to be left to professionals alone
Challenges

• Limited efficacy of some task-shifting, e.g. for severe mental health problems

• Lack of political will and professional support

• Practical barriers to integration in routine care

• No evidence for task-shifting for diagnosis

• No evidence for task-shifting for pharmacotherapy
What’s in store for me

• Developing culturally appropriate treatments
  – for severe depression and harmful drinking (PREMIUM)
  – For autism (PASS)
  – for delivery by peers for maternal depression (SHARE)

• Scaling up task-sharing within functioning health systems
  – In district health systems in five countries (PRIME)
  – In rural communities in India (VISHRAM)
  – District Mental Health Program (Government of India)

• Building competency in PTs through e-learning platforms
Why task-shifting is SUNDAR

Utilitarian

Equitable

Acceptable

Empowering
Anjana’s story

At first I was known as Ambadas’s wife. But, now I am well known all over my village as Anjana - Health worker. The villagers have selected me for various posts on many organizations.

I have been respected as I am the health worker of ‘Search’ organization. I have even given talks about my work at Delhi and Ranchi. Also I have got an opportunity to travel by airplane only due to my employment as a health worker.
PEOPLE’S HEALTH
IN PEOPLE’S HANDS

A model for Panchayati Raj

The Foundation for Research in Community Health

Dr. N. H. Antia
Kavita Bhatia

Dr. N. H. Antia
Kavita Bhatia
HEALTH FOR ALL BY THE YEAR 2000
BASIC HEALTH CARE MUST REACH THE POOR

UNITED NATIONS DAY
24 October
Empowering people affected by Mental Disorders to Promote Wider Engagement with Research

EMPOWER is supported by a grant from the Wellcome Trust
You can contact EMPOWER at: empowermgh@googlegroups.com
The Movement for Global Mental Health aims to improve services for people with mental disorders worldwide.
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