

Mental health for all - by all

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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



HOME BASED NEWBORN CARE Operational Guidelines



Ministry of Health and Family Welfare
Govt. of India, 2011

Lay health workers in primary and community health care (Review)

Lewin SA, Dick J, Pond P, Zwarenstein M, Aja G, van Wyk B, Bosch-Capblanch X, Patrick M



Callaghan *et al.* *Human Resources for Health* 2010, **8**:8
<http://www.human-resources-health.com/content/8/1/8>



REVIEW

Open Access

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

Mike Callaghan*¹, Nathan Ford^{2,3} and Helen Schneider³

Relevance to global mental
health?

Global Mental Health

A New Global Health Field Comes of Age

Vikram Patel, MD, PhD

Martin Prince, MD, PhD



GLOBAL HEALTH IS "AN AREA FOR STUDY, RESEARCH and practice that places a priority on improving

are available for a range of mental disorders and that non-specialist health care workers can deliver psychological treatments or multicomponent stepped care interventions for mental disorders, with large treatment effect sizes that are sustained for extended periods.⁸ With severe and persistent shortages of personnel and the spiraling costs of spe-

“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

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

Table 2: Leading 5 causes of death among men and women age 15-29 f
**The total mortality is 3040

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

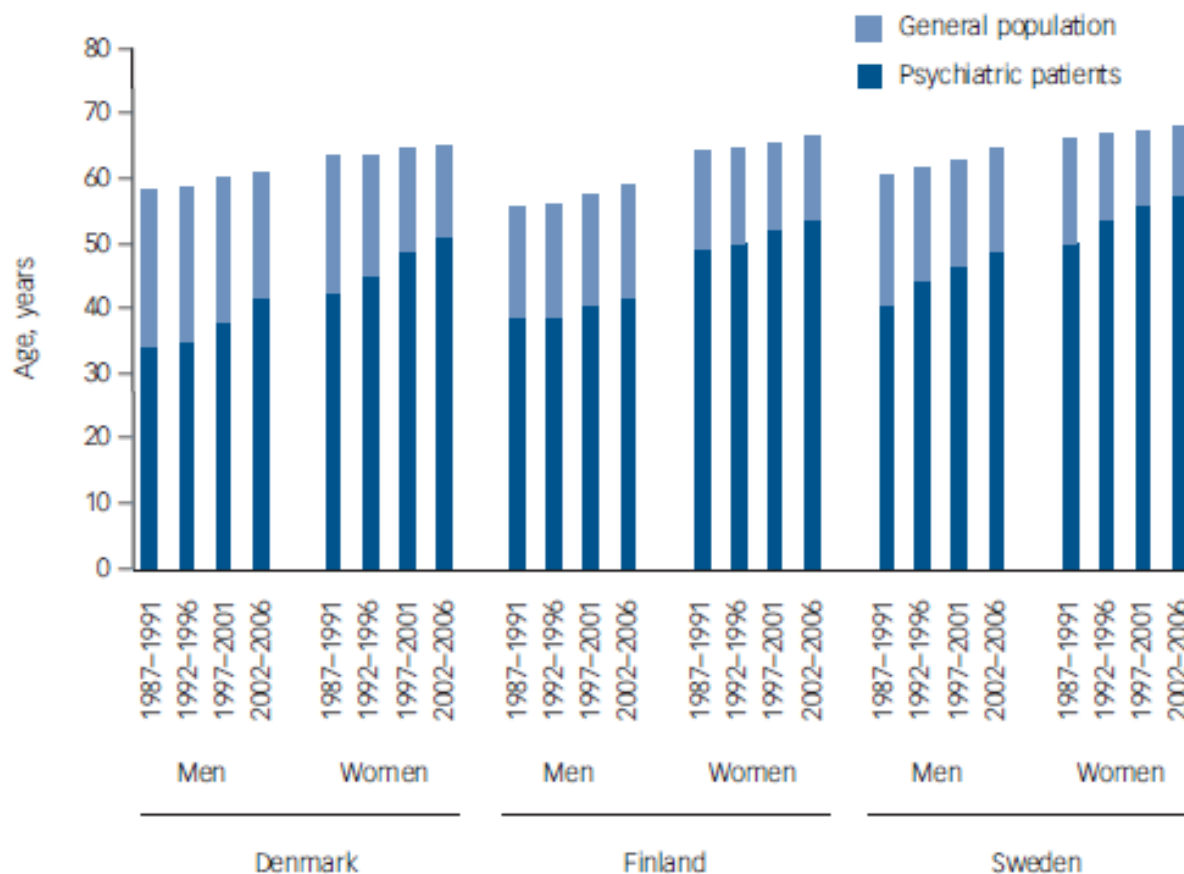


Fig. 2 Total life expectancy among psychiatric patients and general population in Denmark, Finland and Sweden 1987-2006 at 15 years of age.

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TIME

LEFT BEHIND

How Asia's economic miracle has
triggered a **MENTAL-HEALTH CRISIS**



NEW CALDORES... FT \$50 PACIFIC NEW GUINEA... \$ 4.50 PACIFIC ISLANDS... \$33.00 SOLOMON ISLANDS... \$53.50 VANUATU... FT 400

November 2003

COMMENT



NANOTECHNOLOGY Materials should not be regulated on size alone **p.31**

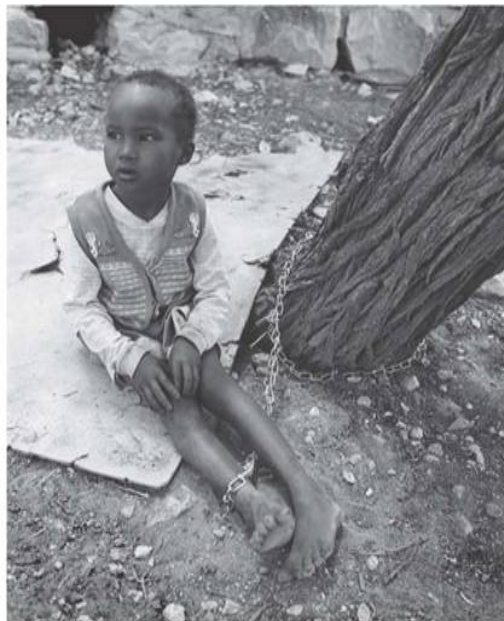
SUMMER BOOKS Reviewers and editors suggest reading for your holiday **p.32**

CONSERVATION Concern about alien species is scientific and practical **p.36**

EQUALITY Action needed to stop science prizes going primarily to men **p.37**

12

H. TIMBERING/COLLEGE ENTRANCE (EPSON/SHOOT)



Improving treatment for children with mental illness, like this girl in Somalia, is an urgent priority.

Grand challenges in global mental health

A consortium of researchers, advocates and clinicians announces here research priorities for improving the lives of people with mental illness around the world, and calls for urgent action and investment.

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 cancer¹. Depression is the third leading contributor to the global disease burden, and alcohol and illicit drug use account for more than 5% (ref. 2). Every seven seconds, someone develops dementia³, 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 15 and 30 million will make the attempt⁵.

The absence of cures, and the dearth of preventive interventions for MNS disorders, in part reflects a limited understanding of the brain and its molecular and cellular mechanisms. Where there are effective treatments, they are frequently not available to those in greatest need. In 83% of low-income countries, there are no anti-Parkinsonian treatments in primary care; in 25% there are no anti-epileptic drugs⁶. Unequal distribution of human resources — between and within countries — further weakens access: the World Health Organization's European region has 200 times as many psychiatrists as in Africa⁷. Across all countries, investment in fundamental research into preventing and treating MNS disorders is disproportionately low relative to the disease burden⁸.

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 fell within the scope of the two previous grand challenges initiatives — in global health and in chronic non-communicable diseases⁹.

This initiative differs from previous priority-setting exercises for mental **▶**

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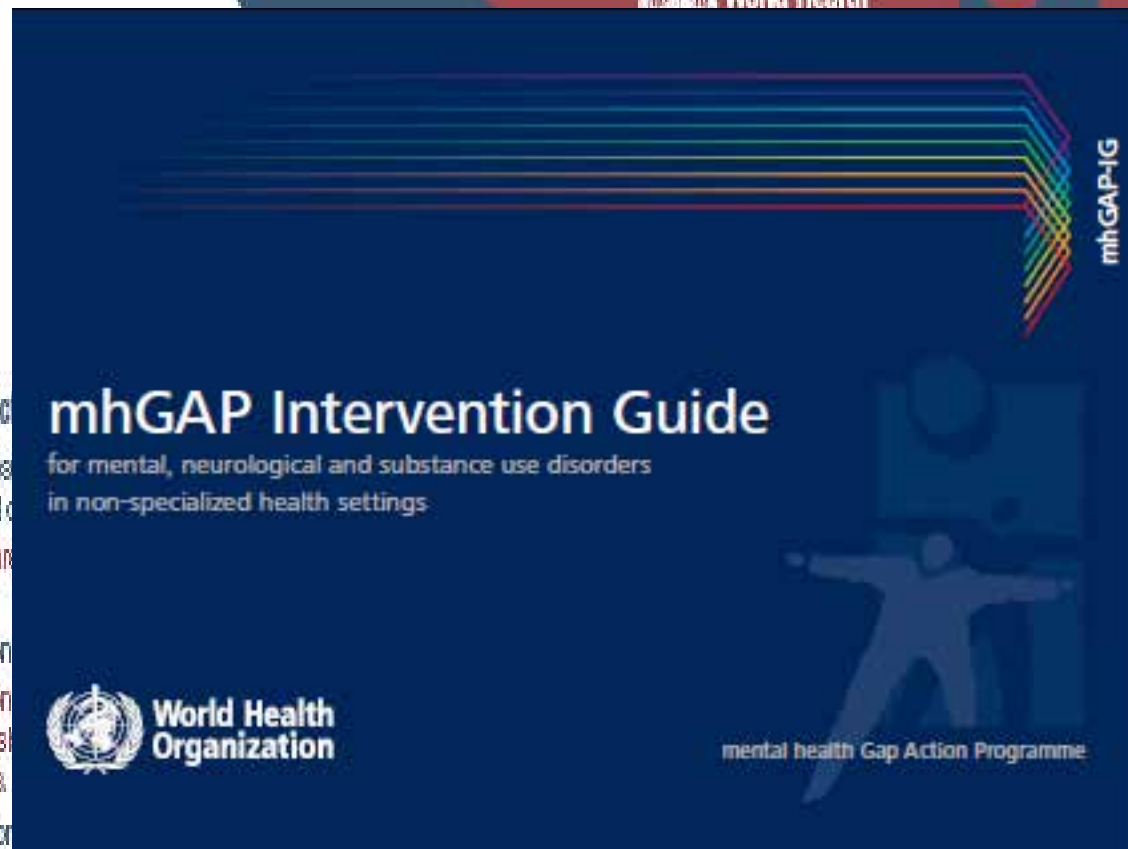
7 JULY 2011 | VOL 475 | NATURE | 27

Synthesizing evidence on what works

What results are expected?

- A comprehensive and resourced intervention programme implemented in targeted countries
- Greater investment in care for mental, neurological, and substance use disorders.
- Increase in the proportion of health workers trained in mental, neurological, and substance use disorders.
- Increase in the proportion of health professionals for diagnosis and treatment of mental, neurological, and substance use disorders.
- Enhanced implementation of evidence-based interventions for mental, neurological, and substance use disorders.
- Greater coverage with essential interventions for people with mental, neurological, and substance use disorders.

The way forward



Effective and humane care for all with mental, neurological, and substance use disorders

Goal

Closing the GAP between what is urgently needed and what is currently

The treatment gap is over 50% in all countries

Reaches an astonishing 90% in low income
countries

W Global Mental Health 5

Barriers to improvement of mental health services in
low-income and middle-income countries

Benedetto Saraceno, Mark van Ommeren, Rajaie Batniji, Alex Cohen, Oye Gureje, John Mahoney, Devi Sridhar, Chris Underhill

Low political will

Resistance to decentralization

Difficulties to integration of mental health in
primary care

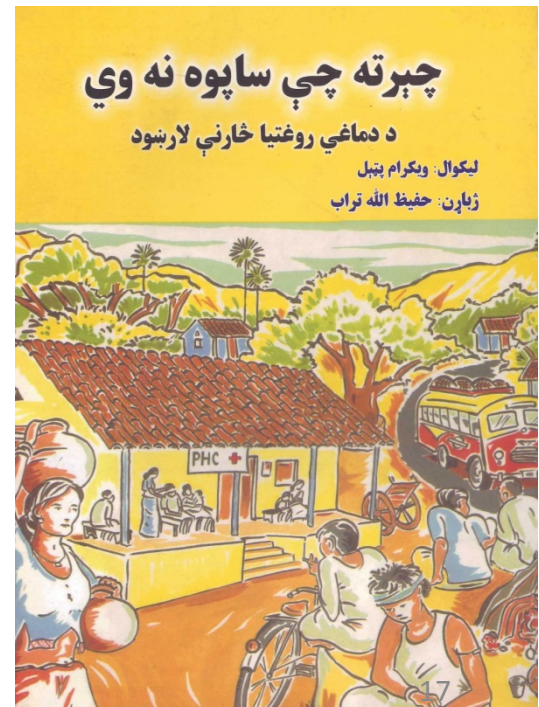
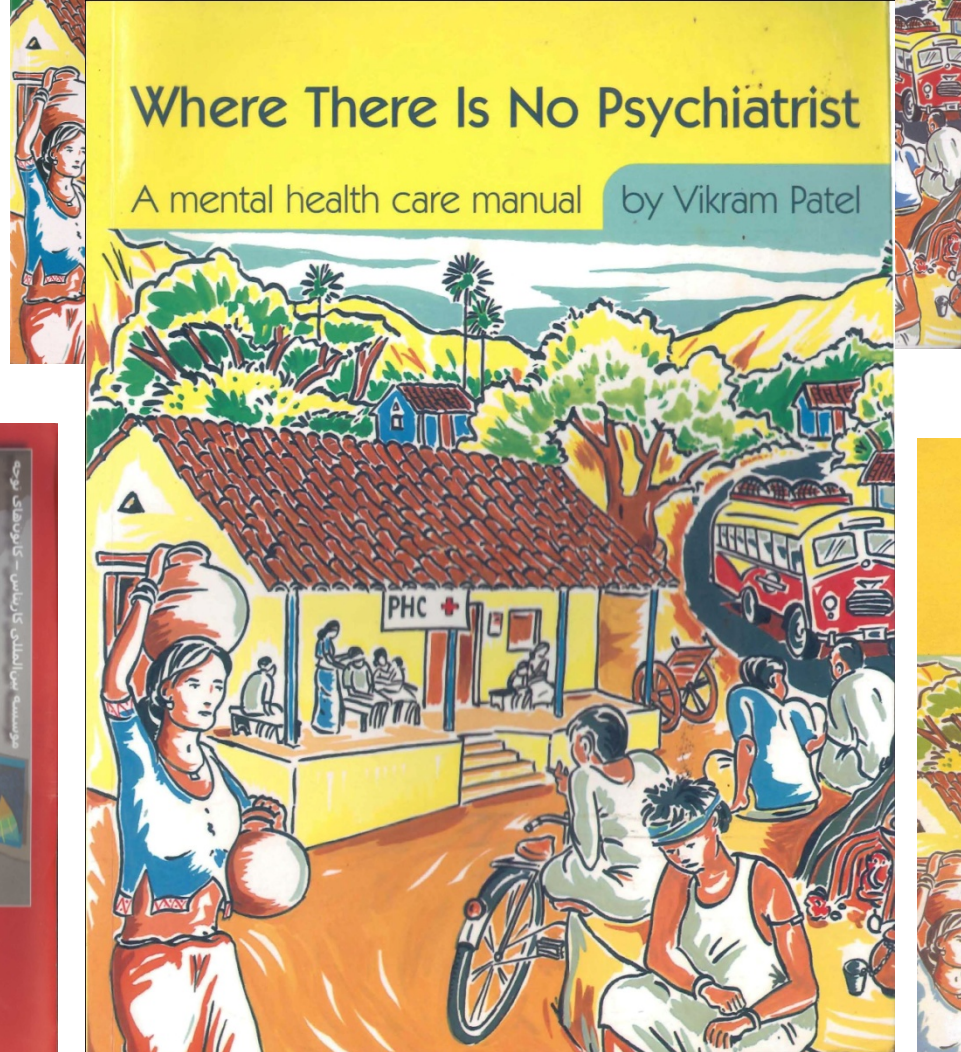
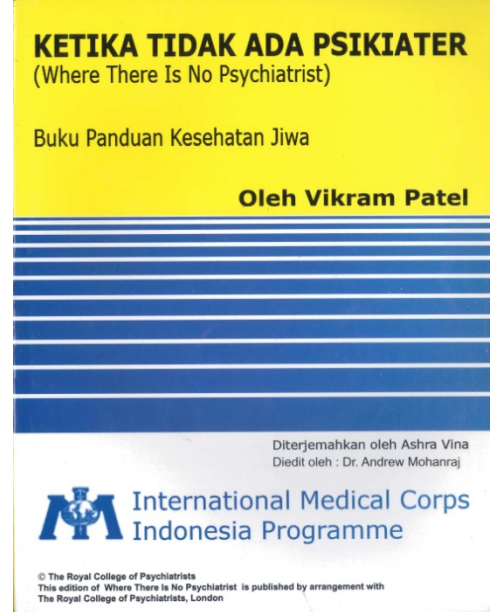
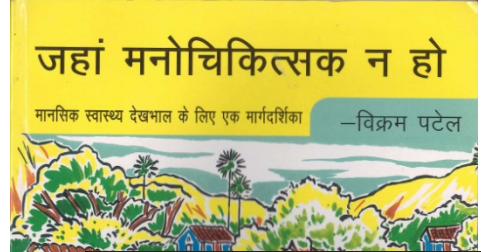
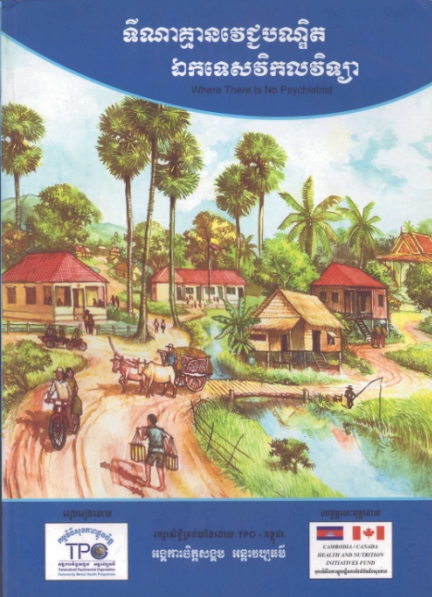
Lack of public mental health leadership

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)



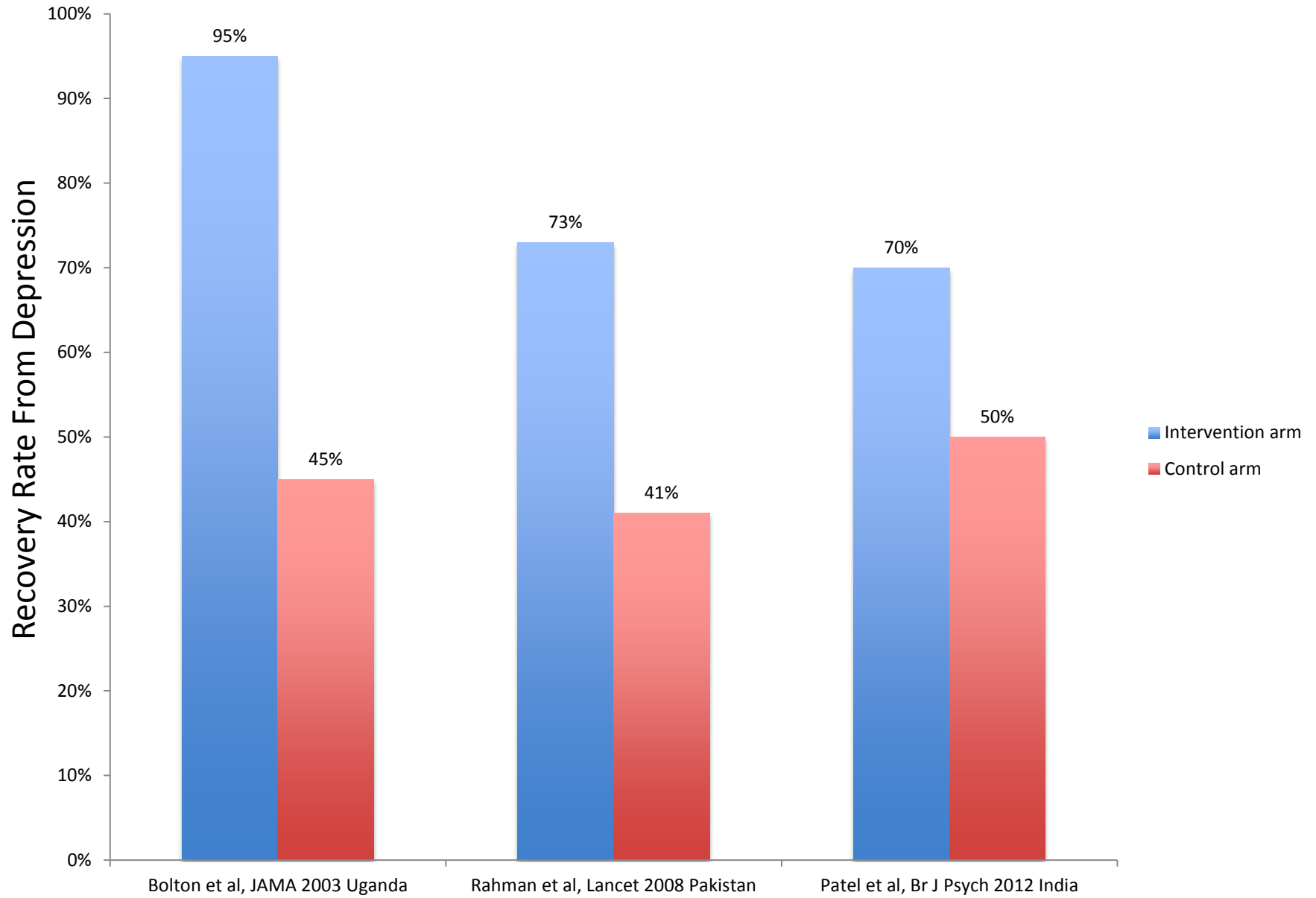
Lady health visitors using CBT to treat postnatal depression in rural Pakistan
(Rahman et al, Lancet 2008)



The MANAS trial for depression and anxiety disorders

(Patel et al, Lancet 2010)





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, Camilo Barbu, Ananda Galappatti, Derrick Silove, Theresa S Betancourt, Renato Souza, Anne Galuz, Mark van Ommeren

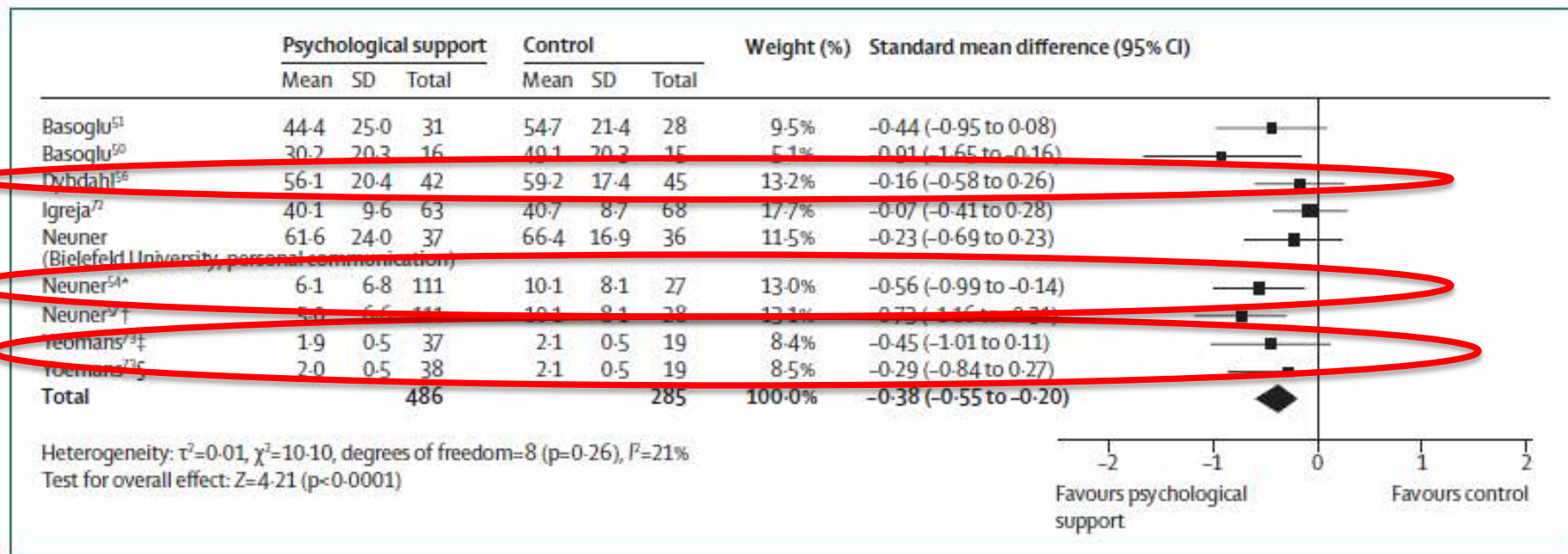


Figure 3: Random-effects meta-analysis of psychological support for adults with post-traumatic stress disorder symptoms in humanitarian settings

SUNDAR

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

John A. Hattie
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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



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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.

Health Committee



*A model for
Panchayati Raj*
**PEOPLE'S HEALTH
IN PEOPLE'S HANDS**

PEOPLE'S HEALTH IN PEOPLE'S HANDS

A model for Panchayati Raj

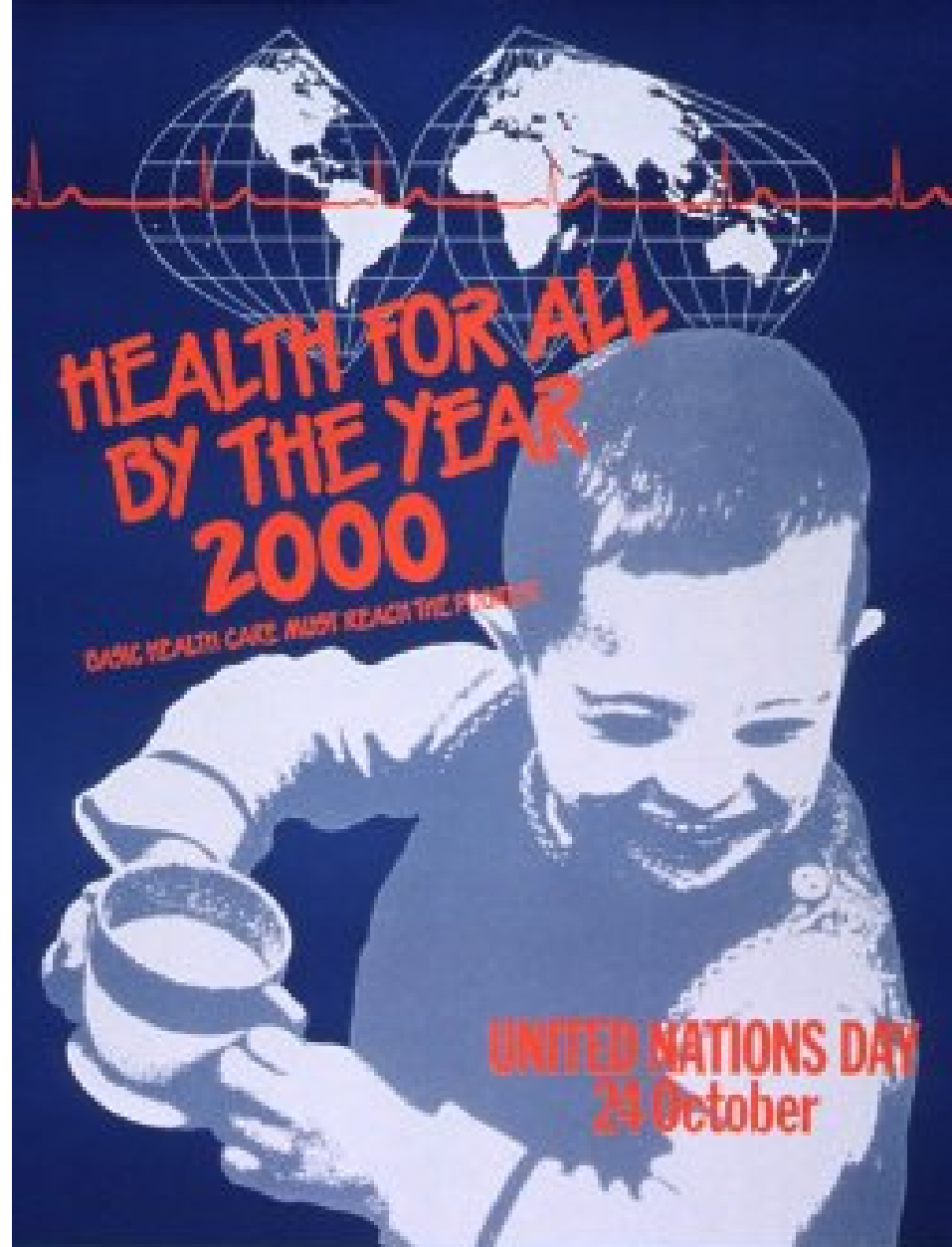


**The Foundation for Research
in Community Health**

**Dr. N. H. Antia
Kavita Bhatia**

**Dr. N. H. Antia
Kavita Bhatia**

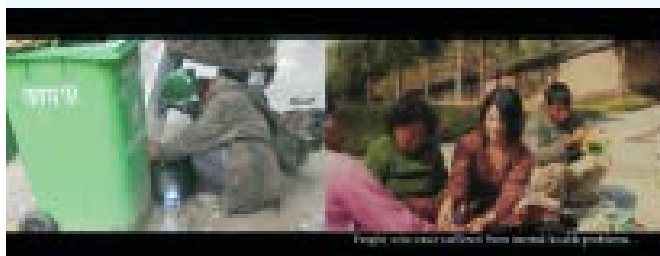
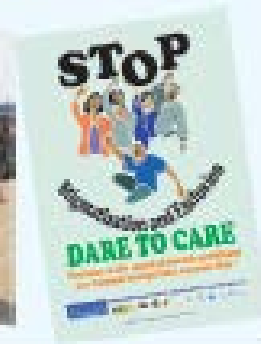




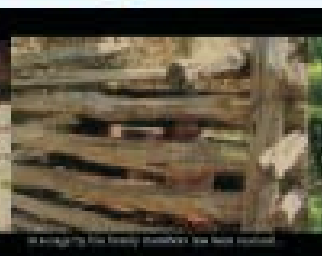
EMPOWER



Empowering people affected by Mental Disorders to Promote Wider Engagement with Research



People who can suffer from mental health problems.



It's giving the family members the best medical.



How has getting insurance that is efficient.

EMPOWER is supported by a grant from the Wellcome Trust
You can contact EMPOWER at: empowermgmh@googlegroups.com



The Movement for Global Mental Health

aims to improve services for people with mental disorders worldwide

Acknowledgements

The Wellcome Trust

DFID

NIMH

Sir Dorabji Tata Trust

MacArthur Foundation

Autism Speaks

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Chairperson's Message



Sangath is now fourteen years old! Its energetic and focused activities say it all in the latest issue of the biennial report. I request all of...[More](#)

Announcements

Wanted speech therapists!
The ARTI project in partnership with INCLEN Trust, New Delhi will be part of...
[More](#)

Welcome to Sangath

Sangath is a non-governmental, non-profit organization committed to improving health across the life-span. Its primary focus areas are child development, adolescent and youth health, and mental health. Sangath has grown by leaps and bounds since we started Goa's first multi-disciplinary...[More](#)

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