

## Strengthening mental health systems in low and middle income countries

by *Valentina Lemmi*

LSE Health and Social Care welcomed **Professor Graham Thornicroft** for one of its Formal Seminars recently. He gave a splendid overview of the main challenges in global mental health and the mental health system response in low and middle income countries.

LSEHSC Formal Seminar - Professor Graham Thornicroft



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### What are the challenges?

First, the treatment gap is wide. About **20%** of the world population suffers from a mental illness each year. Over two thirds of people with mental illness receive no treatment and the proportion widely differs between high and low income countries. For example, while in the USA and in Europe up to three quarter of people with mental illness receive **no treatment**, in low income countries the figure raises to over 90%. This difference is not only due to the lack of resources but to their concentration on **physical illnesses**.

## WHO: Mental Health Gap Action Programme



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Second, mental health is a killer disease. People suffering from mental illnesses **die earlier** than everybody else.

Third, human rights' abuses, stigma and discrimination of people with mental illness are widespread. The **United Nations Convention of the Rights of Persons with Disabilities**, adopted in 2006, affirms that all people with disabilities hold all human rights and fundamental freedoms as well as the right to access health care, but this is rarely put into practice. **Stigma** is a problem of knowledge (ignorance), attitudes (prejudice), and behaviour (discrimination). About **90%** of people with schizophrenia and **80%** of people with bipolar disorders or depression experience discrimination. Among interventions available to reduce stigma, **social contact** with people with and without mental illness has the strongest evidence.

### Models of mental health services

**Better mental health services** should include both hospital-based and community-based services in order to meet people's different needs. They should be provided as mixture of static and mobile services. Most services would need to be close to home and offering intervention covering all range of disabilities and symptoms – not only clinical – and they would need to reflect the individual's needs and priorities.

Due to the disparities in **investment in mental health** across countries, a common model is impossible to establish. In a **balanced care model** mental health services components would need to vary across countries. In low-income countries mental health care would be provided mainly through primary care and limited specialist staff would support with training, consultation for most complex cases, and in-patient assessment and treatment. For example, in Ethiopia primary health nurses working in health posts may refer patients to psychiatric nurses in health centres (primary care), or psychiatrists in district hospital (secondary care). In middle-income countries primary mental health care would be supported by general adults' mental health services. In high-income countries, mental health care would also benefit from specialised mental health services.

However, the evidence necessary to **scale up** sustainable mental health care in low and middle income countries is scarce. While only 10% of the evidence comes from low and middle income

countries, trials are increasing. For example, a recent **randomised controlled trial** of community-based care for people with schizophrenia in South India showed a positive impact on their symptoms and disability.

Our stories - Living and Coping with Schizophrenia in India (short version; ...



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### **Mental health and the post-2015 agenda**

Mental health was not included in the **Millennium Development Goals** and it has been marginalised in the recent **proposal for the Sustainable Development Goals**. This fact drove the creation of **Fundamental SDG**, an initiative to strengthen mental health in the post-2015 agenda and Sustainable Development Goals. The initiative is building a momentum through **articles**, videos, and calls before the United Nations. The final Sustainable Development Goals will be published this year, so you can still join the call and **act now!**

## No Longer Can We Look Away



© Video by Robin Hammond

### Further information

For more on global mental health on Twitter, follow [@ThornicroftG](#), [@GMentalHealth](#), [@FundaMentalSDG](#)

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### About the author

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