



CENTRE FOR GLOBAL
MENTAL HEALTH



Global Mental Health



Dr Melanie Abas
Institute of Psychiatry,
King's College London



Overview

- Rise of Global Mental Health Movement
- Depression in Zimbabwe: interventions, case examples
- Future directions

World Development Report 1993

Beginnings of estimating disability as opposed to mortality

NCDs as important as communicable disorders

‘Neuropsychiatric’ disorders causing 6.8% of global disability!

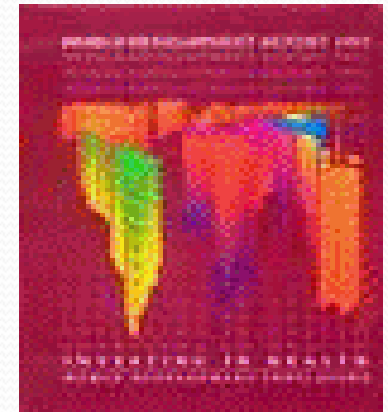
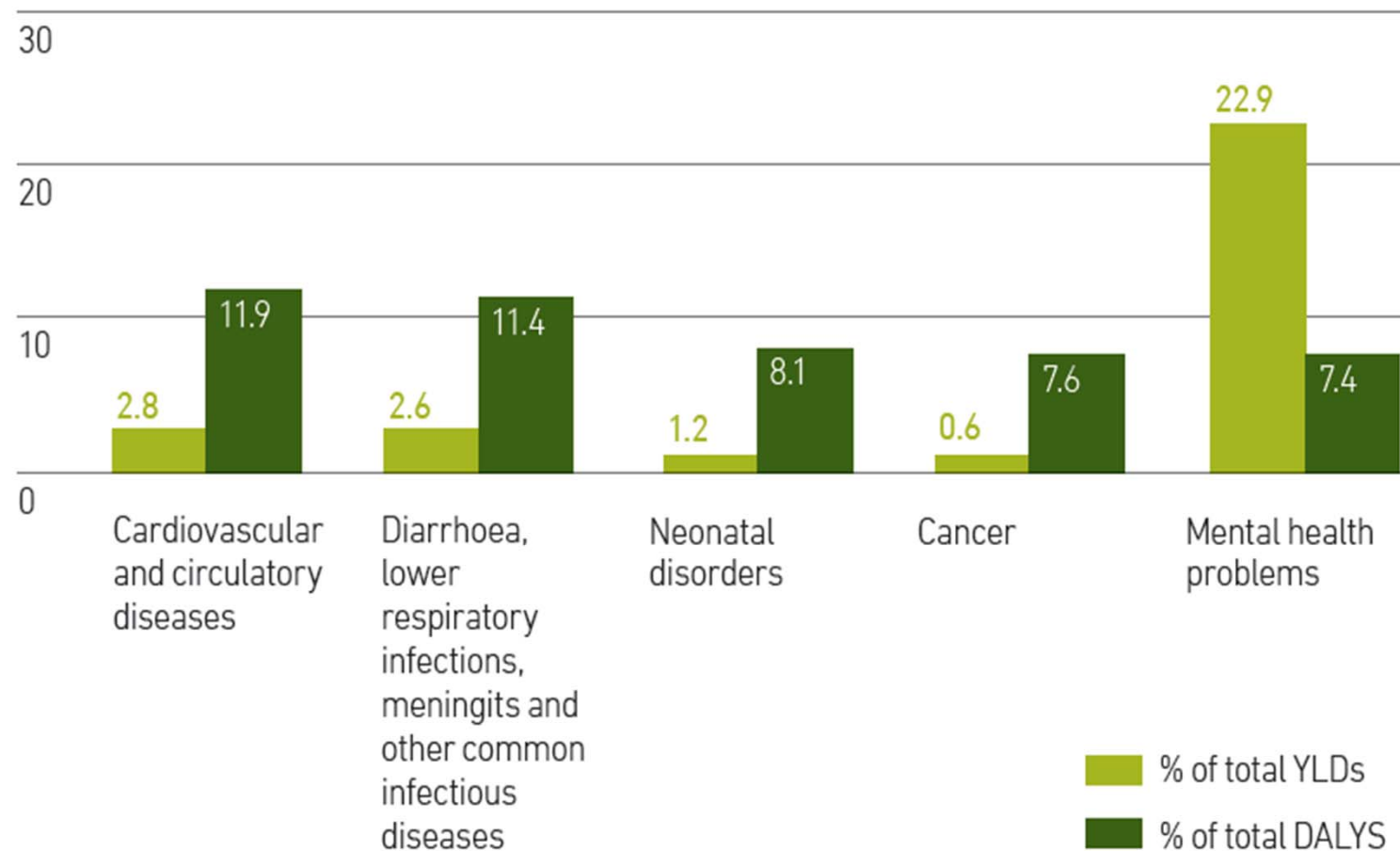


Figure 1: Top five contributors to the health burden (DALYS and YLDs) for 2010

Source: Global Burden of Disease study ⁶



m10

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.

Slide 4

m10

world bank report which year was it 1999?

melanie, 07/05/2015

Burden, treatment gap

- **Burden of disease**

Mental health problems represent 7.4 % of the world's total burden of health problems (as measured in DALYs); almost 75% of burden lies in LMICs

- **Huge 'treatment gap'**

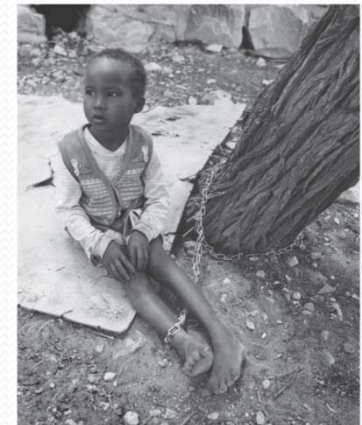
In low- and middle-income countries, 76-90% of people who need mental health care do not receive it, compared to 35-50% for high-income countries

- **Under-resourced and under-prioritised**

- Total health spending on mental health is 0.5% in low-income Vs. 5.1% in high income countries

- **Huge social & economic costs of untreated mental illness**

- Relationships, social roles, child-rearing
 - Human rights abuses, stigma and discrimination
 - Economic costs of untreated mental disorders \$2.5 trillion in 2010; projected to reach \$6.0 trillion by 2030



A Call for Action: The rise of 'Global Mental Health'

“As a group of concerned scientists, public health professionals & mental health advocates we call for action to scale-up coverage of services for mental disorders and strengthen protection of the human rights of those with mental disorders”

(Lancet Global Mental Health Group, 2007)

2007 & 2011 Lancet series on Global Mental Health

www.thelancet.com/series/global-mental-health

www.thelancet.com/series/global-mental-health-2011

The Movement for Global Mental Health

www.globalmentalhealth.org

WHO Mental Health Gap Action Programme (mhGAP)

http://www.who.int/mental_health/mhgap/en/

Funders: NIMH, GCC, Wellcome

Mental Health Innovation Network (MHIN): <http://mhinnovation.net/>

2013 WISH Mental Health Report: <http://www.wish-qatar.org/app/media/381>



Centre for Global Mental Health, London

- **Vision:** Foster research & capacity building in policy, prevention, treatment and care in global mental health
(<http://www.centreforglobalmentalhealth.org/>)

- Engaged in 40+ research projects in > 30 countries

- Key themes

- 1) Generating knowledge to:
Understand the burden of mental disorders and to Improve access to care
- 2) Training and Building capacity
- 3) Engaging policymakers



Capacity-building/training

- AFFIRM: Africa Focus on Intervention Research for Mental health (NIMH)
- SHARE: South-Asian Hub for Advocacy, Research & Education on Mental health (NIMH)
- Diaspora Mental Health Associations (Uganda, Zimbabwe)
- GEDE Foundation (Nigeria)
- IMHERZ: Improving Mental Health Education and Research in Zimbabwe (NIMH/PEPFAR)

IMHERZ: Improving Mental Health Education & Research in Zimbabwe



- **Collaboration:** Department of Psychiatry at UZ-CHS and University of Cape Town, University College London and Kings College London

Impacts

400% increase in psychiatry faculty in Zimbabwe since 2010

Modernised undergraduate curriculum

3 faculty registered for PhDs (previously nil)

3 new sub-speciality services – forensic, HIV liaison and child psychiatry



Depression Focus

- 2nd leading cause of disability globally, and predicted to become leading cause of disability by 2030
- Globally, more than 350 million people of all ages suffer from depression.
- Associated with reduced income and unemployment, impaired relationships and child-rearing, poor physical health outcomes, alcohol abuse, and increased mortality



Treatment of depression in LMICs: The evidence

Global Mental Health 3



Treatment and prevention of mental disorders in
low-income and middle-income countries

*Vikram Patel, Ricardo Araya, Sudipto Chatterjee, Dan Chisholm, Alex Cohen, Mary De Silva, Clemens Hosman, Hugh McGuire, Graciela Rojas,
Mark van Ommeren*

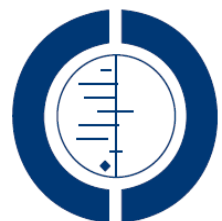
Lancet 2007; 370: 991-1005

- Antidepressants alone or in combination with other treatments are efficacious
- Individual psycho-education & group interpersonal therapy more effective than usual care
- Stepped-care and collaborative models provide framework for integration into routine care & help improve adherence to treatment.



But:

- Processes and effectiveness of scaling-up interventions & integration into routine care in LMIC not adequately assessed.
- Need research which demonstrates if interventions that rely on non-specialist health workers are effective



THE COCHRANE
COLLABORATION®

Non-specialist health worker interventions for the care of mental, neurological and substance-abuse disorders in low- and middle-income countries (Review)

van Ginneken N, Tharyan P, Lewin S, Rao GN, Meera SM, Pian J, Chandrashekar S, Patel V

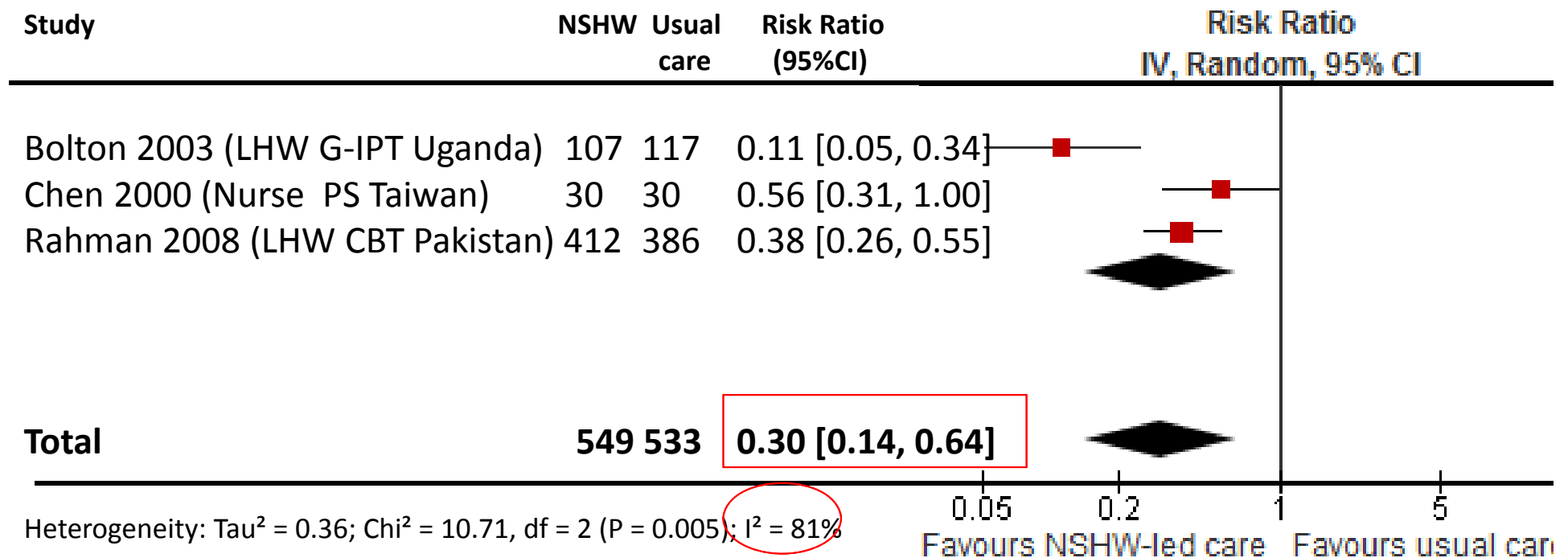
Objective: Assess the effectiveness of non-specialists delivering mental health interventions in LMICs

Main finding: depression care delivered by non-specialists compared with usual healthcare increases the number of adults who recover within six months after treatment

Prevalence of depression risk ratio 0.30, 95% CIs 0.14 to 0.64

NSHW psychological interventions

Prevalence of depression



GRADE overall quality: low



But:

- More work needed to be able to assess the potential for task-shifting and scaling-up, especially
 - Competencies of NSWs
 - Supervision
 - Training, motivating, & incentivising PHC staff
 - Locally relevant and culturally appropriate interventions
 - Interventions tested to date have mostly been high-intensity psychological interventions or tricyclics
 - Lack of political will amongst decision makers and political leaders

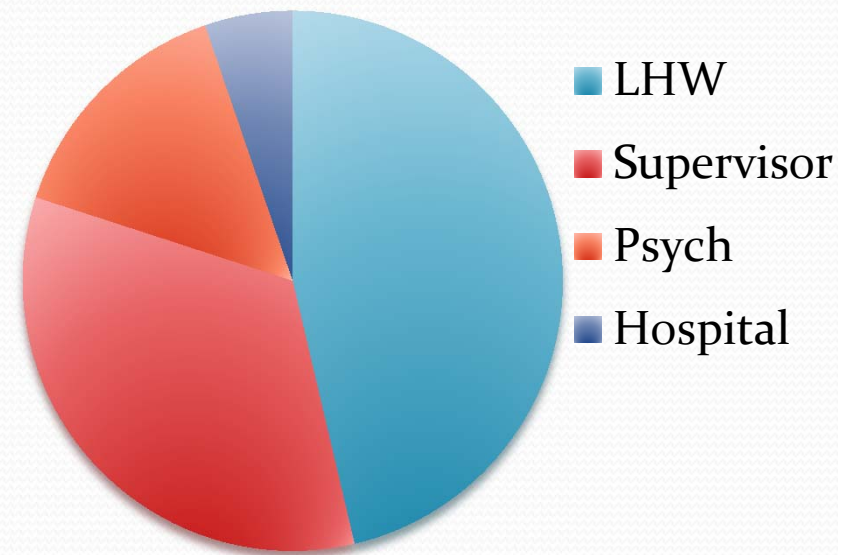
Zimbabwean Friendship Bench Project: Innovative task-sharing intervention for depression



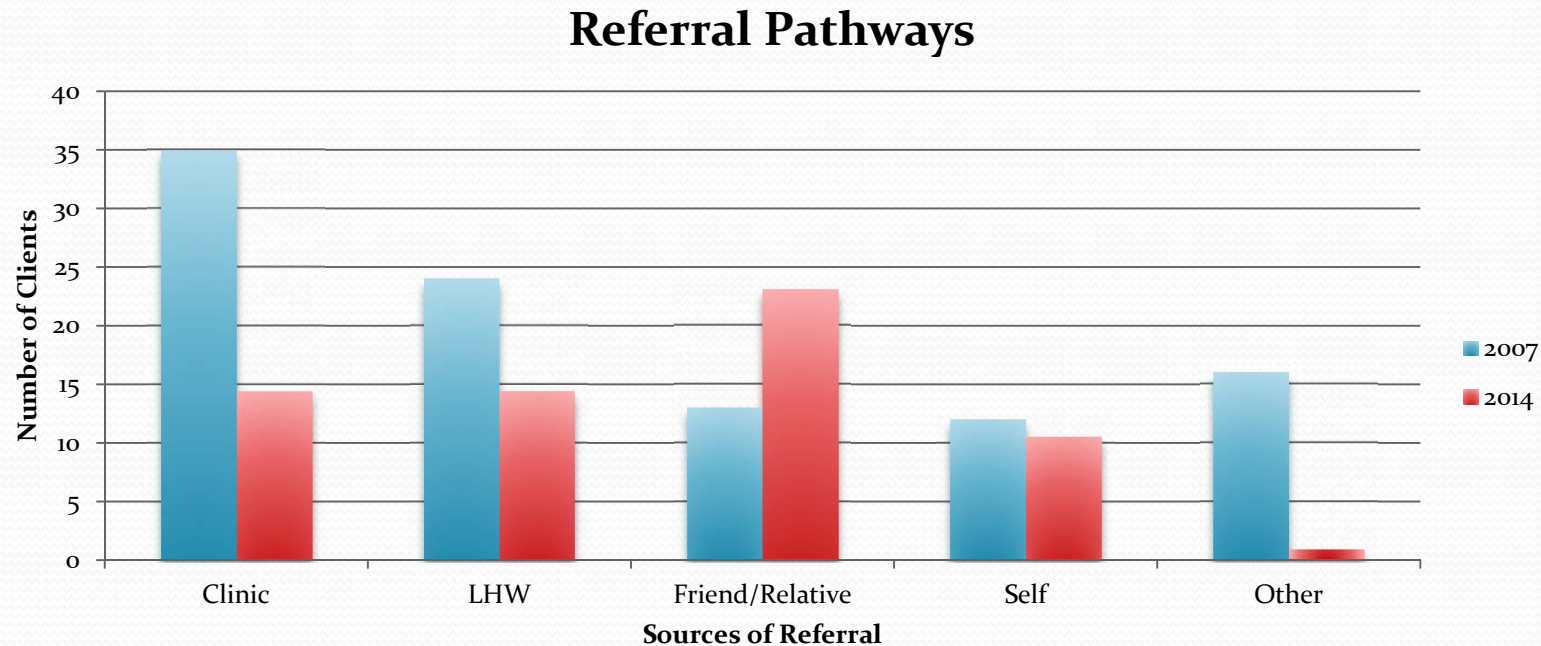
- Running since 2005 in 3 city health clinics in Mbare
- Task-shifting approach
- Uses cognitive behavioral intervention based on problem solving therapy
- Delivered by lay health workers with supervision by higher cadres
- Locally validated screening tool
- Preliminary evidence of effectiveness
- How is it working

➤ *Chibanda et al. 2011 BMC Public Health*

**Proportion of clients seen
by LHW in 2007**



Retention & expansion



- High staff retention- all 15 LHWs remained working since 2010, with only 1 LHW loss due to death in 2011.
- Increase in total visits and expansion of referral pathways from 2010 to 2014

How is it working... “Opening-up the Mind”

LHW are trusted & respected advisors who are inserted in the community, have local knowledge & understand culturally-embedded nature of distress

“Because of what the granny said, I am going to go start working on my project. I had lost focus. Granny helped to open up my mind.” (Client)

LHW are strategically selected for their commitment to the community, resulting in intervention providing personal rewards

“We offer counseling to empower people to help themselves... When there are changes I feel good that I have helped someone.” (LHW)

LHWs generally well-supported by their peers and higher cadres

“My experience here at the clinic...we work very well just helping each other. If you make a mistake you are corrected and we help each other.” (LHW)

Intervention flexibility allows for it to be client-driven e.g. having sessions in clients' homes & being able to self-refer

“Women from our want to sell vegetables in the morning, not sit on the Bench, so we see them in the afternoon when they are ready to talk”. (LHW)



Treatment to improve depression and adherence to antiretroviral therapy (Tendai) in Zimbabwe

Cognitive behavioral intervention (CBI) for adherence and depression in people living with HIV and suspected of poor adherence to antiretroviral therapy in Zimbabwe

Adapted for local Zimbabwean adult population

References:

- Chibanda et al. 2014 (*Journal of AIDS*)
- Kidia et al. 2015. (*Tropical Medicine & International Health*)
- Bere et al. *Under review*.



Future directions

- Exciting time to be working in global mental health – although few career pathways – including in LMIC
- Will phase 2 be realised?
- Best way to leave a legacy? – through Psychiatry or Public Health – or through other priority conditions?
- Would any of you like to get involved?
- Any questions ?

THANK-YOU!

melanie.abas@kcl.ac.uk

@melanieabas

Team effort

Dixon Chibanda	Shamie Jombo
James Hakim	Tarisai Bere
Frances Cowan	Sara Cooper
Walter Mangezi	Kirsty MacPherson
Sekai Nhiwatiwa	
Crick Lund	
Ricardo Araya	
Steve Safren	
Alfred Chingono	

