

Global Mental Health and Community Development

S P Sashidharan 17/11/17.



WHO CC for Research and Training in Mental Health Trieste - Azienda Sanitaria Universitaria Integrata di Trieste

FRANCA AND FRANCO BASAGLIA INTERNATIONAL SCHOOL - THE PRACTICE OF FREEDOM

The right [and opportunity]
to have a [whole]
life

INTERNATIONAL SCHOOL & CONFERENCE

**Trieste,
15-18 November 2017**

Best practices for empowerment, self determination,
community resilience, wellbeing and human rights

www.triestementalhealth.org

Global Mental Health

- What is Global Mental Health?
- How is GMH different from MH?
- Untested assumptions of GMH

Crazy like us...

- Can pathology be defined in a culturally neutral way?
- Does human suffering follow the same trajectories across all human populations?
- Do people everywhere cope with life and its attendant adversities in the same way?

One model fits all?

- How appropriate is it to implement mental health care from one specific setting or culture to a different cultural and historical setting?
- What is the evidence that Western models of mental health care are universally effective?
- Are psychiatric treatments / services culturally specific?



mhGAP Mental Health Gap Action Programme

**Scaling up care for
mental, neurological, and
substance use disorders**



Mental Health “gap”

WHO 2011 Mental Health Atlas

	India	England
Population	1,214,464,312	52,234,000
Health expenditure as % GDP	4.16%	9.36%
Spent on MH as % of total health budget	0.06%*	10.82%
Per capita expenditure health	\$22.0	\$2457.0

* Central Government only

Mental Health “gap”

WHO 2011 Mental Health Atlas

	India	England*
Psychiatric beds in General Hospitals	10,000 (0.823/100,000 pop)	266448 (50.63/100,000 pop)
Number of Mental Hospitals	43	-
Beds in mental hospital settings	17,835 (1.47/100,000 pop)	4171 (7.99/100,000 pop)
Beds in community facilities	-	1196

- UK figure = 60.6 psychiatric beds per 100,000 population. This is in the middle of European range, which extends from 10.6/100,000 in Italy to 180.1/100,000 in Belgium

Global Mental Health

- Is it always desirable to reduce this gap? And, by what means?
- Scaling up – focus of one area, i.e. treatment gap
- History of scaling up
- Evidence for GMH - scaling up?

For replication...

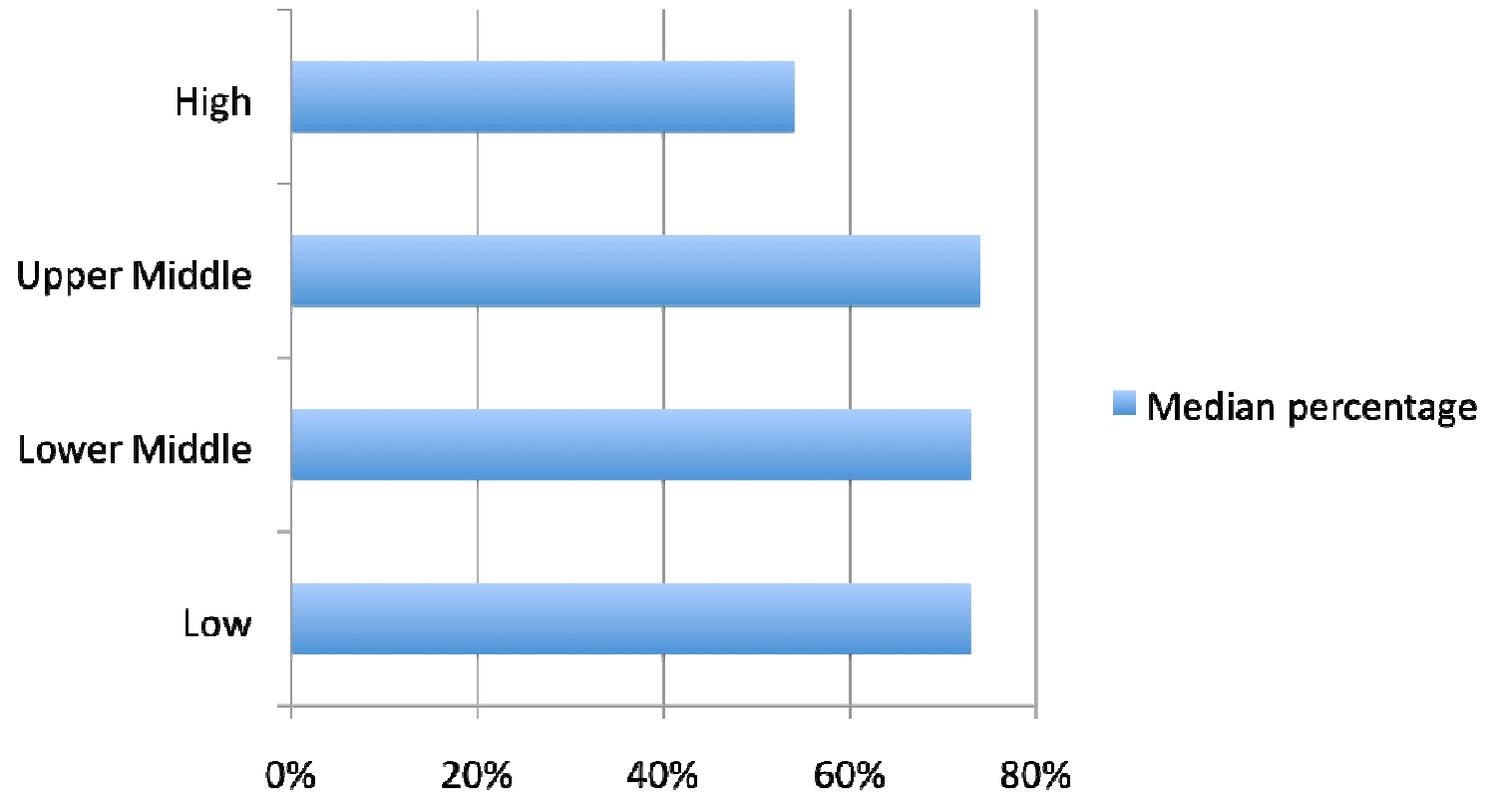


Scaling up?



Mental Hospital Expenditure as a % of all Mental Health Expenditure by World Bank Income Group

Mental Health Atlas 2011, WHO



Evidence from GMH

- “Bottom up’ or ‘grass-roots’ approach to developing and designing mental health services.
 - mobilising, training and sensitising relevant mental health and development stakeholders in any given community.
 - equal emphasis on enhancing livelihoods as in ensuring care and treatment
- increases the uptake of services
- Improve social outcomes
- Less coercive and more collaborative care

The BasicNeeds Mental Health and Development Model.



Raja S, Underhill C, Shrestha P, Sunder U, et al. (2012) Integrating Mental Health and Development: A Case Study of the BasicNeeds Model in Nepal. PLoS Med 9(7): e1001261. doi:10.1371/journal.pmed.1001261
<http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1001261>

From *Pasung* to Personhood
Nanggroe Aceh Darussalam



From *Pasung* to Personhood: Building Mental Health Care in NAD

- A community development approach – families and local communities and key stakeholders
- Task shifting – *kaders and* family members
- *Pasung*- free care and focus on rehabilitation

Case finding and care need in Aceh

	End of Year 1	End of Year 2
Cases identified	6125	12426
In CMHN programme	3025 (53%)	8961 (72%)
Self care	31%	51%
Partial care	40%	34%
Full care	29%	14%

MH in HIC

- Expensive and inefficient mental healthcare services
- Those who use services and their families not sufficiently involved in decisions about mental health care
- Widening “treatment gap”
- Failing to make a difference to people’s lives, especially in relation to their recovery or social inclusion – “recovery” gap.
- Poor quality care, people with SMI, marginalised groups.
- IPSS - WHO (1992): *“being in a developed country was a strong predictor of not attaining a complete remission.”*

MH in HIC

- Increasing coercion:
 - Between 1986 and 1996, psychiatric detentions in England increased by 70%; by more than a third in the past six years (2017)
 - More than half of admissions to psychiatric hospitals in England are now involuntary, the highest rate recorded (2017).
- Neglect
 - In UK, 15-25% of the prison population have a psychotic illness (2016).
 - Over 50% of homeless population thought to be severely mental ill.
 - In the US, over 300,000 people with severe mental illnesses incarcerated in state and federal jails and prisons - only about 40,000–60,000 people with such conditions in public psychiatric hospitals (2012).

Universal themes in mental health care

- The centrality of the protection of the human rights and fundamental freedoms of the persons affected by mental disorder.
- The necessity to build a network of services that eliminates psychiatric coercion and ensures effective care.