Strengthening mental health systems in low and middle income countries

by Valentina Iemmi

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.

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

© Video by World Health Organization

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; ...
No Longer Can We Look Away

© Video by Robin Hammond

Further information

For more on global mental health on Twitter, follow @ThornicroftG, @GMentalHealth, @FundaMentalSDG

To view information about future LSE Health and Social Care Formal Seminars visit LSEHSC’s website

For more LSE Health and Social Care Formal Seminars on You Tube, subscribe to LSEHSC

About the author

Valentina Iemmi is Research Officer within the Personal Social Services Research Unit at the London School of Economics and Political Science.