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HEALTH REPORTER: focus on mental health 11 September 2007

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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is **mental health**. The bulletin also features summaries of new documents and other additions to the [Health Resource Guide](#)

[Health Reporter archive](#) - an archive is now available on the Health Resource Guide. See previous issues of the Health Reporter at www.eldis.org/go/topics/resource-guides/health/health-reporter

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Contents:

- [Feature: Mental health](#)
 - [Recommended readings on mental health](#)
 1. [No health without mental health](#)
 2. [Resources for mental health: scarcity, inequity and inefficiency](#)
 3. [Treatment and prevention of mental disorders in low-income and middle-income countries](#)
 4. [Mental health systems in countries: where are we now?](#)
 5. [Barriers to improvement of mental health services in low income and middle income countries](#)
 6. [Scale up services for mental disorders: a call for action](#)
 - [Other recommended readings](#)
 1. [Progress towards the child mortality millennium development goal in urban sub-Saharan Africa: the dynamics of population growth, immunization, and access to clean water](#)
 2. [Use of antenatal services and delivery care among women in rural western Kenya: a community based survey](#)
 3. [Mental illness and exclusion](#)
 4. [Preventing fistula: transport's role in empowering communities for health in Ethiopia](#)
 - [Announcements](#)
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Feature: Mental health

The Lancet has recently published a series of papers on global mental health. In the series the Lancet expresses a call to action for governments, donors, multilateral agencies and other mental health stakeholders to scale up the coverage of mental health services, especially in low and middle income countries.

Currently mental health services are severely under resourced. Almost a third of countries do not have a specified budget for public health and low income countries have serious shortages of trained mental health nurses and psychiatrists. Chad, Eritrea and Liberia have only one psychiatrist working in each country.

As a consequence, the human rights of millions of people living with mental disorders are violated: individuals are denied access to basic mental health care and treatment; they face inappropriate, forced admission or treatment in mental health facilities; abuse within psychiatric institutions; and stigma and discrimination outside institutions.

Whilst the resources needed to scale up core mental health services are relatively modest (US\$2 per person per year in low income countries), improving the human rights of people living with mental disorders also requires the implementation of mental health and human rights legislation, monitoring to ensure that rights are being respected, and mental health care available at the community level for anyone who may need it.

For more information see:

- Mental health
www.eldis.org/go/topics/resource-guides/health/non-communicable-diseases/-injuries-and-mental-health/mental-health
 - Eldis health reporter: focus on mental health and stigma
www.eldis.org/index.cfm?objectId=9A91FF08-AC05-CD84-FAA43108AE1A2F9F
 - World Health Organization section on mental health
www.who.int/topics/mental_health/en/
-

Recommended readings on mental health

No health without mental health

Authors: M. Prince; V. Patel; S. Saxena

Publisher: The Lancet, 2007

This is the first in a series of six papers about global mental health. The paper illustrates the significant burden of mental disorders and the links between these and other health conditions. Mental disorders increase the risk for communicable and non-communicable diseases, and contribute to unintentional and intentional injury. Conversely, many health conditions increase the risk for mental disorder, and co-morbidity complicates help seeking, diagnosis and treatment, and influences prognosis. Furthermore, health services are not provided equitably to people with mental disorders.

The paper concludes that mental health affects the achievement of the Millennium Development Goals for gender equality, child survival, maternal health and reversal of the spread of HIV and AIDS. The paper recommends that mental health awareness needs to be integrated into all aspects of health and social policy, health-system planning, and delivery of primary and secondary general health care. Health systems should be strengthened to improve

delivery of mental health care by focusing on existing programmes and activities such as those which address the prevention and treatment of HIV, tuberculosis and malaria, gender-based violence and antenatal care.

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33212&type=Document

Resources for mental health: scarcity, inequity and inefficiency

Authors: S. Saxena; G. Thornicroft; M. Knapp; H. Whiteford

Publisher: The Lancet, 2007

This is the second in a series of papers about global mental health. The paper discusses the availability of resources for mental health in low and middle income countries. Resources for mental health include: policy and infrastructure within countries, mental health services, community resources, human resources and funding. The paper finds that government spending on mental health is far lower than what is needed. Almost a third of countries worldwide do not have a specified budget for mental health and one-fifth of those that have, spend less than one per cent of their budget on mental health.

Not only are resources for mental health scarce, they are also inequitably distributed – between countries, between regions and within communities. Populations with the highest rates of socioeconomic deprivation have the highest need for mental health care, but the lowest access to it. Inefficiencies in the use of available resources for mental health care include allocative and technical inefficiencies in financing mechanisms and interventions, and an over-concentration of resources in large institutions. The paper concludes that the scarcity of resources for mental health, inequity in access, and inefficiencies in their use have serious consequences, the most direct of which is that people who need care get none.

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Available online at: www.eldis.org/go/topics/resource-guides/health&id=33213&type=Document

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

Authors: V. Patel; R. Araya; S. Chatterjee

Publisher: The Lancet, 2007

This is the third in a series of papers on global mental health. The paper reviews the evidence on effectiveness of interventions for the treatment and prevention of selected mental disorders in low-income and middle-income countries. These include depression, schizophrenia, alcohol dependence and developmental disabilities in childhood. The paper identifies over 11500 trials worldwide that assess interventions for the treatment or prevention of these disorders. However, less than one per cent were from low-income countries and only about a tenth of identified trials were from low-income and middle-income countries.

The paper concludes that effective, locally feasible, and affordable treatments for depression and schizophrenia in low- and middle-income countries do exist. Less evidence exists for the effectiveness of interventions to treat developmental disabilities in childhood or alcohol-use disorders. The authors recommend that governments should consider scaling up the coverage of mental health interventions for which there is credible evidence of effectiveness.

The process of scaling up such interventions in poorly resourced settings will be hindered by barriers such as scarce financial, human, and technical resources and other health needs that compete for priority.

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Available online at: www.eldis.org/go/topics/resource-guides/health&id=33214&type=Document

Mental health systems in countries: where are we now?

Authors: K. S. Jacob; P. Sharan; I. Mirza

Publisher: The Lancet, 2007

This is the fourth in a series of papers on global mental health. The paper attempts to review the current status of mental health systems in countries using data compiled by international organisations and from published country profiles. It looks at data on the number of psychiatric nurses and psychiatrists per 100 000 people, the percentage of mental health beds outside mental hospitals, the presence of mental health legislation, policies and programmes, and the suicide rate per 100 000 people. Case studies from Brazil, India and South Africa are presented.

The paper finds that mental health receives a very small proportion of the total health budget in many low- and middle-income countries. Many of these countries have substantial burdens due to mental disorders, as assessed with disability adjusted life years (DALYs). A large proportion of countries do not have mental health policies, programmes and legislation, and scarce numbers of psychiatrists and psychiatric nurses compound the problems of mental health care delivery. The paper concludes that limited resources available for mental health in low- and middle-income countries has led to poor delivery of services, and to suffering and disability in people with mental disorders.

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Available online at: www.eldis.org/go/topics/resource-guides/health&id=33211&type=Document

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

Authors: B. Saraceno; M. van Ommeren; R. Batniji

Publisher: The Lancet, 2007

This is the fifth in a series of papers on global mental health. The paper examines barriers to mental health services through a qualitative survey of international mental health experts and leaders. Barriers include: the prevailing public-health priority agenda and its effect on funding; the complexity of and resistance to decentralisation of mental health services; challenges to implementation of mental health care in primary-care settings; the low numbers and few types of workers who are trained and supervised in mental health care; and the frequent scarcity of public-health perspectives in mental health leadership.

The paper concludes that many of the barriers to progress in the improvement of mental health services can be overcome by generation of political will for the organisation of accessible and humane mental health care. It recommends that advocates for people with mental disorders need to clarify and collaborate on their messages and resistance to decentralisation of resources must be overcome, especially amongst mental health professionals and hospital workers. Community members without formal professional training, and people who have mental disorders

and their family members need to partake in advocacy and service delivery.

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Available online at: www.eldis.org/go/topics/resource-guides/health&id=33209&type=Document

Scale up services for mental disorders: a call for action

Authors: The Lancet Global Mental Health Group

Publisher: The Lancet, 2007

This is the final paper in a Lancet series on global mental health. It calls for the global health community, governments, donors, multilateral agencies, and other mental health stakeholders to scale up the coverage of services for mental disorders in all countries, especially low and middle income countries. It argues that a basic evidence-based package of services for core mental disorders should be scaled up, and that the protection of the human rights of people with mental disorders and their families should be strengthened.

The paper estimates the amount needed to provide services on the necessary scale is US\$2 per person per year in low-income countries and US\$3-4 in lower-middle income countries. It identifies a series of indicators to track the progress countries make towards achieving mental health goals, and also identifies gaps in the evidence base for global mental health. The paper recommends that funding should be given to research that develops and assesses interventions that can be delivered by people who are not mental health professionals, and research that assesses how health systems can scale up such interventions across all routine-care settings.

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Available online at: www.eldis.org/go/topics/resource-guides/health&id=33210&type=Document

Other recommended readings

Progress towards the child mortality millennium development goal in urban sub-Saharan Africa: the dynamics of population growth, immunization, and access to clean water

Authors: J. C. Fotso; A. C. Ezeh; N. J. Madise; J. Ciera

Produced by: BMC Public Health, 2007

This paper, published in BMC Public Health, highlights the effects of urban population growth and access to health and social services on progress in achieving Millennium Development Goal (MDG) 4 - to reduce child mortality by two thirds by 2015. The paper examines trends in childhood mortality in sub-Saharan Africa (SSA) in relation to urban population growth, vaccination coverage and access to safe drinking water.

The paper finds that of the 22 countries included in the study, only five have recorded declines in urban child mortality in line with the MDG target of 4 per cent per year. Five countries recorded an increase in urban child mortality and 12 countries witnessed minimal decline. More rapid rate of urban population growth is associated with

negative trends in access to safe drinking water and in vaccination coverage, and ultimately to increasing or timid declines in child mortality.

The paper concludes that failing to appropriately target the growing subgroup of the urban poor and improve their living conditions and health status may result in lack of improvement on national indicators of health. Sustained expansion of potable water supplies and vaccination coverage among the disadvantaged urban dwellers should be given priority in the efforts to achieve the child mortality MDG in SSA. [adapted from authors]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33241&type=Document

Use of antenatal services and delivery care among women in rural western Kenya: a community based survey

Authors: A. M. van Eijk; H. M. Bles; F. Odhiambo

Produced by: Reproductive Health, 2006

This survey, published in Reproductive Health, assesses use of antenatal services and delivery care among women who had recently delivered in rural Kenya. Results showed that ninety percent of women had visited the antenatal clinic (ANC) at least once during their last pregnancy, most in the third trimester. Women who did not visit an ANC were more likely to have less than eight years of education and a low socio-economic status. ANC provision of abdominal palpation, tetanus vaccination and weight measurement were high, but provision of other services (such as malaria prevention, iron and folate supplementation, syphilis testing and health talks) was low.

Eighty percent of women delivered outside a health facility; among these, traditional birth attendants assisted 42 percent, laypersons assisted 36 percent, while 22 percent received no assistance. Factors significantly associated with giving birth outside a health facility included: being aged over thirty, low socio-economic status, having less than eight years of education, and being over an a hours walking distance away. The authors conclude that although usage of the ANC was high, this opportunity to deliver important health services was not fully utilized. They argue that almost one in five women delivering unassisted presents a dangerous situation that urgently needs improving [adapted from author].

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33167&type=Document

Mental illness and exclusion

Authors: R. Ssanyu

Produced by: Chronic Poverty Research Centre, 2007

This policy brief by the Chronic Poverty Research Centre, examines the link between mental health and chronic poverty in Uganda. It outlines challenges to implementing effective services for people affected by mental disorders and actions that are needed to promote mental health in the country. The paper shows that mental health and chronic poverty are linked in a vicious cycle of exclusion, poor access to services, low productivity, diminished livelihoods and assets depletion. People with mental disorders in Uganda also experience some of the worst forms of stigma and discrimination linked to lack of awareness, misinformation and stereotyping about their condition.

Constraints to improving services for people with mental disorders include: insufficient human and financial resources for the sector; contradictory or conflicting treatment regimes; delayed treatment; and lack of rational mental health policies and legislation. The paper recommends that mental health should be recognised as an important development issue. This requires increased mental health expenditure by both governments and development partners, including civil society. Other recommendations include: creating awareness on mental health;

adopting an integrated and multi-sector approach; providing targeted social support and improved policy and legislation.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33250&type=Document

Preventing fistula: transport's role in empowering communities for health in Ethiopia

Authors: C. Hamlin

Produced by: World Bank, 2004

This World Bank mission report addresses the role of transport in preventing obstetric fistula caused by obstructed labour, and providing emergency access to health services in Ethiopia. It argues that obstetric fistulas are a preventable through a combination of access to adequate transport services, effective management of child delivery services and empowerment of communities through, among others, promotion of reproductive health at the community level.

Suggested measures to improve transport include: the introduction of Emergency Access Cards with the transport service providers; liaising with NGOs on the provision of emergency vehicles; working with communities on local construction projects of footbridges and drainage to improve access; and the synchronization of rural road construction and rehabilitation efforts nationally. Regarding health services, the report recommends providing appropriate healthcare equipment; creating an appropriate monitoring system and database to better understand the prevalence of fistula throughout the country; and improving communication between the different levels of the health care referral system. It also recommends working with local communities on reproductive health issues and the identification of risk factors [adapted from author].

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33168&type=Document

Announcements

Geneva Forum: Towards Global Access to Health, 25-28 May 2008, Geneva, Switzerland

The Geneva Health Forum 2008 places special emphasis on the strengthening and integration of health systems and the importance of the global health workforce.

Health systems cannot be addressed without a critical look at the current crisis of the global health workforce. The Forum will focus on key initiatives and best practices that address issues such as motivation, working environment, migration, and gaps in competencies. The role that universities, hospitals, and training institutions can play in this domain will be reviewed in light of innovative partnerships and programmes.

For more information go to: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=33186&type=Item

Training: From research to practice: training in reproductive health research, 4 February - 5 March 2008, Geneva

The primary aims and objectives of the training programme are to:

- strengthen the research capabilities of the participant and through this, the research capacity of his or her institution
- acquaint the participant with the most recent technological advances in reproductive health and conduct a critical appraisal of the strength of the supporting scientific evidence
- enable the participant to identify and address priority areas in reproductive health
- provide skills in research methodology and scientific writing to allow the participant to initiate research and/or participate in research work appropriate to the health programmes in his or her home country.

The course is open to candidates, who want to undertake research training in the field of reproductive health. Eligible candidates should be health care professionals (university degree). The course is offered on a full-time basis for 5 weeks (2 weeks Research Methodology; 2 weeks Reproductive Health; a written exam and an oral presentation of a written assignment in the last week.)

For more information go to: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=33060&type=Item

See the complete list of new additions, announcements, job adverts at: www.eldis.org/health

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- Health Resource Guide - www.eldis.org/health
- Health Systems Resource Guide - www.eldis.org/healthsystems
- HIV and AIDS Resource Guide - www.eldis.org/hiv aids

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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