A collection of military medals and a compass on a wooden surface. The medals include a red ribbon with a circular emblem, a blue ribbon with a circular emblem, and two silver Maltese crosses with central emblems. A pair of gold-rimmed glasses and a small compass are also visible.

**Mental Health
Programming for
Low Income Countries
June 2008
DCP2 Dissemination
Juba, Southern Sudan
By Dr Florence Baingana**



Overview of the Session 1

- ◆ Definitions
- ◆ Common mental, neurological and psychosocial disorders
- ◆ Mental Health and the Millennium Development Goals
 - The MDGs
 - Challenges for mental health as a result of the MDGs
 - Links between mental health and the MDGs



Overview of the Session 2

- ◆ DCP2 and mental health
- ◆ Programming Mental Health Services in the Developing World
 - The Essential Health Care Package
 - Integrating Mental Health into Primary Health Care
 - Challenges to mental health programming in Low Income Countries



Overview of the Session 3

- ◆ Comparison, Sudan and Uganda
- ◆ Uganda Case Study

Definition: Mental Health

- ◆ as a state of complete mental well being, including social, spiritual, cognitive and emotional aspects. Mental health is more than the absence of disease or disorder.

(WHO 2001)





Definition: Mental Health

“mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective, and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality” (WHO 2000)



Definition: Mental Disorder

- ◆ “clinically significant conditions characterized by alterations in thinking, mood (emotions) or behaviour associated with personal distress and/or impaired functioning. Mental and behavioral disorders are not just variations within the range of “normal”, but are clearly abnormal or pathological phenomena” (WHO, 2001)



Definition: Neurological disorders

- ◆ Disorders of the brain and any of its connections



Definition: Psychosocial disorders

- ◆ “relate to the **interrelationship of psychological and social problems**, which together constitute the disorder. The term psychosocial is used to underscore the **close and dynamic connection between the psychological and social realms of human experience**. Psychological aspects are those that affect thoughts, emotions, behaviour, memory, learning ability, perceptions and understanding; while social aspects refer to the effects on relationships, traditions, culture and values, family and community, also extending to the economic realm and its effect on status and social networks” (Baingana F, 2005a)



Common mental disorders

- ◆ Depression
- ◆ Anxiety
- ◆ Severe mental disorders are not so common but include:
 - Manic depressive illness
 - schizophrenia



Common neurological disorders

- ◆ Epilepsy
- ◆ Stroke
- ◆ Organic mental disorders cross between mental and neurological disorders, include:
 - TB meningitis
 - AIDS Dementia Complex
 - Alcohol related delirium



Common psychosocial disorders

- ◆ Increased teenage sexual activity
- ◆ Depression
- ◆ Alcohol and drug abuse
- ◆ Increase in petty crimes
- ◆ Increased teenage pregnancy
- ◆ Domestic violence



Mental Health and the Millennium Development Goals

- ◆ Millennium Declaration at the Millennium Summit of Sept 2000
- ◆ 8 Goals
- ◆ 15 Targets
- ◆ 48 Indicators

What is the difference between goals, targets and indicators?

What danger is there in defining targets and indicators?



Millennium Development Goals

The Goals

1. Eradicate extreme hunger and poverty
2. Achieve Universal Primary Education
3. Promote gender equality and empower women



Millennium Development Goals

The Goals

4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a Global Partnership for Development



Millennium Development Goals Challenges for Mental Health

- ◆ Narrow focus on the goals excluding attention to other priorities eg mental health as emerging priority in the ECA Region where the goals as set have been achieved



Millennium Development Goals Challenges for Mental Health

- ◆ Downstream approach to achieving the goals, no attention to broad causes e.g.
 - role of effects of conflicts to poverty,
 - Maternal mental health and child health and nutrition



Millennium Development Goals Challenges for Mental Health

- ◆ Narrow focus of interventions,
 - Goal is maternal health but focus of activities is on safe motherhood
 - Gender goal, the target is gender equity in education, nothing about VAW



Mental Health and the MDGs

1. Poverty

1. Impoverishing effects of mental disorders
2. Poverty leading to mental distress
3. Link between conflicts, poverty and mental and psycho-social distress

2. Education

1. Repetition, retention, no access for children with disabilities, esp. mental disabilities



Mental Health and the MDGs

3. Gender

1. Excess mortality of males in the ECA Region
2. Link between gender inequality and VAW

4. Child Mortality

1. Link between causes of children's mortality and mental and neurological disorders for those that survive
2. Link between nutritional disorders and mental retardation



Mental Health and the MDGs

4. Child Mortality

3. Link between women's mental well being and child survival

5. Maternal Health

1. Women's mental health part of maternal health
2. Big burden of depression among women including post-natal depression



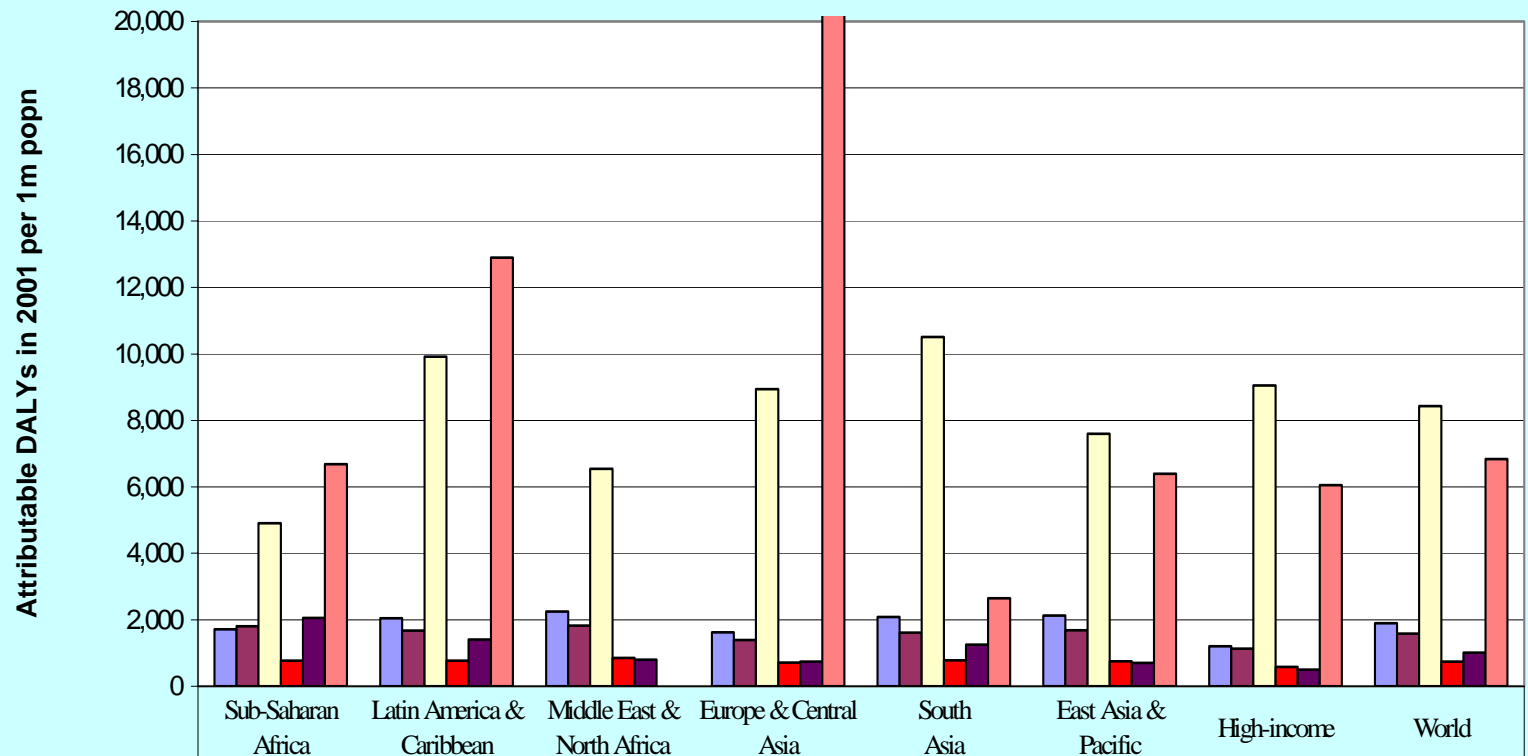
Mental Health and the MDGs

6. HIV/AIDS, Malaria and Other Diseases

1. Mental and neurological consequences of HIV/AIDS often not considered
2. Epilepsy as sequelae of febrile convulsions
3. CMD misdiagnosed as malaria in OP Clinics

Mental Health in DCP2

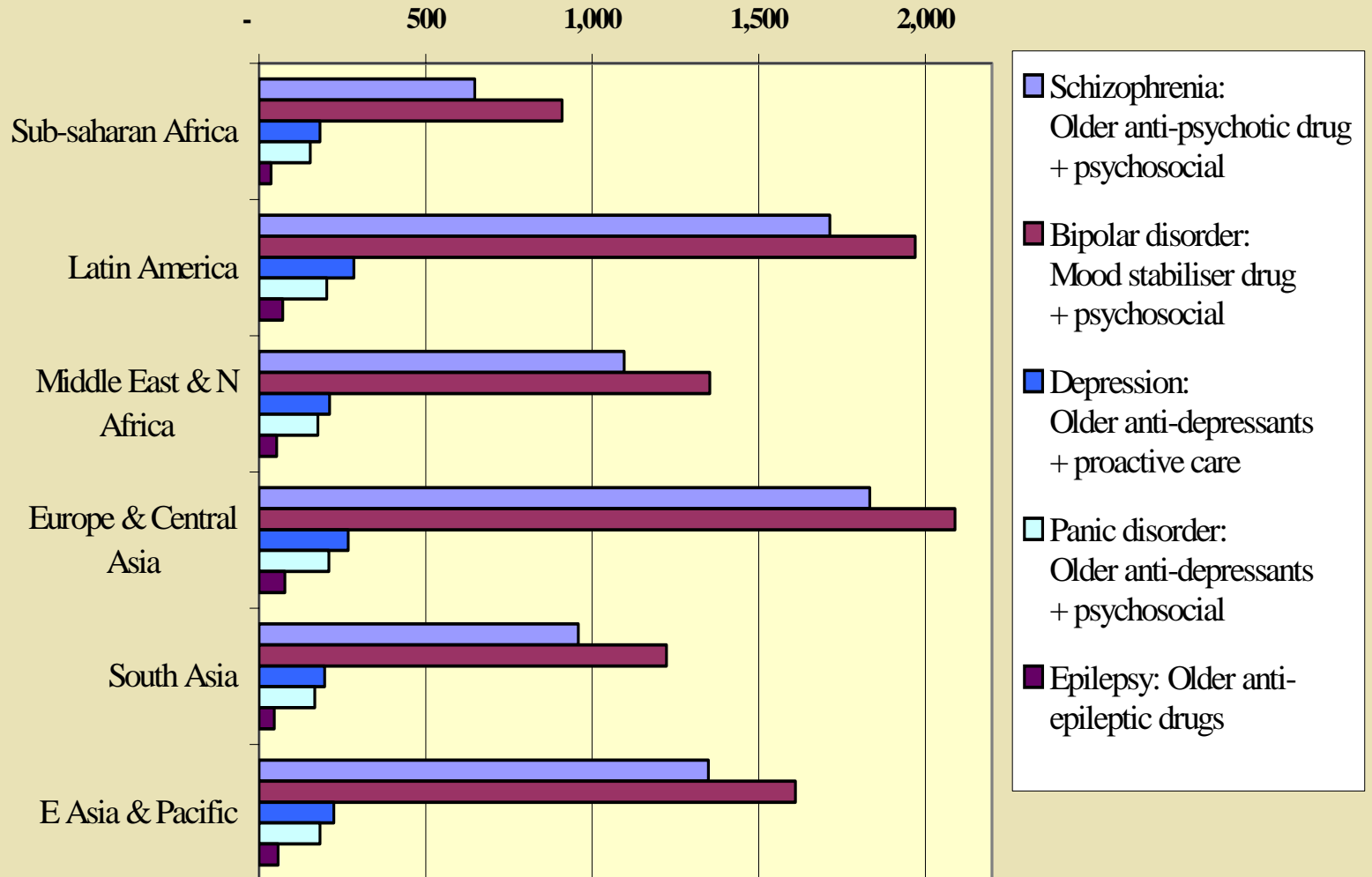
Disease burden (DALYS per 1 million population)



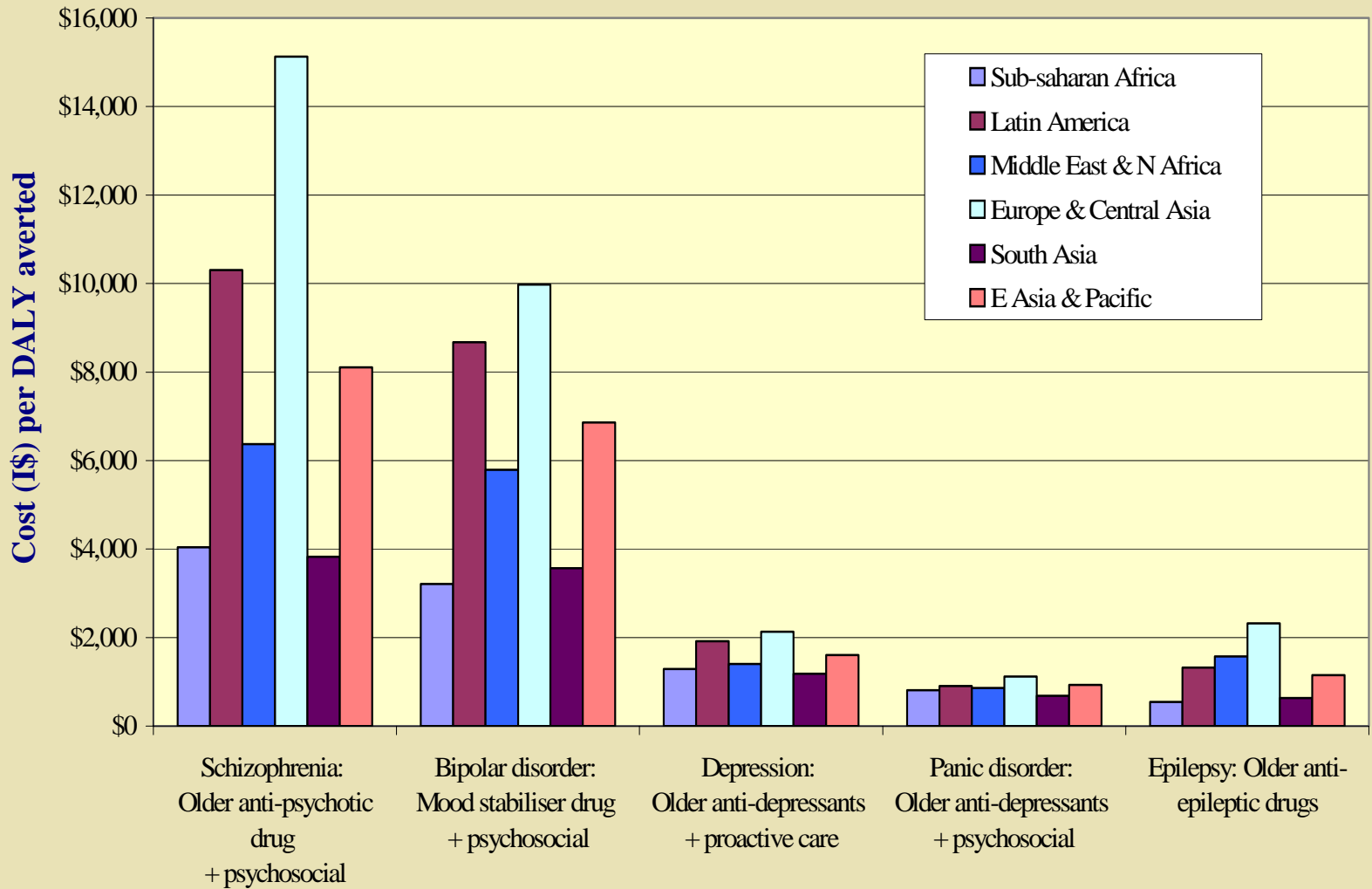
■ Schizophrenia	1,716	2,049	2,247	1,630	2,087	2,126	1,201	1,894
■ Bipolar disorder	1,803	1,678	1,830	1,400	1,612	1,685	1,137	1,583
■ Depression	4,905	9,919	6,544	8,944	10,507	7,594	9,054	8,431
■ Panic disorder	777	777	852	713	779	757	577	740
■ Epilepsy	2,056	1,402	801	741	1,254	704	499	1,011
■ Heavy alcohol use	6,685	12,894	20,241	2,652	6,391	6,048	6,834	6,834

Treatment costs of neuropsychiatric disorders

Cost per treated case (in international dollars, I\$)



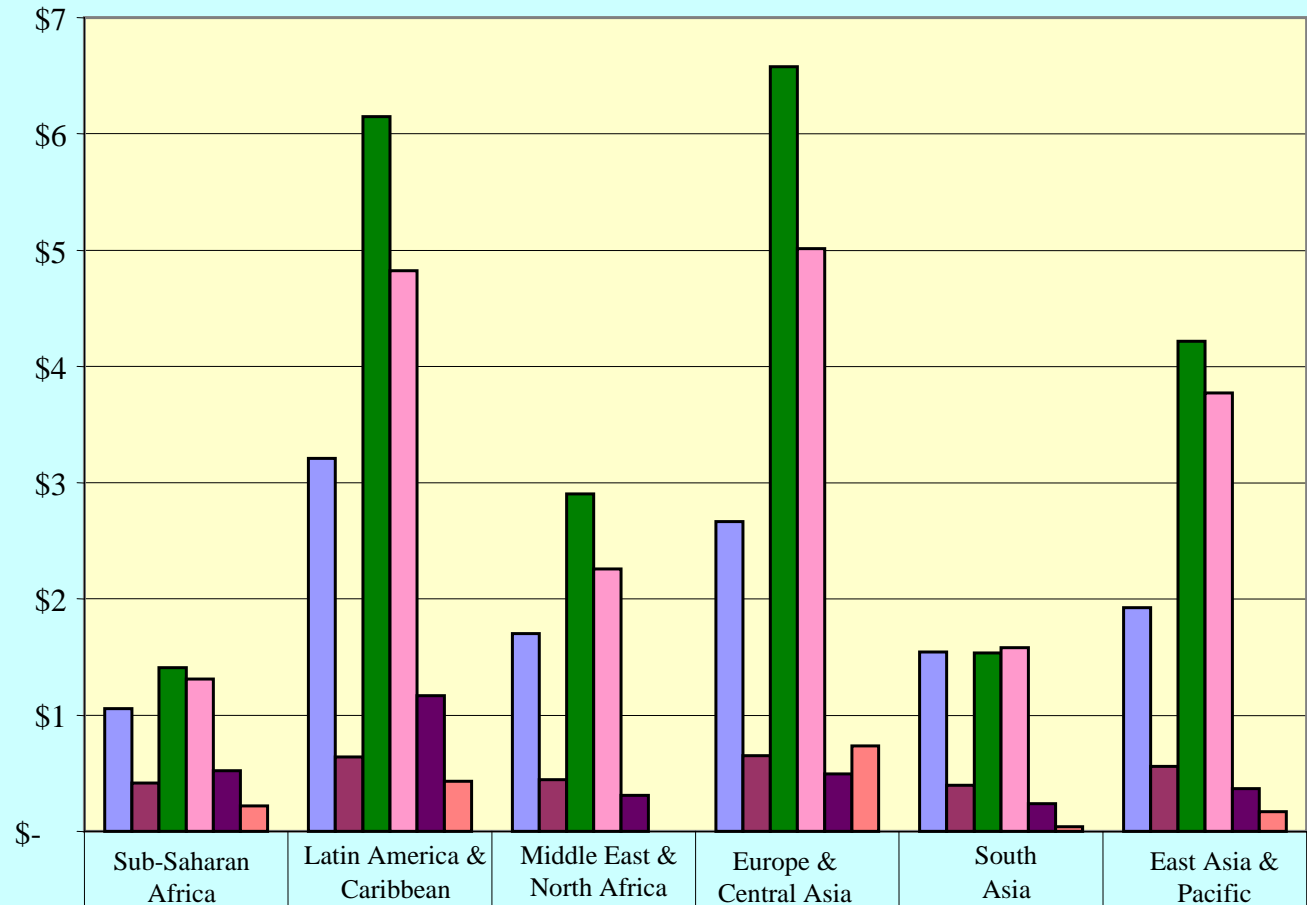
Cost-effectiveness (cost per DALY averted)



Cost per capita for a basic mental health care package

Source: Hyman, Chisholm, Whiteford et al (2005): Mental disorders; Chapter 31, DCPD

Cost per capita (I\$)



■ Depression: Older anti-depressants + psychosocial Tx	1.05	3.21	1.70	2.66	1.54	1.93
■ Panic disorder: Older anti-depressants + psychosocial Tx	0.42	0.64	0.44	0.65	0.40	0.56
■ Schizophrenia: Older anti-psychotic drug + psychosocial Tx	1.41	6.15	2.90	6.58	1.53	4.21
■ Bipolar disorder: Older mood stabiliser + psychosocial Tx	1.31	4.82	2.26	5.01	1.58	3.77
■ Epilepsy: Older anti-epileptic drug	0.52	1.17	0.31	0.49	0.24	0.37
■ Heavy alcohol use: Brief physician advice	0.22	0.43		0.73	0.04	0.17



Mental Health Programming for Low Income Countries

- ◆ Context, social, economic, political
- ◆ Sectoral Policies and legislation, health, education, social affairs, women's affairs, child protection. Refugees, etc
- ◆ Financing mechanisms, public, insurance, out of pocket, NGO/church based
- ◆ Organisation of services, centralised or decentralised



Mental Health Programming for Low Income Countries

- ◆ Availability of data on what the mental disorders are, what are the causes/risk factors, KAP of the communities, health seeking behavior
- ◆ Available resources, manpower, (skills, numbers, and distribution), drugs, equipment, beds,

Comparison: Sudan and Uganda

	SSA	Sudan	Uganda
Av GDP/capita (US \$)	490	783	326
Psychiatrists/ 100,000	0.05	0.09	1.6
Psychiatric nurses/100,000	0.20	0.2	2
Beds/10,000	0.34	0.2	0.44
Financing OOP/Soc Inc/Tax	40/0/54	n.a.	n.a.
MH exp as % of health budget	< 1	n.a.	1





Mental Health Programming Uganda Case Example Health Policy 1999

- ◆ Situation analysis
 - Total population 26 m
 - GDP/capita US \$ 326
 - 46% living in absolute poverty
- ◆ BOD Study of 1995
 - 75% of life lost due to premature death



Mental Health Programming

Uganda Case Example

Health Policy 1999

- ◆ BOD Study of 1995: Leading causes of death, account for 60%:
 - Peri natal and maternal conditions 20.4 %
 - Malaria 15.4 %
 - A cute RTI 10.5%
 - AIDS 9.1%
 - Diarrhea 8.4%



Mental Health Programming Uganda Case Example Health Policy 1999

- ◆ Marked upsurge of NCDs
- ◆ Mental disorders confer heavy non fatal burden
- ◆ Geographical access to services
- ◆ Differential health needs and priorities of men and women
- ◆ Organisation, management and financing



Mental Health Programming Uganda Case Example Health Policy 1999

- ◆ Development context:

Health Policy formulated within the context of

- The Constitution
- Local Government Act
- National Poverty Eradication Programme
(Poverty Eradication Action Program or
PEAP)
- Alma Ata Declaration



Mental Health Programming

Uganda Case Example

Health Policy 1999

Uganda National Minimum Health Care Package

1. Control of Communicable Disorders
 1. Malaria
 2. STI/HIV/AIDS
 3. TB
2. IMCI



Mental Health Programming

Uganda Case Example

Health Policy 1999

Uganda National Minimum Health Care Package

3. Sexual and Reproductive Health and Rights

1. Essential ANC and obstetric care
2. FP
3. Adolescent reproductive health
4. VAW



Mental Health Programming

Uganda Case Example

Health Policy 1999

Uganda National Minimum Health Care Package

4. Other Public Health Interventions

1. Immunisation
2. Environmental health
3. Health education and promotion
4. School health
5. Epidemics and disaster prevention
6. Improving nutrition
7. Interventions against diseases targeted for eradication



Mental Health Programming Uganda Case Example Health Policy 1999

Uganda National Minimum Health Care
Package

5. Strengthening Mental Health
Services
6. Essential Clinical Care



Mental Health Programming

Uganda Case Example: Steps Taken

1. Creation of a point for mental health in the Ministry of Health
2. Creation of a budget line for mental health
3. Creation of a mental health coordination committee
4. Development of mental health policy, standards and guidelines

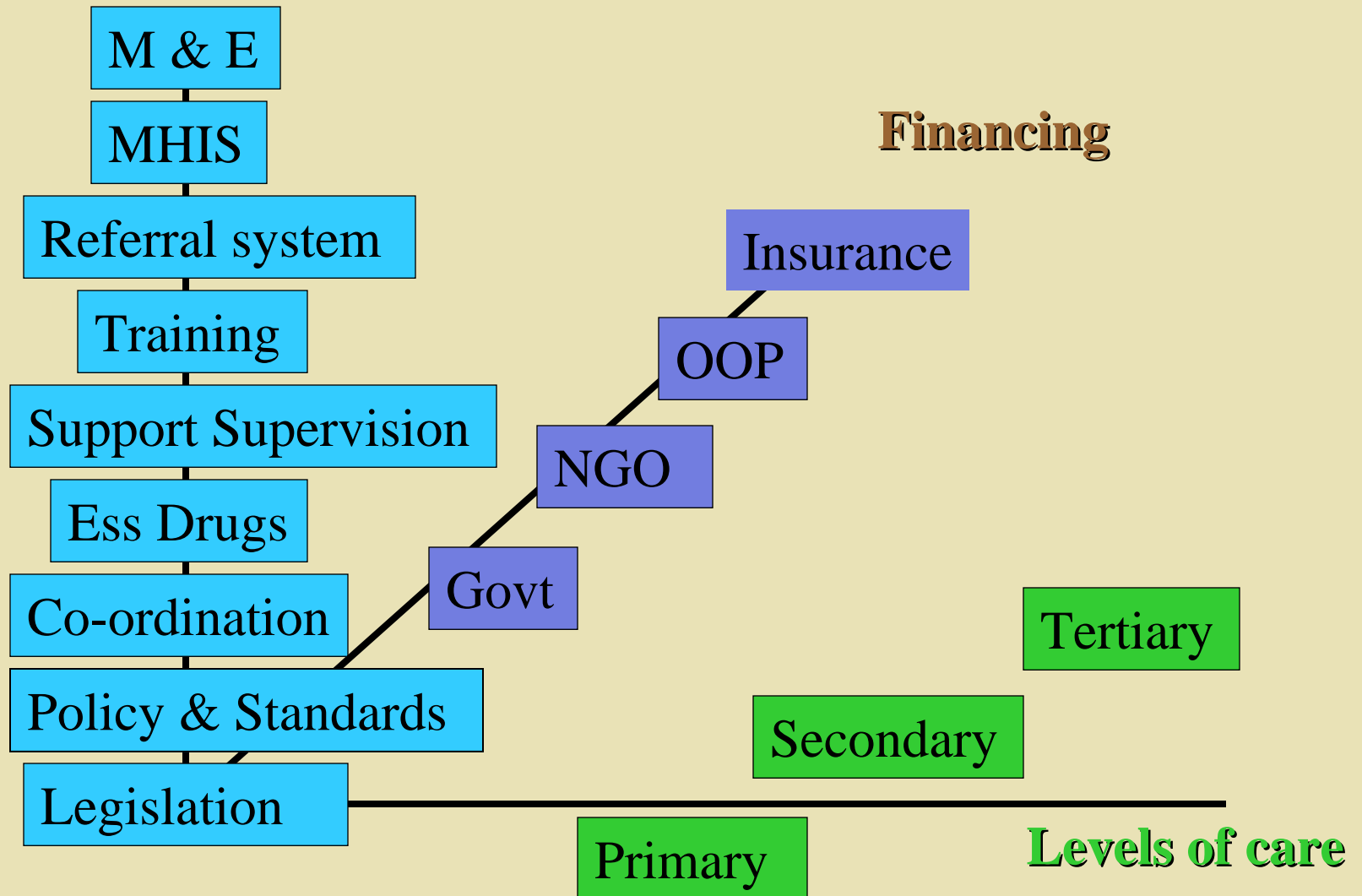


Mental Health Programming

Uganda Case Example: Steps Taken

5. Training of primary health care workers so they are able to recognise common mental disorders
6. Integrate mental health drugs in the essential drug list
7. Include mental health in the national clinical guidelines
8. Include mental health disorders in the Health Management Information System (HMIS)

Framework for Mental Health Service Development



Programme Components

Mental Health and Conflicts

