Research capacity for mental health in low- and middle-income countries: results of a mapping project

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What do you think of when you hear about low- and middle-income countries (LMICs)? Poverty? Social disturbance? Infectious diseases? These conditions certainly affect many such countries, but something else that they have in common is a lack of mental health research, which is often an underrated and even neglected area of activity in these countries. This manifests itself in two ways: relative to high-income countries, LMICs have a poor level of mental health research; and, within the latter countries, the capacity for mental health research is disproportionately lower than that for other areas of health research. Lack of finance, poorly trained staff, inadequate oversight, public misunderstanding and social instability all conspire to make mental health research a very low priority in these countries. This book is the first attempt to tackle systematically the catastrophic situation of mental health research in LMICs.

What is the potential research capacity for mental health in LMICs? What are the visions from the people who live there? How can these countries improve mental health research? These are some of the questions addressed in this publication; it provides important guidance and acts as a reference point for those who want to change the state of mental health research in LMICs.

As a psychiatrist working in China, I witnessed the low research capacity for mental health in a remote area of the country 20 years ago and have observed the rapid improvement over the past 10 years. I would like to share two personal stories about China that I hope will encourage those who work in mental health in LMICs to consider reading this book and be inspired to improve the state of mental health research there.

The first story concerns an American who arrived in Beijing in 2001 with brochures about Alcoholics Anonymous (AA). He met with several psychiatrists in the city and told them that he wanted to set up AA in China. Reluctantly, the psychiatrists assembled several patients with alcohol dependence in a psychiatric hospital, translated the 12 steps and 12 traditions of AA for the patients and facilitated the meetings, but were sceptical about the programme’s efficacy. Gradually, more and more individuals with alcohol dependence began to come to the weekly AA meetings in the hospital, and some time later these were held without the need for a psychiatrist facilitator. Over the past five years AA membership has proliferated across China and it is now the largest alcohol rehabilitation programme operating in the country.

The second story deals with methadone maintenance therapy (MMT). In 2001, professionals in public health and clinical treatment in China realized that detoxification alone did not work for treating heroin dependence and that MMT was needed as an adjunct. Mental health researchers and clinicians wrote articles and proposals demonstrating the need for MMT and presented them at congresses and distributed them to government agencies and professionals who were not familiar with MMT. Initially, the MMT movement in China was too weak to bring about a policy change but it gradually gained in strength, with the result that in 2007 the Guidance for Community-based Methadone Maintenance Therapy policy became the most important part of the Chinese national HIV/AIDS control plan.

The message of the first story is to keep an open mind and to consider using treatments that may be new in the LMIC setting. The significance of the second story is that translating research into policy is possible, even though it may take time. Many years ago, mental health researchers in China were not in a position to develop novel research initiatives and often felt pessimistic about the state of mental health research in the country. However, new initiatives are now beginning to appear in China.

The book makes highly feasible recommendations for improving the status of mental health research in LMICs and makes the important point that this is not necessarily synonymous with increased cost. I highly recommend this book and urge all mental health researchers in LMICs to read it, incorporate its recommendations into their own practices and pass on the information to others. By acting together, researchers, doctors, administrators and government officials can transform the state of mental health research.

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Corrigendum

In Volume 86, Number 10, October 2008, page 739, the second author’s name should be spelt: Allyn Taylor.

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