



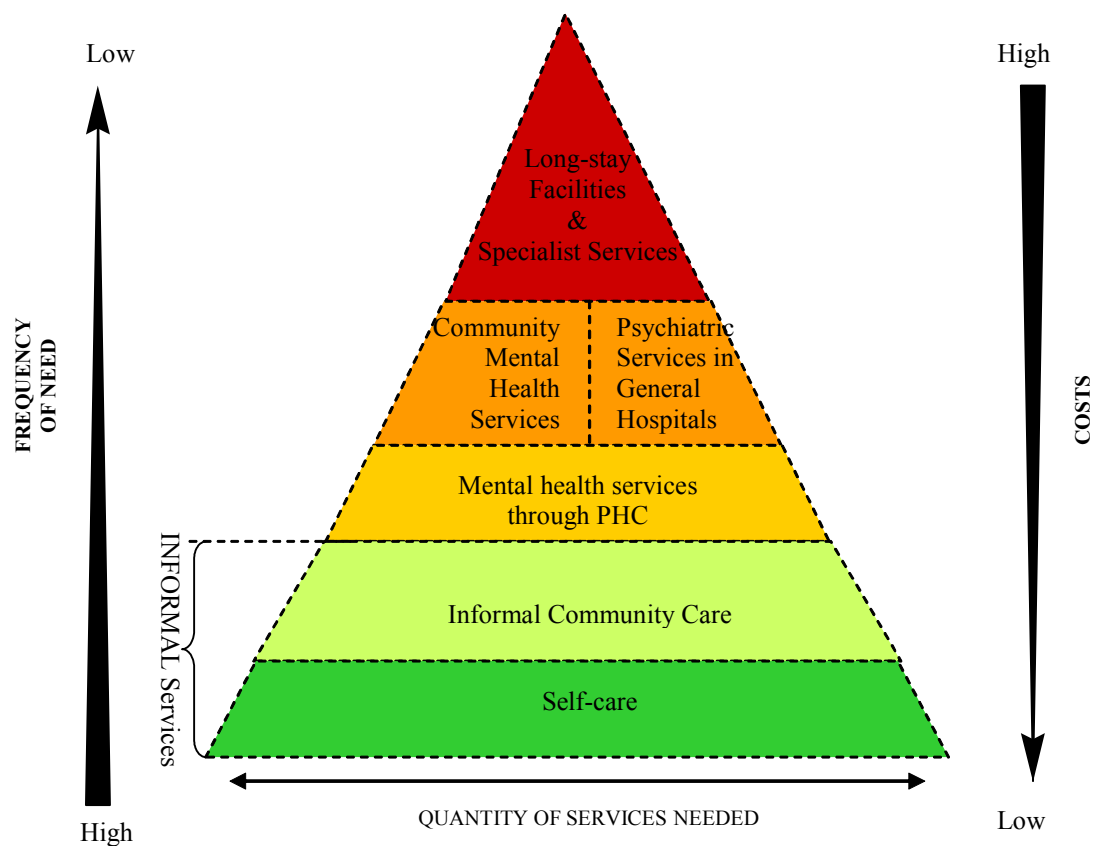
THE OPTIMAL MIX OF SERVICES FOR MENTAL HEALTH

The Optimal Mix of Services: WHO Pyramid Framework

WHO has developed the **optimal mix of services pyramid** framework to provide guidance to countries on how to organise services for mental health.

As the figure illustrates, the majority of mental health care can be self managed or managed by informal community mental health services (for effective, example, community groups, religious organizations, and schools). Where additional expertise and support is needed a more formalized network of services is required. In ascending order these include primary care services, followed by specialist community mental health services and psychiatric services based in general hospitals and lastly by specialist and long stay mental health services.

From the WHO pyramid it can be seen that mental hospitals and specialist services, for example, present the highest cost, yet are the least frequently needed service (and yet these are the most often provided service in countries). This is in contrast to self care or informal community care, which has a high frequency of need and can be provided at a relatively low cost.





WHO Key Recommendations for Service Organization

The WHO recommends that countries:

- Limit Mental Hospitals
- Build Community Mental Health Services
- Develop Mental Health Services in General Hospitals
- Integrate MH Services into Primary Health Care
- Build Informal Community Mental Health Services
- Promote self care

LIMIT MENTAL HOSPITALS

- ➔ Because of their high costs, poor clinical outcomes and human rights violations, mental hospitals represent the least desirable use of scarce financial resources available for mental health services.
- ➔ For many countries limiting mental hospitals means embarking on a process of deinstitutionalization - a planned and gradual transition from a predominantly institutionally based service model to a model that provides treatment and care through community services, general hospitals, and most importantly through primary health care. These services must be in place before the deinstitutionalization process begins.
- ➔ The failure of many countries in making sure that these services are in place before they close institutions has led to increased problems of marginalisation, homelessness, and the deterioration of psychiatric conditions among people with mental disorders.

BUILD COMMUNITY MENTAL HEALTH SERVICES

- ➔ The development of ‘formal’ community mental health services such as day centers, rehabilitation services, hospital diversion programmes, mobile crisis teams, therapeutic and residential supervised services, group homes, home help, assistance to families and other support services – is crucially important. While not all community mental health services will be able to provide all these services, a combination of some of these, based on needs and requirements, is essential for successful mental health care.
- ➔ Where there are no or highly inadequate community services it becomes very difficult to discharge patients from psychiatric hospitals, thus ‘clogging up’ scarce and expensive hospital beds. Others who could avoid hospitalization if community care was available are unnecessarily (though necessary in the circumstances) hospitalized. Without good community level care, people often land up either in inhumane institutions or destitute and living on the streets. On the other hand people receiving good community care have been shown to have better health and mental health outcomes and better quality of life than those treated in institutions¹

¹ Anderson J, Dayson D, Wills W, Gooch C, Margolius O, O’Driscoll C & Leff J. The TAPS project.





- ➔ As part of the mental health system represented by the pyramid of care, it is important that the community mental health services have strong links with other services such as the primary care, informal and general hospital services.

DEVELOP MENTAL HEALTH SERVICES IN GENERAL HOSPITALS

- ➔ The development of mental health services in general hospital settings is another critical element of the organization of services. Given the nature of mental disorders, for a number of people some hospitalization during acute phases of their condition may become necessary. Any co-morbid conditions can also more easily be treated and special investigations can be conducted.
- ➔ **However as well as highlighting these positive aspects, it is important to keep in mind some of the limitations of services delivered primarily through general hospital settings.**
 - In many instances, general hospital services can manage acute episodes of mental illness quite well but do not provide a solution for people with chronic disorders who end up in the admission – discharge – admission loop (revolving door syndrome) unless backed up by comprehensive primary health care services or community services.
 - Secondly, their location in district headquarters and big cities can create access problems especially in developing countries which lack good reliable and cheap public transportation services.

INTEGRATE MENTAL HEALTH SERVICES INTO PRIMARY HEALTH CARE

- ➔ The integration of mental health care into primary health services is a critical component of comprehensive mental health care. Essential services at this level include early identification of mental disorders, management of stable psychiatric patients, referral to other levels where required as well as promotional and prevention activities. Depending on who carries out first level health care in a particular country, activities and interventions may be carried out by general practitioners, nurses or other staff that provide assessment, treatment and referral services.
- ➔ Mental health services at this level greatly increases physical accessibility as first level general health care is usually relatively close to where people live. In addition, the person can be treated as a whole person who may have co-morbid physical and mental health problems. Seeking and receiving treatments part of a general health care is also often less stigmatizing for an individual, especially where having a mental disorder is regarded as shameful. Services are therefore more acceptable to users than having to be treated in a psychiatric facility. From a clinical perspective it has been found that most common mental disorders can be treated at primary care level. Moreover in situations where there are few trained mental health practitioners, an integrated approach substantially increases the chances of being treated for mental disorders.





- ➔ Notwithstanding, integration of mental health into primary health care requires careful training and supervision of staff. Staff need to be equipped with knowledge and skills that enable them to provide mental health care through training provided as part of initial health worker training as well as ongoing in-service training². Additionally they have to be adequately supervised and supported. Health workers often feel ill-equipped and reluctant to undertake mental health in addition to other health care and so ongoing assistance is essential. Critically too, where psychotropic medication is needed, this must be available at this level. This means that these drugs need to become an integral part of the supply, storage and distribution chain and provision must be made for the prescription of necessary drugs at this level.
- ➔ Where there is no integrated first level care, additional pressures are put on the higher levels of care. Firstly people are inappropriately referred to levels of care that should be dealing with more complex problems and secondly where there is no early identification of problems, treatment or prevention and promotion, more people become seriously ill and need to be treated at the higher levels.

BUILD INFORMAL COMMUNITY MENTAL HEALTH SERVICES

- ➔ **Informal community mental health services** are services provided in the community but that are not part of the 'formal' health and welfare system. Examples of this are traditional healers, professionals in other sectors such as teachers, police, village health workers, services provided by non-governmental organizations, user and family associations, lay persons and so forth. Services at this level are important in preventing people who can effectively be cared for at this level from making demands further up the pyramid, however it is also an extremely important level for "down referral". People who may have been treated in a hospital, for example, and discharged, often need informal support to prevent them from relapsing or needing care at a higher level. Informal services are usually accessible and acceptable to the community as they are an integral part of the community. It can be seen then that most mental disorders are dealt with outside of the medical system.
- ➔ However a number of issues need to be kept in mind. Informal community mental health services should not form the 'core' of mental health service provision and countries would be ill-advised to depend solely on these services. Rather they form a useful complement to formal mental health services and can form useful alliances with such services. Sometimes **these services can be expensive and services are variable in terms of quality and can also result in human rights violations.**

² WHO 2003





PROMOTE SELF-CARE

- ➔ The most numerous care in the WHO pyramid framework should be **self-care**. This means people managing their own mental health problems themselves or with help from family or friends. As far as possible people need to know how to limit contact with 'high risk' situations likely to negatively affect mental health, develop skills to manage stress, have the ability to discuss and manage emotional problems as they arise, and know when to seek help and who to seek help from.
- ➔ To facilitate the autonomy and ability of people to care for themselves, the health service or non-governmental organizations need to provide information to people. This should be available and accessible to all people through, for example radio shows or pamphlets that are distributed in languages and literacy levels that people understand.

References

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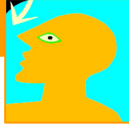
Useful Links

- To the Mental Health Policy & Service Development Guidance Package webpage: [click here](#)
- The WHO MIND Project brochure: [click here](#)
- For Best Practices examples, a selection of Country Summaries and official documents:
http://www.who.int/mental_health/policy/country/countrysummary/en/index.html

Citations

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