

Mental health policy and service provision

The World Health Report 2001 places new knowledge, understanding and the concomitant solutions, including a range of policy options, at the service of governments and policy makers. The task at hand is far from simple and there are no magic solutions. Instead, the report recognizes that policy is work in progress and invites governments to make strategic decisions and choices that will bring positive changes in the acceptance and treatment of mental and behavioural disorders.

DEVELOPING POLICY

It is the government's responsibility to develop policy, and to set down norms and standards that protect public health. This includes defining the respective roles of the public and private sectors in financing and provision of services. It also includes identifying policy instruments and organizational arrangements required in the public and private sectors to meet mental health objectives.

This leadership is poorly developed in many countries where mental health is concerned. Consider the following:

- **Policy:** Around 40% of countries do not have an explicit mental health policy; around 33% have no mental health programme let alone a policy; around 33% have no specific drug or alcohol policy, two issues that are closely intertwined with mental disorders.
- **Budget:** 33% of countries do not report a specific mental health budget within their overall public health budgets; 33% of countries allocate less than 1% of their public health budgets to mental health; most of the rest allocate less than 5% to mental health.

Financing mental health—Mental illnesses are often chronic, requiring long-term support and care. Most people cannot afford to pay the full cost for treatments that could last several years. Governments need to ensure that services are affordable over long periods of time and that people are protected from catastrophic financial risk.

The report says governments need to keep in mind some core principles when designing a good financing system. Governments should minimize out-of-pocket payments in favour of prepayment methods that cover mental disorders. In general, the healthy should subsidize the sick; and the well off subsidize the poor. Prepayment policies could be ensured through general taxation, mandatory social insurance or voluntary private insurance.

In countries with few prepayment policies, difficulties in raising tax revenues or extending social insurance, reducing the out-of-pocket burden would require substantial subsidies from governments, nongovernmental organizations or external donors.

Covering vulnerable groups—Policies should highlight vulnerable groups with special mental health needs including children, the elderly, abused women, refugees or displaced persons especially in countries experiencing civil wars or internal conflicts.

Policies should also cover people at particular risk from suicide, such as those with depression, schizophrenia or alcohol dependence. One million people commit suicide every year, while 10 to 20 million attempt suicide. Mental health policies should also include an alcohol and illicit drugs policy, as many mental health disorders are associated with both the occurrence and perpetuation of substance abuse.

Promoting human rights—The stigma and discrimination associated with mental disorders leads to the systemic violation of human rights on a daily basis all over the world. People with mental disorders are often

unnecessarily admitted to and treated in psychiatric institutions against their will. Many live in inhumane conditions for years because no service or support is provided for their treatment and rehabilitation in the community. People suffering from mental disorders are exposed to stigma and discrimination in all aspects of their lives. They are often denied their political, civil, economic, cultural and social rights such as the right to vote, adequate housing, employment and education. National legislation, consistent with international human rights obligations, is essential to protect people with mental disorders.

PROVIDING SERVICES

In most countries, mental health services need to be assessed, re-evaluated and reformed to provide the best available treatment and care. The sheer lack of mental health services, the poor quality of treatment and services, and issues related to equity and access are some of the core issues that need to be addressed.

Services can be improved, even with limited resources. The report suggests:

Shifting away from large psychiatric hospitals—Experience from across the world has shown that large psychiatric hospitals and institutions do not work as effectively as it was once believed. Institutions leading to the loss of social skills, excessive restriction and regimentation, dependency, depersonalization and reduced opportunities for rehabilitation no longer offer the best option for patients and families. Such institutions are also frequently associated with human rights violations.

Certain short-term measures can be put in place until all patients are discharged from hospitals and institutions into the community with adequate community support. Psychiatric hospitals can be downsized, the living conditions of patients can be improved, staff can receive more training, procedures can be established to protect patients against unnecessary and involuntary admissions and treatments, and independent bodies can be created to monitor and review hospital conditions.

Developing community mental health services—The ultimate goal of any mental health service is towards

community-based treatment and care, where people can be effectively treated and integrated into society. Institutions must be phased out in a planned manner with community services developed in tandem as a viable alternative. Although community mental health care is not available in 38% of countries, many countries are moving towards this shift in services.

Community mental health services should include: provision for emergency admissions to general hospitals; outpatient care; community centres; outreach services; residential homes; respite for families and caregivers; occupational, vocational and rehabilitation support; and basic necessities such as shelter and clothing.

Governments have certain financial options. Initially, resources could be released for the development of community services by partially closing hospitals, and parallel funding could be established in order to continue with a certain level of institutional care even after community-based services have been established.

Unfortunately, countries face problems in their attempts to create comprehensive mental health care because of the scarcity of funds. It is clear that comprehensive community care is unlikely to be a viable option without primary and secondary care services supporting the community care services.

Integrating mental health services into general health care—A fundamental connection exists between mental and physical health. One cannot be addressed without the other. Depression may predict the onset of heart disease, for instance, or by adversely affecting the endocrine and immune functioning of the body increase the susceptibility of a person to a range of physical illnesses. Such intimate linkages make it essential that mental health be integrated into the general health systems.

This integration, particularly at the primary health care level, has many advantages. Mental and behavioural disorders are common among patients attending primary care services and it is first level of health care that most people encounter and feel comfortable with. Treatment of the mentally ill in primary care involves less stigmatization of patients and staff as mental and behavioural disorders are seen and managed alongside

physical health problems. Primary health services could help improve early detection and treatment, particularly for people with physical ailments that are related to mental and behavioural disorders, or vice versa. For the administrator, advantages also include a shared infrastructure leading to efficiency savings, the potential to provide universal coverage of mental health care, and the use of community resources to offset the limited availability of mental health personnel.

Ensuring the availability of essential psychotropic medicines—About 25% of countries do not have the three most commonly prescribed medicines used to treat schizophrenia, depression and epilepsy at the primary care level. Not only must the basic medicine be available throughout the health care system but health personnel need to be trained to prescribe these medicines at the primary and community health care levels. Many of the older brands are reaching the end of their patent protection offering developing countries access to cheaper generic brands. Developing countries can also avail of generic brands of medicines from several reputable suppliers and non-profit organizations such as ECHO (Equipment for Charitable Hospitals Overseas).

Creating links between health and other sectors—At the government level, collaboration between the various departments is essential so that adequate social and economic services are mobilized on behalf of people with mental disorders and their families. Labour, employment, commerce, economics, education, housing, other social welfare departments and the criminal justice system all deal with some aspect of mental health and their activities need to be informed by common goals.

Choosing and providing service strategies—Governments have many strategies to choose from keeping in mind principles of public good, cost effectiveness and equity. The crucial decision is how to use public funds. This is the area directly under governments' control where reforms to improve mental health will be the easiest to undertake.

Governments can also influence and set standards for the private sector. Currently, insurance is a primary

source for funding mental health care in about one-fifth of countries. The share of insurance, both public and private, is slowly increasing in many parts of the world.

Governments need to ensure that people, especially vulnerable populations, have adequate and equal access to mental health insurance. One option is to require that both public and private insurers include certain mental health services in the basic package being offered to all clients. Countries such as Brazil and Chile have opted for this solution.

A lot of countries are also facing increasing pressure to introduce more competition and regulation into the mental health service provision market. The report says there is insufficient evidence on whether competition per se would make mental health services more equitable. Developing countries often lack the resources and experience to regulate contractual agreements between health care providers and their clients, and such agreements should be approached cautiously, says the report.

Developing human resources—The lack of specialists as well as general health workers with the knowledge and skills to manage mental and behavioural disorders is an important barrier to providing treatment and care. In setting up community care and integrating mental health into the general health systems, people will be assuming new roles and responsibilities. Training is essential to provide the skills necessary to carry out these new tasks.

Basic training should be extended not only to the allied health professionals such as nurses and social workers, but to the informal health sector as well. Traditional healers, for instance, are the main source of assistance for at least 80% of the rural population in developing countries. If traditional healers are included in the circle of official care providers, they can facilitate referral and provide counselling, monitoring, and follow-up care.

These are some of the minimum requirements that countries need to keep in mind when drafting policies and programmes to address the mental health needs of their people.

