

Addressing mental and neurological disorders: Impact evaluation of ongoing projects to strengthen primary health-care

Report of the Regional Meeting of Experts
Dhaka, Bangladesh, 1–3 December 2011

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Acronyms

ASD	autism spectrum disorders
ASEAN	Association of Southeast Asian Nations
BSMMU	Bangabandhu Sheikh Mujib Medical University
CDMP	chronic disease management programme
DALYs	disability-adjusted life years
FYP	five-year plan
GAF	Global Assessment of Function
HPNSDP	Health Population and Nutrition Sector Development Programme
mhGAP	Mental Health Gap Action Programme
NCD	Noncommunicable diseases
NGOs	nongovernmental organizations
PHC	primary health-care
PCPS	Primary Care Partnership Scheme
SEAR	South-East Asia Region
SES	skills education session
SPEA	school-based parents' education and awareness programme
VHV	village health volunteer
VHW	voluntary health worker
WHO	World Health Organization
YLD	years lost due to disability
YLL	years of life lost

Executive summary

A three-day meeting of regional experts on “Impact evaluation of the ongoing projects to strengthen the primary health-care delivery system for mental health-care” was organized by the WHO Regional Office for South-East Asia, Dhaka, Bangladesh, from 1 to 3 December 2011. Professor Dr A.F.M. Ruhul Haque, Minister of Health, Government of Bangladesh, inaugurated the meeting.

Delegates from eight South-East Asian countries (Bangladesh, Bhutan, India, Indonesia, Nepal, Sri Lanka, Thailand and Timor-Leste) and five Association of Southeast Asian Nations (ASEAN) countries (Brunei, Lao People’s Democratic Republic, Philippines, Singapore and Viet Nam) participated in the meeting along with observers from Bangladesh. The experts comprised programme managers, policy-makers and mental health professionals. Different perspectives, experiences and results of innovative interventions to strengthen the existing primary health-care (PHC) system to deliver care for mental and neurological disorders were shared and discussed.

The objective of the meeting was to review the results of the ongoing pilot projects and to determine if the strategy can successfully deliver care to more patients who need treatment. The outcomes of the projects have been assessed by measuring reduction in “treatment gap”. The scope of the intervention in terms of acceptability and feasibility to scale up the projects to national and cross-national levels were also evaluated.

Dr Vijay Chandra, Regional Adviser, Mental Health and Substance Abuse, WHO Regional Office for South-East Asia, initiated the technical session deliberating the importance of strengthening the existing PHC system to deliver care for mental and neurological disorders. He talked about the importance of evaluation of projects before recommending them to governments as examples of successful interventions. Dr Prakin Suchaxaya, Regional Adviser, Nursing and Midwifery, WHO Regional Office for South-East Asia, talked on the role of nurses in care for mental and neurological disorders. This was followed by a presentation on the concept, need and importance of impact evaluation of projects by Dr Nazneen Anwar, Temporary International Professional, Mental Health

and Substance Abuse, WHO Regional Office for South-East Asia. Her presentation highlighted not only the process and financial evaluation, but also the importance of conducting impact evaluation.

The introductory session was followed by country presentations from Bangladesh, Bhutan, Thailand and Timor-Leste on their ongoing pilot projects.

On the second day, there were presentations from delegates from ASEAN countries: community mental health programmes in Viet Nam, mental health in primary care in Singapore, mental health situation in Lao People's Democratic Republic, country report from Brunei Darussalam, mental health gap action programme (mhGAP) in Thailand, mental health programme in *Puskesmas*, Indonesia, scaling up of services to improve access to mental health-care: A case for more comprehensive approach in Sri Lanka, mental health and social care services in Uva Province, Sri Lanka.

On the third day, countries shared their experiences and exchanged ideas to come up with innovative solutions and recommendations. They also discussed how each country could scale up the projects at the country level.

The participants recognized the significant benefits of the pilot projects conducted in some South-East Asia Region (SEAR) Member States as assessed by reduction in treatment gap. They acknowledged that such programmes can be implemented in less-resourced countries with minimal additional investment. The importance of training community-based health workers is crucial in the successful implementation of the programme. They further recommended that these successful pilot projects be scaled up in the countries where they have been implemented and adapted by other countries around the world.

1. Background

1.1 Introduction

Recent developments in mental health have led to revised thinking about the delivery of care for mental and neurological disorders. One of the most important realizations has been that the best care for persons with mental and neurological disorders is given in the community beyond the closed walls of psychiatric hospitals. This change in perception about the role of mental hospitals and the availability of newer, more effective psychotropic medications and better understanding of the disorders has given a new dimension to approach and care for patients with mental and neurological disorders.

Despite these developments, experts realized that a large number of patients who need treatment were not getting treatment (referred to as “treatment gap”). One of the reasons for the treatment gap is the limited reach of mental hospitals. This led to the thinking of using the existing PHC systems to deliver care for mental and neurological disorders.

The concept embodied in the strategy of the World Health Organization for care for mental and neurological disorders is to identify the most common and most disabling conditions through trained health workers at the community level and then refer them for treatment to the PHC-based physicians. This mode of delivery of care increases access to care and takes health-care to the doorsteps of the people, reducing stigma and discrimination at the same time. Regular supply of psychotropic medications is an integral part of these projects.

To pilot this approach, the WHO Regional Office for South-East Asia supported projects in Bangladesh, Bhutan, Sri Lanka and Timor-Leste. Thailand also conducted similar projects. This meeting of experts was arranged by the Regional Office for evaluation of the impact of the ongoing projects. Through information sharing, the impact of the projects and

barriers to project implementation were identified. Results showed that with training and provision of continued supply of medications, the treatment gap of epilepsy and psychosis can be substantially reduced. Thus, it indicates that care for mental and neurological disorders can be delivered by non-specialist health-care providers at primary care settings. With firm political commitment, it is possible to implement, scale-up and sustain such projects.

1.2 Objectives

The objectives of the meeting were to:

- conduct an impact evaluation of the ongoing projects to strengthen the PHC system to deliver care for mental and neurological disorders;
- discuss participation/role of PHC staff in the delivery of mental health-care;
- discuss adaptation of experiences and tentative plans for scaling-up of programmes to empower existing PHC systems to deliver care for mental and neurological disorders.

2. Inauguration

H.E. Professor A.F.M. Ruhul Haque, Minister of Health, Ministry of Health and Family Welfare, Government of Bangladesh, inaugurated the meeting. The Director-General of Health Services, Government of Bangladesh was the Chairperson.

A message from Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia, was read out by Dr Arun Thapa, the Ag WHO Representative to Bangladesh. The full text of the message is given in Annex 1.

Dr Thapa referred to the medical journal *Lancet* which published a series of articles four years ago highlighting the global health crisis due to the large treatment gap, showing that up to 9 out of 10 people with mental and neurological disorders in some countries do not receive the basic care. The gap was not due to the lack of effective treatment, but due to a range

of barriers operating at all levels of the health systems, from national policies to issues relating to local health services.

Dr Thapa praised the excellent community-based mental health programme being implemented in Sonargaon *Upazila* by the National Institute of Mental Health, Dhaka, in collaboration with the WHO Regional Office for South-East Asia and country offices, Bangladesh.

Dr Jafar Ullah, Deputy Programme Manager, NCD, Directorate General of Health Services, Bangladesh, described the existing PHC delivery system in Bangladesh which plans to have 18 000 community clinics of which 11 500 are functional at present, and there are 508 *upazila* health complexes. Through these facilities, the Government of Bangladesh ensures that health-care reaches out to each and every part of the country including the remote and hard-to-reach areas.

Dr Jafar Ullah mentioned that the evidence generated through the pilot project in Sonargaon *upazila* has helped convince the Government about the feasibility and scaling up of the project at the national level. On the basis of this pilot project, the Government of Bangladesh has prioritized care for mental and neurological disorders through the existing PHC delivery system in the next five-year health sector plan. Funds will be allocated under three different line directorates (noncommunicable diseases, primary health-care and in-service training) for a coordinated action in this area.

Professor Golam Rabbani, Director, National Institute of Mental Health, Dhaka, narrated the experience of the pilot project in Sonargaon *upazila* to reduce the treatment gap for epilepsy. Through the intervention, it has been possible to decrease the treatment gap of epilepsy from 87% to 5% in two unions of Sonargaon *upazila*. He mentioned that the project is being well received by the community.

Professor Pran Gopal Datta, Vice Chancellor, Bangabandhu Sheikh Mujib Medical University (BSMMU), emphasized the need for the government sectors, autonomous bodies and the nongovernmental organizations (NGOs) to work together for the cause of mental and neurological disorders. He mentioned the specialized Neuro Development Centre at BSMMU which is catering to a large number of patients from all

parts of Bangladesh. At present, the outpatient department is providing hospital-based services to patients, but eventually there are plans to take the service to the community. Professor Datta mentioned how BSMMU is committed to developmental disabilities such as autism spectrum disorders (ASD) and urged WHO to provide support in these areas.

Mr Humayan Kabir, Secretary of Health, Ministry of Health and Family Welfare, Government of Bangladesh, said that there is an urgent need to develop innovative strategies to deliver mental health-care. The traditional approach of delivery of mental health-care through tertiary care mental hospitals is changing all over the world and so should it be in our Region. There is a great scarcity of qualified mental health professionals including psychiatrists, neurologists and counsellors in our Region. Thus, it is not possible for experts to deliver mental health-care to all those who need it. The evidence for this inability to deliver care is the vast treatment gap which can be as high as 80–90% of people not getting treatment. Moreover, our Region, including Bangladesh, has an excellent PHC delivery system, which can be empowered to deliver care for the most common mental and neurological disorders. WHO initiative to strengthen the existing PHC system to deliver mental health-care is greatly appreciated. Bangladesh has already shown, through the pilot project in Sonargaon *upazila*, that this is a practical and feasible intervention with minimum investment on new infrastructure.

In the inaugural address, H.E. Professor A.F.M. Ruhul Haque, Health Minister of Bangladesh, welcomed the delegates and extended his felicitations and support to the meeting and to its cause. He said that he was aware of the excellent collaborative work between the Government of Bangladesh and WHO Regional Office for South-East Asia in the area of mental and neurological disorders. He thanked WHO for the continued support provided to Bangladesh in all health-related issues. He talked about how mental health has long been neglected and praised WHO for bringing it to the forefront. Although the morbidity caused by mental and neurological disorders is huge, it has remained unrecognized and neglected for decades.

The Honourable Health Minister mentioned that in addition to the suffering from the diseases, patients and their families bear an extra burden of stigma and discrimination. On behalf of the Government of Bangladesh, he committed that mental and neurological disorders would get its due

attention in the Health Population and Nutrition Sector Development Programme (HPNSDP). The efforts of WHO in bringing the huge treatment gap to light and for urging policy-makers to prioritize mental and neurological disorders in their country health plans were appreciated. The Health Minister committed to focus on the priority mental and neurological disorders identified by the WHO Regional Office for South East Asia. He mentioned the commitment of the Government of Bangladesh to work for developmental disorders, ASDs in particular.

The Director-General of Health Services, Government of Bangladesh, emphasized how the time has come for developing countries to move away from the strategy of providing hospital-based care for mental and neurological disorders to community-based care. He highlighted the advantages of community-based care, saying this strategy delivers care at the doorsteps of those who need care and reaches out even to rural and remote areas. He thanked the WHO Regional Office for taking steps to show how, with low resource allocation, countries like Bangladesh can provide care for mental and neurological disorders at the doorsteps of the people.

His Excellency thanked all present and conveyed his best wishes for the consultation, with the hope that practical and feasible recommendations would be made, which countries in the Region could take forward.

Dr Vijay Chandra, Regional Adviser, Mental Health and Substance Abuse, WHO Regional Office for South-East Asia, thanked the Government of Bangladesh for hosting this important meeting. He mentioned that Bangladesh is playing a leadership role in promoting the cause of mental and neurological disorders, including behavioural disorders such as ASDs. The Honourable Prime Minister of Bangladesh recently inaugurated two workshops on mental health. Such high-level support greatly enhances the visibility of mental health in the overall health-care scenario. Dr Vijay Chandra thanked all the participants for attending the meeting.

Dr M.L. Somchai Chakrabhand, Consultant, Department of Mental Health, Ministry of Public Health, Thailand, was nominated as Chairperson and Professor Golam Rabbani, Director, National Institute of Mental Health, Dhaka, Bangladesh, was nominated as Co-chairperson. Dr Rajesh

Sagar, Additional Professor, Department of Psychiatry, AIIMS, New Delhi, India, was nominated as the Rapporteur.

3. Strengthening the primary health-care delivery system for mental health-care

Dr Vijay Chandra, Regional Adviser, Mental Health and Substance Abuse, WHO Regional Office for South-East Asia

Dr Vijay Chandra mentioned that it was only after development of the concept of disability-adjusted life years (DALYs) by WHO that awareness was created about mental and neurological disorders being not only common, but also causing disability for the persons affected and burden to the family and the community.

According to new estimates, 450 million people worldwide are suffering from mental and neurological disorders, and it accounts for 13% of the global burden of the disease. These disorders significantly contribute to co-morbidity in other diseases and account for 25.3% and 33.5% of all years lived with a disability in low- and middle-income countries. In addition, there are learning and behavioural disorders which affect children. Conditions like autism are known to affect one in 110 children.

Traditionally, mental health-care was delivered by highly qualified professionals such as psychiatrists who were based in large mental hospitals located in metropolitan centres. However, such care had extremely limited outreach with only a small minority of patients being able to access the services. Moreover, such care was extremely stigmatizing and often there were violations of human rights in these institutions. An indicator of the limited outreach of these programmes is the large number of patients not getting treatment, which is referred to as treatment gap. Surveys conducted in SEAR Member States revealed that the treatment gap for epilepsy ranges between 80–95% and for psychosis it ranges between 25–98%.

With advancements in medical sciences and the development of newer psychotropic medications, experts began to discuss the concept of community mental health, i.e. delivery of mental health-care in the community.

Working with experts in the Region, the Regional Office for South-East Asia has developed a strategy to empower the existing PHC system through training to deliver care for mental and neurological disorders. The strategy requires identification of select mental and neurological disorders by a trained village health worker and treatment by a PHC-based physician.

In developing this strategy, the experts were aware that not all mental and neurological disorders could be addressed in the community. Thus, the selection criteria for conditions to be addressed were established, which include conditions that are most common, most disabling, cheap and efficacious medications and good outcome with treatment. Epilepsy, psychosis and depression meet these criteria in countries of the Region where information is available. The feasibility of this approach has been established in pilot projects conducted in Bangladesh, Bhutan, Thailand and Timor-Leste. The impact indicators assessed in all these projects show that the number of patients under treatment has increased, i.e. reduction in treatment gap.

4. Role of nurses in mental health-care

Dr Prakin Suchaxaya, Regional Adviser, Nursing and Midwifery, WHO Regional Office for South-East Asia

Nurses play an important role in promoting and maintaining mental well-being. Mothers are vulnerable and are more apt to succumb to mental and neurological disorders such as post-partum depression during the pre- and postnatal periods. There is a need for extra care during this period which can be provided by the nurse-midwife. Thus, with appropriate training nurses can identify the early signs of mental and neurological disorders and refer the patient for treatment.

5. Concept of evaluation of programmes

Dr Nazneen Anwar, WHO-SEARO

The concept of evaluation of programmes was discussed. Evaluation is needed to improve programme effectiveness and, if necessary, mid-term

modifications. End of project evaluation can guide future development, adaptation and scaling up.

Evaluation can be financial evaluation, i.e. the budget being appropriately spent, process evaluation, i.e. assessment of the modality of programme implementation, and impact evaluation, i.e. assessment of the outcome of the project. The indicators measure success towards achieving an outcome and help identify whether progress is being made towards the end point, which is the programme target.

Evaluation requires measurable indicators. Outcomes need to be proved with real programme data. The Regional Office for South-East Asia in its pilot projects on strengthening the PHC system advocates assessing the increase in the number of patients coming for treatment, i.e. the impact indicator of the project is reduction in treatment gap.

6. Ongoing projects to strengthen the primary health-care delivery system for care of patients with mental and neurological disorders

6.1 Bangladesh: Strengthening the primary health-care system to deliver care for mental and neurological disorders: Dr Faruq Alam, Dr Helal Uddin Ahmed and Professor Golam Rabbani

The pilot project to reduce the treatment gap of epilepsy by strengthening the existing PHC delivery system was implemented in Sonargaon *upazila* which is 40 km from Dhaka city. The study population comprised a total population of 11 368 (5 to 14-year-old children). So far, the population screened is 1956.

The process of implementation included translating the WHO manual on identification of epilepsy, and training of doctors, nurses and health workers in the application of the WHO manual. After identification, the suspected cases of epilepsy were taken by the health workers to the *upazila* health complex, where diagnosis was confirmed, treatment was given and patients were kept under follow-up by the PHC doctors and nurses. The medicine of choice in the project area as per WHO guideline is

phenobarbitone. Carbamazepine has been kept as a second-line medicine if patients fail to respond to phenobarbitone.

Impact indicator: Reduction in treatment gap was the impact indicator. The treatment gap for epilepsy was reduced from 87% to 5%.

Challenges: The most important contributor to the treatment gap is the health-seeking behaviour of patients. Due to ignorance and local beliefs about mental illness, patients prefer to seek help from traditional prescribers and faith healers. Another challenge faced is the irregular supply of psychotropic medication at the *upazila* health complex, forcing people to purchase them from private pharmacies. Many patients believe that they should go to tertiary care hospitals for treatment of mental and neurological disorders rather than the *upazila* health complex.

6.2 Bhutan: Impact evaluation of mhGAP pilot projects in Bhutan 2011: reducing the treatment gap for epilepsy and psychosis and promotion of mental well-being: the Bhutanese perspective: Dr Nima Wangchuk and Dr Tandin Chogyel

The pilot projects were conducted in Punakha district, 71 km from Thimphu. One project was aimed to improve care for mental and neurological disorders (reduce the treatment gap of epilepsy and psychosis) and the other project was aimed to promote mental well-being among students of three schools in the Punakha district.

To achieve the objectives, the following activities were undertaken: training of doctors, health workers and voluntary health workers (VHWs) on identification of patients, and sensitization of religious bodies, members of the local government, local healers, community and the police force on epilepsy and psychosis.

Identification of patients was done using the WHO manual for epilepsy which had been translated into Dhonga. All doctors and PHC centre and basic health unit staff were trained in the use of the manual.

The number of epilepsy cases in Punakha district was estimated to be 153. Ninety-two patients were under treatment before the implementation

of the project. Through the project, 21 additional patients were brought under treatment. Hence, there was a reduction in treatment gap from 40% to 26%.

There were three patients of psychosis, two of whom were reintegrated with their families. The process involved treating the patients with psychotropic medication, spiritual teaching, rehabilitation and education to the patient and family.

During the implementation of the project, the challenges faced were non-compliance with medication, injury resulting from fits, discrimination and social stigma especially with psychosis. Treatment-seeking behaviour of epilepsy patients was shrouded with myths and misconceptions. This was exacerbated with their faith in local healers and poor support from the family and society; irregular anti-epileptic drug supply was also one of the challenges to be met.

The mental well-being promotion project was implemented in three schools: Punakha HSS, Tashidingkha MSS and Thinleygang LSS. The objective of the school programme was to promote mental well-being among the students. Activities undertaken for the promotion of mental well-being in the schools were life skills education session (SES) with staff and students, religious discourses, hoisting of prayer flags, school-based parents' education and awareness programme (SPEA), procurement of books on leadership and distribution of dustbins in the school campus.

Impact indicators:

- Students were able to relate life skills to gross national happiness.
- The attitude of teachers and students changed for the better. Interpersonal relationships among students and teachers improved; parents' involvement in school affairs and in students' lives increased, resulting in the overall improvement in school performance.
- Improvement in behavioural and emotional problems, unhealthy relationship and absenteeism.
- Reduced smoking, drug abuse, violence, theft and vandalism.
- Decreased waste problem in schools leading to clean environment.

Challenges: Constraints in time to devote to these activities both by the children, and parents and teachers. A large number of teachers need to be trained for sustainability of the project.

6.3 Brunei Darussalam: Primary mental health-care: Service organization, delivery and challenges: Dr Hilda Ho and Dr Hijh Maslina Binti Hj Mosin

PHC is still at an early stage of organizational development in Brunei Darussalam. Primary care services (also known in the past as outpatient services) have been decentralized to five health centres. This is in addition to two existing health centres. Only one district is yet to be provided with primary care services. The strategy is to provide services ‘under one roof’ in the community.

Challenges: Although health centres are placed in geographical catchment areas, patients usually choose not to go to their catchment area clinic. Patients and families tend to seek help from spiritual healers. Stigma of mental and neurological disorders is still prevalent, thus patients do not seek help.

6.4 Indonesia: Experience with community mental health through PHC, mental health programme in *Puskesmas* Tibet: Dr Dewi R. Anggraini

Analysis of clinic-based data found that only 2286 persons with mental and neurological disorders were coming for treatment. It was estimated that the number of patients in the community would be approximately 34 520. Thus, it is evident that a large number of patients do not seek treatment.

To reduce stigma, the term “Mental Clinic” has been changed to “Family and Youth Clinic”. Under this project, meetings with patients’ families are held so that the families can teach the patients to be self-reliant. The community was mobilized to detect and report patients with mental and neurological disorders. Door-to-door visits were made by doctors, health workers and volunteers under this project. Provision for group therapy and self-help were also available.

Challenges:

- stigma and discrimination for the individual and the family; and
- limited budget (only 1% of the total budget of the Ministry of Health).

6.5 Lao People's Democratic Republic: Mental health situation in Lao People's Democratic Republic: Dr Bouavanh Southivong

Clinic-based services for mental and neurological disorders are available in provinces which have mental health units. Community-based mental health services are available in six districts; these provide services to people living in rural and remote areas.

A pilot project to provide community-based services was started, where 832 people with epilepsy were identified. Epileptic fits in 787 patients have remained under control for more than six months, and 630 patients are under treatment at present.

6.6 Singapore: Mental health in primary care: Mr Akshar Saxena

In Singapore, chronic diseases cause substantial morbidity and mortality assessed as years of life lost due to premature mortality (YLL: 47%) and years lost due to disability (YLD: 53%). The national mental health survey showed that major depressive disorder, bipolar disorder and generalized anxiety disorder accounted for 59.6%, 73.1% and 56.5%, respectively.

In Singapore, there is a combination of community-based care and institution-based care. Till 2007, community-based care for mental and neurological disorders was much less available and utilized. After 2011, the proportion of availability and utilization has become approximately equal.

A master plan for mental health has been developed. The strategies include mental health promotion, prevention and reduction of the impact of mental and neurological disorders, integrated mental health-care, developing human resource, research and evaluation. Under this plan, two programmes have been developed: chronic disease management programme (CDMP) and primary care partnership scheme (PCPS). The

overall objective is to increase affordability of treatment and to ensure that patients receive a good standard of care.

The planning framework is based on the burden of disease as per the national survey. Goals have been set and indicators have been developed in the plan. The goals include better health through accessible and effective mental health-care, and appropriate and efficient utilization of resources, maximizing individual potential, function and productivity.

In the sector development road map of the planning framework, process flows from demand assessment to supply assessment. Any gaps identified are addressed. The process is dynamic as once the work plans are implemented, the population and burden of disease change. The sequence of planning starts again, and depending on the revised burden of disease new plans are made.

Impact indicators: Reduction in treatment gap, increase in quantum of services, number of patients seen, measure of quality of life for patients, patient satisfaction, number of mentally ill who are engaged in gainful employment, number of at-work individuals who retain employment after discharge, and social indicators for level of interaction.

6.7 Sri Lanka

(1) Scaling-up of services to improve access to mental health-care: a case for a more comprehensive approach: Dr Nalaka Mendis

An overview of the developments in the mental health area over the last three decades in Sri Lanka was presented. Although emphasis has been made to deliver care through the PHC delivery system, the absence of a uniform tested process of implementation is still an obstacle in the implementation and delivery of services through the PHC system.

An important issue in the delivery of mental health-care is access to services. As a part of evaluation, there is the need to assess whether access has improved and if so, how these improvements took place, and how we can further improve access. It was mentioned that access can be improved by minimizing barriers, increasing facilities, provision of services in the

locality and providing services to fulfil a wider range of needs. To scale up services to improve access to mental health, it is important for different groups of people to take action by giving rise to new services, increasing allocation of resources and a change in health-seeking behaviour.

The important interventions mentioned for care for mental and neurological disorders were public education; awareness raising; primary, secondary and tertiary prevention; capacity-building; counselling and rehabilitation.

(2) Plans to strengthen the primary health-care system: Dr Sisira Bandar

Sri Lanka has a well-developed PHC delivery system. The strategy to empower the PHC delivery system to deliver care for mental and neurological disorders includes primary prevention focusing on promotion of mental well-being and prevention of mental and neurological disorders. In terms of delivery of care, the strategy is increasing public awareness about mental and neurological disorders and taking a multidisciplinary holistic approach to treat patients. All PHC-based staff receive training in the identification and treatment of the most common mental and neurological disorders.

An ongoing project in Uva province being conducted in all the health facilities aims to assess utilization patterns of mental health services and their cost in the province, and to identify the perspective of the recipient's view on stigma associated with illness and use of alternative systems of medicine. The study is ongoing and results will be available soon.

6.8 Thailand

(1) Strengthening the primary health-care delivery system for mental health-care: challenges for today and tomorrow: Dr Nattakorn Jampathong

The presentation was initiated with the country profile, providing an overview of the excellent infrastructure of the health-care delivery system of Thailand. There are three tiers of health-care delivery system starting from the community level to the national level. These are health centres, primary

care units and community hospitals at the first level, general hospitals at the second level and regional and specialty hospitals at the third level.

The primary care units are the point of first contact for promotive and preventive services which are delivered through 9000 community health centres and 7000 community hospitals. Despite these, people still prefer to avail services at the big hospitals.

The key strategy for providing services at the community level has been the formation of a multidisciplinary team. The data of the National Mental Health Survey 2008 reveal that 14.3% of the population suffer from any kind of mental disorder.

In the community clinics, the activities undertaken are psychosocial care, mental health promotion and care for mental and neurological disorders, supply of psychotropic medicines and referral of complicated cases.

(2) Mental Health Gap Action Programme in Thailand: Dr Phunnapa Kittirattanapaiboon

Reference to the Bali meeting in 2010 where Thailand had proposed to pilot a programme on treatment gap for psychosis was given. The target was to reduce the treatment gap for psychosis by 20%. The strategy involved was to take a sub-district for project implementation. Here the health personnel and village health volunteer (VHV) would be trained, and they would treat untreated psychosis patients and provide psychotropic medication and psychosocial intervention at the district hospital.

For project implementation, four sites were selected: Sarapee in Chiang Mai, Nong Song Hong in Khon Kaen, Khlong Thom Krabi and Wangnamkaew in Nakhon Ratchasima. The treatment gap for psychosis in these areas was 30.1%, 50.5%, 31.5% and 61.3%, respectively.

Impact indicators:

- of the psychotic patients, 80% had access to health-care;
- of the psychotic patients, 70% were not readmitted in three months;

- of the treated psychotic patients, 70% had improved quality of life in three months; and
- of the treated psychotic patients, 80% improved in Global Assessment of Function (GAF) in three months.

6.9 **Timor-Leste:** Mental health in Timor-Leste: Dr Gaspar P. Quintao

Timor-Leste activities in strengthening the PHC system to deliver care for mental and neurological disorders were conducted in two sub-districts: Lequidoe sub-district of Aileu district and Maliana sub-district of Bobonaro district. The strategies adopted to strengthen the PHC involved community mental health awareness, assisting mental health case managers to deal with difficult cases through phone calls to psychiatrist and site visit, training general health workers to identify cases of epilepsy and ongoing training for psychiatric nurses.

The combined population of the two study areas was 3242. The estimated number of cases of epilepsy (assuming a prevalence of 1%) would be 423. Before the beginning of the project, 95 patients were on regular treatment, i.e. a treatment gap of 70.7%. After implementation of the project, 112 patients were on regular treatment, i.e. a treatment gap of 53.7%.

Carbamazepine, the anti-epileptic medication used in the pilot projects, was provided free of cost, kind courtesy of the Royal Government of Thailand, through a government-to-government exchange, facilitated by the WHO Regional Office.

Impact indicators:

- An increase in the number of patients attending psychiatric clinic and community-based services.
- Reduction in treatment gap from 70.7 to 53.7%.

Challenges: The challenges faced were limited drug supply, geographical factors such as remote locations and poor access by road, external factors such as presidential and parliamentary elections being conducted during the project period, logistics and shortage of human resources, people's faith in the unconventional systems and traditional faith healers, and stigma and discrimination towards mentally ill patients preventing people from seeking help.

6.10 Viet Nam: Community mental health programme:

Dr Truong Le Van Ngoc

A 2002 estimate showed the rate of mental and neurological disorders in the population to be 14.9%. An action plan was developed which attempted to integrate mental health-care into PHC.

The objective of the plan was to increase the quality of mental health services and integrate this care into commune health centres. The target set was mental health services should include implementation of programmes in 70% of communes (administrative units). Of the patients detected with mental and neurological disorders, 50% should be managed and supported to live in the community.

Impact indicators:

- All the provinces (100%) are covered by the programme (63/63 provinces/cities).
- Of the communes, 70% are covered by the programme for schizophrenia and 7% by the programme for epilepsy.
- Of all the patients, 49% patients with schizophrenia are managed, of which 70% of patients are stable.

Challenges: Limited mental health workforce, inadequate training of health workforce, overworked health staff, competing priorities, limited awareness about mental health and poor communication in remote areas.

7. Scaling up programmes to strengthen the primary health-care delivery system for mental health-care

Bhutan: Scaling up programmes to strengthen the primary health-care delivery system for mental health-care: closing the treatment gap for epilepsy

The delegates of Bhutan presented their plans to scale up the treatment gap project for epilepsy. This will be done in two phases. In the first phase, in

2012, they will scale up the project in nine districts in the east (Lhuntshi, Tashi Yangtse, Tashigang, Mongar, Samdrup Jongkhar, Pemagatshel, Bumthang and Trongsa). In the second phase, the project will be scaled up in the remaining 10 districts in the west and central region (Zhemgang, Sarpang, Tsirang, Dagana, Wangdue, Gasa, Haa, Paro, Chhukha and Samtse).

The implementation plan involves assessment of the treatment gap for epilepsy in the individual districts and then setting the targets based on the local situation. Support will be garnered from local healers, religious groups, VHWs, family and the community at large for care of people with mental and neurological disorders. In addition, there will be sensitization of community leaders and use of local mass media to sensitize the community on mental health issues.

Strengths: While delineating the strengths of community care for mental and neurological disorders the importance of a functioning and well-maintained primary health network system in the country was mentioned. The importance of the strategies being concurrent with the Eleventh Five Year Plan (FYP) was highlighted.

Challenges: The challenges faced were inaccessible hilly terrain, and communities located in remote areas. The people are agrarian, with poor literacy and unaware of the services available. There are limited mental health professionals and PHC workers are overloaded with vertical public health programmes.

Promotion of mental well-being in schools: the programme will be scaled-up in 18 schools of Punakha district apart from the three pilot schools with the focus on three areas: evaluation (pre- and post-assessment), monitoring and feedback between schools and districts programmes.

Bangladesh: Strengths and challenges in implementing community mental health outreach programmes

Strengths:

- Bangladesh has an excellent PHC delivery system consisting of community clinics, union sub-centres and *upazila* health complexes.
- Medical and surgical supplies in the PHC are supported by the government. Soon, important psychotropic medications will be added to the essential drug list.
- Existing budget for mental health is being properly and effectively used.
- Ten training manuals and guidelines for mental and neurological disorders have been developed and published and are being used at the PHC level.

Challenges:

- referral system not well established; no psychiatry unit present at the district level to receive patients from the PHC level;
- out-of-pocket expenditure for services;
- no specified columns for mental and neurological disorders in the outpatient data collection form of *upazila* health complex;
- limited supply of psychotropic medicines;
- lack of awareness and presence of stigma; and
- scarce trained human resources.

Recommendations:

- establishment of psychiatry unit at district level to cater to the referred patients from the PHC level;
- data collection from the community clinics and *upazila* health complex;

- enlistment of psychotropic medicines in the essential drug list of the government;
- promotion of awareness and reduction of stigma regarding mental and neurological disorders; and
- government initiative to increase budget allocation for mental and neurological disorders.

Indonesia, Lao People's Democratic Republic, Timor-Leste and Viet Nam: Strengths, weaknesses and problems in programme implementation

Strengths:

All the four countries mentioned that they are getting support for community mental health programmes from the government.

Challenges:

- limited funding
- poor access to health-care
- poor infrastructure
- limited number of training manuals and guidelines
- lack of monitoring, supervision and evaluation of projects.

Recommendations:

- improvement of accessibility through outreach programmes;
- advocacy with government for increased funding;
- human resource development: training, adaptation of guidelines;
- increased awareness at the community level, community involvement and participation;
- monitoring and evaluation; and
- multisectoral involvement.

8. Recommendations

8.1 For countries

- *Policy development:*
 - all Member States should have mental health policy, plans, programme and legislation that include mental health promotion, prevention, treatment and rehabilitation, including welfare and protection of human rights;
 - care for mental and neurological disorders should be an integral part of the mainstream health system;
 - establishment of multisectoral taskforce for implementation of mental health policy; and
 - earmarking budget for mental health project.
- *Sharing of experiences:*
 - documentation and information sharing of ongoing projects;
 - establishment of regional networks;
 - strengthening mental health workforce among Member States;
 - education and communication on mental health issues; and
 - increasing public awareness for reducing stigma.
- *Training and research:*
 - development of multi-centre research projects; and
 - provision of fellowships and research grants.

8.2 For WHO

- to provide technical support to country projects; and
- to support the evaluation of projects.

10. Way forward and conclusion

The Chairperson Dr M.L. Somchai Chakrabhand conveyed appreciation and thanks to the WHO Regional Office for organizing the meeting. The results of the impact evaluation of the ongoing projects were convincing enough to show that appropriate care for mental and neurological disorders could be provided by empowering the existing PHC system.

The Co-chairperson Professor Golam Rabbani thanked the WHO Regional Committee for South-East Asia for the steps they have taken to bring to attention the issues of mental and neurological disorders and for the opportunity given to countries to share their experiences. He thanked the Regional Director for far-sightedness on the economic and cultural constraints faced by countries in this Region with regard to mental and neurological disorders.

The consensus was that there is a lot of similarity in the culture and economic situation of the countries. Projects implemented in one country can be implemented in another country with simple adaptations. This coming together of the experts has built bridges to communicate and share experiences. The ASEAN countries appreciated the strategy adopted and the methodology followed by the Member States in the WHO South-East Asia Region and requested the project implementing countries to share their experiences and expertise with them. Most of all, the participants acknowledged that such programmes can be implemented in less-resourced countries with minimal additional investment. The importance of training community-based health workers is crucial in enhancing the programme. The participants committed to work together to take this common cause forward.

Annex 1

Message from Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region

The landmark World Health Report 2001, titled “Mental Health: New Understanding, New Hope” published by WHO, estimated that worldwide about 450 million people were suffering from mental, neurological and behavioural disorders or from psycho-social problems such as those related to alcohol and drug abuse. It was also estimated that one person in every four would be affected by a mental disorder at some stage of life. The report was successful in raising the professional and general awareness of the unrecognized burden of mental, neurological and behavioural disorders, including its costs in human, social and economic terms. The WHO publication, Global Burden of Disease 2004 projects that unipolar depressive disorders will move from being the third most common cause of DALYs lost in 2004 to the number one position in 2030.

Adding to this huge burden of mental, neurological and behavioural disorders is the observation that the treatment gap (i.e. the number of people not getting appropriate care) is as high as 90% in some parts of our Region.

There is now increasing awareness among policymakers and mental health experts that the optimal method of delivery of mental health-care to the patient is not through the tertiary care mental hospitals, but through the primary health-care system. The primary health care system can be enhanced to deliver essential mental health-care to the community and in the community, thus reaching out even to remote and rural areas. This would be in line with the Regional Office’s programme on revitalizing primary health-care.

Some of you participated in a consultation addressing this issue in Bali, Indonesia in December 2010. At the Bali meeting, the discussion focused on the developments in mental health care in the last decade and how these developments affected changes in the thinking of policymakers and experts on enhancing mental health systems. The conclusion of the

meeting was that the optimum method to enhance mental health-care to the community is to empower the existing primary health-care system.

Since that meeting, the WHO Regional Office for South-East Asia has been working with select Member States on pilot projects to empower their existing primary health-care systems to deliver mental health-care. The Regional Office has provided technical material support and expertise and also some funds to implement these projects. I am told that an important and integral component of all these projects is the clearly defined impact indicators which were set by the countries at the very beginning of each project. Another unique feature of these projects is the innovative impact indicators that have been developed for each project, for example, improvement in the school performance of children as an impact indicator of the success of adolescent mental health promotion programmes.

If the experts participating in this meeting agree that the ongoing projects can make a significant impact in mental health-care delivery in the community, then the next step will be to scale-up these projects and for other countries to adapt these projects.

An integral component of the success of any programme is the support from several segments of the administration. Programmes are closely affected by planning and budget at the central and state government levels. The roles and responsibility of tertiary care mental hospitals, availability of services in general hospitals, capacity of primary health care delivery systems to deliver essential care, and community outreach programmes must be clearly defined. The ground reality about the severe scarcity of trained human resources in the Region must be taken into account. We must also remember that any public health programme should be culturally appropriate so that the community can identify with the programme. Thus, the entire health system needs to be reviewed and each component modified as appropriate to the country. Finally, we must not forget that health issues should be part of every public policy in every country and that almost every sector can contribute.

Annex 2

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Annex 3

Agenda

- (1) Inauguration
- (2) Message of the Regional Director, WHO South-East Asia Region
- (3) Introductory session
 - Role of primary health care system in delivery of care for mental and neurological disorders.
 - Role of paramedical staff in promotion and prevention of mental health
- (4) Impact evaluation reports from ongoing projects:
 - Five sites (Bangladesh, Bhutan, Thailand Timor-Leste, Sri Lanka)
- (5) Group work and presentations on:
 - Adaptation of successful models for strengthening primary health care systems to deliver care for mental and neurological disorders.
 - Defining the role of paramedical staff in promotion of mental health.
 - Recommendations and way forward for countries and WHO in scaling up and empowering the primary health care systems to deliver care for mental and neurological disorders within Member States.

This regional meeting of experts on impact evaluation of the ongoing projects to strengthen the primary health-care system for mental health-care was convened by the WHO Regional Office for South-East Asia in collaboration with the WHO Country Office Bangladesh. Participants from eight SEAR Member States of the Region and five ASEAN countries attended the meeting.

Recent developments in mental health have led to revised thinking about the delivery of care for mental and neurological disorders. One of the most important realizations has been that appropriate care for persons with mental and neurological disorders is best given in the community beyond the closed walls of psychiatric hospitals. This has lent a new dimension to approaches for care of patients with mental and neurological disorders. The strategy is to strengthen the existing primary health-care system with provision of essential medicines and with minimum investment in training. This strategy was piloted in Bangladesh, Bhutan, Thailand and Timor-Leste.

The outcomes of the projects were assessed by measuring reduction in 'treatment gap'. The scope of the intervention to scale up the projects at national and cross-national levels were also evaluated in terms of acceptability and feasibility. The report details the impact of these projects and cites the challenges met, with recommendations for scaling up in countries where it has been piloted and for other countries to pilot these projects.

This report will be ready reference for policy-makers and programme managers to develop country-specific projects for delivering care for mental and neurological disorders through the existing primary health-care system.



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