A conversation with Vikram Patel on December 12, 2013

Participants

- Vikram Patel — Joint Director, Centre for Global Mental Health. and Wellcome Trust Senior Research Fellow in Clinical Science, London School of Hygiene & Tropical Medicine (UK); Co-founder, Sangath, India; Director, Centre for Mental Health, Public Health Foundation of India
- Jake Marcus — Research Analyst, GiveWell

Note: This set of notes was compiled by GiveWell and gives an overview of the major points made by Vikram Patel.

Summary

GiveWell spoke with Dr. Patel as part of its shallow investigation of global mental health. Conversation topics included: major mental health problems in the developing world, potential interventions to address these issues, and the status of funding in the space.

Philanthropic attention to global mental health

Philanthropists have supported efforts to address the burden of mental health problems in high-income countries, but given less attention to the problem in low- and middle-income countries. In those countries, funding has traditionally gone to combat diseases that cause high mortality rates. Now, the disease profile of the developing world is shifting towards non-communicable conditions including mental health problems like depression and substance use disorders which cause high rates of disability. In low and middle income countries such as India, mental health problems are already a major cause of the overall disease burden. Part of this epidemiological transition is due to success in preventing and treating diseases that cause mortality. The epidemiological transition has occurred without a corresponding shift in philanthropic attention.

For a long time, philanthropists also considered mental health issues in developing countries intractable, because treatment of mental health problems seemed to require a large number of highly trained specialists. Recent innovations have proven that non-specialist and community based workers, with appropriate training and supervision, are effective in the delivery of a range of psychosocial interventions.

Within the last decade, ministries of health in many developing countries have begun to allocate and advocate for more resources to address the growing burden of mental health problems.

Major mental health problems in developing countries

It is difficult to choose just a few mental health problems as the most prominent issues, so the following list should not be considered exhaustive.

From a somewhat reductionist, utilitarian view of health, depression and anxiety disorders are the most burdensome mental health problems in developing countries based on the number of people the disease affects. These are also tractable problems; there are many affordable and effective remedies for depression and anxiety that would dramatically improve people's lives.

A second set of major issues is severe, chronic, and less common mental health problems, such as schizophrenia, intellectual disability, autism, and dementia. These conditions typically have a large impact on the person with the problem and his or her family for extended periods of their lives. People with schizophrenia, for instance, lose up to half the life expectancy one would expect for someone in their population, even though the condition is not inherently fatal. They die earlier because of discrimination in daily life, suicide, homelessness, unemployment, and low quality medical care. Treating people with these mental health problems is thus a human rights issue. Treating such issues is not as clearly tractable; there are no short-term solutions. However, there are long-term, community based interventions that can transform a person's quality of life, enable recovery, allow people to return to employment and alleviate the suffering of families.

A third grouping of mental health problems are conditions that are less recognized as mental health issues, such as substance abuse disorders and childhood conduct disorders. These issues are important because if they are treated early, significant suffering across the life course and adverse impact on society can be prevented. There is less evidence about the burden and treatment of these conditions, so there is not a large body of evidence that can guide policy action.

Intersection between mental health and other problems in the developing world

Often times, mental health problems and other health problems in the developing world co-occur and influence one another. For example, we now have a robust body of evidence showing that up to a quarter of the entire burden of childhood under-nutrition is attributable to maternal depression. Mothers play a key role in ensuring that their children receive proper nutrition; in order to address under-nutrition comprehensively, health programs must also address maternal mental health.

Although social disadvantage is a major determinant of many mental health problems, many persons think that the main thrust to reduce the burden of mental health problems is to address their social determinants. However, addressing these determinants accounts for only a small reduction of their burden. Similarly, while the burden of mental health problems in people with HIV is high, and treatment with ARTs does help improve mental health, there remain many people who receive HIV treatment who become depressed and whose depression negatively influences

their HIV outcomes. Put simply, treatments which specifically target mental health problems are needed to reduce the suffering associated with these conditions, regardless of their association with social factors and other health conditions.

In some cases, people with severe mental health issues face inhumane treatment, such as being locked in chains and beaten. This occurs because of a lack of appropriate community-based care, which exacerbates existing social difficulties and may lead to disturbed behavior. When proper treatment options do not exist, inhumane treatment of people with mental health issues can occur.

Possible interventions

Major structural problems in the global mental health space that could be addressed with more funding include:

- Lack of sufficient knowledge — this field is relatively young. Knowledge needs to be built to the level we currently enjoy about infectious diseases or maternal and child health. The 2013 World Innovation Summit for Health (WISH) report on mental health (http://wish-qatar.org/app/media/381; www.mhinnovations.net) shows that a significant amount of knowledge about mental health care is currently being generated in developing countries.
- Lack of support for scaling up interventions that work — the WISH report on mental health contains recommendations for interventions to scale up. The science of scaling up successful mental health interventions requires more support. Currently, there are not adequate resources to enable institutions in developing countries to scale up mental health programs.

Examples of interventions to support

One of the most exciting innovations in the mental healthcare space is the use of lay-people to deliver mental healthcare with appropriate training and supervision. These workers can deliver frontline, evidence-based interventions, in particular psychosocial treatments in primary care and community based settings. Evidence has shown that these interventions are safe and cost-effective. These interventions are ready to be scaled up.

The development and support of service user groups is another promising intervention. Service user groups can be organized into two broad categories: 1) people with mental health problems who use services (non-service users tend to remain hidden), 2) families of people with mental health problems (typically for conditions where a mental health problem affects a person's ability to be an advocate for him or herself, such as intellectual disability or dementia).

Networks of user groups should be expanded within and between countries. User groups can:

- Strengthen the global advocacy campaign for mental health, following the model of effective advocacy by HIV/AIDS advocate groups in the past.
- Be involved in delivering care via low cost interventions such as befriending or other peer-based interventions.
- Monitor the quality of mental health care.

There are many mental health interventions aside from drugs and psychological treatment. For example, one intervention for the treatment of autism is remedial, inclusive education. For people with schizophrenia, long-term empowerment interventions include the establishment of local support and social centers called "Clubhouses" and sheltered employment.

Examples of organizations to support

A promising funding opportunity is to support some of the most successful, innovative organizations working on mental health issues in developing countries. A small list of standout organizations in Africa and Asia can be found in the WISH report.

Dr. Patel believes that his suggestions about which groups to support is likely to be biased because he has deeper knowledge of certain groups, but he believes that Sangath, an NGO in India (www.sangath.com), is one of the most effective and innovative organizations working on mental health issues. Examples of other standout institutions working on mental health in Africa include the African Mental Health Foundation in Kenya, Addis Ababa University in Ethiopia, and a network of NGOs in several countries called BasicNeeds and HealthNet TPO. All of these groups are mentioned in the WISH report.

Adapting mental health interventions to local circumstances

When transferring mental health interventions from developed to developing countries, one of the most important lessons to keep in mind is that often times the delivery model must be adapted to local contexts. For example, developing world mental health interventions had to be adapted so that community-based workers without specialized skills could deliver them. The different economic contexts between the developed and developing world are also important to keep in mind. For example, implementation of sheltered employment interventions may have to be altered in countries with high unemployment, where employment for disabled people is a greater challenge.

Funding landscape for mental health issues in developing countries

WHO comprehensive mental health action plan 2013

The WHO comprehensive mental health action plan 2013 will likely change the funding landscape for mental health issues in the developing world. The action plan is a policy instrument that should generate more interest in mental health issues. Ministries of health in developing countries can use the action plan to justify their demands for more financial resources for mental health. The action plan may lead to a greater effort to persuade bilateral aid agencies to invest in health budgets for mental health. The action plan provides a good platform by emphasizing that mental health issues should be dealt with at the state level. However, the success of the action plan remains to be seen.

Activities being funded in this space

The large majority of funding in this space in the last 2-3 years has been allocated to research. Research programs are typically focused on conducting randomized controlled trials of recent innovations and researching how to scale up innovations.

There is very little country-level or institution-level funding to build the core capacity of institutions that could offer mental health care and become sustainable long-term assets. Dr. Patel is not aware of any substantial funders who support this aspect of mental health care.

Every innovation and strategy in this space is severely lacking in support.

Funders in this space

Funding in this space largely comes from Grand Challenges Canada (funded by the Government of Canada), the National Institute of Mental Health, the Wellcome Trust, the UK Department for International Development, USAID, and the European Commission.

Very few private foundations work in this area. The Wellcome Trust is by far the largest private foundation in this area and it funds research exclusively. The Alderman Foundation provides funding in this area and mainly supports mental health work in Africa in communities heavily affected by trauma. The Gates Foundation does not fund work in this area.

National support for mental health care in developing countries

In middle-income countries, such as India and China, most funding for mental health comes from local taxes. Reform is in progress to scale up mental health interventions in these countries. India has recently begun national initiatives to address mental health issues, but there is limited philanthropic involvement (the most notable Indian philanthropy is the Tata Trust).

The poorest countries, such as many countries in Africa, are dependent on donors to scale up mental health programs.

Role of a philanthropist in this space

The unique role of a philanthropist in this space could be to influence and mobilize support. Foundations often watch what other foundations are supporting; if one funder supports innovative work in the global mental health space, others may follow. For example, issues that the Gates Foundation champions typically become important issues for other foundations and in global health more generally. If a foundation were to highlight the evidence base around this cause, it might generate enthusiasm among other funders.

Foundations are best suited to supporting innovative change or supporting governments to take interventions to scale.

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