# BEST PRACTICES:
# MENTAL HEALTH AND DEVELOPMENT

Mental health is integral to achieving many development priorities. Ignoring this fact will impede the capacity of countries to reduce poverty and achieve better health and development outcomes.

Some best practice examples of strategies to address mental health issues in development are highlighted below:

## INCLUDING PEOPLE WITH MENTAL AND PSYCHOSOCIAL DISABILITIES IN INCOME-GENERATION PROGRAMMES

### ➔ Ghana

Basic Needs is a nongovernmental organization working in the field of mental health and Development. They run horticultural farms which offer work opportunities to people who are not suited for community-based vocational interventions. Many workers have been institutionalized in psychiatric hospitals, often for many years, or are destitute and without family support. Two farms are located within the premises of psychiatric hospitals. A third is located on land that was donated by a traditional chief in the area, and the fourth is managed by a BasicNeeds partner who specialises in forming organic farmers' cooperatives. On any day, work at these farms could include clearing land, raising beds, planting, preparing seed beds, watering, harvesting, or landscaping. Farm products include ornamental plants, mushrooms, and vegetables such as cabbage, peppers, onions, carrots, sweet peppers, and cucumber. The marketing and sales of these products are part of the project's overall functions. A portion of profits is shared among the members, and the rest is reinvested into the farm, covering expenses such as new equipment and repairs.

## BUILDING THE CAPACITY OF PEOPLE WITH MENTAL AND PSYCHOSOCIAL DISABILITIES TO PARTICIPATE IN PUBLIC AFFAIRS

### ➔ South Africa

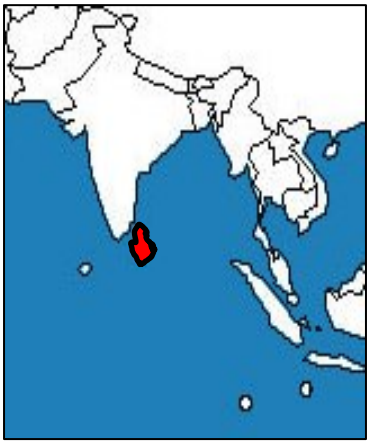
In South Africa's most densely populated province, Gauteng, the Consumer Advocacy Movement advocates for the needs and rights of mental health care users. Its executive committee consists of six mental health care users. Since its creation in 2006, it has grown rapidly into an active movement of 280 members. The committee plays a vital role in raising awareness of mental health issues, and in supporting mental health care users and their families. The movement also issues a biannual consumer advocacy journal, which is written by mental health care users.

### ➔ Zambia

In Zambia, the Mental Health Users Network of Zambia provides a forum through which users of mental health services can support each other and exchange ideas and information. The organization champions the human rights of people with mental health conditions, and works with government departments, national and international nongovernmental organizations, and the media to fulfil its objectives. Activities include: identifying needs and lobbying for rights and services for people with mental health conditions; contributing to the revision of mental health legislation; mobilizing and sensitizing communities around mental health issues; helping to mitigate the impact of HIV/AIDS on people with mental health conditions; visiting the homes of people with mental health conditions and sensitizing their family and community members; and participating on radio shows.

## INTEGRATING MENTAL HEALTH INTO SERVICES DURING AND AFTER EMERGENCIES

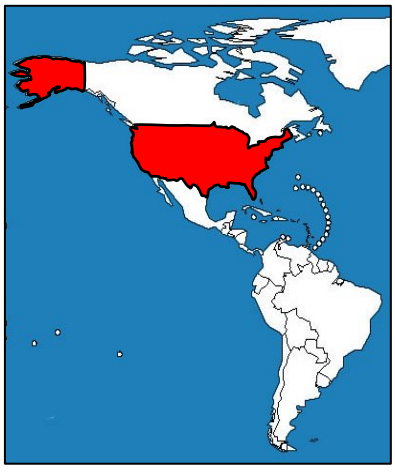
### ➔ Sri Lanka



In the aftermath of the tsunami disaster of 2004, the active nurturing of numerous opportunities resulted in significant improvements in the Sri Lankan mental health system. During the months after the tsunami struck, Sri Lanka was overrun by aid agencies, each of which was offering short-term mental health and social support. With ongoing strong support from the World Health Organization, steps were taken to maintain this interest in mental health and use it to initiate a national-level policy development process. Ten months after the disaster, the Government of Sri Lanka approved a new, consensus-based national mental health policy. The new policy has guided efforts to strengthen the governance, management, and administration of mental health services, and to reconfigure the organization of mental health services so that multidisciplinary care is available locally in all districts.[1]

## MAINSTREAMING MENTAL HEALTH ISSUES INTO EDUCATION

### ➔ United States of America



In the United States of America, children from impoverished backgrounds attended a half-day preschool intervention and received weekly home visits. They not only experienced short-term benefits, but also long-term benefits documented up to the age of 27 years. Evidence gathered over twenty two years indicates that the High/Scope Perry Preschool Program cut crime in half, reduced high school dropout and demand for welfare assistance, increased participants' adult earnings and property wealth, and provided taxpayers with a return of US$ 7.16 for every dollar invested in the programme.[2]

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[1] Saraceno B, van Ommeren M, Batniji R, Cohen A, Gureje O, Mahoney J, et al. Barriers to improvement of mental health services in low-income and middle-income countries. The Lancet. 2007 10;370(9593):1164-1174.

[2] Schweinhart LJ, Weikart DP. High/Scope Perry preschool program effects at age twenty-seven. In: Crane J, ed. *Social programs that work*. New York, Russell Sage Foundation, 1998:148–162; Schweinhart LJ, Barnes HV, Weikart DP. *Significant benefits: the High/ Scope Perry preschoolstudy through age twenty-seven*. Ypsilanti, High Scope Press, 1993 (Monographs of the High/Scope Educational Research Foundation, No. 10).

## INTEGRATING MENTAL HEALTH INTO PRIMARY CARE

### ➔ Uganda

In the Sembabule District of Uganda, people with mental health conditions receive their general health care together with their mental health care. This means that neither mental nor physical heath is neglected, and people are treated holistically. Primary health care workers identify mental health problems, treat people with uncomplicated common mental health conditions or stable chronic mental health conditions, manage emergencies, and refer those who require changes in medication or hospitalization. Specialist outreach services from hospital level to primary health-level facilitate ongoing mentoring and training of primary health workers. In addition, village health teams, comprised of volunteers, have been formed to help identify, refer and follow-up on people with mental health conditions. Mental health treatment in primary health care, compared with the previous institutional care model, has improved access, produced better outcomes, and minimized disruption to people's lives.

### ➔ Iran

The Islamic Republic of Iran has pursued full integration of mental health into primary care since the late 1980s. At village level, community health workers have clearly-defined mental health responsibilities, including active case finding and referral. General practitioners provide mental health care as part of their general health responsibilities and patients therefore receive integrated and holistic services at primary health care centres. If problems are complex, general practitioners refer patients to district or provincial health centres, which are supported by mental health specialists. An important feature of the Iranian mental health reform has been its national scale, especially in rural areas: in 2006, 82% of the rural population had access to primary mental health care.

## Suggested citation:

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