



BEST PRACTICES: MENTAL HEALTH POLICY AND PLANNING

WHO's three most important recommendations for the development of policy, strategic plans and for organizing services are:

- To deinstitutionalise mental health care,
- To integrate mental health into general health care, and
- To develop community mental health services

Some best practice examples of mental health policy and planning are highlighted below:

→ Chile¹

Chile has a population of 15 000 000, 85% of which is urban. The literacy rate is 95%. Although the country has had successful public health programmes for 50 years, especially in the fields of infectious diseases, birth delivery and nutrition, no mental health policy was formulated before 1990. In that year a mental health policy and plans were adopted nationally, whereby a mental health team was established in the Ministry of Health and at least one professional was placed in charge of mental health in each of the 28 health districts. The main strategies involved the integration of mental health care into primary care, the psychosocial rehabilitation of people with psychiatric disabilities, the prevention and treatment of alcohol and drug abuse and domestic violence and the treatment of victims of torture and other violations of human rights that had occurred between 1973 and 1990.



A new national plan and programme for mental health and psychiatric care were formulated in 1999 following a political crisis involving the Ministry of Health and the trade unions at the main mental hospital. The crisis, which arose because of inadequate psychiatric care for discharged patients, was resolved with a new comprehensive national plan and an increase in the mental health budget (Ministry of Health, Chile, 2000). The following changes in mental health services have taken place over a period of 12 years:

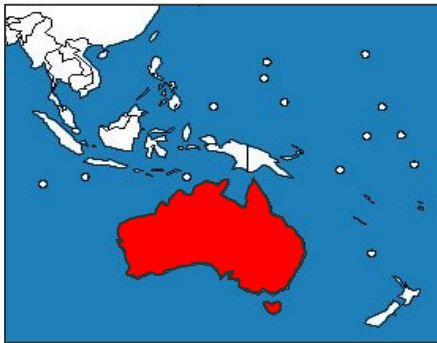
- the number of psychiatrists working in public services doubled to more than 300;

¹ Mental health policies, plans and programmes (updated version). Geneva, World Health Organization, 2005. (Mental Health Policy and Service Guidance Package).



- long-stay beds decreased from 2516 to 1169;
- new services were introduced, namely 33 day hospitals, 41 community mental health teams, 60 sheltered homes serving 476 persons, and 46 social clubs;
- than 200 psychologists were incorporated into one-third of primary care facilities;
- more than 60 consumer and family groups were formed.

→ Australia ²



In Australia, where depression is ranked as the fourth most common cause of the total disease burden, and is the most common cause of disability, the country's first national mental health strategy was adopted in 1992 by the federal government and the health ministers of all the states. A collaborative framework was established to pursue the agreed priority areas over a 5-year period (1993-98). This five year programme has demonstrated the changes that can be achieved in national mental health reform. National

spending on mental health care increased by 30% in real terms, while spending on non-communicable diseases grew by 87%. By 1998, the amount of mental health spending dedicated to caring for people in the community increased from 29% to 46%. Resources released through institutional downsizing funded 48% of the growth in community-based and general hospital services. The number of clinical staff providing community care rose by 68%, in parallel with increased spending. Stand-alone psychiatric hospitals, which had accounted for 49% of mental health resources, were reduced to 29% of those resources, and the number of beds in institutions fell by 42%. At the same time, the number of acute psychiatric beds in general hospitals rose by 34%. Formal mechanisms for consumer and carer participation were established by 61% of public mental health organizations. The nongovernmental sector increased its overall share of mental health funding from 2% to 5% and funds allocated to nongovernmental organizations to provide community support to people with psychiatric disability grew by 200%.

² Whiteford et al. (2000). The Australian mental health system. *International Journal of Law and Psychiatry*, 23 (3-4): 403-417, Cited in World Health Report 2001. *Mental Health: new understanding, new hope*. Geneva: World Health Organization.



→ Belize³

Belize's national health agenda (2007–2011) gives visibility to mental health issues and requires the government to achieve a number of key expected results in mental health policy and service development. It aims to prevent and reduce the incidence of mental health conditions, and to provide good quality care to those in need. Services consist of primary-care based outpatient services that are complemented by inpatient/specialist care and community outreach. Specific areas for action include: development of a mental health human resource plan; training of general health workers in the management of mental health



conditions; development of community-based support services, including housing; and support to the development of consumer organizations nationwide. Clear targets for each of these areas will hold the government accountable for achieving tangible results.

→ The Gambia

Work to develop a mental health policy and plan for the Gambia began in 2004 with a request to WHO for information, resources and technical assistance. In 2005, the Gambia established a policy drafting committee, produced a first draft of the policy and held a number of initial consultations with many different experts, health professionals and key individuals from different government sectors within the Gambia.



The policy and plan went through a series of revisions and elaborations over a period of two years before being finalised in December 2006. Both the policy and the plan were driven by an objective assessment of the mental health situation and feedback from ongoing consultations which highlighted the great need, willingness and strategies required to strengthen the overall mental health system in order to provide effective treatment and care to those in need as well as to promote the mental health of all Gambians. In fact it is through this consultation and the work of the drafting committee that the Gambia was so effectively able to

³ Mental health and development: targeting people with mental health conditions as a vulnerable group. 2010. Geneva: World Health Organization



develop consensus around the future of mental health services, treatment and care and formulate its first mental health policy and strategic plan for the country.

Throughout this process, WHO worked along side the Gambia by helping to carry out the situational assessment of mental health in the country, organize and convene a number of technical workshops, and comment and contribute to the different drafts of the policy and plan.

The official adoption of the policy and plan is expected shortly, but in the mean time a key action to fulfill the mental health plan has already been taken - the creation of the position of mental health coordinator in the Gambia and the official appointment of Mr Bakary Sonko to this position.

The vision of the mental health policy is:

Attainment of equitable, accessible and cost-effective mental health care for people living in the Gambia through the provision of quality mental health care integrated into all levels of care, by skilled and motivated personnel, with the involvement of all stakeholders.

The Key objectives of the policy are stated as follows:

- i.** To provide equitable access to quality mental health care to all people in the Gambia with mental and substance use disorders including vulnerable populations (i.e., children, women, the aged, migrants and refugees among others).
- ii.** To promote and protect the human rights of people with mental and substance use disorders.
- iii.** To change negative perceptions of the population regarding people with mental disorders and substance abuse through the sensitisation of communities to mental health issues.
- iv.** To provide mental health and substance abuse services which are integrated into the entire health care system and widely available in the community.
- v.** To reduce institutionalisation of people with mental and substance abuse disorders.
- vi.** To decentralize authority, resources and services for mental health care, allowing for more participatory decision making at the primary health care and community levels, including the engagement of consumers and family members.

Twelve key strategies have been defined each with defined activities, timeframes and budget for each strategy.

- **Strategy 1:** To strengthen the national mental health coordinating unit at the Department of State for Health
- **Strategy 2:** To mobilise resources for mental health interventions with a view to providing quality services.
- **Strategy 3:** To review the existing mental health legislation of The Gambia in line with the international human rights standards.
- **Strategy 4:** To raise awareness and reduce negative perceptions about those suffering from mental and substance abuse disorders through the use of advocacy and Information, Education and Communication (IEC) strategies.
- **Strategy 5:** To improve the availability, distribution and use of cost-effective psychotropic medicines.
- **Strategy 6:** To support the strengthening of the health management information system to adequately address mental health issues.
- **Strategy 7:** To strengthen community involvement and participation in mental health care delivery.
- **Strategy 8:** To create 3 in-patient mental health units and outpatient clinics integrated in the general hospitals.
- **Strategy 9:** To improve treatment and human rights conditions in the Campama psychiatric unit until it is closed.
- **Strategy 10:** To recruit and train a sufficient number of health workers at the specialised, community and primary health care levels in order for them to be able to provide appropriate quality mental health care at all levels.
- **Strategy 11:** To train and support traditional healers in mental health.
- **Strategy 12:** To regularly monitor and evaluate the mental health policy and plan.

Suggested citation:

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