

THET POSITION PAPER

MENTAL HEALTH

This paper is part of THET's Position Paper series, which aims at illustrating THET's efforts to coordinate and stream line our thinking on key thematic issues. This will guide our programme design ensuring that we are offering the right solutions to the most pertinent issues in each country we work in.

Each theme has been chosen because we think they are often neglected by both the development and global health sectors.

BACKGROUND

One in four people will be affected by mental health issues during their lifetime (WHO, 2001), 80% of whom live in low- and middle-income countries (LMICs) (WHO, 2009). While awareness of mental health is becoming more widespread, there remains a high level of stigma, misunderstanding and mistreatment for people living with mental health conditions across LMICs. There is also a large variation in what is considered a mental illness, with some LMICs including epilepsy and homosexuality.

Pressures caused by inequality, poverty, lack of education, rights abuses, conflict and poor infrastructure perpetuate mental health issues by contributing to, among other things, sexual abuse, depression, anxiety, substance abuse and suicide. Despite mental well-being representing a significant factor across many of the Sustainable Development Goals (SDGs) - such as SDG3, "good health and well-being" and SDG10, "reduced inequalities" (Patel, 2007) - developments in mental health remain critically under-funded by donors and overlooked in the government policy implementation.

As a result, access to quality mental health care in LMICs is severely lacking. Taking a sample of the countries where THET has a presence: Uganda employs just 30 psychiatrists to oversee a population of 35 million people; only 20% of people suffering from mental health in Tanzania have access to mental health services (Basic Needs, 2015); and shackling patients with metal chains in Somaliland is a common form of treatment and punishment (HRW, 2015).

OUR STRENGTHS

Under the DFID-funded Health Partnership Scheme (HPS), THET awarded 20 grants to mental health projects in LMICs, reaching a total budget of £1.25m. Over the course of six years, 5,843 mental health workers were trained, 4,288 of whom are community health workers. It is estimated that 25,000 people in LMICs have benefitted from improved services as a result. The extended grant supports two mental health projects to the end of 2018: a peer support worker training project in Butabika Hospital, Uganda; and developing the clinical and leadership capacity of nurses at Mirembe Hospital, Tanzania.

Outside of the HPS and in partnership with King's College London, THET introduced Somaliland's first psychiatry course for final year medical students at Boroma University and established clinical placements on wards across the country. Further training in psychiatry for faculty members and undergraduates at the universities of Boroma and Hargeisa is ongoing. THET has also convened UK and LMIC partners with an interest in global mental health through workshops, conference side-events and webinars.

THET'S COMMITMENT

THET aims to increase its focus on mental health in order to help the NHS contribute towards achieving universal health coverage and civil society's wider aim of reaching the SDGs. THET's contextual awareness of the problems faced by a wide range of stakeholders, from service users and community health workers, to trained health professionals in large referral hospitals and Ministries of Health, allows us to refine and scale up our mental health interventions. THET has also developed relationships with some of the leading UK clinicians and academics who work in global mental health. With a renewed focus on disability by the UK Department for International Development, we believe that now is the right time to advocate for greater inclusion of mental health issues within the development agenda.

Specifically, THET aims to:

1. Increase the availability of and access to quality mental health care by building the capacity of medical professionals, community health workers, educators and medical institutions to identify, diagnose and treat patients in LMICs.
2. Reduce the stigmatisation of people with mental health issues.
3. Contribute to a body of evidence on mental health needs and support requirements, to influence policy makers and donors.
4. Mainstream mental health interventions or data collection into all THET programmatic work.
5. Support UK institutions which have achieved excellence in the provision of mental health services in the UK to increase their contribution to the development of health services in LMICs.

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