Mental Health Policy Project

Policy and Service Guidance Package

EXECUTIVE SUMMARY

World Health Organization

Disclaimer

Preface

Latest WHO estimates of the global burden of disease for 15 to 44 year-olds indicate that mental and behavioural disorders represent five of the top ten leading disease burdens. These disorders, which include depression, alcohol use disorders, self-inflicted injuries, schizophrenia and bipolar disorder, are as significant in developing countries as they are in industrialized countries.

The economic and social impact of this burden on society is tremendous. Health and social service costs and loss of production due to high unemployment rates among people with mental disorders and their families, are some of the more obvious and measurable costs. Less apparent are the financial costs, diminished quality of life and emotional strain experienced by sufferers and their families.

We know today that most mental disorders can be managed, treated, and in many cases prevented, and that effective intervention strategies exist. Yet there remains a large gap between the availability of this knowledge and its application in reality. Countries are ill-equipped to address this burden, as mental health resources are scarce and available mental health resources are misused.

In order to address these problems and challenges, WHO has embarked upon a Mental Health Policy Project. The Project aims to assist policy-makers, service planners and other mental health stakeholders in the formulation and implementation of coherent, comprehensive and effective mental health policies, plans, legislation and services.

The first phase of the project involves the development of a guidance package on mental health policy and service development. A number of international experts, organizations and institutions from around the world are contributing to the development of the package, and several international meetings have been held to review this work.

The next steps will include the organization of regional forums and the establishment of advisory networks in each of the WHO regions, as well as direct technical assistance to countries.

It is our pleasure to present the executive summary of the Mental Health Policy and Service Guidance Package. This effort represents an important step towards ensuring that mental health is placed firmly on the national agenda of governments and that the reduction of the mental health disease burden becomes a priority.

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To date, a number of individuals, organizations and ministries of health have agreed to review subsequent drafts of the Mental Health Policy and Service Guidance Package.

Contents

Mental health: what do we know?

Today, nearly 450 million people suffer from mental and behavioural disorders[1]. Already, mental health problems represent five of the 10 leading causes of disability worldwide, amounting to 12% of the total global burden of disease. While mental and behavioural disorders affect people in all groups of society in all countries, the poor are disproportionately affected by these disorders in both developed and developing countries. As people live longer and populations get older, the number of people with mental disorders is likely to increase over the next few decades. This burden creates an enormous cost in terms of suffering, disability and economic loss, and trends indicate that it will only increase in the future.

For most mental and behavioural disorders, effective interventions have been developed. Yet, despite this potential to successfully manage these problems, only a small minority of those in need receive even the most basic treatment. A recent WHO study has revealed that:

❚ over 40% of countries do not have a mental health policy.

❚ over 30% of countries do not have a mental health programme.

❚ more than 25% of countries do not have access to basic psychiatric medication at the primary care level.

❚ 70% of the world's population has access to less than one psychiatrist per 100,000 people.

This startling gap between effective and available interventions can be reduced by improving government policy, planning, and service development. All too frequently, mental disorders are not given appropriate priority considering the burden they cause and the fact that affordable, effective treatments exist. To improve the mental health of populations, it is essential that governments formulate and invest in a coherent and comprehensive strategy.

What are mental health policies? Why are they important?

Mental health policies describe the values, objectives and strategies of the government to reduce the mental health burden and to improve mental health. They define a vision for the future that helps to establish a blueprint for the prevention and treatment of mental illnesses, the rehabilitation of people with mental disorders, and the promotion of mental health in the community. Policies specify the standards that need to be applied across all programmes and services, linking them all with a common vision, objectives and purpose. Without this overall coordination, programmes and services are likely to be inefficient and fragmented.

WHO Mental Health Policy Project

WHO's Department of Mental Health and Substance Dependence has created a Mental Health Policy Project. This project will provide more detailed guidance on how to implement the policy statements and recommendations of the World Health Report 2001. The goal of this project is to bring together the latest information on mental health policy and service development. Together with the evidence base established in the World Health Report, this information will be

used to create a guidance package that will be disseminated to Member States. Through regional forums and direct country assistance, this information will help countries to create policies and put them into practice leading to improved mental health care, treatment, and promotion.

The Mental Health Policy and Service Guidance Package

The guidance package has been developed by experts in the field of mental health policy and service development, in consultation with a wide range of policy-makers and service planners from around the world. Further revisions of the guidance package are planned, following reviews by Member States, consumer and family organizations and NGOs.

In its current form, the guidance package contains a series of inter-related, user-friendly modules, designed to address the wide variety of needs and priorities in the areas of policy development and service planning. Each module topic represents a core component of policy. **Modules include:**

❚ The mental health context.

❚ Mental health policies and plans.

❚ Financing.

❚ Legislation and human rights.

❚ The role of advocacy in national level planning.

❚ Quality improvement for stewardship.

❚ Organization of services.

❚ Planning and budgeting for service delivery.

❚ Quality improvement for service delivery.

Additional modules that are planned include:

❚ Improving access to psychotropic drugs.

❚ Information systems.

❚ Human resources and training.

❚ Child and adolescent mental health.

❚ Research and evaluation of policy and services.

The Policy Project will help policy-makers:

❚ Develop a vision and comprehensive strategy for improving the mental health of the population.

❚ Use existing resources to achieve maximal benefits.

❚ Provide effective services to those in need.

❚ Assist the reintegration of people with mental disorders into all aspects of community life and improve their overall quality of life.

1. These include: depression; bipolar disorder; schizophrenia; epilepsy; alcohol and drug use disorders; Alzheimer's and other dementias; post-traumatic stress disorder; obsessive compulsive disorder; panic disorder; and primary insomnia.

The mental health context

Mental health is an area that governments should not ignore.

❚ Mental disorders comprise five of the top ten leading causes of disease burden, around the world. The portion of the global burden of disease attributable to mental and behavioural disorders is expected to rise from 12% in 1999 to 15% by the year 2020. The rise will be particularly sharp in developing countries due to factors such as the ageing of the population and rapid urbanization.

❚ Mental health problems have clear economic and social costs. Sufferers and their families or caregivers often experience reduced productivity at home and in the workplace. Lost wages, combined with the possibility of catastrophic health care costs can seriously affect patients and their families' financial situation, creating or worsening poverty. For both patients and families, the social consequences of mental disorders can include unemployment, disrupted social networks, stigma and discrimination, and diminished quality of life.

❚ Mental disorders also impose a range of consequences on the course and outcome of comorbid chronic conditions, such as cancer, heart disease, diabetes and HIV/AIDS. Numerous studies have demonstrated that patients with untreated mental disorders are at heightened risk for diminished immune functioning, poor health behaviour, noncompliance with prescribed medical regimens, and unfavourable disease outcomes.

❚ Some groups in society are more vulnerable to the onset of mental health problems, such as indigenous people, those exposed to disasters and war, displaced persons, people living in absolute and relative poverty, and those coping with chronic diseases such as HIV/AIDS. These groups require special attention.

In recent decades, significant developments have occurred in our understanding of mental health that have changed the manner and context in which people can be treated. Advances include:

❚ The development of new psychotropic drugs and effective psychosocial interventions, which can be used effectively on an outpatient basis.

❚ The growth of the human rights and consumer movements, which have focused attention on violations against people with mental disorders and highlighted government obligations to promote and protect their rights and interests.

❚ Information technology, which has enabled rapid access to, and dissemination of, knowledge and data.

The health sector is transforming rapidly. A number of reforms are being adopted at varying speeds and to varying degrees. These reforms present a number of consequences and opportunities for mental health services.

❚ Mental health must not be ignored in health sector reforms.

❚ Decentralization of health services is a key trend across the globe. This is an opportunity to integrate mental health into general health services, in particular at the primary care level. As a result of decentralization, it is likely that more management and administration responsibilities will be transferred to the local level and training must be provided to workers taking on these new responsibilities.

❚ With the integration of mental health into general health care and the shift away from institutional care, specialized mental health professionals may need to provide more training and supervision of general health workers, who may

have the added responsibility of identifying and managing mental and behavioural disorders in the community.

❚ Health financing reforms aimed at cost-containment are being adopted in many countries through the introduction of co-payments and out-of-pocket payments. A system that determines payment according to means should be introduced in order to allow the poor to use mental health services.

❚ Reforms are occurring that separate the purchasing of services from the provision of services. They typically require a redefinition of government roles from one of directly providing services to one of monitoring, evaluating and regulating services. Skills must be developed for designing and evaluating contracts with providers (public, private or non-profit) to ensure they deliver equitable and high quality mental health services.

Government policies and legislation *outside the health sector* have the potential to negatively or positively influence the population's mental health. Any attempts to improve mental health must consider and make appropriate changes to these policies.

❚ Mental health is influenced by a number of macroeconomic factors, including poverty, education and urbanization, which fall outside the direct responsibility of the health sector.

❚ Policies that address employment, commerce, economics, education, housing, city planning, municipal services, social welfare, and criminal justice should be formulated in a way that promotes mental health.

❚ Failure to consider the importance of wider civil, political, economic, social and cultural rights for people with mental disorders will destroy the positive effects of sound mental health policy and services.

Government policies and legislation *within the health sector* have the power to enhance or weaken the mental health of the population.

❚ Policies that negatively impact on mental health include: flawed resource allocation, which favours outdated and inappropriate psychiatric institutions over community care; insufficient funding for mental health services; inadequate human and physical resources; insufficient attention to quality and accountability; legislation that discriminates against people with mental disorders (or the absence of protective legislation); and mental health information systems that are disconnected from general health information systems (if they exist at all).

❚ Progressive health policies and legislation recognize that mental health is an essential element of overall health, overcome marginalization of mental health problems, and promote the integration of mental health into the general health sector at administrative, legal, managerial, and service delivery levels.

Successful efforts to enhance the mental health of populations take into account the unique political, economic, social and cultural context of countries.

❚ National policies should be formulated based on a thorough knowledge of the population, including its needs and demands for services.

❚ Policy formulation and implementation should be conducted with full realization and use of the political process that is necessary for success.

❚ All forms of population diversity (for example, language, culture and religion) need to be directly addressed in policy so as to ensure appropriate access and treatment for all groups.

Mental health policies and plans

An explicit mental health policy is an essential tool to accomplish the function of stewardship. Mental health policy can result in:

❚ Higher priority being given to mental health.

❚ Availability of a blueprint which describes the broad goals to be achieved and upon which future action can be based.

❚ Improved procedures for developing and prioritizing mental health services and activities.

❚ Identification of principal stakeholders in the mental health field and designation of clear roles and responsibilities.

❚ Consensus for action among the different stakeholders.

Every government should have a mental health policy that is endorsed at the highest level

❚ Policies approved only at the level of the mental health department of the ministry of health are less influential than policies endorsed at the level of the ministry of health, or even better, at the highest governmental level, to ensure political commitment.

❚ The health sector alone cannot provide all the services needed by people with mental disorders and cannot address all that is needed for the promotion of mental health and prevention of mental disorders. Forming a **Commission** comprising several government sectors can partially counterbalance these disadvantages.

During the process of formulating a mental health policy, it is necessary to discuss which guiding principles to adopt. For example:

❚ Participation of the community in mental health services.

❚ Deinstitionalization and community care.

❚ Accessibility and equity in mental health services.

❚ Integration of services through primary health care.

Specific policy objectives should be defined to improve the health of the population, respond to people's expectations, and provide fair financial protection against the cost of ill-health.

In the guidance document, examples are provided to show how specific objectives are likely to vary according to the current state of general and mental health services.

Achieving specific policy objectives will necessarily involve defining mental health areas for action, including:

❚ Financing.

❚ Intersectoral collaboration.

❚ Legislation and human rights.

❚ Advocacy.

❚ Information systems.

- Research and evaluation of policies and services.
- Quality improvement.
- Organization of services.
- Promotion, prevention, treatment and rehabilitation.
- Improving access to psychotropic drugs.
- Human resources and training.

The formulation and implementation of good policy is a multi-step, consultative process. It depends on:

- The collection of information on the population's needs and demands for services.
- Consensus building at each stage of development to achieve a common vision.
- Political support from stakeholders – the government, consumer and family groups, professional associations, non-governmental organizations.
- Pilot projects to demonstrate the effectiveness of policy decisions, e.g., the introduction of psychiatric beds into general hospitals.
- International support and experiences to share knowledge of policy approaches and their success.

Mental health policy implementation should be accompanied by awareness-raising within the government and the community, and should be evaluated for its effects. Specific steps include:

- Widespread dissemination of the policy through workshops, public events, printed materials, meetings within national and international seminars.
- Gaining political support and funding to ensure proper implementation.
- Creating a demonstration area to implement and evaluate policy, in order to learn from its experiences and to use it as a basis for training people from other areas/regions.

The implementation of a policy requires the formulation of a detailed plan.

- All stakeholders within the system must participate in the planning process.
- The details of how each policy objective will be implemented must be defined, and commensurate financial resources must be allocated.
- The plan should have an in-built monitoring and evaluation component.
- A timeframe for implementation must be established.

Common obstacles to policy implementation include:

- Stakeholders who are resistant to policy change.
- Health authorities who are not sensitized and committed to mental health.
- Lack of consensus amongst mental health stakeholders.
- Insufficient financial and human resources for mental health.
- Competing health problems which are seen as more important than mental health.

Obstacles to policy implementation can be overcome by adequate planning and attentiveness to the political process.

Financing

Adequate and sustained financing is one of the most critical factors in the realization of a viable mental health system. As such, financing is a powerful tool with which policy-makers can develop and shape mental health services and their outcomes.

❚ Financing is the mechanism by which plans and policies are translated into reality.

❚ Financing creates the resource base for the actual operation and delivery of services, for the development and deployment of a trained workforce and for the required infrastructure and technology.

❚ Without adequate and stable financing, objectives cannot – and will not – be achieved.

Every government should move progressively towards adequate funding for mental health.

❚ Countries should establish funding for mental health services equal to the magnitude and burden of mental disorders present in that society.

❚ Resources available for mental health should be clearly defined and protected.

❚ Tied to a strategic vision for mental health, increased funding should be made available to build a sustainable mental health system that can improve the lives of people with mental disorders and society as a whole over time.

Financing mechanisms should facilitate rather than impede access to required services. To make this happen, financing systems should:

❚ Protect people from catastrophic financial risk due to health care costs.

❚ Ensure that user payments as a source of revenue are not barriers to services.

❚ Allocate resources specifically to priority underserved and at-risk populations (e.g., people with severe mental disorders, children and adolescents, women, the elderly, specific regions, specific income strata).

Prepayment systems (e.g., general taxation and social insurance) that include mental health services are one clear way to achieve these objectives.

Accountability for existing mental health resources should be a critical component of planning and budgeting.

❚ Limited resources available for mental health need to be judiciously allocated to appropriate and effective services.

❚ Information systems for monitoring expenditures and services are critical to ensure equity, effectiveness and efficiency.

Financing can shape the development and future of mental health systems through incentives and budget flexibility. Some examples of areas that could be affected include:

❚ Shifting funds from institutions to community care.

❚ Integration of mental health with primary care.

❚ Funding for quality, evidence-based services.

❚ Funding for workforce training and development.

During health services transitions, special funding – sometimes called "double funding" or "parallel funding" – is needed to ensure that new services are firmly established before existing services are closed. This approach is often useful during the transition from hospital-based services to community-based services.

Specific infrastructure supports can facilitate planning and budgetary objectives. Some of these include:

❚ Management and purchasing structures.

❚ Information systems.

❚ Contractual arrangements.

❚ Evaluation and cost-effectiveness analysis.

❚ Information-sharing and involvement of key stakeholders.

Common obstacles to good financing are:

❚ Lack of priority given to mental health services.

❚ Lack of understanding as to the effectiveness of medications and services in the management of mental disorders.

❚ Vested interests by certain stakeholders in maintaining the status quo of existing structures and services.

❚ Lack of organized constituencies to represent people with mental disorders.

Obstacles to adequate financing can be addressed through advocacy and information-sharing about the societal impact of mental disorders and the effectiveness of mental health services.

Legislation and human rights

Legislating in the area of mental health is an important aspect of policy and service development. Legislation can provide longer-term consistency and continuity to policy directions which otherwise might be changed when new governments take office. Mental health legislation can:

❚ Codify and consolidate the fundamental principles, values, goals and objectives of mental health policies and programmes.

❚ Provide a legal framework to ensure that critical issues such as access to care, high quality of care, integration of people with mental disorders into the community, and mental health promotion are addressed.

❚ Protect and promote the rights, needs and interests of people with mental disorders, and tackle the stigma and discrimination they experience.

In order to determine what should go into mental health legislation, a country must:

❚ Ascertain the mental health realities in the country (e.g., barriers to implementation of policies and programmes).

❚ Examine the effectiveness of existing legislation and other laws that affect the mental health of the nation.

❚ Review other countries' mental health legislation and relevant international standards in order to determine which specific components need to be integrated into national law.

Key components for mental health legislation:

❚ Every country should formulate legislation that is consistent with the *UN Principles for the Protection of the Rights of Persons with Mental Illness and the Improvement of Mental Health Care* (1991). Additionally, legislation should address civil, political, economic, social and cultural rights, and can incorporate promotion and prevention issues.

It is essential that a wide variety of actors be included in the drafting process, to ensure that the legislation adequately reflects national priorities and requirements. Thus, those responsible for drafting legislation need to:

❚ Appoint a multi-sectoral drafting committee.

❚ Initiate a process of consultation with all relevant national and local level actors (eg., through publication of legislation, soliciting of written responses, holding consultative meetings or public hearings).

The adoption process can be the most difficult step of the legislative process, often provoking political resistance, as mental health legislation competes with other priority areas for time, attention and resources. Ministries of health should consider the following means of overcoming obstacles to adoption:

❚ Rallying public support for mental health legislation through media campaigns, workshops and seminars that involve and support mental health advocacy groups and organizations.

■ Lobbying members of the executive branch of the government and legislature and different political parties and ministries. This could take the form of organizing regular meetings and sending periodical documents to sensitize, inform and solicit opinion.

■ Providing stakeholders with a cost breakdown to demonstrate the feasibility of implementing the legislation.

Various factors impede the effective implementation of mental health legislation such as insufficient resources for its operation, lack of knowledge among professional groups and the general public, resistance to certain legal provisions, or the absence of supplementary guidelines. Mechanisms to facilitate implementation include:

■ Advocacy, awareness-raising and dissemination of information on the rights of people with mental disorders.

■ Training in issues related to the protection of people with mental disorders for workers in health and other sectors.

■ Setting up review mechanisms to monitor the implementation of the legislation by conducting regular inspections of mental health facilities and reviewing cases of involuntary treatment and admission.

The role of advocacy in national level planning

What is advocacy and why is it important?

❚ Mental health advocacy is a broad term, describing a variety of different actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes for the population. Some of the goals of advocacy could include: putting mental health on the national agenda of governments; improving policies and practices of governments and institutions; changing laws and government regulations; protecting and promoting the rights and interests of people with mental disorders; and improving mental health services, treatment and care. Advocacy activities include lobbying, awareness-raising, education and training.

❚ Mental health advocacy is driven by agendas representing diverse, often conflicting, and sometimes irreconcilable interests of different stakeholders.

❚ In Europe, the United States, Canada, Australia and New Zealand, an advocacy movement is burgeoning. In developing countries, where mental health advocacy groups are still incipient, one can expect the movement to grow (with technical and financial assistance from both public and private sources) because the costs are low and social support and solidarity are often highly valued in these countries.

Ministries of health can and should play an important role in advocacy, through direct action and by supporting other institutions dedicated to advocacy. Mental health advocacy requires a variety of strategies to tackle a wide range of issues and reach a diversity of stakeholders:

❚ **General population:** the action and activities for the general population should aim to raise awareness on mental disorders, change attitudes towards people with mental disorders and sensitize on the rights of people with mental disorders. Action may include the development of anti-stigma and discrimination campaigns. The media also represents a powerful tool in raising awareness and promoting attitude change through a number of strategies including publicity, advertising and "edutainment".

❚ **Health and mental health workers:** advocacy action targeting this group should aim to modify negative attitudes of health and mental health workers towards patients, as well as improve the quality of mental health services and the treatment and care provided. It should include the dissemination of reliable information on, for example, the rights of people with mental disorders, quality assurance standards to reinforce good practices, and cost effective interventions.

❚ **Decision and policy-makers** (executive branch of government, legislature and political parties): advocacy for this group is essential to ensure that mental health is given due attention on the national political agenda, and in order to prompt action to improve policies, funding, research and legislation in this area. Reliable and accurate information needs to be disseminated to this group on, for example, the burden of mental and neurological disorders, cost-effective interventions, and national mental health policies, plans and legislation.

▌ **Consumer groups, family groups and NGOs:** because consumer organizations, family organizations and NGOs have a fundamental role to play in advocacy, in lobbying governments, monitoring human rights violations, raising awareness, and in providing care and support to people with mental disorders, it is essential that the government provides them with the support required for their development and empowerment. Consumers, families and their organizations need to be sensitized about mental disorders and the treatment and care available to them, their rights and the legal mechanisms in place to protect them. These groups should be invited to participate in the development and implementation of policies, plans, programmes and legislation, and in the design of educational and awareness-raising campaigns. They should also be included in mental health committees and commissions and be represented in visiting boards to mental health facilities.

Many countries have few or no advocacy groups. Steps to be taken in such countries include:

▌ Setting priorities for advocacy action.

▌ Lobbying relevant government authorities.

▌ Identifying stakeholders interested in the rights of people with mental disorders and providing them with support in undertaking advocacy activities.

▌ Empowering existing advocacy groups.

▌ Inviting representatives from advocacy groups to participate in ministry of health activities.

Quality improvement for stewardship

An emphasis on the quality of mental health policies and services is fundamental to effective stewardship and accountability.

❙ Quality improvement can result in effective policies that promote mental health, provide appropriate services, and enhance the likelihood of positive outcomes for people with mental disorders.

❙ A quality orientation results in optimal use of limited resources, and can reduce overuse and misuse of services.

❙ Ongoing monitoring provides an in-built mechanism to continually improve the effectiveness and efficiency of services.

Planning and budgetary processes influence the quality of mental health care and should explicitly specify:

❙ The availability and quality of services for various sub-populations, such as people with severe mental disorders, children and adolescents, the elderly, different ethnic groups or people residing in specific geographic areas.

❙ Minimal acceptable levels of quality for different settings (such as hospitals and the community) and for different services.

❙ Resources available for the infrastructure needed to implement quality management systems and feedback mechanisms.

❙ Resources needed for the current and future development of a trained workforce.

Quality is the result of a partnership of policy-makers, purchasers, providers, consumers and family members.

❙ Policy-makers must encourage and facilitate the establishment of non-governmental organizations through legislation and regulation.

❙ Policy-makers must provide forums to develop a common understanding of various perspectives and to build consensus across diverse groups.

❙ All members of a stakeholder group must recognize the specific responsibilities they have in achieving, monitoring and improving the quality of care.

The role of legislation is critical for establishing both context and expectations for the quality of care. Specifically, legislation can promote quality in the following ways:

❙ Supporting minimum standards for access to services and quality of services.

❙ Allocating resources for underserved populations.

❙ Promoting training, research and evaluation.

❙ Enforcing accreditation for providers and organizations.

❙ Requiring periodic reports on the mental health status of the general population and the access, quality, cost and impact of care for specific sub-populations.

❙ Providing resources for infrastructure development and maintenance.

Governments must implement specific mechanisms to maintain, monitor and improve quality. These mechanisms include:

❚ Accreditation of providers and organizations.

❚ Standards for treatment and care.

❚ Performance measurement (including consumer and family member perspective).

❚ Outcomes monitoring.

❚ Clinical guidelines.

❚ Consumer and family education.

Common barriers to achieving quality improvement are:

❚ A lack of information on treatment and care services and capacity to analyze available information.

❚ Uneven availability and dissemination of state-of-the-art clinical knowledge.

❚ Inadequate workforce development and training.

Barriers to quality can be surmounted with clinical support and administrative infrastructure, and by aligning planning priorities and financial mechanisms with quality objectives.

Organization of services

The organization of services is a critical aspect of policy because services are the ultimate means through which effective interventions for mental health are delivered. Services in the community through to more specialized services need to be coordinated, allowing for referrals and back referrals at each level of the health system in order to promote continuity of treatment and care. Links between health services and the non-health sector, for example, housing and social services, must also be established. The exact form of services will vary considerably according to the cultural, social, political and economic context.

Suggested evidence based practices

Stand-alone mental hospitals are not the preferred service option and present a number of barriers to effective treatment and care:

❚ They are associated with a number of human rights violations.

❚ Living conditions are often sub-standard.

❚ Stigmatization and isolation of people with mental disorders is sustained.

General recommended practices

There are advantages in delivering mental health interventions *through general health systems:*

❚ Better geographical accessibility.

❚ Reduced stigma, by managing mental disorders like other illnesses.

❚ Improved screening, detection and treatment rates of mental health problems.

❚ Enhanced quality of care through the adoption of a comprehensive approach to improving health.

❚ Better adherence and clinical outcomes for a range of comorbid disorders such as diabetes and heart disease.

❚ Cost-efficiency savings due to shared infrastructure.

There are advantages in providing mental health services *based in the community:*

❚ Enhances continuity and comprehensiveness of care.

❚ Addresses the essential elements of a comprehensive psychosocial rehabilitation strategy that includes social reintegration, employment, housing and general welfare.

❚ Improves outcomes and cost-effectiveness of treatments, particularly when *informal* mental health services such as traditional healers, families, self-help groups and volunteer workers are given adequate direction, support and opportunities to develop.

For all countries, collaboration between mental health, general health and the non-health sector is necessary to develop appropriate pychosocial interventions, to provide interventions through multiple avenues, and to promote the mental health of the general population.

Immediate steps to be taken

In many *industrialized* countries, there is a large range of mental health services. However, they are often mismatched with population needs.

▎ Resources should be reinvested away from mental institutions, in favour of general hospital based services and specialized mental health services in the community.

▎ The service provision gap between rural and urban areas must be reduced by either extending the reach of general health services or by establishing more specialized community mental health services.

▎ Training of health care professionals needs to move away from disease-based medical models to encompass psychosocial concepts of health.

▎ The involvement of consumer and family organizations in service planning and delivery should be encourage and increased.

▎ Financial disincentives can be implemented to discourage care in specialized psychiatric institutions. Financial incentives can be used to promote care through general hospitals and in the community.

▎ Health insurance should promote parity between mental health and general health.

In many *developing* countries, services are non-existent, minimal, or serve only a small portion of persons affected by mental and behavioural disorders.

▎ Coverage of mental health care within the general health system in rural and other underserved areas must be strengthened.

▎ More specialized mental health services should be made available in general hospital settings at the district level.

▎ Large and centralized psychiatric institutions should be discontinued. Existing financial and human resources should be diverted to the general health system and the community.

▎ Both the short and long-term needs for the training of specialist and general health workers must be considered. While an emphasis is needed to train general health workers in the short and long-term, attention must be paid to increasing specialist capacity in the long-term.

▎ Existing mental health specialists must be used wisely in the training and supervision of less specialized mental health workers.

▎ Informal mental health community services, provided by traditional healers, families, self-help groups or volunteer workers, should be maximised by improving the general understanding of mental health problems, their causes, available treatments, and management skills.

Planning and budgeting for service delivery

Local mental health services need to develop planning and budgeting tools for service delivery.

Due to significant global variations in resources, cultural expressions of need and specific local demands, one cannot set appropriate global norms for the numbers of beds, the number and type of staff, or type of medication required. Managers and planners in local mental health services therefore need to plan services based on a thorough assessment of local needs, and in consultation with all relevant stakeholders in mental health. Planning and budgeting for local mental health services involves the following steps and tasks:

Step A. Situation analysis tasks:

1. Identify the local population to be served.

2. Identify responsibility for the mental health budget, in the context of the general health budget.

3. Identify current funding levels, including the range of providers and funding sources in mental health care in the local area.

4. Review current service resources, such as facilities, beds, staff and medication.

5. Review current service utilization, such as outpatient attendances and admissions.

6. Review other sector service provision, including NGOs, private-for-profit providers and the informal sector.

7. Consult with all relevant stakeholders.

8. Set priorities.

Step B. Need assessment tasks:

1. Establish the prevalence or incidence of the priority conditions, including indications of severity or disability where possible.

2. Adjust prevalence or incidence data according to local population characteristics.

3. Identify the number of expected cases per year.

4. Estimate service resources required for the identified cases.

5. Cost the resources required for the estimated services.

Step C. Target-setting tasks:

1. Identify the highest priority unmet need (from "gaps" between A and B).

2. Appraise options, which involves considering the costs and outcomes of potential service activities.

3. Set Targets for: new service functions and necessary facilities; the extension of the capacity of current services; disinvestment from lower priority services; and the commissioning or contracting of services, where appropriate.

Step D. Implementation tasks:

1. Budget management

2. Monitoring

3. Evaluation

The 4-step planning model provides guidance on how countries might calculate their own resources and budgets, using their own data, by offering a pragmatic approach to service planning, based on the best available data.

Quality improvement for service delivery

Local mental health services need to develop quality improvement (QI) mechanisms for mental health service delivery. QI is frequently neglected in mental health service delivery, as seen in historical abuses of human rights in psychiatric institutions. Quality mental health care, based on the best available evidence, is essential to ensure that service planning targets are attained.

In this context, it is essential that countries develop QI mechanisms as an integral part of the mental health service programme. To assist with this task, a series of steps towards the development of QI in mental health service delivery are described. These include:

Step 1: Design a quality improvement checklist or standards document, in consultation with all mental health stakeholders.

❚ Form a committee or working group to take responsibility for the production of a standards document or QI checklist.

❚ The committee could include service providers/clinicians, service users/patients, service managers, and carers. It may be relatively small with particular skills in writing, research and consultation.

❚ Quality improvement checklists or standards documents should provide guidelines on the delivery of quality mental health care.

❚ The document should outline domains of the service, standards for each domain, and criteria which need to be met in order for standards to be attained.

❚ The document should include standard rating scales, against which mental health services can be graded or evaluated.

❚ In the development of standards, consultation with the full range of stakeholders in mental health is essential. The process of developing standards offers a unique opportunity to draw all mental health stakeholders together, to carve out a vision for how mental health services should be delivered.

Step 2: Establish accreditation procedures according to QI criteria, from the QI checklists.

❚ Existing mental health services, such as hospitals, clinics, and community residential facilities, should be accredited according to specific QI criteria, in order to be able to function as legitimate services.

Step 3: When commissioning services, ensure that contract specifications include indicators of quality mental health care.

❚ Conditions for the drawing up of contracts between purchasers of mental health services and service providers should include specifications of quality care according to agreed process and outcome indicators, and financial incentives to providers to improve the quality of care.

Step 4: Monitor the mental health service using the QI mechanisms.

❚ Once the standards or QI checklists have been finalized, mental health services should be rated on a regular basis (preferably annually), according to the QI checklists.

■ Effective information systems which monitor services should be an integral part of QI mechanisms. These systems help ensure that the standards described in QI checklists are actually implemented.

■ In addition to the monitoring of services by health sector managers or committees, it may also be necessary for independent bodies, such as human rights groups, to monitor mental health services. Regular contact with independent bodies is important to ensure continuity with public sector QI mechanisms.

Step 5: Quality improvement of mental health services.

■ Where services have performed well, managers may wish to provide rewards for service providers. Where services of an unacceptably low standard are detected, measures need to be taken to improve the quality of care. This is essential for completing the cycle of QI.

■ Improvement of the quality of care may take varying forms, from specific problem solving, such as cleanliness of psychiatric inpatient wards or improvement of referral pathways, to wider mental health service reform, such as the reduction of hospital admissions and development of community-based services.

Step 6: Review the quality improvement mechanisms.

■ On a less frequent basis, QI mechanisms should themselves be reviewed in order to ensure that services are consistent with the latest evidence on the most effective mental health care.

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