



Decentralisation & integration of mental health care in PHC

Lessons from Rwanda

Part I

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Outline

- Introduction
- Mental Health in Rwanda
 - Contexte
 - Priority given to Mental Health in Rwanda
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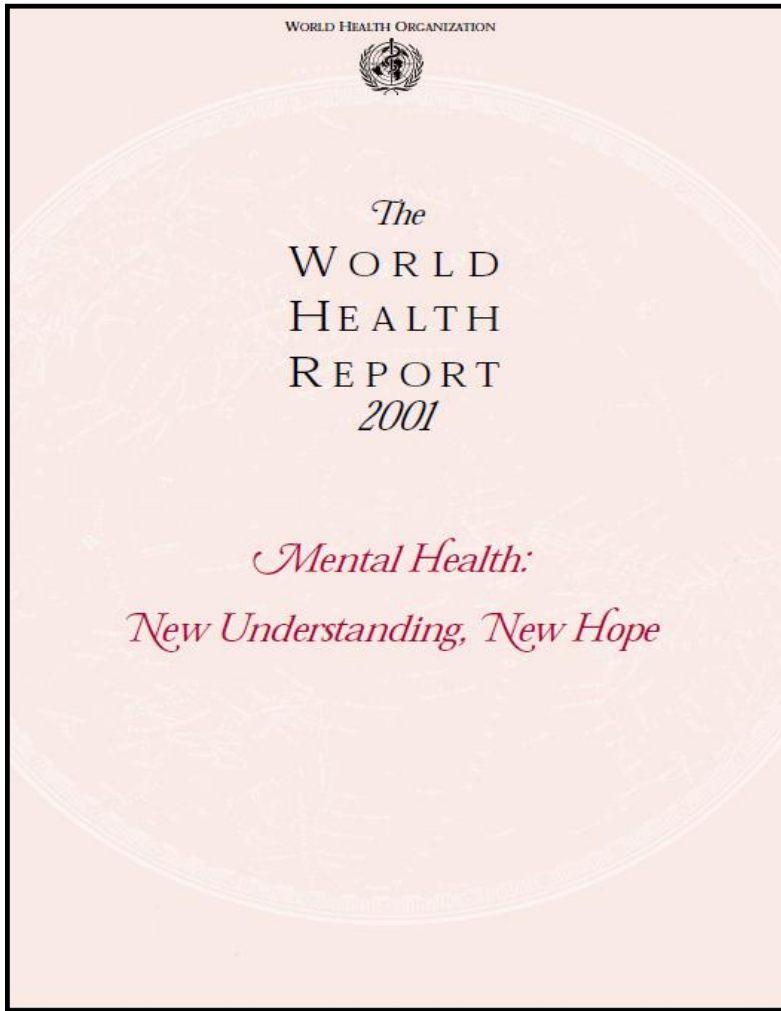
Introduction

Mental health challenges

WHO (1946) defines health as

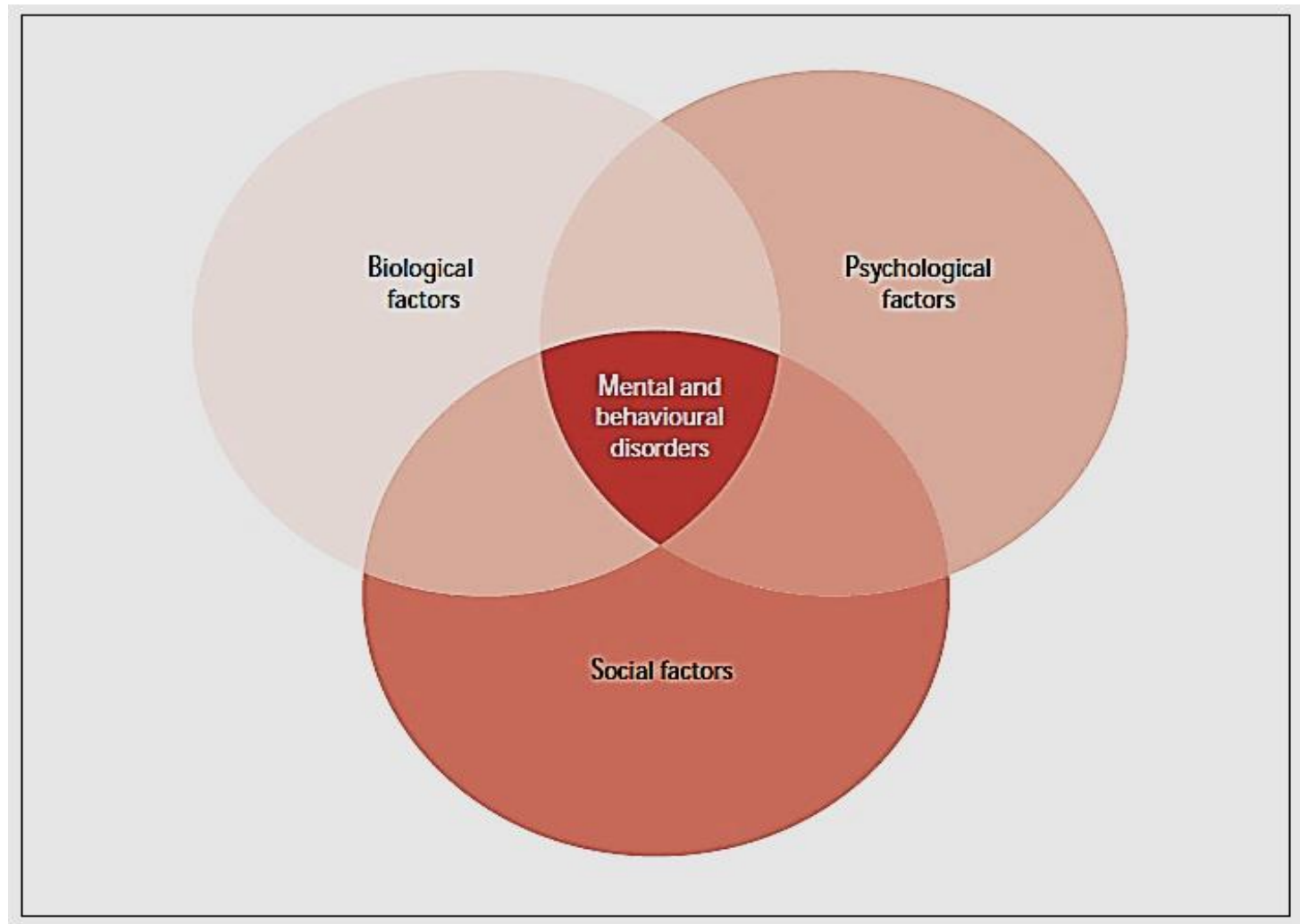
- Mental health is an inseparable part of a person's holistic well-being, together with physical and social health.**
- WHO definition asserts that illness prevention is necessary, but not enough to achieve health.**

Mental health = indispensable component of health



- Mental health (WHO 2001) =
a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Interaction of biological, psychological and social factors

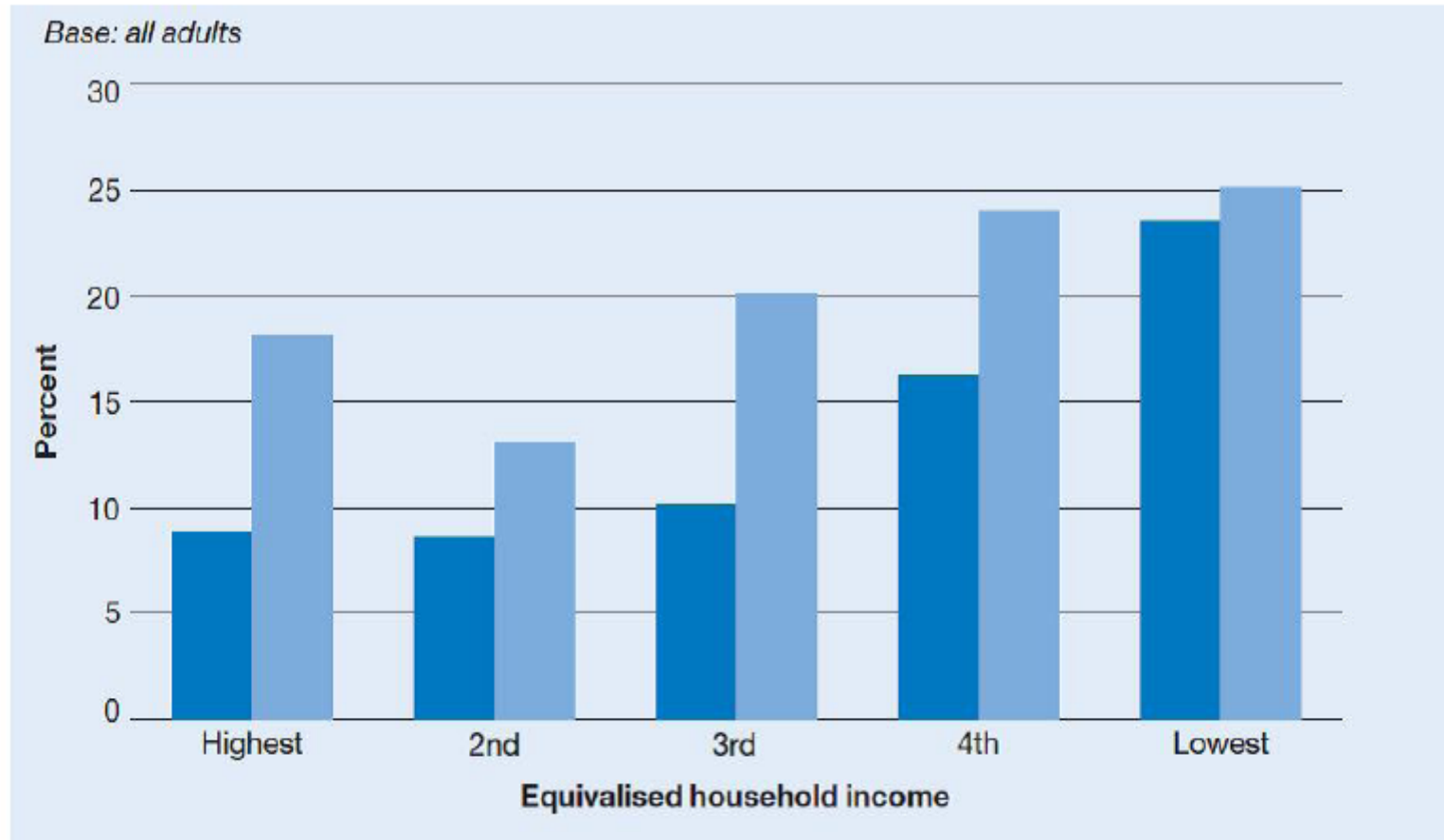


Ces facteurs interviennent dans la survenue et l'évolution des troubles mentaux et du comportement

Determinants of mental and behavioural disorders

- Poverty
- Malnutrition
- Gender,
- Age,
- Conflicts, wars, violence
- Disasters,
- Major physical diseases
- Family and environmental factors including beliefs and culture

Prevalence of common mental disorder VS household income, England 2007



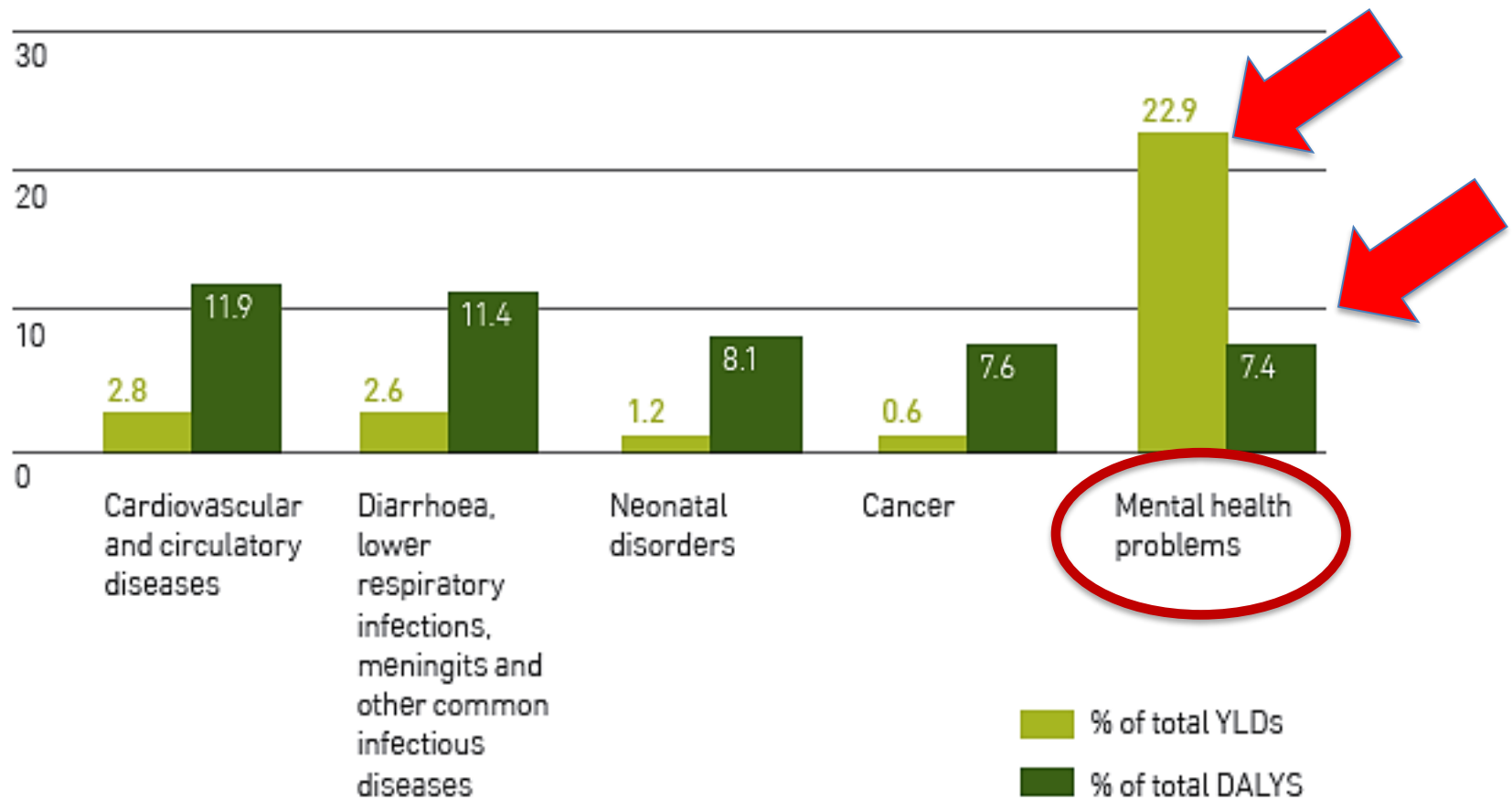
Key: Pale bars: women; dark bars: men.

(Health and Social Care Information Centre)

- Globally, **700 million people are estimated to have a mental disorder** (*Patel and Saxena 2014*), and over a billion are likely to experience one in their lifetime (*De Silva and Roland 2014*), including **80% from low- and middle-income countries (LMIC)**.
- 800,000 people die each year from **suicide** (*Tangcharoensathien, Mills et al. 2015*)

- **One in four patients visiting a health service has at least one mental, neurological or behavioural disorder but most of these disorders are neither diagnosed nor treated.**

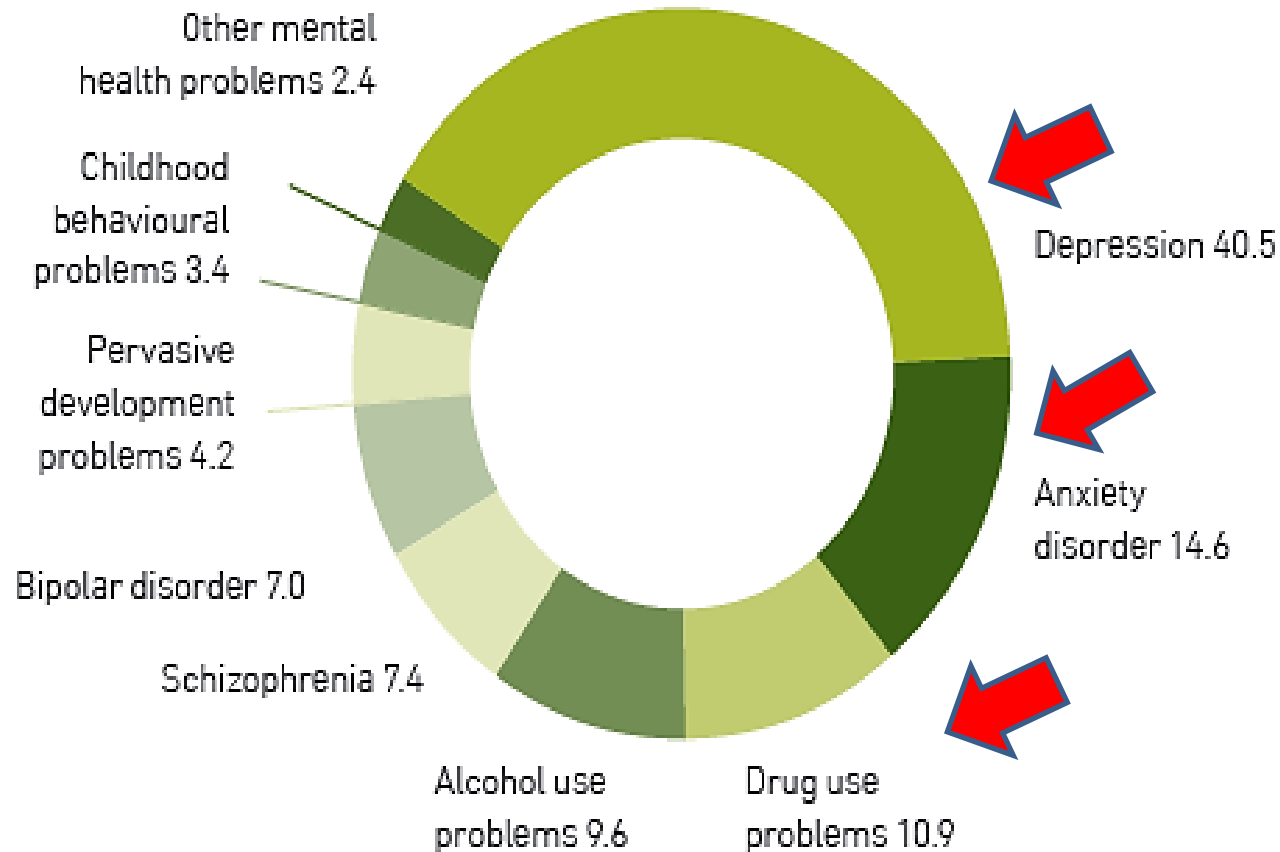
Top five contributors to the health burden (DALYs and YLDs) for 2010



Source: Global Burden of Disease study:

Whiteford, H., A. L. Degenhardt, J. Rehm, et al., *Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010*. Lancet, 2013.

Depression and anxiety disorders account for over half of all DALYS attributable to mental health problems, followed by drug and alcohol use problems



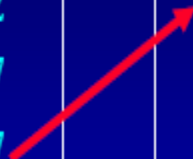
Percentage of total DALYS attributed to mental health problems by type of disorder, Source: Global Burden of Disease study 2010

Estimation en 1990

Rg	Cause	% total
1	Infections respiratoires	8.2
2	Gastroentérites	7.2
3	Affections périnatales	6.7
4	<u>Dépression majeure UP</u>	3.7
5	Maladies cardiovasculaires	3.4
6	Maladies cérébrovasculaires	2.8
7	Tuberculose	2.8
8	Rougeole	2.7
9	Accidents de la route	2.5
10	Anomalies congénitales	2.4

Projection 2020

Rg	Cause	% total
1	Maladies cardiovasculaires	5.9
2	<u>Dépression majeure UP</u>	5.7*
3	Accidents de la route	5.1
4	Maladies cérébrovasculaires	4.4
5	BPCO	4.2
6	Infections respiratoires	3.1
7	Tuberculose	3.0
8	Guerres	3.0
9	Gastroentérites	2.7
10	HIV	2.6



Neuropsychiatric disorders & NCDs

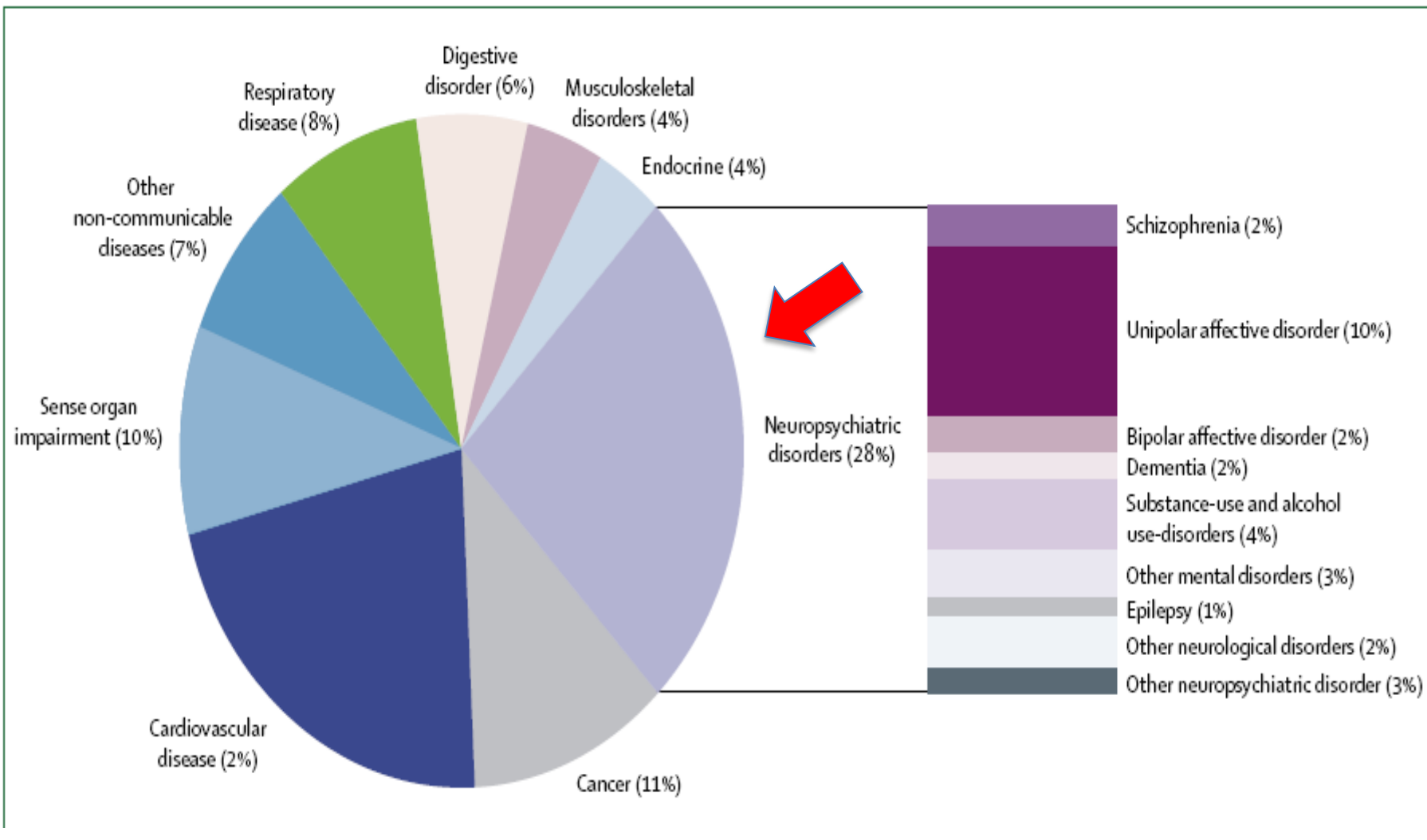
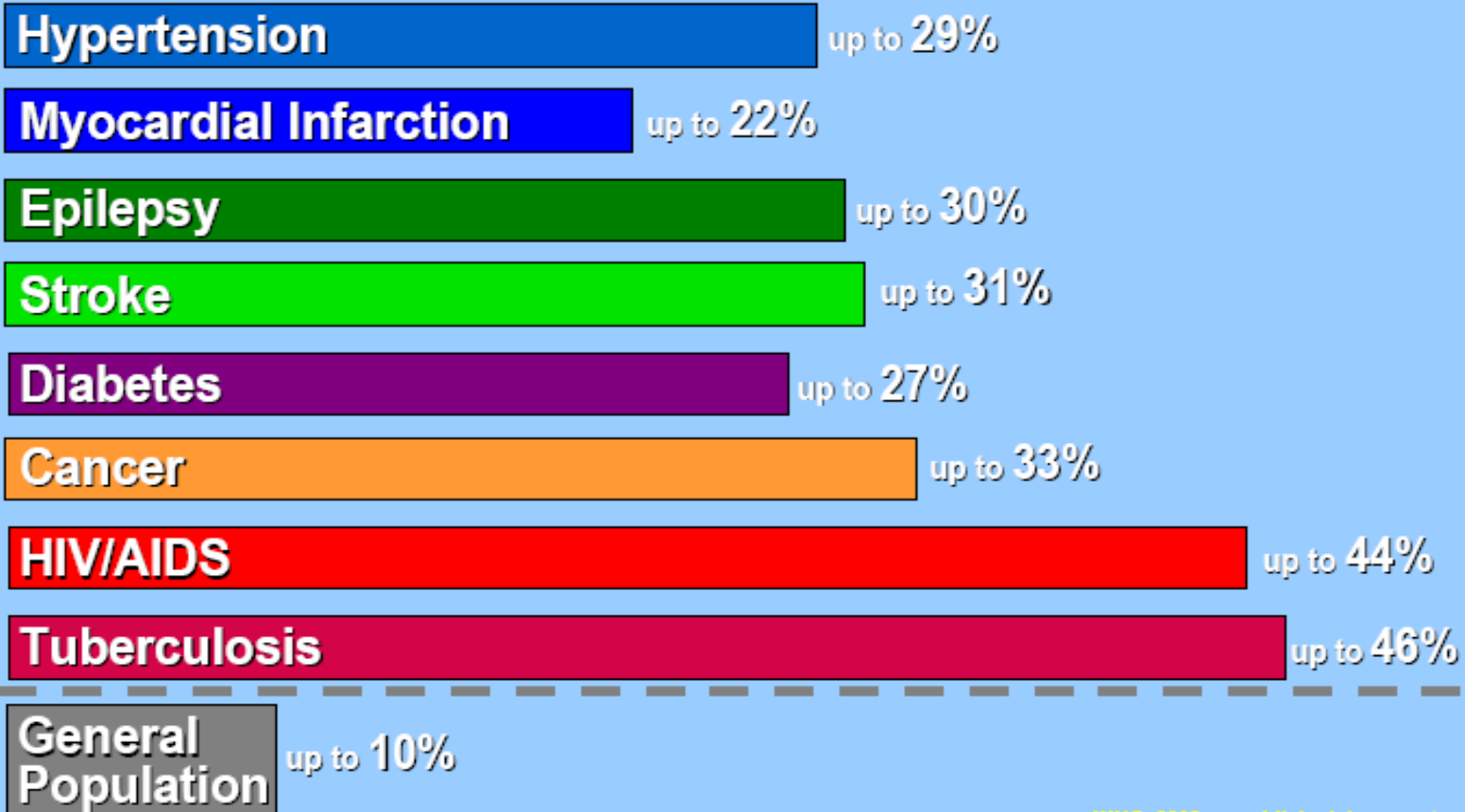


Figure 1: Contribution by different non-communicable diseases to disability-adjusted life-years worldwide in 2005

Data adapted from WHO, with permission.³

Persons with chronic illnesses have much higher rates of depression and anxiety than the general population.

MAJOR DEPRESSION AND PHYSICAL ILLNESS **PREVALENCE**

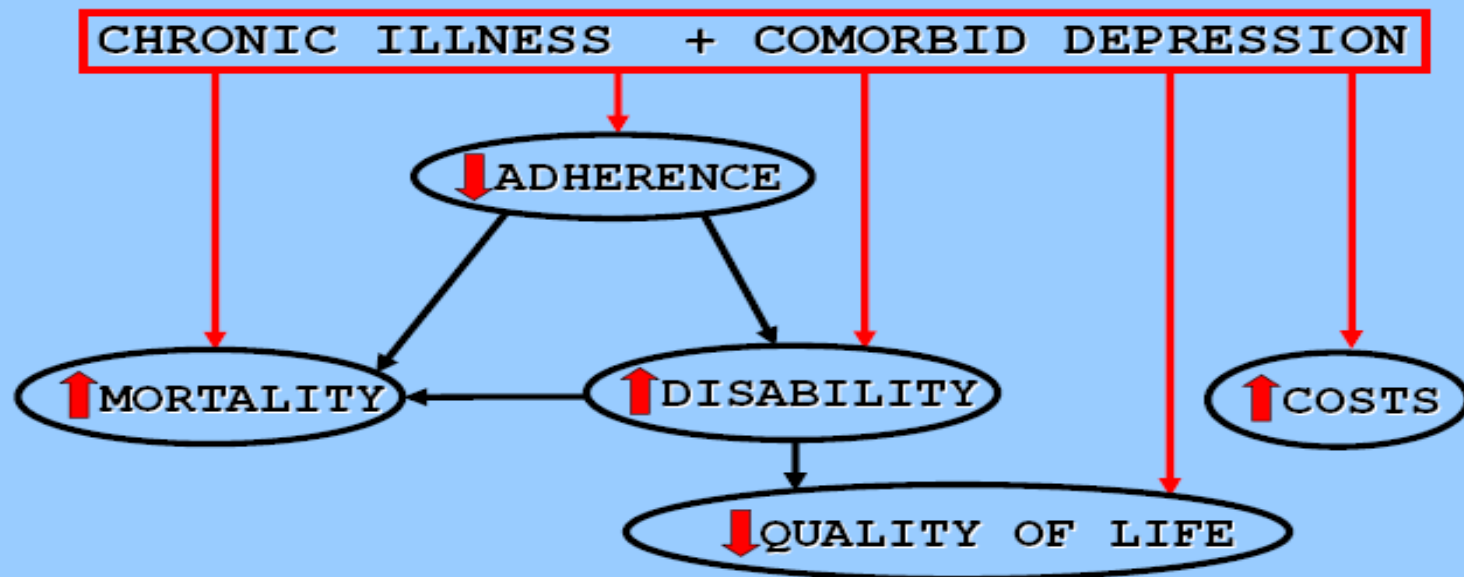


Interactions between mental disorders and other health conditions

	MD is a risk factor for the HC	MD is a consequence of the HC	Comorbidity (uncertain causal direction)	MD affects adherence to treatment for HC	MD affects prognosis or outcome of the HC	Treatment for MD affects mental health in those with HC	Treatment for MD affects physical HC
Non-communicable diseases							
Depression and CMD with coronary heart disease	4	3	3	2	3	1	-1
Depression with stroke	3	3	3	0	3	-1	-1
Common mental disorder with diabetes	1	2	3	3	3	1	1
Schizophrenia with diabetes	1	1	3	2	0	0	0
Communicable diseases							
Depression and CMD with HIV/ AIDS	2	2	4	3	3	3	1
Serious mental illness with HIV/AIDS	1	3	3	1	2	0	0
Cognitive impairment and dementia with HIV/AIDS	0	3	3	3	2	0	0
Alcohol-use and substance use disorder with HIV/AIDS	2	0	3	3	3	0	2*
CMD with malaria	0	2	2	0	0	0	0
Cognitive impairment with malaria	0	4	NA	0	0	0	0
Alcohol-use disorder with tuberculosis	2	0	2	3	3	0	0
Depression or common mental disorder with tuberculosis	0	2	2	3	0	0	2
Maternal and child health							
Maternal depression and CMD with impaired child growth and development	3	0	1	0	0	NA	0
Maternal psychosis with infant mortality	4	0	NA	NA	NA	NA	0

MD=mental disorder. HC=health condition. CMD=common mental disorder. NA=data not available. 4=strong evidence from meta-analysis or systematic review. 3=consistent evidence from several studies. 2=evidence from one study only. 1=inconsistent evidence. 0=no evidence identified. -1=negative reports.*This disorder affects adherence to treatment.

THE IMPACT OF COMORBID DEPRESSION ON CHRONIC DISEASE OUTCOME



Bertolotti JM, Tanskanen L, de Paula Ramos FL. *Aspetti* 2004;1:56-69

Major depression among persons experiencing chronic medical conditions increases the burden of their physical illness and somatic symptoms, causes an increase in functional impairment and increases medical costs. The presence of mental illness with long-term illnesses impairs self-care and adherence to treatment regimens and causes increased mortality.

Main gaps in Global Mental Health

Three out of four people with mental health problems live in low- and middle-income countries



Fewer than 1 in 50 people with severe mental disorders in low-income countries receive evidence-based treatment

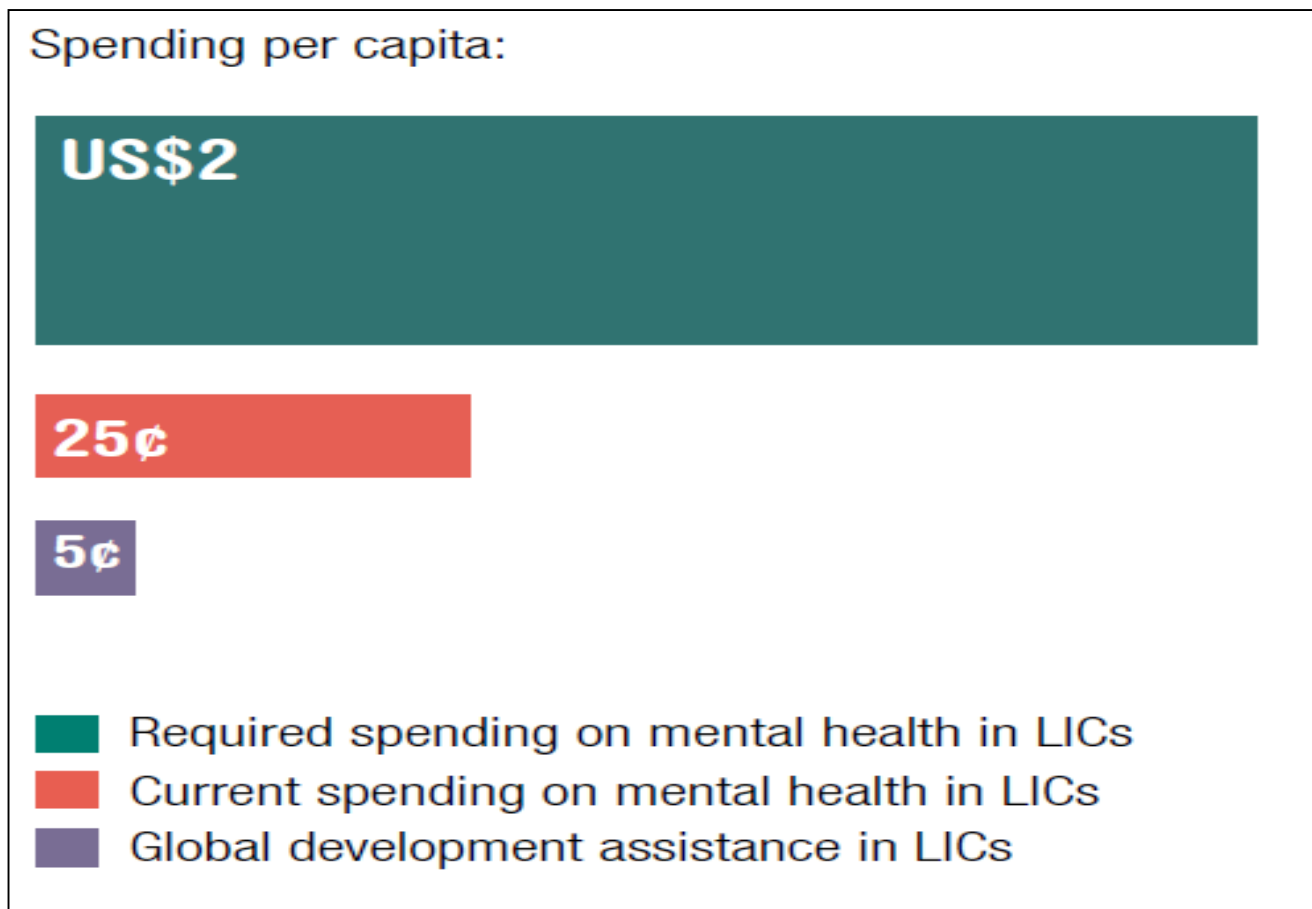


Less than 1% of low-income countries' annual health budgets is allocated to mental health



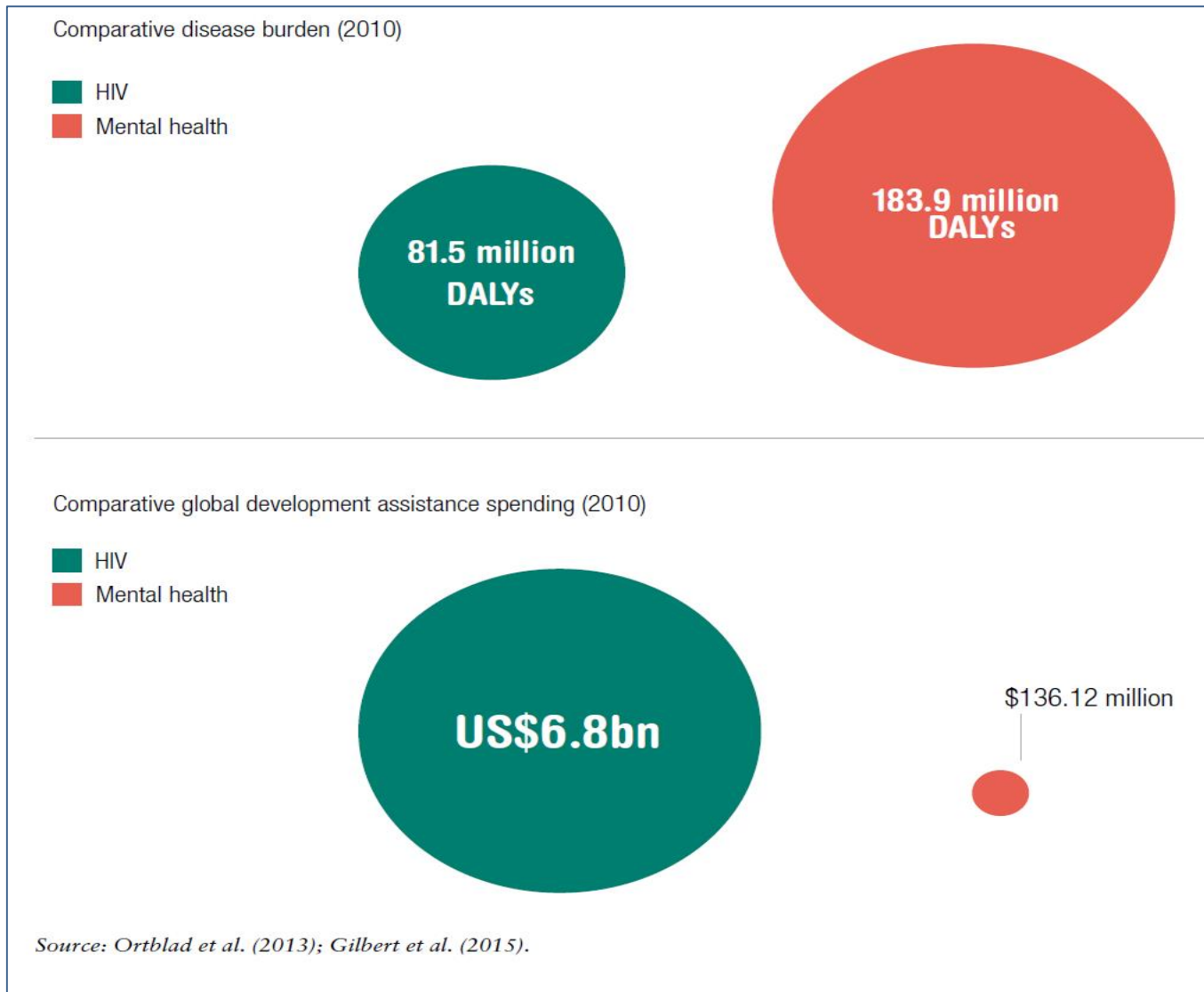
Source: Ryan et al. (2016). Reproduced with permission from the London School of Hygiene and Tropical Medicine.

The mental health funding gap

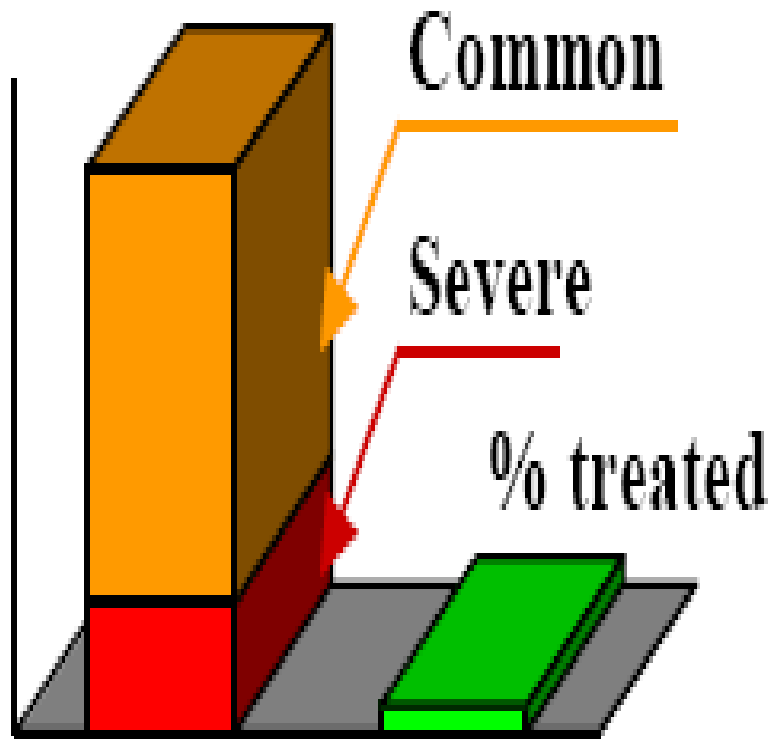


Lancet Global Mental Health Group Estimation. Source: Gilbert et al. (2015) (left panel); Mackenzie, adapted from Gilbert et al. (2015) (right panel).

Global health burden vs development assistance spending in LICs



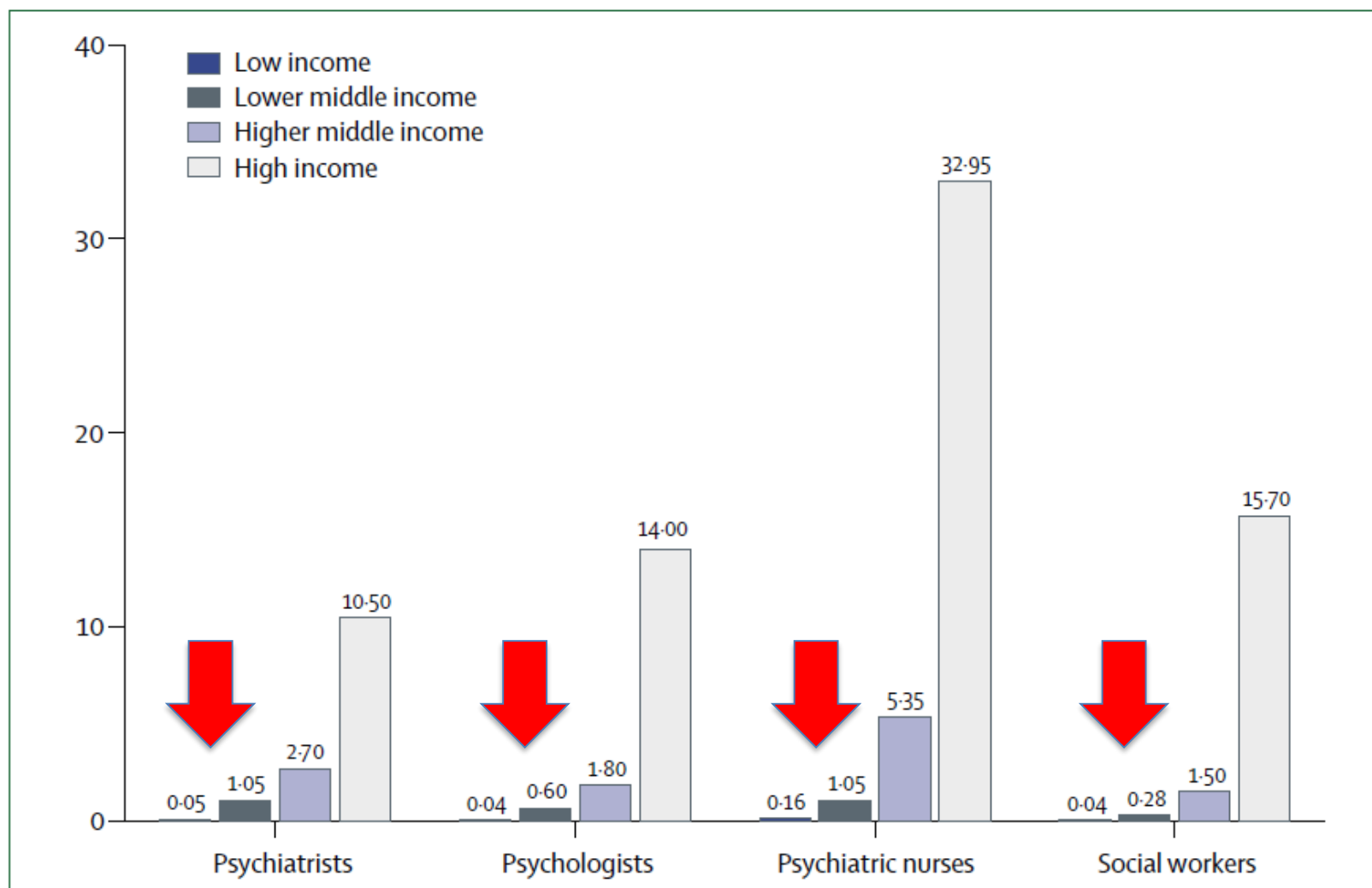
Mental disorders worldwide



31% des pays n'ont aucun budget spécifique à la SM

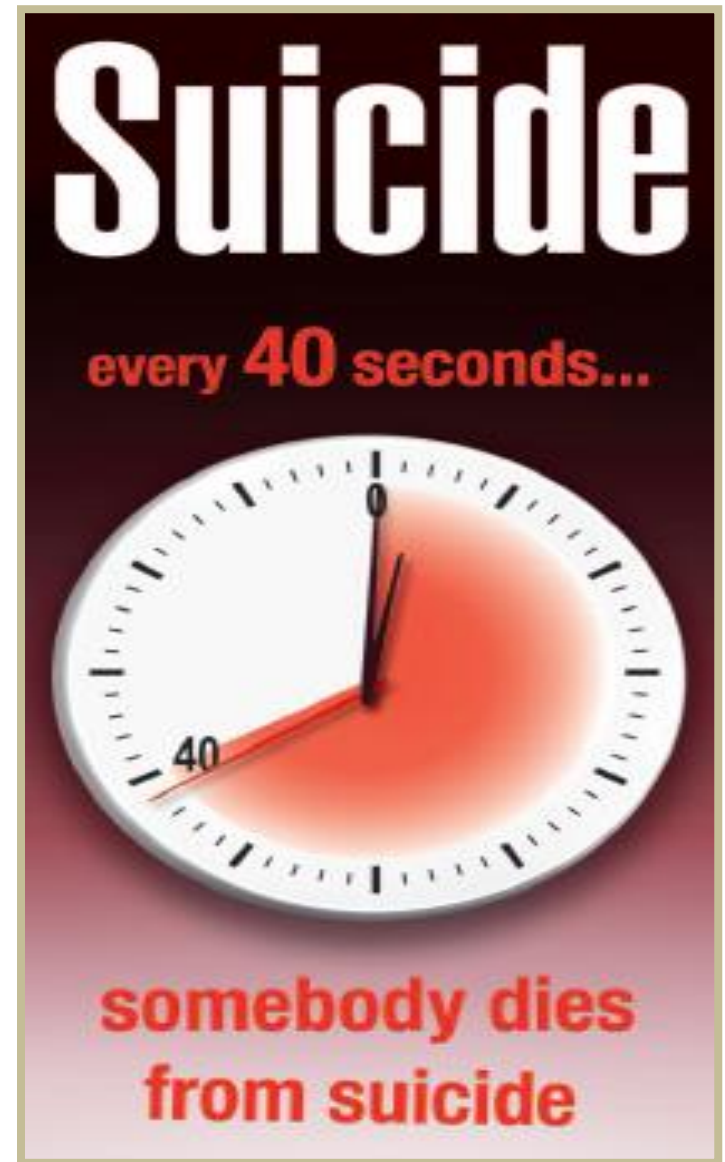
Malgré l'existence de traitements efficaces et peu coûteux, il est estimé que 76 à 85% des personnes vivant avec un trouble mental sérieux ne reçoivent pas de traitement dans les pays en développement

Human resources gap



**Human resources for mental health in each income group of countries
per 100 000 population (WHO Mental Health Atlas)**

Yet despite the enormous burden that mental ill-health imposes on individuals, their families, society, health systems and the economy, **mental health care remains a truly neglected area of global health policy.**



Mental Health is included in



SDG Declaration Preamble

Mental health is a development priority (§ 7, §26)

SDG Health Goal 3

- Prevention, treatment & promotion of mental health (3.4)
- Substance abuse (3.5)
- Universal health coverage (3.8)

Barriers to implementation of effective intervention for mental disorders

Stigma and discrimination

Policy level

- ▶ Extent of the problem disproportionate to the limited mental health budget
- ▶ Mental health policy inadequate or absent
- ▶ Mental health legislation inadequate or absent
- ▶ Health insurance which discriminates against persons with mental and behavioural disorders (e.g. co-payments)

Health system level

Large tertiary institutions

- ▶ Stigmatization, poor hospital conditions, human rights violations and high costs
- ▶ Inadequate treatment and care

Primary health care

- ▶ Lack of awareness, skills, training and supervision for mental health
- ▶ Poorly developed infrastructure

Community mental health services

- ▶ Lack of services, insufficient resources

Human resources

- ▶ Lack of specialists and general health workers with the knowledge and skills to manage disorders across all levels of care

Psychotropic drugs

- ▶ Inadequate supply and distribution of psychotropic drugs across all levels of care

Coordination of services

- ▶ Poor coordination between services including non-health sectors

War and conflict

Disasters

Urbanization

Poverty

Stratégie de l'OMS pour réduire l'impact des troubles mentaux dans le cadre de la santé publique

- formuler des politiques destinées à améliorer la santé mentale des populations ;
- veiller à ce que chacun puisse accéder à des services appropriés et d'un bon rapport coût/efficacité, y compris des services de promotion et de prévention en santé mentale;
- protéger les droits fondamentaux des patients institutionnalisés les plus gravement atteints et leur offrir des soins adéquats ;
- évaluer et surveiller la santé mentale dans les communautés, et notamment chez les populations vulnérables – enfants, femmes et personnes âgées ;

- promouvoir des modes de vie sains et réduire les facteurs de risque de troubles mentaux et du comportement, tels que les environnements familiaux instables, les sévices et les troubles civils ;
- favoriser la stabilité familiale, la cohésion sociale et le développement humain ;
- favoriser la recherche sur les troubles mentaux et du comportement, la mise au point de traitements efficaces et la surveillance et l'évaluation des systèmes de santé mentale.