



INTEGRATING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HEALTH SYSTEMS IN LOW AND MIDDLE-INCOME COUNTRIES

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BUILDING LONG TERM MENTAL HEALTH SUPPORT

INTRODUCTION

This policy brief is to share the main findings of a review commissioned by Cordaid's Global Health Global Access project on integrating mental health and psychosocial support (MHPSS) in health systems in low and middle-income countries. It presents the key challenges and recommendations to the Dutch Ministry of Foreign Affairs (MoFA) and other stakeholders in this regard.¹

Over the past years, attention to MHPSS in different sectors in fragile and humanitarian contexts increased.² An important paradigm shift that took place included mental health and psychosocial wellbeing should not be considered as a health and wellbeing issue only. It should also be addressed as a societal problem affecting peace, stability and prosperity. While this is a relevant shift, the importance of MHPSS as part of health system strengthening, especially in low and middle income (post) conflict areas, should not be neglected. The health system has a crucial role to play in signaling problems and offering effective MHPSS interventions.

¹ Cordaid Global Health Global Access Report: Integrating Mental Health and Psychosocial Support (MHPSS) in health programming, June 2021.

² Integrating MHPSS in emergency relief and development, June 2021.

WHY MHPSS MUST BE A PART OF A HEALTH SYSTEM

Mental health is as important as physical health for a person's wellbeing. Poverty, hunger, collective and individual traumas, displacement, and acute and prolonged violence, such as sexual and gender-based violence (SGBV) are factors that affect our mental and psychosocial wellbeing deeply. One in five people affected by humanitarian crises are suffering from mild to severe mental disorders. Hence mental health and psychosocial support are essential for individuals and communities to restore their resilience and engage in rebuilding livelihoods and peacebuilding processes.³

Therefore, MHPSS should be part of the health system, at all levels of the health intervention pyramid. Providing community level support and identifying support needs is as important as being able to provide specific support to individuals in health centres and hospitals. This embedding of MHPSS in health systems does exist in many high-income countries but is largely lacking in low and middle-income countries.

³ See also: Behoud Mental Health and Psychosocial Support als prioriteit in Nederlands OS beleid: *Gezamenlijke position paper van ARQ, Cordaid, Nederlandse Rode Kruis, Save the Children en War Child Holland.*

Whereas in Europe there are 50 mental healthcare staff per 100,000 inhabitants, in Africa there are only 0.9 staff per 100,000 people.

Many of the MHPSS programmes are implemented by NGOs and there is a need to focus on more long term integration in the existing government structures.

“ It is new to look at integration of mental health in the health system. There is mental health support but what you often see is that psychologists are part of a project and as soon as the project ends the psychologist leaves. This project, Stabilité 3-G, aims to strengthen the health system itself in a sustainable way. ”

Immaculée Mulamba Amisi, SRHR Expert at Cordaid DRC for ‘Stabilité 3-G’, a project to fight against sexual and gender-based violence supported by Dutch Embassy, which runs until 2023.

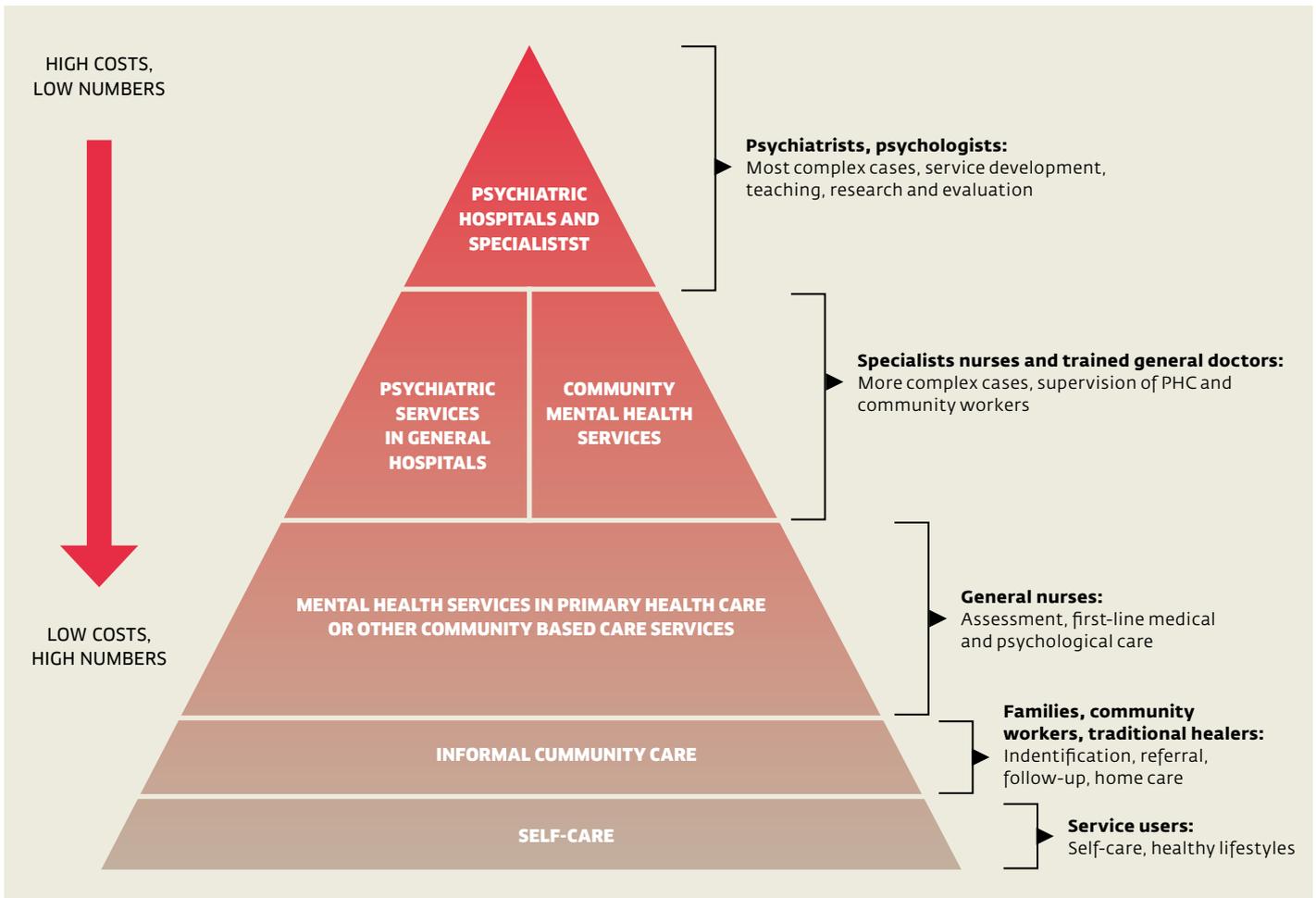


Photo Mickael Franci - Cordaid

Social workers assisting a woman at the MHPSS department of the hospital in Sinjar, Iraq.

MAIN CHALLENGES TO INTEGRATING MHPSS IN HEALTH SYSTEMS

In current health systems and services in low and middle-income countries, mental health is often not available at all levels of the pyramid. The figure below provides a general overview of different levels of care in a health system:



Even though investments in interventions in the lower levels of a health system are less expensive, the development of strategies to ensure interventions in higher levels in the health system are essential to provide effective long term support.

MHPSS is a relatively newly acknowledged and emerging field of priority within the broader field of humanitarian and development aid. With this acknowledgement, the amount of research on the nexuses between mental health and other areas of humanitarian and development programming is increasing. MHPSS continues to be a complex theme, with a high risk of doing harm. Health staff are often not trained to effectively respond to and/or identify specific needs for MHPSS at the different levels.

Some key challenges to integrate MHPSS in health systems are:

- MHPSS is not seen as a priority within public sector institutions. Especially in low- and middle-income countries, MHPSS services in hospitals, health facilities, and specialised care are hardly available and under resourced both in terms of human and financial resources.
- Currently MHPSS interventions are mainly implemented by INGO's/CSO's which is a threat to sustainability.
- Lack of well-educated/trained staff and MHPSS professionals, which creates a gap in needs vs. capacity to address the mental health gap (mhGAP). There is a huge gap in specialised (psychiatric) staff but also community healthworkers or nurses are not trained to identify and refer clients with MHPSS problems.
- Stigma, shame, sensitivity and exclusion, including stigmatization within the health system and among health workers of people with mental health issues. Particularly survivors of (S)GBV are often abandoned by relatives and partners.
- Lack of awareness on long-term consequences and benefits of (not) incorporating MHPSS in (health) systems in general. Failing to provide MHPSS, affects individual and household coping efforts, and withholds communities to seek peace, security, stability and prosperity.
- General lack of sufficient (technical) knowledge on best practices and evidence-based approaches to integrating MHPSS into health systems and programs.
- Do no harm; especially when working with (S)GBV survivors, there is a high risk of doing harm when approaches are not culturally informed and contextually relevant.

RECOMMENDATIONS

In order to overcome these challenges, long-term commitment and joint efforts are crucial. To achieve better mental health and wellbeing for all, NGOs, policy makers and donors should work together.

This study shows that the integration of MHPSS within health systems in low- and middle-income countries is crucial but is often lagging behind. Therefore, we recommend MoFA to consider the following:

1. Ensure **MHPSS is incorporated in the health system**; this includes making it part of the essential health service packages; making available sufficient human capacity and financial resources..
2. **Build on existing health structures and staff capacities**, ensuring a long term vision when developing MHPSS policies.
3. Ensure MHPSS integration into the health system in low and middle income countries becomes a **priority** theme amongst governments, international donors and high-level agencies to achieve health and wellbeing for all in its fullest definition.
4. Invest more **capacity and funding into research and awareness raising** on (cost)-effective ways to integrate MHPSS into the health system, particularly in low- and middle-income countries and fragile settings.

Apart from the above, actors in MHPSS should be cognisant off and intensify the efforts to:

5. Ensure health services are **inclusive, non-judgmental and safe** for people with psycho-social and mental health issues.
6. Address **stigma and exclusion** of people with mental health issues in communities.
7. Support **investments in prevention of and response to (S)GBV** in LMIC's using a gender transformative approach.
8. Invest in **exchange, partnerships and joint advocacy** between beneficiaries, health practitioners, donors, NGOs and other institutions to promote learning on MHPSS in the health system.

In addition, we fully support the leadership of the Dutch MoFA to realize all multisectoral action points of the **Declaration Mind the Mind Now**.⁴

⁴ <https://www.government.nl/documents/publications/2019/10/18/mind-the-mind-now-conference-special>

In Iraq, Cordaid supports MHPSS services including reduction of stigma for women, men and youth in IDP, host, and returnee communities. We do this through mental health units that consist of psychiatrists, social workers, and community health workers working in hospitals and primary health centres that are part of the Iraqi health system. Cordaid provides MHPSS services in close coordination with the Ministry of Health in eight locations in Iraq. In the emergency health clusters in two governorates in Iraq, Anbar and Salah ad Din, Cordaid is chairing the MHPSS groups and we advise and support the government on policy development of MHPSS.

ABOUT CORDAID

Our multi-stakeholder approach seeks and promotes alliances of civil society organisations, as well as the public and the private sectors. Our work is embedded in local communities and crosses boundaries between sectors and different levels of interventions. We focus on local agents for change and implement innovative digital and financial methods to increase the impact of interventions.

Our quality management system is ISO and Partos certified, we have an ECHO partnership certificate, and our risk management policy and framework respond to internationally required standards. We set and maintain high standards of performance for ourselves and our partners, to ensure the well-being and safety of everyone we work with and for.

We value the partnership and financial support from our institutional and private donors. Institutional donors like the Dutch Ministry of Foreign Affairs, the UK Foreign, Commonwealth and Development Office (FCDO), the Global Fund, the World Bank, UNICEF, and UNPBF, as well as the European Commission have trusted our capacities and expertise, both in the past and years to come. We also cherish our loyal donor base of more than 250,000 individuals from the Netherlands. Cordaid is a founding member of Caritas Internationalis and CIDSE.

In January 2021, Cordaid joined forces with ICCO.

MORE INFORMATION

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