Co-Chairs

Ala Alwan
Dean Jamison

DCP3 | Disease Control Priorities

Summary Report on the Mental Health Policy Forum

London, United Kingdom
16 June 2015

"Engagement of policy makers is essential to identifying and addressing the key issues and impediments requiring policy guidance for scaling up mental health care to bridge the treatment gap for mental disorders."

- Dr. Ala Alwan

INTRODUCTION

The Disease Control Priorities Network (DCPN), funded by the Bill & Melinda Gates Foundation (BMGF), is a project managed by the University of Washington's Department of Global Health. Building on its predecessors *DCP1* (1993) and *DCP2* (2006), *DCP3* volumes provide the most up-to-date evidence on the costs and cost-effectiveness of interventions to address the leading causes of global disease burden. A total of nine *DCP3* volumes are being published in 2015-2016, one of which will address mental, neurological and substance use (MNS) disorders. It is in this context that a policy forum was organized, jointly with WHO Eastern Mediterranean Region, on 16 June in London to allow the editors and authors of the *DCP3* volume an opportunity to interact with a select group of policy makers. The purpose of the forum was to share lessons learned, gain policy insights, and discuss ways to enhance the relevance and usability of *DCP3*.

It was generally agreed by all participants that the *DCP3* MNS volume offers low- and middle-income countries an opportunity to motivate policy discussions on how decision makers can act on both existing and emerging evidence about mental health care. Throughout the dialogue, certain gaps emerged that needed to be addressed to strengthen the summary chapter of the volume. The authors and editors will incorporate the most prominent recommendations from the policy makers in the summary chapter and its key message to make the volume a more effective and useful tool.

Recommendations to strengthen the MNS summary chapter

- Inclusion of a core, costed package of high impact, cost-effective, affordable and feasible interventions (Best Buys) augmented by an expanded set of interventions which could be offered if resources are available.
- Addition of a section on guidance for the integration of mental health into national health and development plans and health systems strengthening strategies based on the World Health Organization's building blocks of health systems.
- Discussions how MNS disorders can be incorporated into universal health coverage as part of an integrated planning process with attention to feasibility and sustainability.
- Inclusion of case studies that highlight the impact of recommended interventions rather than focusing on processes only.
- Inclusion of WHO Easter Mediterranean Regional Framework for Scaling Up Mental Health as an example of regional initiatives which can serve as a roadmap for other regions.
- Review of the list of indicators being proposed for Target 3 of the Sustainable Development Goals as well as the Global Action Plan 2013-2020 to identify indicators that could be incorporated into national health information systems to monitor trends/progress.

Recommendations for the WHO EMRO and DCPN

- Develop a suite of advocacy materials tailored to policy makers to complement the MNS volume, which distills the key messages of the volume and includes "how to" tools and instruments that can aid decision making and implementation.

- Set up a network for continuing dialogue and engagement with policy makers to:
  - Provide analytical support to a select number of countries (1-2) to use the *DCP3* priority setting approach to scale up mental health care in their countries.

- Facilitate the creation of derivative products such as country-specific briefs or case studies.
- Support economic evaluation studies through the EMRO-DCP health economics network.

Additional recommendations

Packaging of Interventions: Recommendations noted that the chapter should:

- Link to the WHO Eastern Mediterranean Regional Framework for Scaling Up Mental Health to build on best practices and regional initiatives. (A handout of this framework was distributed at the forum).

Topics to Address More Prominently: It was noted by the policy makers that several topics were missing or in need of additional emphasis. They recommended that Chapter One:

- Mention the criteria for inclusion and exclusion of a diverse group of conditions at the beginning of the chapter.
- Address stigma and discrimination more prominently and include suggested interventions.
- Elaborate on the socioeconomic costs of non-action, and, if possible, summarize studies that have been done on cost of illness and return on investment.
- Strengthen the discussion about financial protection for individuals with MNS disorders and their families as well as financing methods for expanding coverage for MNS disorders in countries.

Topics to Acknowledge or Recognize: Several ideas emerged about how to enhance the MNS volume that would require additional research. DCPN representatives explained that it would not be feasible to reflect these recommendations in the volume due to constraints of quality of evidence available and the limited amount of time before the volume's publication date to review the data. In cases where more research was needed, the volume will acknowledge and recognize that these gaps exist. These include the existence of evidence for the effectiveness of traditional medicine(s)/interventions and traditional/religious healers as a pathway to care for the vast majority of people in low- and middle-income countries.

— Forum Objectives —

- Review key findings and recommendations for scaling up interventions and their implications for policy and service development.
- Identify member state needs and requirements for successful MNS evidence uptake and policy implementation.
- Reflect national policy makers' perspectives in the key findings and recommendations of the MNS volume.
- Identify steps to promote engagement between academia and policy makers to support scaling up MNS interventions in member states.

Session 1: Introduction

Dr. Ala Alwan, the Regional Director for the WHO Eastern Mediterranean Regional Office (EMRO) opened the forum with brief welcoming remarks followed by an introduction of the participants. He highlighted the need to identify a core MNS "package" comprising the cost-effective, affordable and feasible interventions to be integrated into the essential service packages in countries aiming to reduce the huge treatment gap of MNS disorders. He explained that this particular forum was the first in a series to be organized jointly by WHO EMRO and DCPN and he outlined the objectives. The main aim is to focus on the key challenges and constraints that policy makers face in addressing these priorities in their own countries to ensure that they are adequately covered in the DCP volumes. Strengthening mental health programs and improving access to effective health care is a priority for WHO Member States. EMRO has been working intensely over the last two years in developing a practical, evidence-based framework of high-impact, cost-effective interventions that countries can implement to promote mental health of their population and reduce the treatment gap. Dr. Alwan stressed the importance of the kind of policy dialogue that would take place at the forum as a way of advancing priority setting for global health and asked the participants to be candid and to express their opinions in the forum sessions based on their own experience and perceived needs. Special emphasis should be given to identifying where solutions are required and more work is needed.

> *"The research to policy interface is critical to advance priority setting for global health."*
> - Dr. Ala Alwan

In his opening remarks, Dr. Dean Jamison highlighted that over 20-30 years there has been an exponential growth in the knowledge about mental disorders. However, unlike the treatment of other disorders, for example, childhood infection, large numbers of people suffering from MNS disorders cannot be reached or treated, a reality that has significant implications for research and public policy. Dr. Jamison explained how mental health has been gaining prominence in each successive edition of Disease Control Priorities, with an entire volume devoted to MNS disorders in *DCP3*. He noted that this was a reflection of the progress made in management of MNS disorders over the last three decades. Dr. Jamison outlined the goal of *DCP3* volumes: to develop a prioritized, costed and operationalized set of essential packages of interventions that, when combined, would constitute the essential core of Universal Health Coverage (UHC). This effort on mental health is therefore part of a larger and coherent intellectual and advocacy movement for UHC.

Dr. Jamison hoped the forum would explore how money earmarked for health care could be effectively applied to the mental health domain and he anticipated that the dialogue would contribute to enhancing the effectiveness of the MNS volume in policy making.

> ***"The Arab Spring started with a suicide."***
> - Dr. Mohamed Salah Ben Ammar

Dr. Damian Walker, the Bill & Melinda Gates Foundation (BMGF) Senior Program Officer for Integrated Delivery, concluded the opening session by explaining how BMGF gave credit to *DCP1* for its founding. He stressed how important DCPN has been for BMGF in defining priorities, noting that his colleagues constantly referred to previous editions of DCP to identify best buys in global health. Dr. Walker confirmed BMGF's commitment to seeing that the *DCP3* volumes become a tool for policy makers and a catalyst for change in low- and middle-income countries (LMICs).

Session 2: Burden of Mental, Neurological and Substance Use Disorders

Prof. Vikram Patel, Professor of International Mental Health at the London School of Hygiene and Tropical Medicine, and Director of the Centre for Mental Health at the Public Health Foundation of India, is a principal author and head editor of the MNS Volume. He made the opening presentation at the forum to introduce the content of the volume and set the stage for further discussions. He noted that the forum was an important step as it provided an opportunity for the authors and editors to modify key

recommendations before the volume went to print and formal dissemination to larger audience.

The MNS volume is made up of four parts that include:

1. **Burden:** *What is the problem?*
2. **Interventions:** *What are the effective treatments?*
3. **Platforms**: *How should these treatments be delivered?*
4. **Economic Analyses:** *What will it cost?*

Prof. Patel explained that average spending on mental health was 1% or less of the total health budget. Development assistance budgets for LMICs have not seen any increase in funding dedicated to mental health and the sector continues to attract very little in terms of financial resources, compounding the low political will to scale up MNS interventions.

> ***"This DCP3 volume is an opportunity to inject energy into the policy discussions on how countries can act on both existing and new mental health evidence."***
>
> - Dr. Vikram Patel

MNS disorders are the third leading cause of disability adjusted life years (DALYs) lost. The proportional burden of these illnesses has risen by 40% over last 2 decades and now accounts for more than 10% of the total overall burden of disease. However, according to Prof. Patel, the most important information on burden in *DCP3* is the novel discussion of excess mortality.

In the 2010 Global Burden of Disease study, less than 1 million deaths were attributed to MNS disorders, because the Global Burden of Disease study assigned mortality to only proximal causes (e.g., all drunk driving deaths are counted as deaths from road traffic accidents rather than attributed to a sub-stance use disorder). Even suicide was not attributed to mental illness.

In *DCP3*, the authors re-examined this evidence to look comprehensively at the early risk factors that lead to mortality. While these estimates are not able to account for the full impact mental health conditions have on society, such as the criminal justice system or economic capacity of individuals, they reveal that 13 million excess deaths were caused by MNS disorders in 2010. Eighty percent of premature deaths in people living with MNS disorders were due to coronary heart disease, stroke, type-2 diabetes, respiratory diseases, and some cancers. The rates of major modifiable risk factors for chronic disease (smoking, poor diet, physical inactivity, alcohol and substance use,

obesity and metabolic disturbances) among people living with MNS disorders are two to three times those of the general population.

Prof. Patel stated that up to 90% of people affected by MNS disorders do not receive evidence-based interventions (medicines, social interactions, etc.), often because people assume these are intractable conditions. This mindset needs to shift.

Session 3: Cost-Effective Interventions for MNS Disorders

Prof. Graham Thornicroft, Head of the WHO Collaborating Center, Institute of Psychiatry, King's College London, gave a presentation about the main *DCP3* findings and conclusions regarding "Best Buy and Good Buy" interventions which could be delivered through population-wide, community-based or health care platforms and delivery channels. His presentation was complemented by a presentation by Dr. María Elena Medina-Mora, Mental Health Consultant from Mexico and commentary by Dr. Tarun Dua, Medical Officer at WHO in Geneva, and Professor Vikram Patel.

All four authors and editors agree that there is a wide variety of cost-effective, affordable and feasible interventions which could form the basis of developing a core package for the protection, prevention and management of MNS disorders. The *DCP3* volume organizes these interventions according to three intervention delivery "platforms:" population-wide, community-based and health care services. Among the many examples mentioned were: legislative and regulatory measures that reduced the availability of and demand for alcohol; parenting programs during infancy; case-finding, early detection and management of conditions; and methadone maintenance therapy for opioid dependence.

Prof. Thornicroft highlighted that stigma and discrimination are barriers for mental health care and he noted the strong evidence from non-health sectors on how interventions through the population and community level platforms can make a difference.

Participants requested clarity on the volume's key messages and suggested that the document would need to be concise and simple to be of greatest use. The authors and editors explained that it was challenging for a single chapter to meet the needs of the many target audiences for DCP3. Thus, they suggested the development of an additional document that could accompany

> ***"We should ask ourselves why are things that are fit for research not fit for policy makers and things that are fit for policy makers are not fit for research."***
> - Dr. Walid Ammar

the volume and speak directly to the needs of policy makers.

In addition to calls for greater clarity, participants noted a variety of gaps that warranted further consideration by the editors, which included:

- discussion about the costs—both social and economic—of inaction
- the role of non-health sectors in addressing mental health

One of the most prominent issues raised was the role of the pharmaceutical industry in marketing expensive treatment options and the subsequent impact on access to affordable services for mental health patients.

Session 4: MNS Disorders and Universal Health Coverage

Dr. Daniel Chisholm, Health Systems Advisor for Evidence Research Action on Mental and Brain Disorders at WHO, offered forum members an overview of the major messages related to cost, cost-effectiveness, and economic analyses in the *DCP3* MNS volume. Dr. Chisholm highlighted that MNS disorders were chronic, long lasting and highly disabling. They could lead to impoverishment as many households were not in a position to pay for services they needed. He noted that an investment in a defined package of cost-effective interventions would yield health returns comparable to those programs addressing other non-communicable diseases and would cost US$ 1-2 per capita in LMICs.

> ***"Politicians want to respond to the people and voters, to their constituents. But they also want to make something rational."***
> - Dr. Walid Ammar

Dr. Chisholm also highlighted a novel type of analysis developed for and included in *DCP3* that incorporates measures of equity and protection from excessive medical expenditures into economic studies. In general, these analyses show that pursuing a policy of enhanced public financing of mental health interventions would enable an increased number of people to access care, and a more equitable distribution of benefits in the population. He closed his presentation with three questions for forum members related to financing mental health that the current evidence on costs and cost-effectiveness unable to answer:

- Where will the money to finance increased investment in MNS disorders come from?
- Do countries have protection measures in place for severe disorders like schizophrenia?

- How can MNS disorders be incorporated into universal health coverage as part of integrated planning process, and what is the feasibility and sustainability of this?

It was noted that, along with information on burden and intervention effectiveness, cost-effectiveness evidence was just one of many inputs for policy makers to consider.

Session 5: Collective Challenges and Need

The Ministerial representatives participated in a group brainstorming exercise to determine the key constraints and challenges that impede their countries from improving mental health services.

The policy makers were asked to vote on the five challenges that they believe are most crucial in their countries. Three challenges emerged as those of greatest collective concern to the participants: **Stigma, Financial Constraints, and the Organization of the Health Care System**. Professor Vikram Patel, Dr. Daniel Chisholm, Dr. Turan Dua and Dr. María Elena Medina-Mora each spoke for a few minutes to explain how *DCP3* addressed these challenges and constraints.

Session 6: Solutions for Scaling up Mental Health Care

The participants were divided into three groups that rotated through three stations hosted by the *DCP3* authors and editors, MNS experts, and a DCPN representative. Each station focused on one of the three challenges identified by policy makers: **Stigma, Financial Constraints, and the Organization of the Health Care System**. The station on **Stigma** was hosted by Tarun Dua and María-Elena Medina-Mora; the station regarding **Organization of the Health Care System** was hosted by Vikram Patel, Khalid Saeed and Gourie-Devi Mandaville and the station related to **Financial Constraints** was hosted by Dan Chisholm and Rachel Nugent. For more information please see Annex 1 available at dcp-3.org.

> *"The First President of Sudan was a psychiatrist and he worked as a traditional healer."*
>
> - Dr. Mohamed Elabassi

> *"You can't discharge mental health patients, especially if their family refuses to accept them. Long stay patients are a huge drain on the finances. Stigma is at the root of this financial constraint."*
>
> - Dr. Nasser Loza

MENTAL HEALTH POLICY FORUM
LONDON, UNITED KINGDOM
16 JUNE 2015

PARTICIPANTS

AFGHANISTAN
Dr Suraya Dalil
Former Minister of Health
Kabul

EGYPT
Dr Nasser Loza
Director of Behman Hospital
(Former Secretary General of Health)
Ministry of Health
Cairo

IRAQ
Dr Salih Hasnawi
Member of Parliamentary Committee on Health, Iraq
(Former Minister of Health)
Ministry of Health
Baghdad

JORDAN
H.E. Dr Ali Hyasat
Minster of Health
Ministry of Health
Amman

LEBANON
Dr Walid Ammar
Director General, Ministry of Public Health
Beirut

SUDAN
Dr Mohamed Ali Yahia Elabbassi
Director General of Planning and International Health
Federal Ministry of Health
Khartoum

TUNISIA
Dr Mohamed Salah Ben Ammar
Former Minister of Health
Ministry of Health
Tunis

FRANCE
Professor Didier Houssin
President, High Council for the Evaluation of Research and Higher Education
Paris

DCP3 MNS VOLUME EDITORS/AUTHORS

Professor Vikram Patel
Professor of International Mental Health
London School of Hygiene and Tropical Medicine
Public Health Foundation of India
INDIA

Dr Daniel Chisholm
Health Systems Adviser, Evidence Research Action on Mental & Brain Disorders
WHO
SWITZERLAND

Dr Tarun Dua
Medical Officer HQ/MER Evidence Research Action on Mental & Brain Disorders
WHO
SWITZERLAND

Dr María Elena Medina-Mora
Mental Health Consultant
MEXICO

Professor Graham Thornicroft
Head, WHO Collaborating Centre Institute of Psychiatry
King's College, London
UNITED KINGDOM

CONSULTANT

Professor Gourie-Devi Mandaville
Emeritus Professor of Neurology, Department of Neurology,
Institute of Human Behaviour and Allied Sciences (IHBAS)
INDIA

DISEASE CONTROL PRIORITIES NETWORK

Dr Dean Jamison
Series Editor, Disease Control Priorities Network
Professor Emeritus, Global Health at the University of Washington

Dr Rachel Nugent
Principal Investigator and Director,
Disease Control Priorities Network
Clinical Associate Professor,
Global Health at the University of Washington

Ms Brianne Adderley
Project Manager, Disease Control Priorities Network

Ms Kristen Danforth
Research Analyst, Disease Control Priorities Network

BILL AND MELINDA GATES FOUNDATION

Dr Damian Walker
Senior Program Officer
Integrated Delivery at the Bill & Melinda Gates Foundation

Ms Karolyne Carloss
Program Assistant at the Bill & Melinda Gates Foundation

WHO SECRETARIAT

Dr Ala Alwan
Regional Director
WHO EMRO

Dr Khalid Saeed
Director Non-communicable Diseases and Mental Health (a.i.)
WHO EMRO

Mr Patrick Papania
Consultant in Strategic Communications
Office of the Regional Director, WHO EMRO