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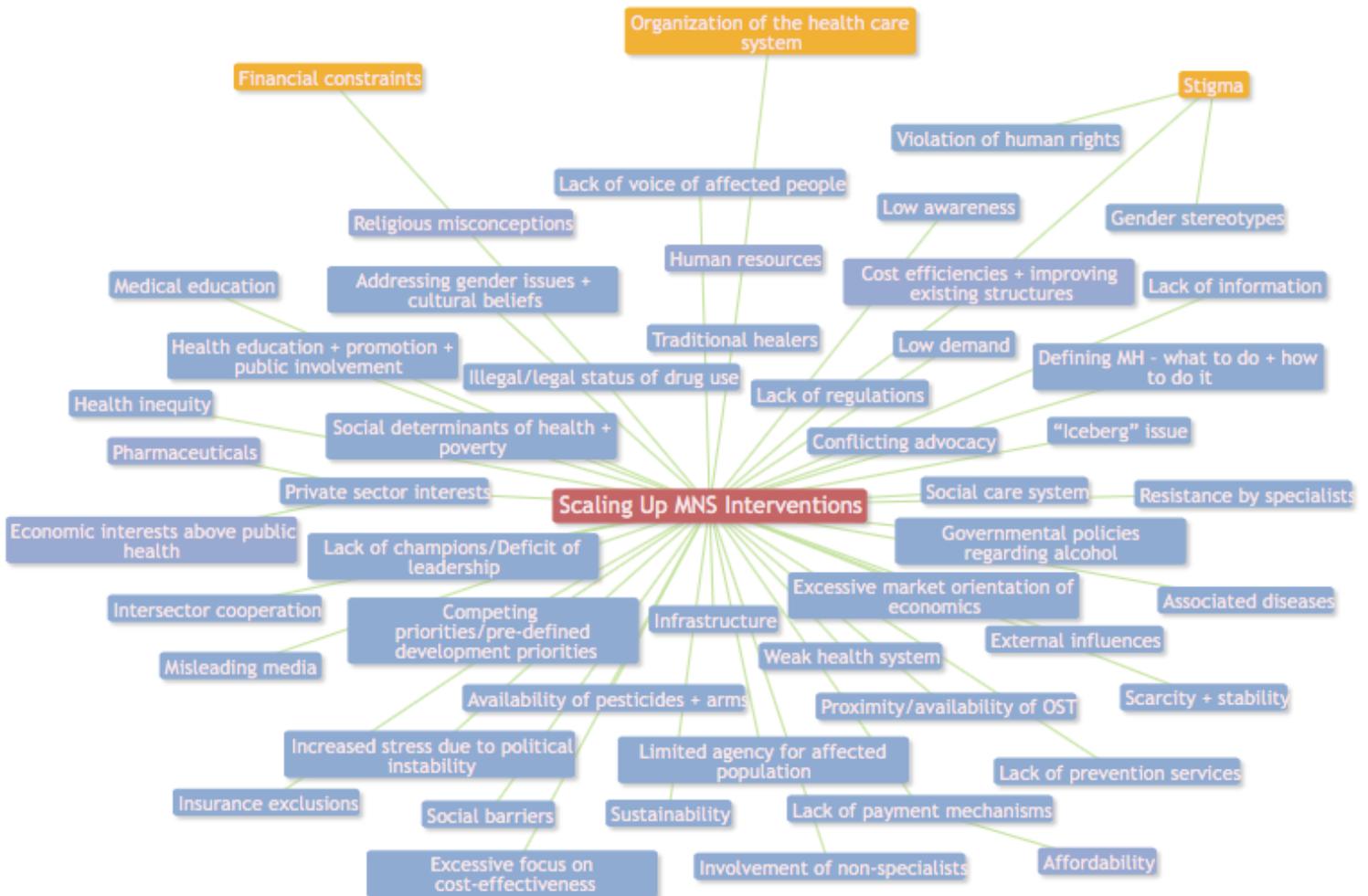
Annex 1 From the Summary Report on the Mental Health Policy Forum

London, United Kingdom
16 June 2015

Lessons and themes from breakout sessions on stigma, financial constraints, and organization of the health care system.

Collective Challenges and Needs

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.



Policy Makers' Votes

- | | | |
|---|---|--------------------------------------|
| 9 - Organization of the health care system | 2 - Human Resources | 1 - Intersector cooperation |
| 7 - Stigma | 2 - Low awareness | 1 - Lack/deficit of leadership |
| 5 - Financial constraints | 1 - Addressing gender issues + cultural beliefs | 1 - Lack of voice of affected people |
| 2 - Private sector interests (pharmaceuticals) | 1 - Defining MH - what to do + how to do it | 1 - Medical education |
| 1 - Private sector interests (economic above public health) | 1 - Health education + promotion + public involvement | 1 - Misleading media |
| 3 - Social determinants of health + poverty | 1 - The "Iceberg" issue | 1 - Religious misconceptions |
| 2 - Competing priorities/pre-defined development priorities | 1 - Infrastructure | 1 - Scarcity + stability |
| 2 - Governmental policies regarding alcohol | 1 - Illegal/legal status of drug use | 1 - Social barriers |

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

Solutions for Scaling up Mental Health Care

The Ministerial representatives were divided into 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 that the policy makers identified as their collective principal concerns: stigma, financial constraints, and the organization of the health care system. A rapporteur was at each station to record the discussions.

TOPIC I - STIGMA

Hosted by: Tarun Dua and María-Elena Medina-Mora

Stigma as a Barrier to Mental Health Progress

A series of thoughtful, provocative conversations during this breakout session revealed the complex ways in which stigma influences the lives of patients, families, communities, and caregivers of individuals with mental, neurological, and substance use disorders. Below is a list of the mechanisms identified by participants through which stigma negatively impacts the well-being of those affected by MNS disorders:

- Stigma has differential effects on access to services depending on location as well as type and severity of conditions. In some contexts the social categorization of a person as 'crazy' is not enough to prevent their loved ones from bringing them to get care, whereas in other places fear and shame associated with mental illness leads families to try to hide patients or their conditions.
- Stigma extends beyond the patient to affect their families and communities. For example, the concern that a mental health diagnosis in a woman, or even one of her family members, could limit her prospects for marriage may cause a person not to seek treatment.
- Stigma and discrimination are distinct but interrelated concepts which are important to consider independently. It was suggested that the editors of the

"We need to work with the Imams and Sheikhs; this topic should be discussed in Friday prayers."

- Dr Mohammed Elabbasi

DCP3 volume review whether these have been adequately and appropriately addressed in the current collection of chapters.

Strategies to Reduce Stigma

Despite the myriad of stigma-related challenges identified, policy makers provided many examples of creative and successful strategies in use to combat stigma that gave cause for optimism. These included:

- Increasing exposure to mental health issues and patients, among both the general population and decision makers.
- Engaging the media through documentaries, public service announcements, and other programs.
- Bringing mental health patients to parliament to directly engage with policy makers.
- Aligning anti-stigma and general awareness campaigns with Ramadan and Eid and, in general, taking advantage the opportunities presented by times of holiness and spiritual expression.

*“Would you elect a mentally ill person?
Would you let one marry your daughter?”*
- Dr Mohamed Salah Ben Ammar

Stigma and Health Systems

The role of health professionals and integrating mental health services into general health care are essential elements to consider when addressing stigma. Major points from the session included:

- The practices and locations of today's major mental health hospitals work to keep patients separate and excluded from the community.
- Integration of mental health into general health care services is not necessarily sufficient to reduce stigma, rather in some cases it merely hides the expression of it.
- No effort to combat stigma will be completely successful without a commensurate focus on health professionals.
- There is a need for training of both current practitioners as well as medical school students.

When asked what one would fund were resources not an issue, one policy maker said: *“Put mental health into primary school curriculum. Effective mental health education begins long before medical school.”*

TOPIC II - ORGANIZATION OF THE HEALTH CARE SYSTEM

Hosted by: Vikram Patel, Khalid Saeed and Gourie-Devi Mandaville

Mental Health Care is Dependent on Organized Health Systems

Below is a list of actions participants presented as their priorities.

Scaling up mental health care depends on synergy

- Link mental health care to primary care.
- Create mental health departments in hospitals.
- Integrate mental health into existing health care rather than creating a vertical system of care.

Reinventing mental health care

- Evaluate existing services.
- Improve case finding, case management and home care.
- Review and update legislation for ensuring rights of persons with MNS disorders.
- Include mental health in private coverage.
- Create mental health councils for accountability.
- Improve regular availability of psychotropic drugs by including them in the national essential drug list and procurement of generic medicines.

"The first President of Sudan was a psychiatrist and he worked as a traditional healer."

- Dr Mohamed ElAbassi

Improving capacity of mental health service providers

- Strengthen human resources.
- Promote multi-disciplinary team approaches to mental health care through inclusion of social workers and nurses in the mental health care team.
- Help specialists and general practitioners understand the roles of others to promote a collaborative and stepped care approach.

Health Care Restructuring

The Ministerial representatives were asked what recommendations they would make for improving mental health care in their countries. The reoccurring theme was for the “wall” between mental health care and health care to be torn down. The following lists their suggestions.

Education plays a key role

- Increase the number of psychiatrists.
- Special residency for psychiatrists.
- Increase the orientation of medical students mental health.
- Increase incentives for those who go into the mental health field.
- More training (improved human resources).
- Improve continuous medical education.

Distribution of mental health services

- Open large hospitals and allow patients to be integrated into the community.
- Move mental health services to rural community-based care and specialized hospitals.
- Shift from specialized hospitals to primary health care centers.
- Create private practice and primary health care network (nominal fees).
- Pay teams of mental health care providers rather than individual doctors.
- Distribute psychiatrists more broadly (less centralized).
- Make mental health part of essential health package, with services delivered by non-governmental organizations.

Legislation for mental health medicines

- Reduce the influence of the pharmaceutical industry.
- Improve the supply of low-cost medicines.

TOPIC III - FINANCIAL CONSTRAINTS

Hosted by: Dan Chisholm and Rachel Nugent

Below is a summary of how the Ministerial representatives answered two questions posed about financial constraints.

What are your priorities for strengthening mental health services?

Social Marketing

- Prioritize mental health care on the public level to pressure government.
- Build awareness.
- Invest in educating patients to see psychiatrists (in the first place).
- Start addressing stigma in the local community.
- Family stigma creates low demand which leads to little pressure to increase funding.
- Educate patients that the general practitioners are capable of helping them with mental health issues.

“You can’t discharge mental health patients, especially if their family refuses to discharge them. Long stay patients are a huge drain on the finances. Stigma is at the root of this financial constraint.”

- Dr Nasser Loza

Capacity

- Build capacity by taking advantage of funding during crisis situations.
- Improve caliber (so not only the low performing students become psychiatrists).
- Introduce financing for training.
- Train general practitioners to address mental health illness.

What are ways that you are tackling constraints? What are your priorities? What are suggested actions?

Taxing for mental health

- Increase taxes and provide a portion of those funds to mental health.
- Tax tobacco and push that money into mental health.

Prioritizing

- Tighten governance.
- Dialogue with the psychiatrists to determine which disorders need to be prioritized.
- Increase parenting programs, group practices, etc.

Build capacities

- Train periphery providers to prescribe mental health medicines.
- Introduce psychosocial detection- train men and women to detect psychosocial conditions.
- Create incentives to become psychiatrists.

Economies of scale through packaging

- Include mental health in the primary healthcare package.
- Offer defined packages (essential package of hospital services and basic package of health services, which includes mental health).
- Include mental health in contracts for packaged services with NGOs.
- Explore conditional financial transfers and performance-based financing for mental health.
- Determine how much mental health spending is out of pocket.

Sharing costs

- Strengthen connections between the health system and prison system.
- Identify the shared cost element of resources in medical programs.
- Support inter-sectoral programs.
- Remove barriers between mental health and the social system.
- Integrate mental health into general health.
- Link to social systems (education, prison system, etc.).
- Make jail a platform for providing medical care; share costs/benefits across sectors (prisons and retirement homes).