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Global mental health: Global strengths and strategies Task-shifting in a shifting health economy

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ABSTRACT

Global mental health challenges sit at the frontiers of health care worldwide. The frequency of mental health disorders is increasing, and represents a large portion of the global burden of human disease (DALYs). There are many impeding forces in delivering mental health care globally. The knowledge of what mental health and its diseased states are limits the ability to seek appropriate care. Limited training and experience among primary providers dilutes the capacity of systems for adequate care, support, and intervention. There are limited numbers of medical personnel worldwide to attend to individuals afflicted by mental health disorders. The challenges of global mental health are the capacity of the global systems to enhance knowledge and literacy surrounding mental health disorders, enhance and expand ways of identifying and treating mental health disorders effectively at an early stage in its course. Much has been written about the epidemiology of mental health disorders globally followed by discussions of the need for improvements in programs that will improve the lot of the mentally ill. Task shifting involves the engaging of human resources, generally nonprofessional, in the care of mental health disorders. Engaging traditional healers and community health workers in the identification and management of mental health disorders is a very strong potential opportunity for task shifting care in mental health. In doing so it will be necessary to study the concept of mental health literacy of traditional healers and health workers in a process of mutual alignment of purpose founded on evidence based research.

1. Introduction

It is now somewhat cliché to reiterate that "there is no health without mental health" as it begs the question of a definition of both health and mental health (Prince et al., 2007). An etymological tautology emerges as one attempts to boil down a concept of health that takes the argument through the concept of disease and its impact on the capacity of the individual from a personal and societal perspective. The biophysical aspects of many medical diseases have been characterized. The history of biomedical research proudly and rightly exemplifies the research trajectories of infectious diseases leading to the etiological understanding of AIDS, cardiovascular, or pulmonary diseases. Most medical disciplines outside of the psychiatric clinical sciences boast an etiological trajectory of understanding beginning with clinical observations and leading to a set of pathological findings coalesced into criteria for a specific disease. Illness in the psychiatric sense, however, remains a series of disjunctive categories that serve as clinical guidelines and a hope for deeper future understanding of the underlying pathology. For much of the world "mental health" remains elusive.

> Global Challenges Managing Mental Health:
> Limited Literacy and Understanding of Disorders;
> Few Care Providers;
> Sparse Global and National Priorities.

In this overview we examine mental health from a global perspective, and advance a pragmatic integrated approach with discussion of the burden of mental health disorders, mental health literacy, and the role of extant systems in global communities that includes the community traditional healers and education systems. Knowledge of health is the basis of health prevention and management. Engagement of individuals at many levels across the community for health care provides the opportunities for task shifting: transferring responsibility for tasks from higher to lesser specialized providers. This requires an

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understanding of the knowledge of the lesser specialized providers (mental health literacy) and implementation of programs to provide resources to them. In the global community there is a resource of traditional healers that the society seeks out for care and advice on health matters. Knowledge of the mental health literacy and resources for traditional healers willing to interact meaningfully with regional health care workers and authorities may become a base for task shifting some health care duties in the community. The education system is the societal and cultural base for the community to collectively enhance knowledge of health; knowledge of mental health needs to be an integral component of the educational system. In the global community, knowledge of local resources and challenges are critical. It is, of course, important that communities systematically build and expand medical and psycho-social resources, with doctors, nurses, and affiliated care providers. However, there are resources that may be under estimated in terms of their potential for mental health and include a local engaged traditional healer, open to working interactively with the community health authorities, to whom many mental health care tasks may be formally shifted.

1.1. Mental health literacy

Mental health literacy is the general knowledge and beliefs about mental health disorders from an intellectual and functional perspective that aid in their recognition, management, and prevention; the concept of literacy is universally applicable across society (Jorm et al., 1997). The current intellectual understanding of mental health and mental health disorders is largely reflected in the current diagnostic categories of DSM IV (APA, 2000) and ICD-10 (WHO, 1992). It is readily acknowledged that the current categories are likely to be restructured with the anticipated emergence of a biological understanding of key etiological pathways leading to psychiatric disorders (Regier et al., 2009). The impact of the environment on the evolution of psychiatric disorders is widely appreciated. Western societies judge intellectual literacy of mental health disorders by how well the society, including care providers and consumers, know and recite the categories outlined in the DSM/ICD criteria. The understanding of psychiatric disorders in the developing world is based on the heroic efforts lead by WHO and others that examine the prevalence of DSM/ICD-identified psychiatric syndromes in the global community (WHO, 2008a). Our estimates of the burden of mental disorders are based on the constellation of symptoms clustered to identify disorders according to a purely Western classification by local assessors that are literate on DSM/ICD coding, applied to societies in the global south. A specialty of cross-cultural psychiatry has emerged with every attempt to translate between the culture of study and the DSM systems. A number of critical observations have derived under the assumptions, believed to be valid, that psychiatric disorders are phenomenologically grossly similar wherein the form of the psychopathology is similar, while the cultural content may vary. However, health literacy is more than "intellectual literacy" which may be metrically defined and assessed, it is an integrated knowledge of health that provides the tools and resources for the individual to seek and receive needed services. In general it is the functional aspects of literacy that are elusive; impedance is found throughout, and ranges from intrinsic believes within the individual through the societal context of health care and services (IM, 2004).

The burden of mental health disorders in the global community has been discussed at length in the literature and it is clear that global mental health and knowledge of the same (mental health literacy) is singularly one of biggest health challenges facing mankind (Ngui et al., 2010). If one incorporates behavioral aspects of disorders in medical disciplines, maladaptive motivated behaviors of the addictions, dietary and recreational inequities created by a combination of cultural opportunities and resources, as well as personal choices influenced by the collective community economy – it should be apparent that the dimension of mental **health** reaches deep into a culture and its communities (Bauer et al., 2010). The burden of poor mental health and its specific disorders when these are known, affect most, if not all aspects of global health. But returning to the focus of the measured burden of mental health in the global community using standard Western measures, it is very clear that a very large proportion of health problems are mental health problems. Mental health disorders generally have an early age of onset, critically affecting the capacity of the developing young adult towards a productive career and/or achieving her/his potential in society. The result is that mental health disorders are projected to the single larges cause of DALYs (Disability adjusted Life years) by 2030 (WHO, 2008a), with unipolar depression topping the list. One of the most affected group in both higher and lower income communities alike is women of child bearing age, the frequency of major depression in this age group is highly similar in highly resourced and low-resourced regions and neuropsychiatric disorders combined account for 22% of DALYs (WHO, 2008b). Large-scale campaigns to combat or eradicate disease such as malaria or polio have had a clearly focused methodology and measurable outcomes. However, in the field of global mental health, the methodologies are by no means clear or agreed upon. The basic phenomenology of mental disease globally may be variable in ways that are yet to be delineated in detail. The approach in the global community towards caring for those afflicted with mental health disorders ranges from being woefully under-developed to non-existent, with a few exceptions typically associated with tertiary care specialized centers in or around large urban areas. The burden of mental health remains profound. Enhancing mental health literacy is an integral step towards diminishing the burden.

Mental health literacy in the broadest sense should not be interpreted or used to suggest that the current categorical system of DSM or ICD represents **the** standard of literacy. The two systems are important standards, with a high degree of reliability, but with unknown validity. There are essentially no biologically established etiologies for mental health disorders. Therefore, the dimensions and measures of literacy include a sociological understanding of what the individuals of a given culture believe to be mental health and disorders thereof. This dimension of research has been the purview of anthropology, with modest interaction and contribution from medical, public health, and the social sciences. Literacy is not the purview of any one stratus or worker in society. At all age levels, parents, the nuclear and extended family, teachers, health care workers and aides, community leaders, persons associated or affiliated with organized religion, colleagues in the workforce, and others may be harnessed as mental health literacy ambassadors through a process known as task-shifting.

Targeted Task Shifting in Global Mental Health:
Primary Health Care Givers;
Community Health Care Worker;
Traditional Healers;
Educators and Schools;
Extended Families;
Individuals.