Closing the Mental Health Gap in Low-income Settings by Building Research Capacity: Perspectives from Mozambique

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ABSTRACT

Background: Neuropsychiatric disorders are the leading cause of disability worldwide, accounting for 22.7% of all years lived with disability. Despite this global burden, fewer than 25% of affected individuals ever access mental health treatment; in low-income settings, access is much lower, although nonallopathic interventions through traditional healers are common in many venues. Three main barriers to reducing the gap between individuals who need mental health treatment and those who have access to it include stigma and lack of awareness, limited material and human resources, and insufficient research capacity. We argue that investment in dissemination and implementation research is critical to face these barriers. Dissemination and implementation research can improve mental health care in low-income settings by facilitating the adaptation of effective treatment interventions to new settings, particularly when adapting specialist-led interventions developed in high-resource countries to settings with few, if any, mental health professionals. Emerging evidence from other low-income settings suggests that lay providers can be trained to detect mental disorders and deliver basic psychotherapeutic and psychopharmacological interventions when supervised by an expert.

Objectives: We describe a new North-South and South-South research partnership between Universidade Eduardo Mondlane (Mozambique), Columbia University (United States), Vanderbilt University (United States), and Universidade Federal de São Paulo (Brazil), to build research capacity in Mozambique and other Portuguese-speaking African countries.

Conclusions: Mozambique has both the political commitment and available resources for mental health, but inadequate research capacity and workforce limits the country's ability to assess local needs, adapt and test interventions, and identify implementation strategies that can be used to effectively bring evidence-based mental health interventions to scale within the public sector. Global training and research partnerships are critical to building capacity, promoting bilateral learning between and among low- and high-income settings, ultimately reducing the mental health treatment gap worldwide.

Key Words: global mental health, research partnerships, Mozambique, PALOP

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INTRODUCTION

In the Global Burden of Diseases Study published in *The Lancet* in 2010, mental disorders accounted for 22.7% of all years living with disability (YLDs) globally; in aggregate, they were the leading cause of YLDs.[1] Major depressive disorder (MDD) was the second specific contributor, after low back pain, causing 63 million YLDs. Dysthymia caused 11 million YLDs, and together with MDD, accounted for 9.6% of all YLDs.[1] Anxiety disorders, alcohol use disorders, schizophrenia, and bipolar disorder also ranked among the most common causes of YLDs.[1]

Deleterious effects of mental disorders are magnified by their propensity to increase risk for communicable and noncommunicable diseases, and both intentional and

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unintentional injury.[2] Individuals with mental disorders seldom seek help, and when they do, treatment adherence can be low, negatively affecting prognosis in disease control and prevention.[3] Conditions such as HIV, diabetes, heart disease, cancer, and debilitating rheumatic diseases increase risk for mental disorders, which, in turn, also negatively affect medical outcomes. Thus, there is an urgent need to develop and implement widely accessible evidence-based strategies to address these problems across diverse global and economic contexts.

The stigma associated with mental illness may, to a certain extent, explain why, despite its burden, mental disorders are not in the forefront of the global health agenda. Stigma ultimately determines how societies and cultures deal with their recognition and treatment of mental disorders. In addition to harming the self-esteem of those with mental disorders, stigma is a key factor preventing them from seeking help.[4] To overcome such barriers, it is essential to engage mentally ill individuals, their families, and communities in the intervention dissemination and implementation process. Psychoeducation for affected individuals and their family, friends and co-workers, can help reduce stigma.[5] However, without advocacy, psychoeducation may not reduce stigma or increase engagement.[6] Unfortunately, politicians, the general public, relatives of individuals with mental disorders, and affected individuals themselves are not aware of how substantial and effective treatment can be within a modern medical milieu. Even health providers neglect available diagnostic and therapeutic approaches for mental illnesses, especially in low-income nations.

Global Mental Health: Recent Initiatives and a Direction That Will Make a Difference

Within the last decade, the field of global mental health has been defined by a series of publications establishing the relevance of the field and providing guidelines for treatment of mental disorders in low-resource settings, as well as research priorities. In 2005, the World Health Organization (WHO) published a series of training manuals for psychiatric care of individuals receiving antiretroviral therapy. The manuals were directed to nonspecialist health care workers.[7-9] In 2007, *The Lancet* published a global mental health series summarizing issues requiring attention, concluding there is "no health without mental health";[10] a follow up series in 2011 provided additional documentation of the global mental health care crisis.[11] A Movement for Global Mental Health has emerged with a call for action emphasizing the need to scale up mental health services coverage, particularly in low- and middle-income countries (LMICs).[12] In 2009, the WHO announced the Mental Health Global Action Programme,[13] its flagship effort in global mental health, which developed evidence-based guidelines for nonspecialist health care workers to provide treatments for mental disorders in routine health care settings.[15] These guidelines are currently being pilot-tested and implemented in 6 LMICs.[14] *Public Library of Science (PLoS) Medicine*[15] published evidence-based intervention packages of care for neuropsychiatric disorders in LMICs for 6 priority conditions in 2009-2010: alcohol use disorders, attention-deficit hyperactivity disorder, dementia, depression, epilepsy, and schizophrenia.[15-22]

In 2010, the National Institute of Mental Health (NIMH) Grand Challenges in Global Mental Health initiative polled a consortium of more than 400 researchers, advocates, and clinicians from more than 60 countries to identify the most pressing research priorities. Mental health intervention development and implementation was identified as a critical focus for future work.[23,24] Both of *The Lancet* Global Mental Health Series[10,11,25] emphasized the importance of prioritizing funding for research that develops and assesses mental health interventions to be delivered by trained nonspecialists and ways in which such interventions can be scaled up within all routine-care settings.

Funding opportunities for global mental health have increased recently. Global health research is the principal priority for the Fogarty International Center at the National Institutes of Health (NIH)[26] and global mental health research is now an explicit priority for the NIMH.[27] In March 2011, the NIMH's Office for Research on Disparities and Global Mental Health convened a meeting with 62 key stakeholders from around the world to discuss strategies for developing and sustaining research capacity in global mental health.[28] Since then, the NIMH has funded collaborative research global mental health hubs housed in LMICs to increase the evidence base for global mental health interventions and to build research capacity.[29] Additionally, since 2010, Grand Challenges Canada has funded 48 global mental health projects in LMICs.[30] Despite this, mental health is still largely absent from the global health agenda as exemplified by the fact that it was not identified as one of the Millennium Development Goals.

Despite these key steps, more international collaborations and research projects are needed in LMICs. Of global mental health research initiatives recently launched, few are housed in low-income countries and none in the 5 Portuguese-speaking African countries (*Países Africanos de Língua Oficial Portuguesa*—PALOP: Mozambique, Angola, Cape Verde, Guinea-Bissau, and São Tomé and Príncipe). These nations tend to be excluded from mental health initiatives in sub-Saharan Africa due to the language barrier. To address this need, several universities have come together, including the Universidade Eduardo Mondlane (Mozambique), Columbia University (United States), Vanderbilt University (United States), and Universidade Federal de São Paulo (Brazil) to build mental health research capacity through a North-South and South-South collaborative partnership. By fostering access to mental health care to those most likely to be excluded—African Portuguese