

Engaging the Private Sector in Mental Health



A case study series from...

Jordan, Lebanon, Pakistan, Qatar and Tunisia



Increasing the availability and accessibility of mental health services in local communities in Jordan



SITUATION

Community mental health services, particularly those adopting multidisciplinary biopsychosocial models, are very limited in Jordan which has tended to rely on specialized, inpatient mental health services at the tertiary care level.

PROCESS

International Medical Corps (IMC), an international NGO, established a network of Community Mental Health Centres (CMHCs) within Ministry of Health clinics. There are currently 13 urban CMHCs (Amman, Salt/Balqaa, Zarqa, Mafraq, Irbid – including Ramtha –, Ajloun, Jarash, Karak, Tafeeleh, Ma'an, and Aqaba) spread across 11 governorates. IMC also operates two clinics in refugee camps. They provide mental health and psychosocial services through a multidisciplinary team of psychiatrists, psychologists, mental health nurses, mental health case managers, and pharmacists, serving both the Jordanian and refugee populations.

RESULTS

- ✓ The CMHCs have improved the availability and accessibility of mental health services in local communities, and reduced the stigma associated with stand-alone specialized mental health services like psychiatric hospitals.
- ✓ The CMHCs run by IMC have complemented the Ministry of Health's existing services which include four CMHCs located in Amman (Hashmi, Istishariya), Irbid (Princess Basma), and Karak.
- ✓ Since 2008–2009 the network has gradually expanded nationwide.





Giving voice to mental health patients and their families



SITUATION

WHO Disease Burden Estimates rank Jordan fourth in the Middle East for the burden of mental health conditions as measured by disability-adjusted life years (DALYs).

Despite the high prevalence of common mental, psychotic and behavioural disorders, there is limited representation and participation of mental health service users and their families in mental health strategic planning and decision-making.

PROCESS

To increase the active participation of patients and their families in mental health forums, Our Step Association was established under the patronage of HRH Princess Muna Al Hussien. The Association is currently:

- ✓ supporting and empowering the rights of people with mental health conditions through advocacy;
- ✓ combating the social stigma associated with mental health problems;
- ✓ promoting mental health at the community level; and
- ✓ facilitating the representation of mental health service users and their families in strategic national dialogues related to drafting key guidelines and policies.

RESULTS

Patients engaged in a joint collaboration with the WHO and NGOs in 2018 to promote mental health awareness at the community level. The awareness campaign targeted vulnerable women and men from both the Jordanian and refugee communities.

The collaboration resulted in:

- the organization of protection support groups targeting youth (aged 18-24) and women;
- a two-week mental health awareness campaign on the occasion of World Mental Health Day (10 October 2018) and the promotion of peer-to-peer initiatives for vulnerable youth in Zarqa;
- focus groups being set up among service users and their family members identifying needs and gaps in mental health and psychosocial support (MHPSS) services;
- the piloting of the WHO Quality Rights study and the development of a Jordanian National Mental Health Action Plan for 2018-2021; and
- increased representation of mental health service users on the National Mental Health Technical Committee. Currently, one service user representative also sits on the board of the Higher Council for the Rights of Persons with Disabilities.
- Between 2017 and 2018, 906 service users and family members enrolled for training in developing stress management skills and enhancing productivity for users of mental health services .

Challenges still remain: there continues to be a great deal of stigma towards mental health conditions; funding for mental health activities is limited, and some in the professional community remain resistant to mental health service users sitting on national committees.

Several donors have supported the programme since its inception in 2010, including the Government of Kuwait, US BPRM and the Italian Agency for Development Cooperation.



Additional Resources:

Our step association. (2019, September 27). Retrieved from https://www.mhinnovation.net/innovations/our-step-association?qt-content_innovation=2#qt-content_innovation



Monitoring private mental health facilities to ensure respect of human rights of patients with mental disorders in Lebanon



SITUATION

- No authority oversees the human rights of patients with mental disorders in Lebanon, and there are no external reviews/inspections covering the respect of human rights in facilities providing mental health services.
- Patients with mental disorders are often unaware of their rights and excluded from decisions that affect their lives.
- While one of the strategic objectives of the National Mental Health Strategy for Lebanon (2015-2020), launched by the Ministry of Public Health, was to regularly monitor mental health facilities to ensure the protection of human rights, the data necessary to design a monitoring mechanism was missing.

PROCESS

- A pilot project by the Ministry of Public Health's National Mental Health Programme (NMHP) and WHO Lebanon assessed respect for human rights in two private facilities providing inpatient mental health services. An improvement plan was then developed jointly with the facilities.
- The second phase of the project, planned to take place between 2018 and 2021, covers three additional mental health facilities. It includes a baseline assessment and a post-improvement plan assessment, and capacity building workshops on the Convention on the Rights of Persons with Disabilities (CRPD), human rights concepts, and revisions to Lebanon's mental health law.
- WHO QualityRights standards and principles are being integrated into Lebanon's national accreditation standards for mental health.

RESULTS

The pilot project's assessment of health care facilities identified opportunities to make facilities more disability-friendly, including capacity building among staff in terms of their knowledge of human rights and the CRPD.

Further evaluation will be conducted after the second phase of implementation (2018–2021) is complete.

The assessment used WHO QualityRights Tool Kit which establishes standards of care to be applied in a culturally and socially appropriate manner across five interrelated areas, each addressing an important human rights and quality issue:

- Promoting inclusion and independent living in the community
- Protecting against inhuman and degrading treatment, violence and abuse
- Promoting legal capacity and enhancing autonomy
- Promoting the highest attainable standard of physical and mental health
- Promoting an adequate standard of living and ensuring that the environment is caring, supportive, comfortable, and stimulating

The lack of dedicated funding for periodic monitoring – both phases have so far been funded by donors – poses a challenge to the sustainability of the initiative, and the private nature of the mental health system in Lebanon presents difficulties in maintaining levels of motivation within facilities.

Additional Resources:

Quality Rights Lebanon. (2018, May 11). Retrieved from https://www.mhinnovation.net/innovations/qualityrights-lebanon?qt-content_innovation=2#qt-content_innovation



Public-private partnership (PPP) to promote mental health in Pakistan



SITUATION

- Mental disorders account for more than 4% of the total disease burden, with the mental health burden higher among women.
- It is estimated that 24 million people in Pakistan are in need of psychiatric assistance.
- According to WHO data, Pakistan has only 0.19 psychiatrists per 100 000 inhabitants, one of the lowest rates in the Eastern Mediterranean Region, and the world.¹
- Only five out of 100 persons with a mental health condition needing attention receive treatment.
- There is strong evidence that approximately half of all mental disorders begin during childhood and adolescence.
- Teachers' knowledge and beliefs, and the stigma surrounding mental health, influence the way they perceive and respond to mental health crises among students.

PROCESS

The President's Programme to Promote Mental Health of Pakistanis was launched. The programme, based on a public-private partnership (PPP), addresses the mental health of mothers, young children and adolescents. The main collaborator is the Human Development Research Foundation (HDRF), a not-for-profit trust.

The following interventions were made:

- A cognitive behavioural therapy based intervention (the Thinking Healthy Programme), provided at very low cost (estimated at \$1 USD per recipient) in primary and secondary care settings, was operationalized, with step-by-step instructions for implementation by non-specialists such as community health workers.
- A self-help digital application for adolescent depression was employed to address the treatment gap in developmental disorders which can approach 100% in rural Pakistan. Given that 87% of households in Pakistan own a mobile phone, the potential for technological support for training and delivery is vast.

RESULTS

- A pre-post evaluation of the programme indicated:
 - ✓ a significant improvement in disability;
 - ✓ reduction in children's socio-emotional difficulties and stigmatizing experiences; and
 - ✓ greater empowerment of families to seek services and community resources for children.
- There was, however, no change in caregivers' well-being.
- To replicate this service more widely a social franchise model has been developed. Such integrated social, technological, and business innovations have the potential to be applied to other areas of health care in low-income countries.

HDRF frequently collaborates with the Government of Pakistan. Its research and service facilities are based in a rural area in Mandra, on the outskirts of Rawalpindi, and include the Mandra Research Centre and the Mandra Intellectual and Neurodevelopmental Disorders Centre.

HDRF focuses on:

- research in the health, education, social, and biological fields;
- developing training materials;
- workshops and seminars for human service organizations and the public; and
- the development of strategies to implement evidence-based intervention programmes.



Additional Resources:

- https://www.who.int/mental_health/maternal-child/thinking_healthy/en/
- Whitley S, Smith JD, Vaillancourt T. Promoting mental health literacy among educators: critical in school-based prevention and intervention. Can J Sch Psychol. 2013;28:56–70. <https://doi.org/10.1177/0829573512468852>



Developing mental health attitudes and awareness measurement tool in Qatar



SITUATION

- Low levels of mental health awareness
- High levels of stigma
- Lack of mechanisms to gauge mental health attitudes and awareness needed to inform future training and education programmes.

PROCESS

- The Qatar Mental Health Attitudes and Awareness Index (QMHAAl) was developed to assess attitudes to, and awareness of, mental health.
- Intelligence Qatar, a private research and marketing company, was commissioned to develop the QMHAAl survey, and conducted the survey questionnaire on behalf of the Ministry of Public Health.

The QMHAAI Survey was conducted among 1 068 respondents to measure changes in attitudes and awareness and will be repeated every two years.

The National Health Strategy (2018–2022) states that 20% of mental health services in the country should be provided through primary care by 2020.

In the second wave of reporting, improvements in attitudes towards mental health and people with mental health conditions were recorded among people aged between 16 and 24. Higher levels of knowledge and awareness of mental health and mental illness were reported among non-Arab expatriates, females and respondents aged 16 to 24, compared to Qatari nationals, males and respondents aged 35 years and above.

Additional Resources:

- Developing Qatar's first mental health attitudes and awareness measure. (2020, January 27). Retrieved from https://www.mhinnovation.net/innovations/developing-qatar%E2%80%99s-first-mental-health-attitudes-and-awareness-measure?qt-content_innovation=2#qt-content_innovation



Suicide: a multi-sectoral programme to prevent, assess and educate the public in Tunisia

SITUATION

The absence of data necessary to assess suicide trends in the country.

PROCESS

- The Tunisian Suicide Prevention Project was launched in 2015 to better understand the causes of suicidal behaviour, and to define a prevention strategy to integrate within the national health strategy.
- The project promotes a 'life course' approach to exploring suicide trajectories among young people. Since 2015 it has:
 - ✓ developed a multi-sector strategy through a participatory approach;
 - ✓ introduced training programmes for health professionals on screening and interventions for people deemed at risk, and developed training guides;
 - ✓ entered into partnerships with organizations and groups including the Independent High Authority for Audiovisual Communication, the Institute of Press and Information Science, the Union of Journalists, and conducted training among media professionals as recommended by WHO;
 - ✓ established a dedicated team in the Ministry of Health to oversee project initiatives and plan for the long term; and
 - ✓ implemented an information system to collect reliable and up-to-date data on suicide in Tunisia and monitor self-harm data and trends to better inform suicide prevention initiatives.

In collaboration with different sectors:

- ✓ 448 health professionals have been trained, including 367 GPs, 41 psychologists, 21 nurses, nine psychiatrists, and 10 other health professionals. Additional training has been scheduled upon request.
- ✓ Five training workshops for media professionals were conducted in order to improve media coverage of suicides.
- ✓ A bulletin on the suicide rate in 2016 and 2017 in Tunisia was published to raise awareness.

The challenges the programme has faced include:

- frequent changes in stakeholders due to political transition in Tunisia;
- coordination and administrative issues arising from the multi-sectoral nature of the programme; and
- the absence of dedicated human and financial resources



Additional Resources:

- Suicide prevention in Tunisia. (2020, April 24). Retrieved from https://www.mhinnovation.net/innovations/suicide-prevention-tunisia?qt-content_innovation=2#qt-content_innovation

Country Conversations

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