

# Transforming mental health care globally: lessons from the Global South

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The Paul Farmer Professor of Global Health



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MEDICAL SCHOOL

# Disclosures

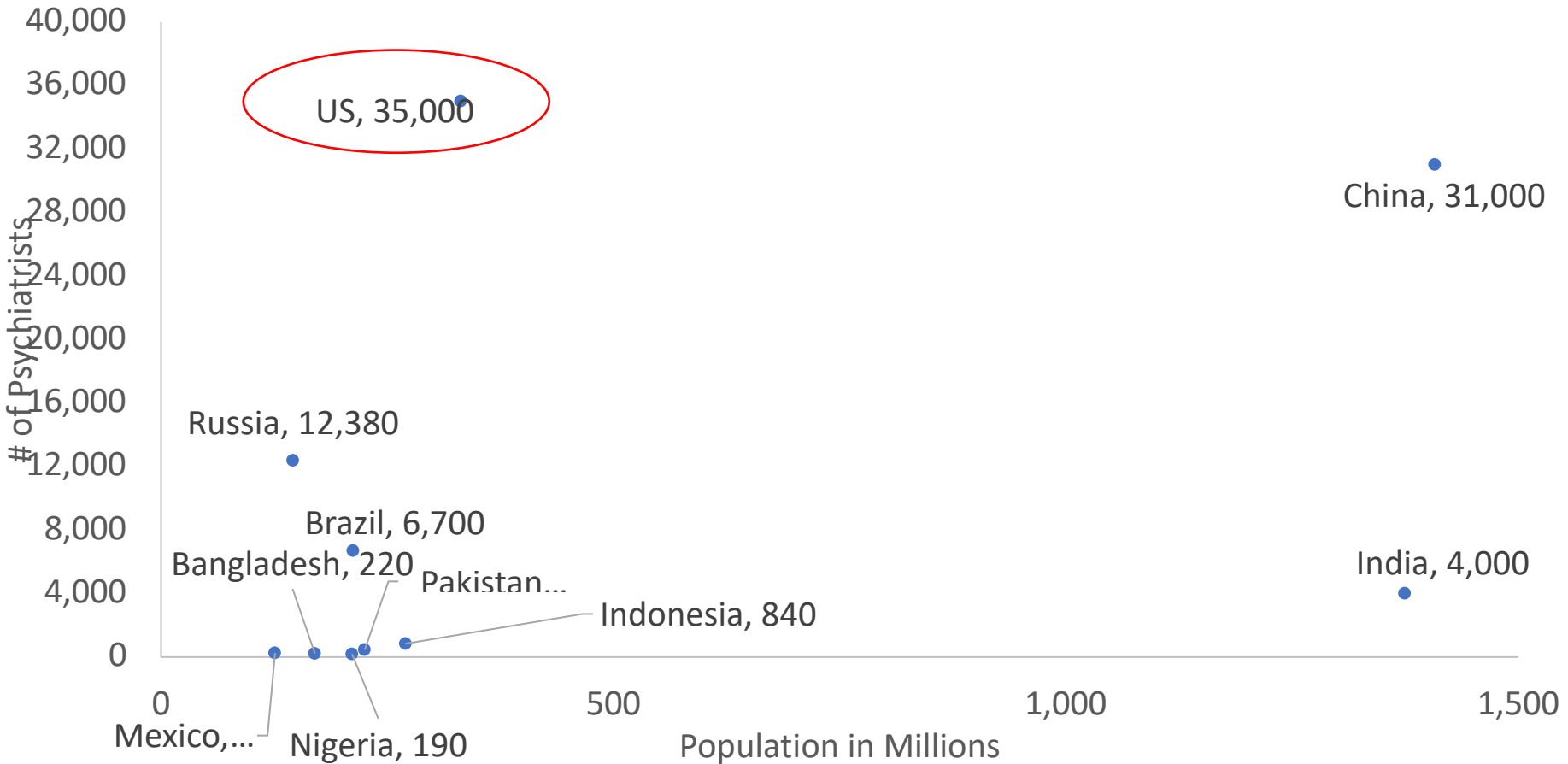
Work which is described in this lecture has been supported by the Wellcome Trust, NIMH, Grand Challenges Canada, the Surgo Foundation, the Lone Star Project, Johnson and Johnson CSR, Indira Foundation and the Manton Foundation .

“we spent about \$20B at NIMH during my tenure from 2002-2015. During those years, the U.S. suicide deaths increased about 30% and the DALYs for mental illness increased about 40% with more people with SMI incarcerated and homeless.”



Tom Insel, former director of NIMH

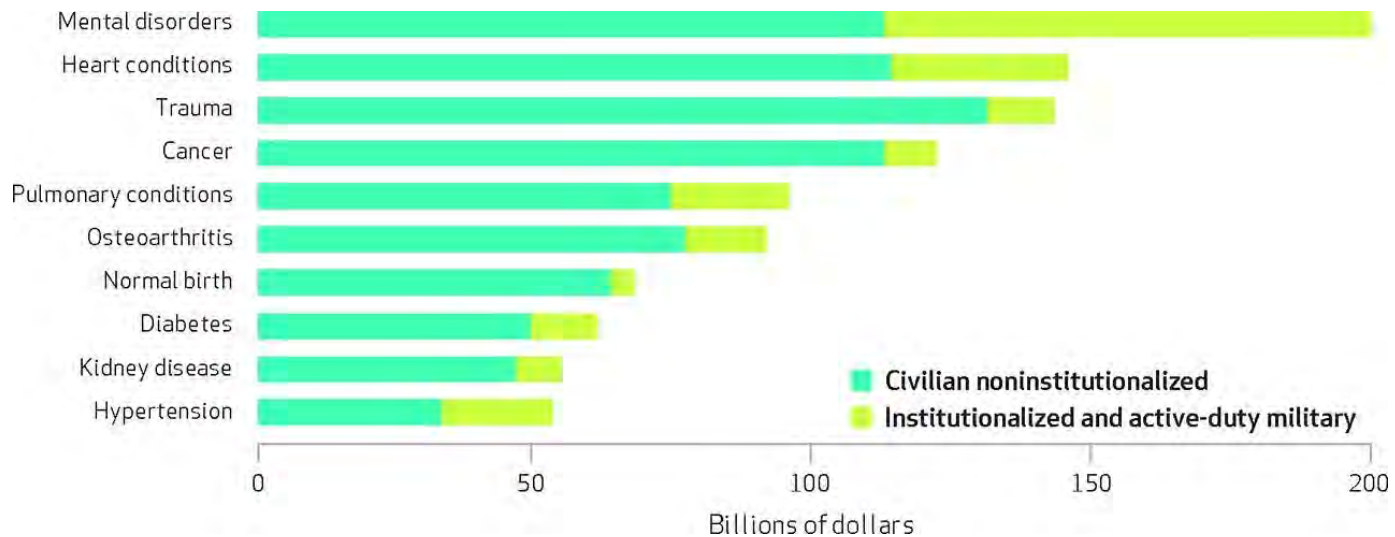
# The highest per capita # of mental health providers



## DATAWATCH

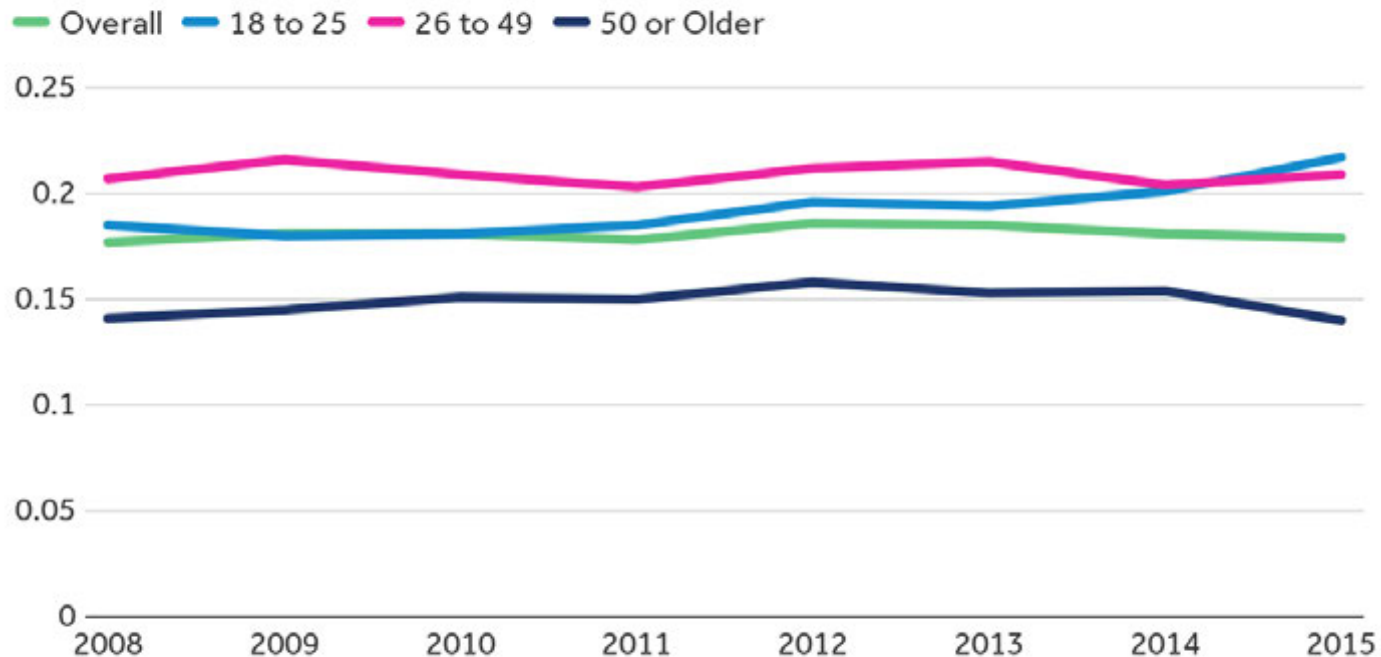
# Mental Disorders Top The List Of The Most Costly Conditions In The United States: \$201 Billion

*Estimates of annual health spending for a comprehensive set of medical conditions are presented for the entire US population and with totals benchmarked to the National Health Expenditure Accounts. In 2013 mental disorders topped the list of most costly conditions, with spending at \$201 billion.*



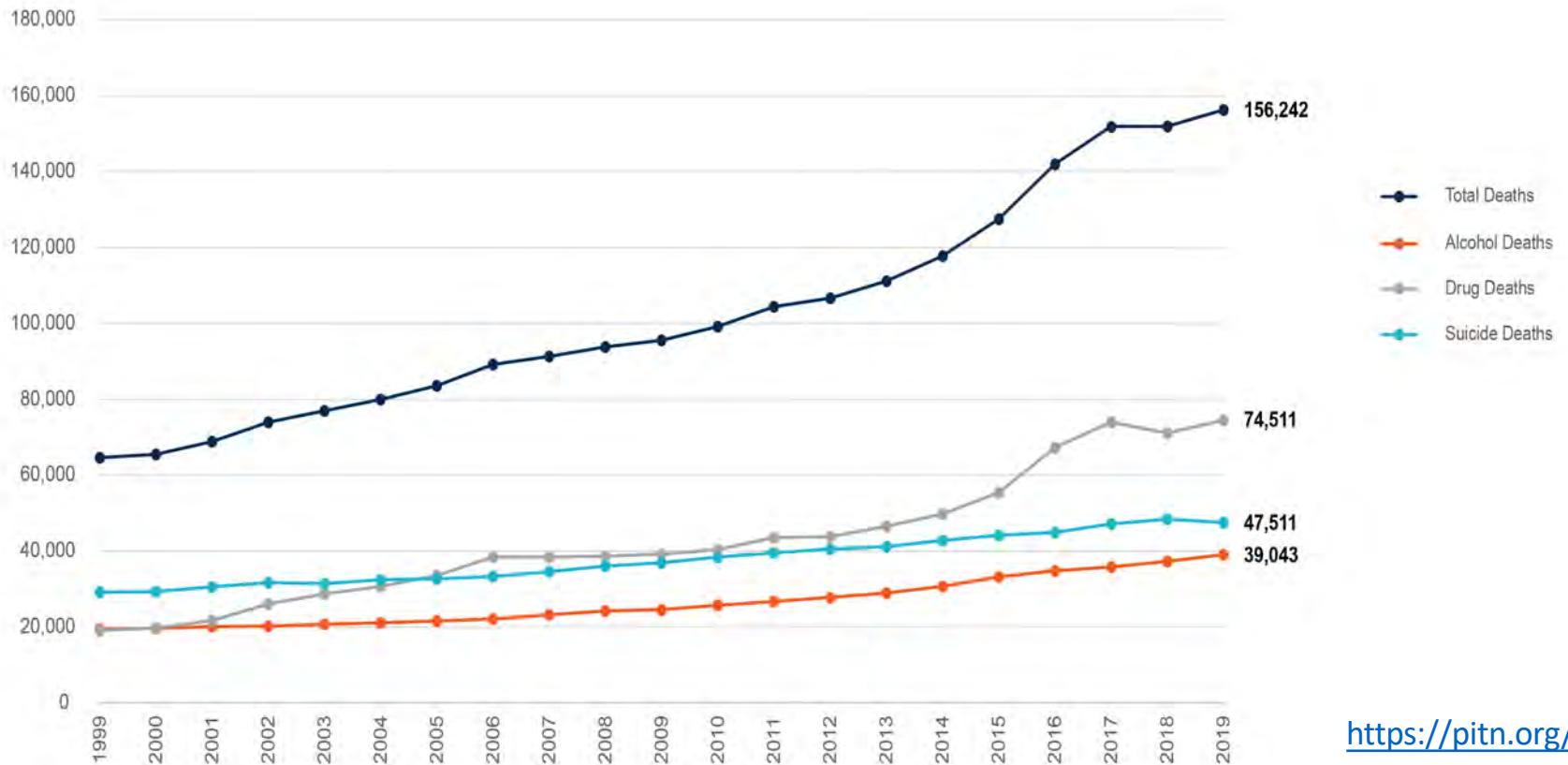
# No reduction in the population burden of mental illness

12-month prevalence of any mental illness among adults ages 18+, by age group, 2008-2015



Source: Kaiser Family Foundation analysis of data from SAMHSA 2015 NSDUH (Accessed on July 27, 2017)

# “Deaths of Despair” have been steadily rising for the past decade



<https://pitn.org/>

In **44 states and D.C.**, there are more people locked up with serious mental illness than in any state psychiatric hospital.

Source: Treatment Advocacy Center



Why have all countries failed to address mental health needs equitably?



## Transforming mental health systems globally: principles and policy recommendations

*Vikram Patel, Shekhar Saxena, Crick Lund, Brandon Kohrt, Christian Kieling, Charlene Sunkel, Lola Kola, Odille Chang, Fiona Charlson, Kathryn O'Neill, Helen Herrman*

Patel et al, The Lancet, 2023



# Why have all countries failed to address mental health needs equitably?

Narrow biomedical framing of mental health through the prism of diagnosed mental disorders, leading to the privileging of

Biological over psychosocial mechanisms

Acute/crisis interventions over prevention/early intervention

Specialist mental health care over a team approach

Clinical phenomena rather than recovery

# Global mental health

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A discipline which lies at the interface of clinical and implementation science with a focus on reducing the population burden of mental illness *and* mental health disparities in the population (“mental health equity”)

Much of the original research, as in other areas of global health, has been in low and middle income countries (“the Global South”).

# Paradigm Shift #1

(Patel et al, Lancet 2023)

A focus on clinical interventions for severe clinical presentations.




A staging model that explicitly acknowledges the different stages of the evolution of mental illness informing the delivery of a wider range of interventions as early as possible in the evolution of the problem.

# Paradigm Shift #2

(Patel et al, Lancet 2023)

A focus on highly trained and expensive mental health specialists to deliver care.



A more diverse workforce that embraces a range of front-line providers to enhance access to care and deliver psychosocial interventions.

# Evidence-Based Manual for Treatment of Depression



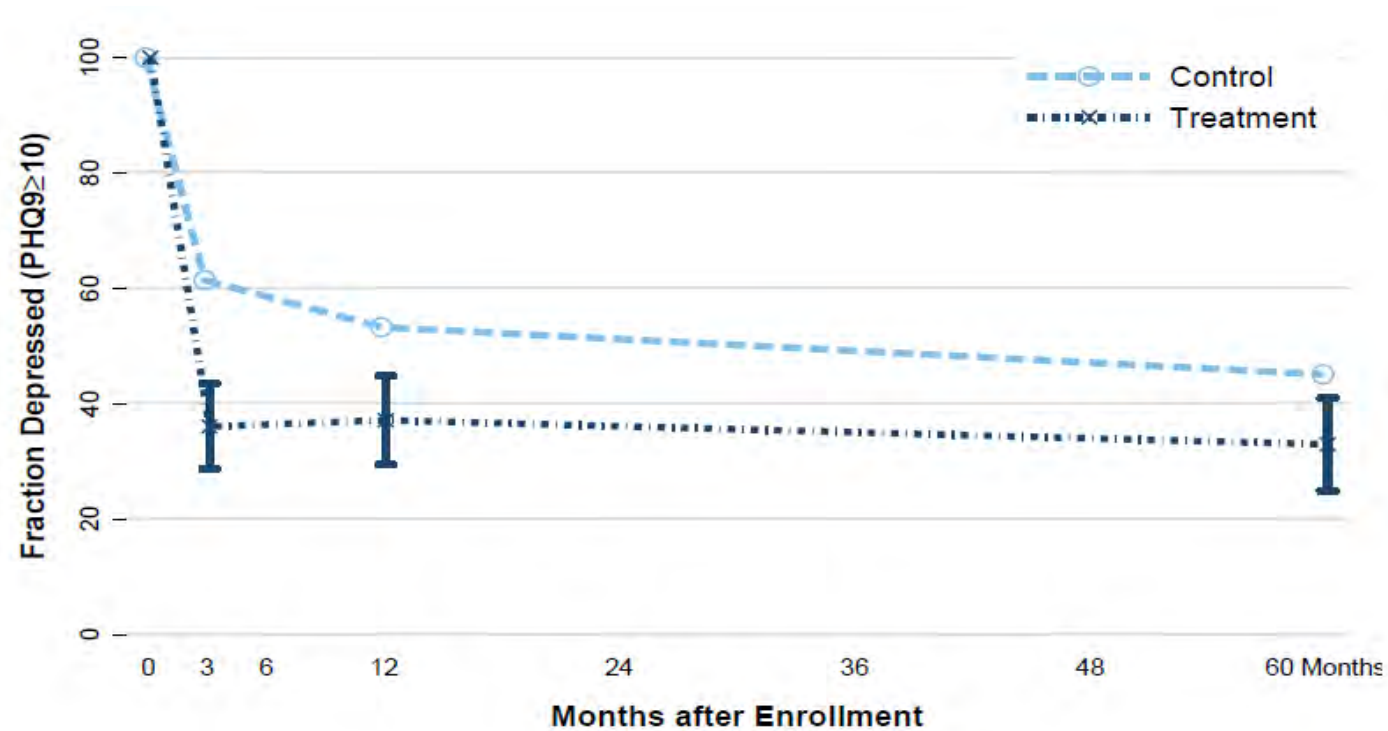
**HEALTHY ACTIVITY PROGRAM (HAP)**  
A lay counsellor delivered brief behavioral activation treatment for depression, evaluated in India and digitized as a prototype in Hindi



Published in:



# Remission rates over five years



Patel et al, Lancet 2017; Weobong et al, PLoS Med 2018

# Empower front line workers to deliver evidence based psychosocial interventions

**WE KNOW HOW TO DELIVER CLINICAL AND PREVENTIVE INTERVENTIONS IN AN AFFORDABLE AND ACCEPTABLE WAY IN ANY RESOURCE SETTING**



JAMA Psychiatry | Original Investigation

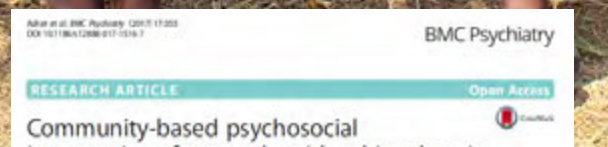
## Implementation and Effectiveness of Nonspecialist-Delivered Interventions for Perinatal Mental Health in High-Income Countries: A Systematic Review and Meta-analysis

Daisy R. Singla, PhD, Andrea Lawson, PhD, Brandon A. Kohrt, MD, James W. Jung, BSc, Zifeng Meng, BSc, Clarissa Ratjen, BSc, Nika Zahedi, BSc, Cindy-Lee Dennis, PhD, Vikram Patel, PhD

## Psychological Treatments for the World: Lessons from Low- and Middle-Income Countries

Daisy R. Singla,<sup>1,2</sup> Brandon A. Kohrt,<sup>3</sup> Laura K. Murray,<sup>4</sup> Arpita Anand,<sup>5</sup> Bruce F. Chorpita,<sup>6</sup> and Vikram Patel<sup>5,7,8</sup>

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Non-specialist health worker interventions for the care of mental, neurological and substance-abuse disorders in low- and middle-income countries (Review)

van Gaalen N, Thavaraj P, Levin S, Rao GN, Meera SM, Patel J, Choudhury S, Paul V





Article

<https://doi.org/10.1038/s41591-024-03482-w>

# Task-sharing and telemedicine delivery of psychotherapy to treat perinatal depression: a pragmatic, noninferiority randomized trial

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Check for updates

Daisy R. Singla<sup>1,2,3,4</sup>✉, Richard K. Silver<sup>5,6,24</sup>, Simone N. Vigod<sup>4,7</sup>,  
Nour Schoueri-Mychasiw<sup>3</sup>, J. Jo Kim<sup>5,23</sup>, Laura M. La Porte<sup>5,23</sup>,  
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Sarah Rachel Katz<sup>3</sup>, Kellie E. Murphy<sup>16,17</sup>, John A. Naslund<sup>18</sup>,  
Mae Lynn Reyes-Rodríguez<sup>8</sup>, Alison M. Stuebe<sup>19,20</sup>, Claire Zlobin<sup>21</sup>,  
Benoit H. Mulsant<sup>1,4,24</sup>, Vikram Patel<sup>18,22,24</sup> & Samantha Meltzer-Brody<sup>8,24</sup>



mental healthcare  
to Treatment

ACTIVATION  
PERINATAL WOMEN

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# The benefits of this approach

Improves access to evidence-based care to the last mile

Frees up specialist services to work at the 'top of their license'

Reduces stigma associated with help-seeking from mental health services

Person-centred

Benefits the providers

# Redefining mental health care

## 1. What?



## 2. Where?

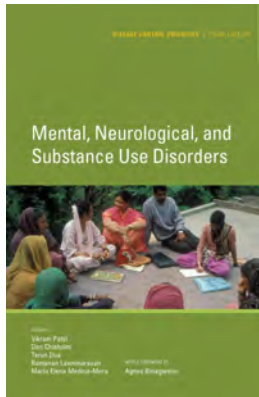


## 3. Who?



## 4. How?





**Time for united action on depression: a Lancet-World Psychiatric Association Commission**

**Executive summary**

Depression is a disease of need, an exponentially growing and increasing one. It is becoming common to the point of being a leading cause of disability and death. It is a leading cause of economic burden, and it is a leading cause of human suffering. It is a leading cause of human suffering, and it is a leading cause of economic burden.

World Psychiatric Association (WPA) and Lancet have assembled over 40 leading experts in the field to develop a blueprint for action on depression. This report is a call to action for governments, the private sector, and the public to work together to address the global burden of depression.

# Helpers in Plain Sight: A Guide to Implementing Mental Health Task Sharing in Community-Based Organizations

Authors:  
Clare Stevens  
Elise Tosatti  
Lynsay Ayer  
Dionne Eainez-Proby  
Gary Belkin  
Sarah Liell  
Monique Martineau

**RAND**  
**NYC** HEALTH  
MAYOR'S FUND TO ADVANCE NEW YORK CITY  
**THRIVE** NYC



# Build the front-line workforce

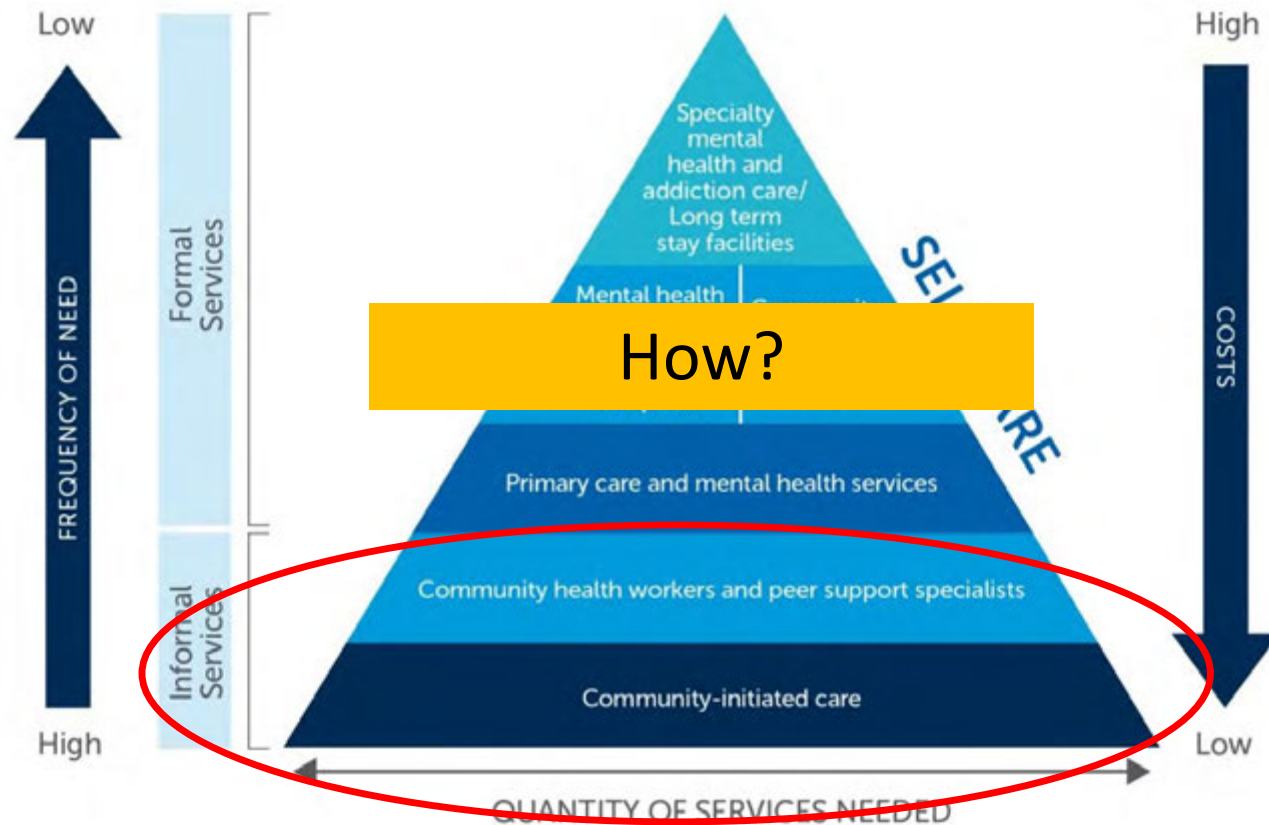


Figure 1: Framework for Mental Health and Addiction Workforce (Revised from WHO) World Health Organization. (2009). Improving health systems and services for mental health (9789241598774). WHO Press. [https://www.who.int/mental\\_health/policy/services/mhsystems/en/](https://www.who.int/mental_health/policy/services/mhsystems/en/)



**EMPOWER**

BUILDING THE WORLD'S MENTAL  
HEALTH WORKFORCE

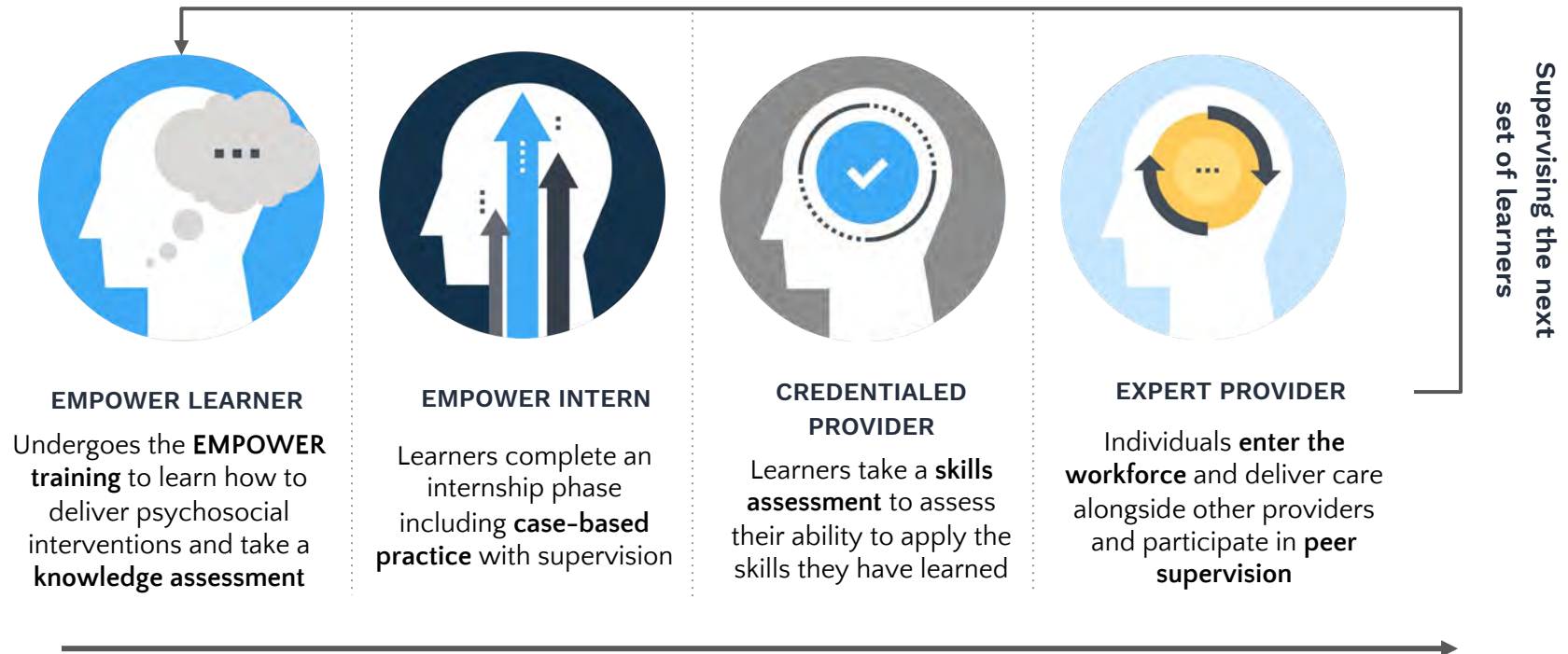
A digital solution  
for learning, mastering, and  
delivering quality-assured psychosocial  
interventions

[www.empower.care](http://www.empower.care)

# The Journey of an EMPOWER Provider



EMPOWER adopts an **Accompaniment Model** whereby learners are accompanied on a lifelong journey of learning, mastering, and delivering evidence-based psychosocial interventions.



# The Deployment of Technology



Across each step of the EMPOWER methodology, we utilize different **technologies to optimize scalability and quality assurance**



●  
Digital curriculum tailored for any learning management system

● ●  
Remotely delivered and validated competency assessments

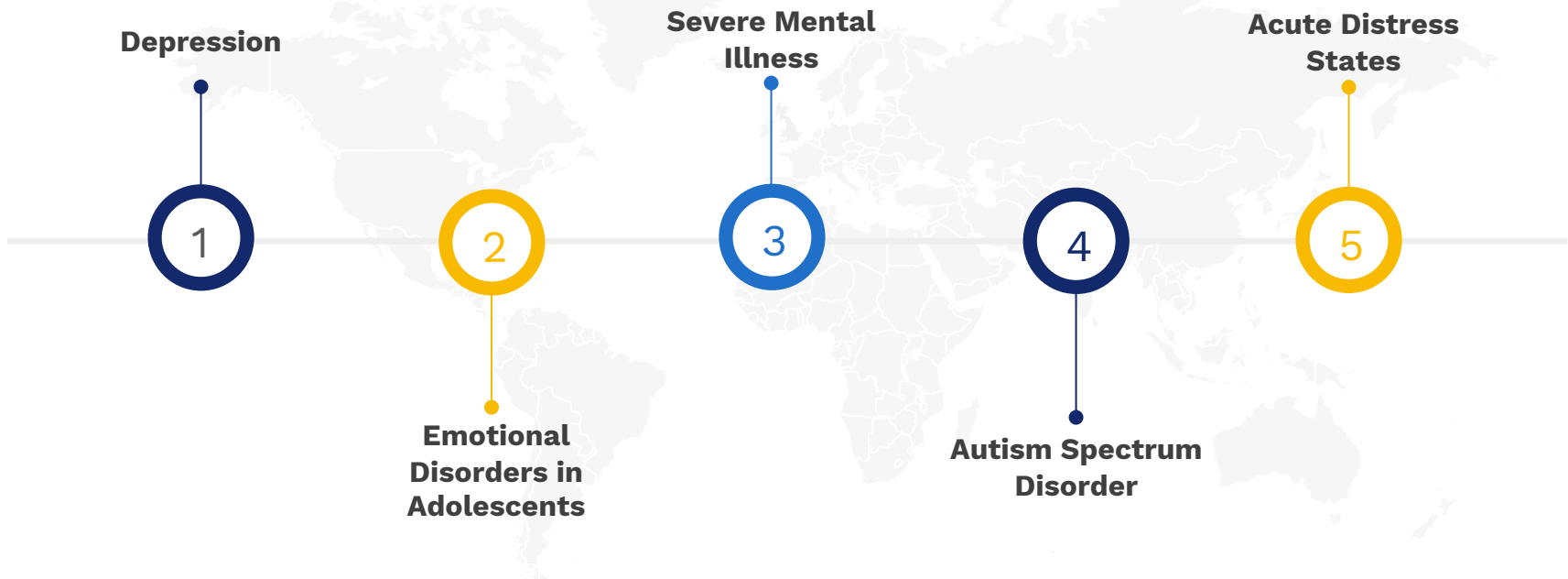
● ● ●  
DIMAGI-partnered app for measurement-based, peer supervision

● ● ● ●  
Data-driven evaluation linking providers data to clients outcomes

# Mental Health Concerns Addressed by EMPOWER



EMPOWER aims to tackle the most common global mental health problems for which there are evidence-based psychosocial interventions. Our current funded portfolio includes:



# Scaling up the HAP in rural India

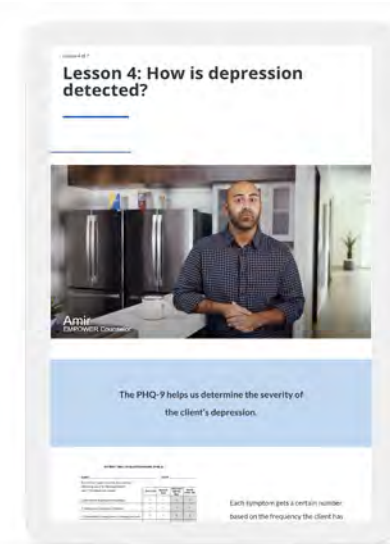


# Launching EMPOWER in the US: The Lone Star Depression Program



Adapting the HAP for delivery in Texas, producing US English (in partnership with the American Psychological Association) and Spanish language versions of digital curricula and competency assessments

Piloting in the Baylor Scott & White Health System, the Methodist Health Ministries and the University of Texas (Arlington) social work program



# Conclusion

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- Business as usual will not succeed in reducing the global burden of mental illness or mental health disparities
- Diverse scientific disciplines and grassroots experiences point to a radically different approach to preventing and caring for mental health problems
- Scale up psychosocial interventions through front-line workforce in a collaborative care framework
- These actions rely for the most part on resources every community and country already has.