

## HEALTH SYSTEMS CONTEXT(S) FOR INTEGRATING MENTAL HEALTH INTO PRIMARY HEALTH CARE IN SIX EMERALD COUNTRIES

Despite the growing burden of mental illness, mental health services remain a low priority in most low and middle income countries (LMICs). In this study, we undertook an assessment of the existing system level resources for integrating mental health into primary health care (PHC) in six LMICs participating in the emerging mental health systems in LMICs (Emerald) project: **Ethiopia, India, Nepal, Nigeria, South Africa and Uganda.**

### METHODOLOGY

A checklist guided by the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was developed and was used for data collection.

The documents reviewed were from the following domains: mental health legislation, health policies/plans and relevant country health programs. Data were analyzed using thematic content analysis. All study countries reported to be under democratic political systems. All the data collected from the study sites were summarized in a matrix. Content thematic analysis was used to analyze the data. A priori themes comprised the pre-conceived categories from the WHO-AIMS, with subcategories and emerging themes were developed.







### RESULTS

Three of the study countries (Ethiopia, Nepal, Nigeria, and Uganda) were working towards developing mental health legislation. South Africa and India were ahead of other countries, having enacted recent Mental Health Care Act in 2004 and 2016, respectively. Only Nepal, Nigeria and South Africa had a standalone mental health policy. However, other countries had related health policies where mental health was mentioned. The **lack of fully fledged policies** is likely to limit opportunities for resource mobilization for the mental health sector and efforts to integrate mental health into PHC. Most countries were found to be allocating **inadequate budgets from the health budget for mental health**. Other vital resources that support integration such as human resources and health facilities for mental health services were found to be adequate.

### CONCLUSIONS

There is some progress in the study countries on some of the building blocks of the health system that may support the integration of mental health into primary health care. This progress seems to be more visible in the legislations on mental health and to some extent in the policy arena. However, in all the study countries, **there are still glaring gaps in the basic building blocks needed to implement the policy and legislative frameworks**. Overall, there is a need to critically address the gaps in the resources that could support integration of mental health into PHC in the study countries in order to successfully scale up mental health care services in an accessible and cost-effective manner. **Integration of mental health into PHC will require addressing the resource limitations that have been identified in this study.** There is a need for up to date mental health legislation and policies to engender commitment in allocating resources to mental health services.

## INDICATORS OF DEVELOPMENT OF THE SIX EMERALD STUDY COUNTRIES

	 Ethiopia	 India	 Nepal	 Nigeria	 Uganda	 South Africa
<b>MH Law</b>	None	Mental Health Care Act 2016	Drafted but not yet endorsed	Draft undergoing legislative review	Yes, 1964	Mental Health Care Act (of 2002)
<b>MH policy and plan</b>	Integrated ... Strategy	MH policy 2014, MH plan 365 2014	Mental health policy 1996	Revised policy 2013	No, stand-alone (2012)	National Mental Health Policy Framework and Strategic Plan 2013-2020
<b>Percentage of Health budget that is spent on mental health</b>	0.9%	0.06%	0.17%	3.3%	0.9%	4%
<b>Number of psychiatrists (/100,000 pop.)</b>	0.05	0.07	0.13	0.1	0.09	0.28
<b>Number of psychiatric nurses (/100,000 population)</b>	0.58	0.12	0.27	0.7		10.08
<b>Number of doctors (/100,000 pop.)</b>	0.022 /1,000	0.36 /1,000	4.9 - 0.21 /1,000	0.4 /1,000	0.117 /1,000	0.45
<b>Number of nurses (/100,000 pop.)</b>	Not available	1,010	Not available	1.6	Not available	807
<b>Number of mental hospital</b>	1	43	1	8	1	23
<b>Number of psychiatric dep. in General Hosp.</b>	11	10,000	17	28	14	41 in patient units
<b>Number of General Hospital</b>	311	–	Not available	825	155	700
<b>Number of psychiatric beds (/100,000 pop.)</b>	0.6	1.46	1	1.3	2.77	18.0

### REFERENCE

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