



BRIEF SUMMARY OF THE PROJECT'S RESULTS AND ACHIEVEMENTS

The 'Emerging mental health systems in low- and middle-income countries' (Emerald) programme was carried out over five years from 2012 to 2017 in six low- and middle-income countries (LMICs) in Africa and Asia (Ethiopia, India, Nepal, Nigeria, South Africa and Uganda). The aim of the Emerald programme was to get a clearer understanding of how to improve mental health systems in these six countries, in order to provide more and better care for people with mental illness.



The Emerald programme took a broad approach to improving the mental health care systems in the six countries, which has involved work across four areas:



1) **Identifying the resources, and financing mechanisms** that are needed at the health-system level, to enable the provision of mental health care in a way that is adequate, fair and sustainable.



2) **Identifying the processes** that need to be in place within the health system, in order for mental health care to be integrated into other existing health services at the primary-care level (such as primary health clinics, general hospitals and GP facilities).



3) **Specifying the information** that needs to be collected and monitored within the health system, in order to assess how well mental health services are performing.



4) **Enhancing the skills and competencies** of three target groups in the six countries (mental health researchers; policy-makers and planners; and service users and their caregivers) to plan, implement, evaluate and sustain health system improvements.

MAIN RESULTS AND ACHIEVEMENTS

- (see http://www.avenirhealth.org/software-onehealth.php) has been developed and used to estimate the costs and health impacts of mental health care provision in the six Emerald countries. This has resulted in the finding that the resource needs to expand mental health services to the desired level are not large in absolute terms but that the resulting improvements in health are substantial; for example, in Ethiopia, Nepal and Uganda, the projected cost of delivering key mental health services for psychosis, depression and epilepsy at target levels is under US\$ 0.50 per head of population.
- Temerald has found that having a household member with a mental illness has a severe negative economic and social impact, and that this negative impact is greater if the person has a mental illness compared to a physical illness.
- Femerald found that the integration of mental health into primary health care requires systems interventions to support integrated chronic care and patient centred care at an organizational level as well as workforce preparedness interventions that include relational leadership skills, clinical communication skills and emotional coping skills.
- As part of these workforce preparedness efforts, a Clinical Communication Skills training module was developed and introduced into the national scale-up efforts in South Africa to support integrated mental health care into primary care services.
- In Nepal, psychotropic medication has been included on the free drug list in response to research carried out by Emerald and the resultant advocacy efforts by the Emerald team in Nepal.
- Temerald developed a set of indicators that can be used within the routine mental health information systems in LMICs to monitor the provision of mental health services in primary health care.
- A series of training courses has been developed and used for mental health researchers; policy-makers and planners; and service users and their caregivers. This includes 27 Masters modules; three short courses to support mental health systems research; a workshop on mental health care planning; and a workshop and manuals to support service user advocacy and empowerment. The materials will be made freely and openly accessible online.
- Models of best practice have been developed for training activities and collaborations between the global North and South, and within the global South. Emerald has highlighted the importance of appropriateness, reciprocity and sustainability within these collaborations, and that people in LMICs should drive the process of, and be equal partners in, any training activities.

For further information please visit www.centreforglobalmentalhealth.org or contact the project's coordinator, Professor Sir Graham Thornicroft at graham.thornicroft@kcl.ac.uk