

INTERVENTIONS AT THE POPULATION AND COMMUNITY-LEVELS FOR MENTAL, NEUROLOGICAL AND SUBSTANCE USE DISORDERS IN LMICs

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Interventions at the population and community levels are important for the promotion of mental health, primary prevention of mental, neurological and substance use (MNS) disorders, identification and case detection of MNS disorders; and to a lesser degree treatment, care and rehabilitation.

✧ **At the population-level**, mechanisms for the delivery of these interventions include legislation, regulations, and public information campaigns.

✧ **At the community level**, these interventions are best delivered at schools, workplaces, and in neighbourhoods/ community groups, requiring a setting-based approach.

In pursuit of reducing the burden of mental disorders in LMICs, **identifying interventions that can be effectively and feasibly delivered at these levels** is helpful to decision-makers as it highlights where resources should be allocated, besides in the health care sector (e.g. to schools or non-governmental organizations in the community).

It also enables potential opportunities, synergies and efficiencies to be identified across multiple sectors.

OBJECTIVES

This study aims to identify **“best practice” and “good practice” interventions** at the population- and community- levels along the continuum of care in low-and-middle-income countries (LMICs).

METHODS

A narrative review approach was used given the need to cover a wide range of study designs and issues.

At the community level, through expert consensus, **the ACE (Assessing Cost-Effectiveness in Prevention Project) grading system** was used to differentiate “best practice” interventions with sufficient evidence from “good practice” interventions with limited but promising evidence.

"BEST PRACTICE" AND "GOOD PRACTICE" INTERVENTIONS

★ Best practice The rest are good practice interventions

| | Delivery platform Delivery subplatform | Promotion and primary prevention | Identification and case detection | Treatment, care and rehabilitation |
|-----------------|---|--|---|--|
| POPULATION WIDE | Legislation and regulation | ★ Laws and regulations to reduce demand for alcohol use | | |
| | | ★ Laws to restrict access to means of self-harm/suicide | | |
| | | Child protection laws | | |
| | | Improved control of neurocysticercosis | | |
| | Information/awareness | Mass public awareness campaigns | | |
| COMMUNITY | Workplace | Integrating mental health promotion strategies such as stress reduction and awareness of alcohol and drug misuse into occupational health and safety policies | | |
| | Schools | ★ Universal SEL programs | Information and awareness | |
| | | Targeted programmes for vulnerable children | Identification and case detection in schools of children with MNS disorders | |
| | Neighbourhood/community groups | ★ Parenting programs during infancy | Training of gatekeepers, including community health workers, police, and social workers in identification of MNS disorders, including self-harm | Training non-specialist community members at a neighbourhood level to assist with community based support and rehabilitation of people with mental disorders |
| | | Early child enrichment/preschool educational programs Parenting programs for children ages 2–14 years Gender equity and/or economic empowerment programs for vulnerable groups | | |

MNS mental, neurological, and substance; SEL socio-emotional learning

CONCLUSIONS

- ✦ Interventions have an important role to play in promoting mental health, preventing the onset, and protecting those with MNS disorders.
- ✦ Providing evidence of potential opportunities and synergies for the strengthening of mental health and human capital development across multiple sectors in LMICs is highlighted.
- ✦ Harnessing these opportunities, requires awareness of mental health as a public health and social development priority and political will to engage in collaborative arrangements across different sectors.