Community Mental Health Good Practice Guide:

Mental Health System Strengthening

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Introduction

CBM strives to improve the quality of life of people with disabilities and empower them to fulfil their potential and fulfil their ambitions – just like everyone else. People with mental health problems and psychosocial disabilities often face barriers to exercising their rights and suffer a lot of shame, stigma and discrimination in accessing systems that should give people rights, including quality mental health care services. This is especially an issue in developing countries where many systems are already weak and poorly resourced.

The approach of CBM across different parts of the world, and especially in West Africa, has been to focus on strengthening the existing mental health system and other systems like education, so that people can easily access local, affordable and good quality care. Ultimately to improve the quality of mental health care and ensure that quality systems are in place to serve the needs of affected persons and their families.

The purpose of this document is to:

- Share the experience gained by CBM in mental health systems and services strengthening over 15 years of working in this area.
- Demonstrate how mental health care services can be improved via innovative partnerships between diverse stakeholders.
- Illustrate how these efforts are guided by scientific evidence, global best practices and a human rights-oriented approach.

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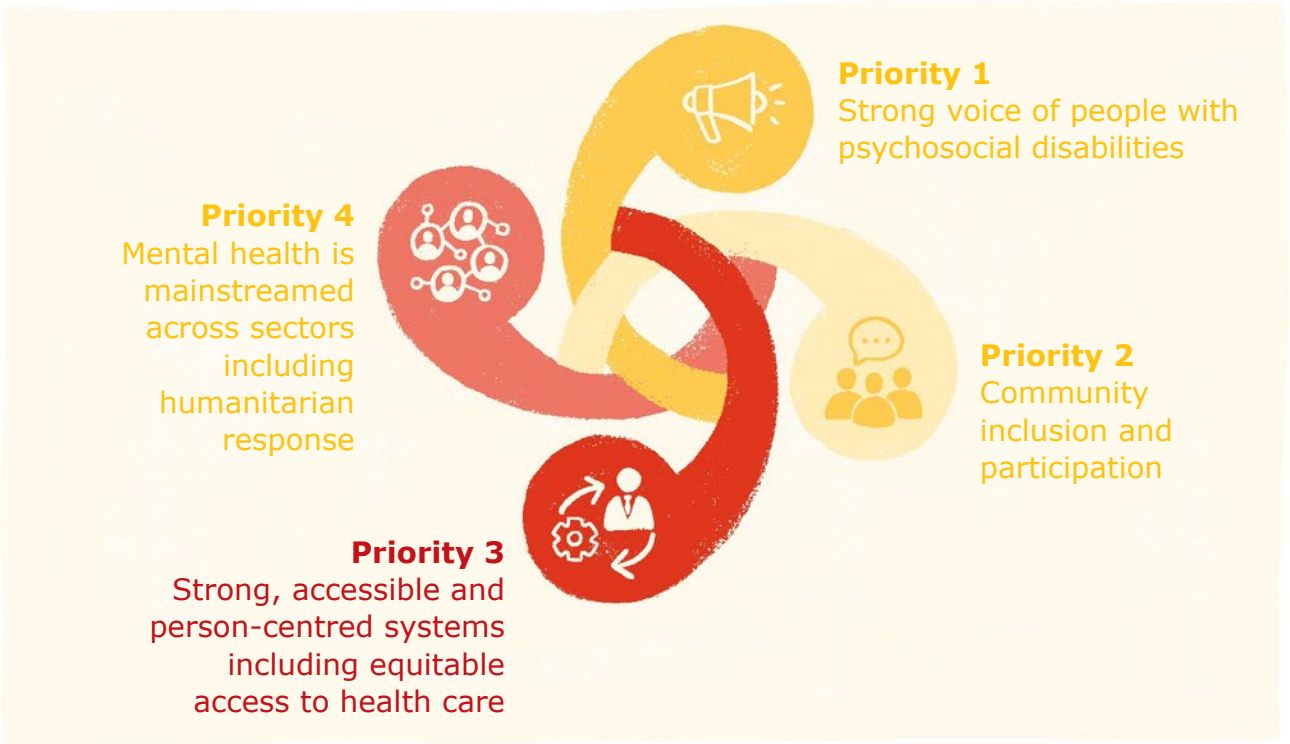
CBM's Community Mental Health Plan & Mental Health System Strengthening

In 2019, CBM launched a Community Mental Health (CMH) Plan. The purpose of the CMH Plan was to bring focus and scale to the work that CBM does in order to have a greater impact on this area, both for people with mental health conditions and/or psychosocial disabilities, as well as the wider communities where we focus our work, and people with other disabilities, who are often at increased risk of mental health problems.

The CMH Plans has 4 key priorities:



Strong, accessible and person-centred systems, including equitable access to health care, is Priority 3 of CBM's CMH Plan. One key means of achieving this is to strengthen mental health systems and services in the countries where CBM works.

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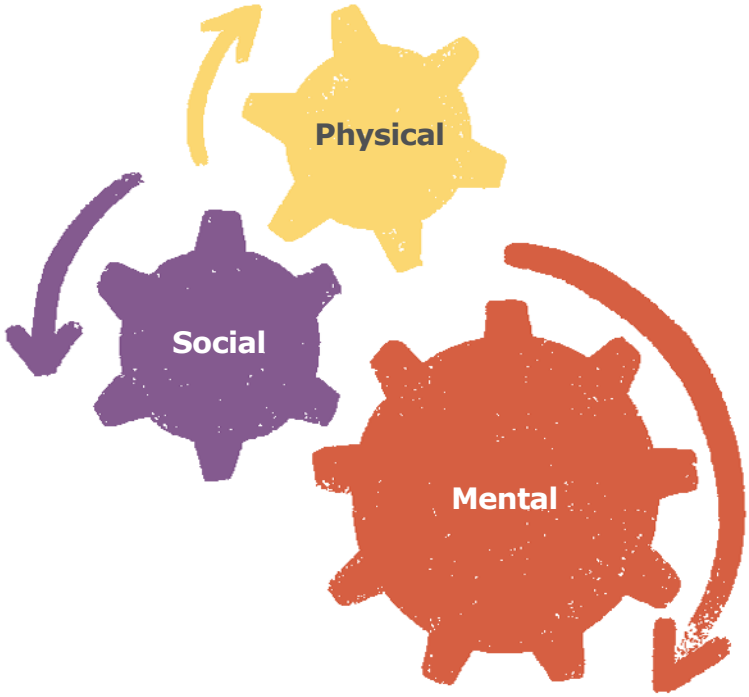
Mental Health Systems

Health, as defined by the World Health Organization (WHO) is a state of complete physical, mental and social wellbeing. Unfortunately, the mental aspect of health is often neglected and under-resourced in wider health systems. Yet all three components of health are closely inter-woven; and physical health conditions may also affect mental as well as social wellbeing, and vice versa.

Figure 1:
Inter-related relationship between the three components of health



Globally, there is a very high number of people with mental health problems – depression is the single biggest cause of disability in the world. Unfortunately, the resources needed to address these needs are not readily available. Thus, the majority of those with mental health problems are not able to receive the care and support they need.

WHO defines a health system as "all activities whose primary purpose is to promote, restore, and maintain health." [1]

In other words, a mental health system comprises all organizations, institutions and resources, as well as factors that play a role that affects mental health. This broad approach to addressing all factors, including social determinants of health, is an important component of systems strengthening.

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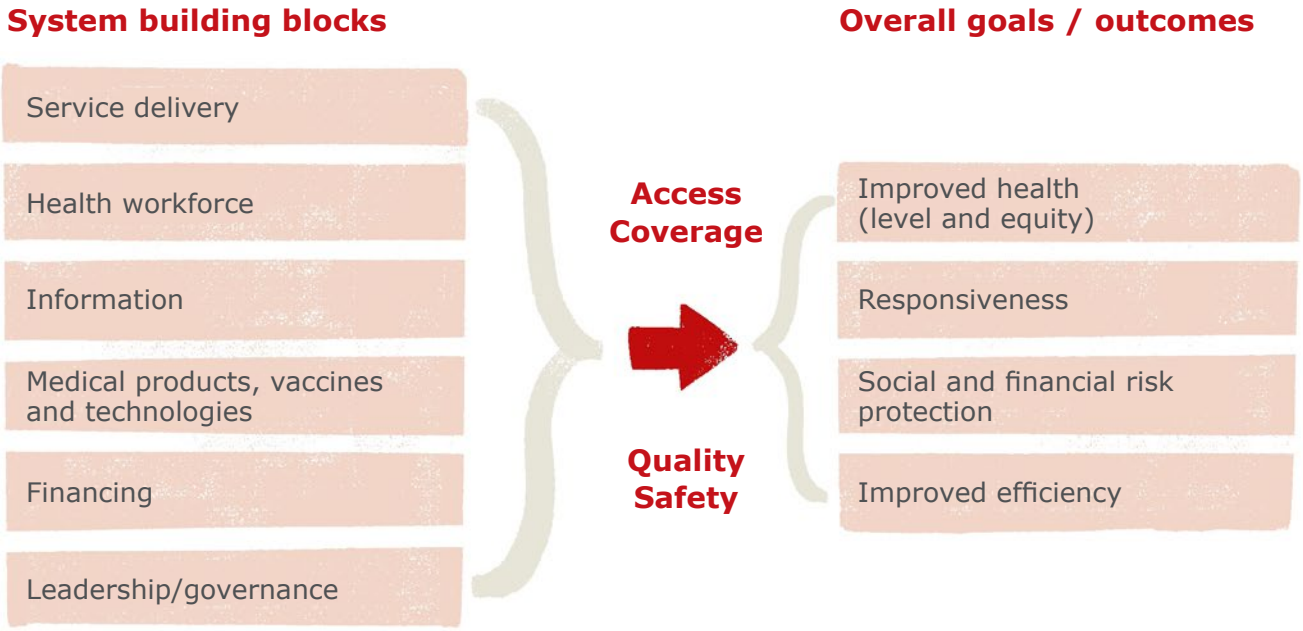
There are six core building blocks of the health system[2] as depicted below:

Figure 2:
The WHO's six building blocks for health system strengthening[2]



All of CBM programmes that focus on health systems also include elements that go beyond these building blocks, to address the environmental and social factors that contribute to social participation and inclusion, beyond the health system, for example access to other services/systems, peer support groups, livelihood activities, anti-stigma campaigns, and strengthening the political and advocacy voice of people with mental health problems and psychosocial disabilities by supporting and/or facilitating formation of Organisations of Persons with Disabilities. These aspects of work are described in other CBM CMH guides.

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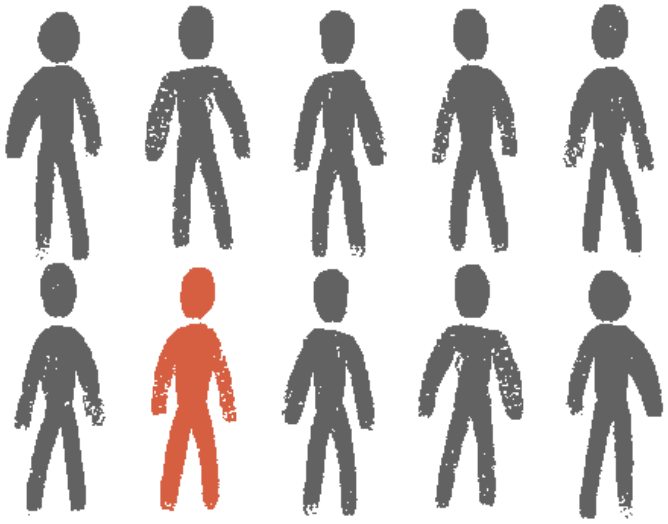
CBM´s Mental Health System Strengthening Approach

In many African countries access to basic mental health care and support is unavailable and very few people are able to access good quality and effective mental health systems. For example in West Africa only 1 in 10 persons receive care for their mental health need.

Figure 3:
In West Africa, only 1 in 10 persons receive care for their mental health needs.



CBM´s advocacy aims to achieve wellbeing and health for all citizens, in line with the 3rd Sustainable Development Goal (SDG3), and in line with the principles of equity, fairness and human rights. This can only be achieved when there is a holistic health system approach.

Such an approach will aim to protect citizens from external factors such as the social and political climate, as well as poor infrastructure and poverty. In situations where health insurance systems are weak and citizens must pay out of pocket for every health expense, poverty easily becomes a barrier that prevents access to quality care.

In order to address these problems, our mental health system strengthening activities have been broadly tailored towards not only reducing the treatment gap, but also ensuring that what is made available is dignified, avoids coercion, and is of good quality (i.e. based on evidence of effectiveness and is delivered to a high standard). A key principle is that service users should have a **choice** about the care they receive, and our role is to facilitate better options for them.

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Some examples of CBM`s mental health system strengthening approaches across West and Central African Countries are depicted in Figure 4 below.

Figure 4:
Map of West Africa showing countries with CBM's mental health activities

Sierra Leone: The 'Enabling Access to Mental Health in Sierra Leone' (EAMH-SL) programme, was initated by CBM, and partners (City of Rest, the Community Association for Psychosocial Services and University of Makeni) to strengthen Mental Health Services. The programme also deployed Community Mental Health Forums (CMHFs), to bring stakeholders together and enhance community engagement around mental health. The 'Building Back Better' Project is also supported by CBM.

Burkina Faso: CBM supports mental health system strengthening and improved access to mental health care services via the 'Mental Health for All' programme with training of Nurses. In partnership with the West African Health Organization (WAHO), organized a Mental Health in Africa Conference in November 2019, hosted in Burkina Faso (WAHO Headquarters).

Ghana: Time To Change Global (TTCG) aims to improve public attitudes, reduce stigma and empower affected persons and their families. CBM also supports Maternal Mental Health Programmes in Ghana and long-standing advocacy efforts towards legal and policy reforms.

Niger: CBM uses a community-based inclusive development (CBID) model with field workers supported by outreach visits from psychiatric nurses to improve access to mental health care in the community. This model is being scaled up nationally.

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Nigeria: Activities to 'Build Back Better' in the insurgency ravaged parts of North Eastern Nigeria via the Inclusive Transition Aid for North Eastern Nigeria (ITANEN) programme to strengthen mental health services via integration into primary and secondary care. Other programmes include the North Central Transition Aid Nigeria (NoCTRAiN); Mental Health Services Scale Up in Nigeria (mhSUN); and others in the case examples below.

Cameroon: In partnership with Cameroon Baptist Convention Health Services (CBCHS), CBM supports the introduction of community mental health programmes into their existing projects, to promote the integration of mental health into general health care services.

CBM and partners have also contributed to numerous health system strengthening resources, two of these are the important and complementary WHO resources:

- Mental Health Gap Action Programme (mhGAP), which brings together the best evidence for what works in mental health care into a practical Intervention Guide and support materials like the Operations Manual.
- QualityRights Programme, which uses the Convention of the Rights of Persons with Disabilities to improve quality of services, and the way that people are treated in those services. It includes tools to inform people about human rights, and to help service users hold provider accountable.

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Examples of CBM's Mental Health System Strengthening Activities Aligned to WHO's Building Blocks

Health system strengthening activities must always be context specific and responsive to local challenges. A holistic approach is central to successful health system strengthening and requires a whole *health system approach*, which means that all the key components that make up effective systems are addressed at once, so that there is no weak link making the reform less effective. See WHO health system building blocks on page 6.

Table 1 summarises key actions employed by CBM to address barriers to mental health care using our work in West Africa as an illustrative geographical focus.

Table 1:
Comprehensive overview of the health system building blocks, challenges to mental health services delivery and CBM activities to address them, using West Africa as a focus.

Health System Block	Current Challenges/Bottlenecks	Strategies to address the problems
Mental Health Service Delivery	Mental health services largely unavailable at primary and secondary levels of care Poor linkage and referral pathways to the tertiary facilities where expertise may be available Resultant high treatment gap, with reduced access to quality mental health care services Widespread use of traditional and religious healers as the available alternative. These are not linked to formal services, are unregulated, and associated with abusive practices such as chaining, beating, and other inhumane practices	The Comprehensive Community Mental Health Programme (CCMHP) integrated MH into primary care services and reduced the treatment gap, improved access to quality mental health care services and established referral pathways These activities ensured community mobilisation through engagement with community and religious leaders. See Case Study 1 The Mental Health Scale Up Nigeria (mhSUN) project also took this approach, using specialist hospitals to provide training, supervision and support to selected primary and secondary health centres across two states
Human Resources for Mental Health	Grossly insufficient numbers of mental health professionals available	Building human resource capacity is a central pillar of all CBM's Health System Strengthening work

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	Compounded by brain drain and the largely urban concentration of available expertise in tertiary facilities Mental health should be a component of primary care but the primary health care workers lack the requisite skills to deliver mental health services	The Enabling Access to Mental Health in Sierra Leone programme recognized that there were very few psychiatric nurses in the country, and all worked in the psychiatric hospital. CBM therefore partnered with the College of Medicine and Applied Health Sciences to train the first cohort of psychiatric nurses in the country The WHO's Mental Health Gap Action Programme – Intervention Guide (mhGAP-IG) and QualityRights materials are used in training. CBM helped to develop these and believes in using a strong evidence base in our work
Information	In many low income countries, mental health information is not routinely captured within their health system data collection Without information and records, reliable and evidence-based planning becomes impossible Widespread negative attitudes towards people considered as having atypical behaviour or widespread misunderstanding of disability whereby in some contexts it is seen as a 'curse,' something to be 'fixed' or sometimes, shunned or shackled in the community, resulting in shame, stigma and discrimination	The CCMHP in Benue State, Nigeria, partnered with researchers at the London School of Hygiene and Tropical Medicine (LSHTM) to create a paper-based mental health information and monitoring and evaluation (MIND ME) system[3] This was successfully piloted and has been replicated in other projects and is a promising model for adoption as a national mental health information system (MHIS) CBM always include community engagement to raise population awareness and reduce stigma, seeking to increase service use, and reduce negative experiences of discrimination
Essential and quality medical drugs	Basic medications for mental health conditions are available only in big and capital cities and sometimes complicated by poor quality substitutes (fake drugs)	Medication availability is often the greatest challenge, especially in rural areas. All programmes must strengthen drug supply chains. The CCMHP and mhSUN initiated a revolving drug scheme that ensured that medications were sourced from reliable pharmacists and provided to clients in the communities at affordable costs to ensure regular availability and quality of medications

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Financing	There is no designated budget line for mental health in countries across the West African region Most African countries provide minimal to no funding for mental health services, ranging from 0 to less than 5% of their annual health budgets	All HSS programmes included components of policy engagement with government health structures, for example supporting the National Mental Health Action Committee at the Federal Ministry of Health, which ultimately led to the formal adoption of a mental health policy in Nigeria CBM has engaged in international advocacy for greater investment in mental health, including through Universal Health Coverage See Case Study 2
Leadership and Governance	Across West Africa and other developing countries, governance structures for mental health remain weak Governance entails having a framework that includes mental health policy and legislation that protects and promotes human rights; as well as their faithful implementation. Leadership and coordination is often lacking, as many Ministries of Health, either do not have a dedicated Mental Health Section or Desk Officer; or they are poorly empowered and financed	The regional Mental Health Leadership and Advocacy Programme (mhLAP) has organized annual leadership and mental health advocacy training since 2011, for policymakers, stakeholders, service users, journalists, mental health professionals etc[4] Across the 5 anglophone countries of West Africa: Gambia, Ghana, Liberia, Nigeria and Sierra Leone, National Stakeholder Councils have also been established to advance mental health advocacy and push for effective governance under the mhLAP programme CBM has also engaged closely with the West African Health Organisation over many years to strengthen policy and strategic leadership in the region, leading to a Regional Mental Health Strategy in 2018 See Case Study 2

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Case Study 1

A Model for Improving Access to Quality Services: Lessons from the Comprehensive Community Mental Health Programme (CCHMP) in Nigeria

The Comprehensive Community Mental Health Programme (CCMHP) was a 10-year project (2011 – 2021) which was implemented in Benue State of Nigeria, and funded by the Australia Government's Department for Foreign Affairs and Trade (DFAT), with CBM.

The project aimed to:

- Develop a sustainable structure that caters to the needs of persons with psychosocial disabilities
- Improve access to good quality mental health care within the community
- Empower service users to recover and fully participate socially and financially in their communities through peer support.
- Promote collaborative partnership between government and civil society

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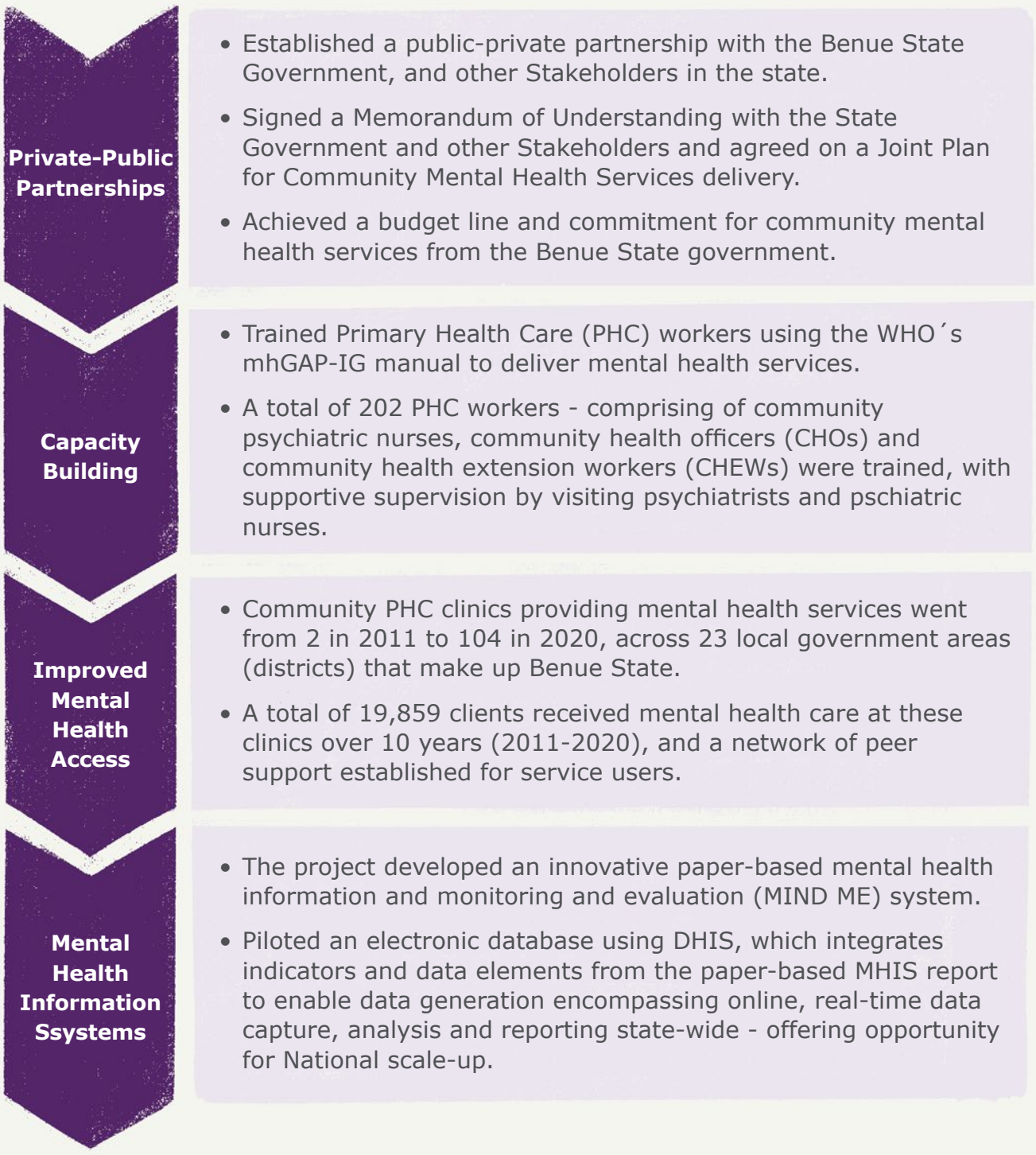
The key outcomes were:

Figure 5:
Major activities of the CCMHP for improving access to mental health care and reducing the treatment gap in Benue State, Nigeria.



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Key Lessons and Recommendations from the CCMHP

1. Private-Public Partnership (PPP) arrangements can be a useful strategy for accelerating mental health system strengthening across developing countries. Civil society can catalyse systems reform, but government must retain ownership.
2. Effective re-organization of human resources via task-shifting, capacity building and referral networks can improve access to mental health care and reduce the number of people suffering without access to care (treatment gap).
3. Engagement of key stakeholders as members of an alliance from the very beginning and securing their buy-in and input is critical to successful partnerships and sustainable change.

Case Study 2

Strengthening Local Leadership in Mental Health in West Africa: mhLAP

The Mental Health Leadership and Advocacy Programme (mhLAP) was a two phased 4-year project (2010 – 2014; and 2015 - 2019) that was implemented in the 5 Anglophone West African countries of Nigeria, Ghana, Sierra Leone, Liberia and The Gambia. It was funded by the Australian Government through CBM Australia and managed by the Department of Psychiatry, University of Ibadan - along with partners in each participating country.

The aims of the project were:

- To improve public health knowledge and skills among mental health leaders in the West African region.
- To strengthen mental health advocacy through skills acquisition, and the establishment of national as well as regional networks for collaborative engagements.
- To promote the human rights of persons with mental conditions and psychosocial disabilities in the region; and improve their quality of life and access to quality health care.
- Ultimately, achieve a multiplier effect of scaling up mental health services in the 5 selected anglophone countries of West Africa.

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Figure 6: Key activities implemented under the mhLAP project between 2010 and 2019 across West Africa.

Annual 2 weeks Mental Health Leadership and Advocacy Training. About 271 participants drawn from 11 African countries have attended the training as at 2019.

Establishment of National Stakeholder Councils that brings together a coalition of stakeholders to advocate for better mental health services in a cohesive manner.
A Regional Network has also been established for greater experience sharing and collaboration.

Situational assessment of the state of mental health services, quality of care and human rights assessments were periodically conducted.

Capacity building via Training of Trainers on a country by country basis, using the WHO´s mhGAP was implemented to train primary care workers to deliver mental health services within the community.

The human rights of persons receiving care for mental illnesses were assesed periodically and reports generated for continuous service improvment. The WHO´s Quality Rights Tool was utilized and it should become an institutionalized process for promoting and safeguarding the rights of service users

Key Lessons and Recommendations from the mhLAP:

There have been some useful lessons learned from the evaluation of the mhLAP project, and these are summarized below.

1. The mhLAP has been successful as a pragmatic and context-specific model to develop capacity for mental health leadership and advocacy in the West African region.
2. It has proven to be efficient and cost-effective, way of raising a cohort of informed, motivated, and impactful mental health advocates for the sub region. The diverse range of participants, from service users, to mental health professionals and civil society actors strengthened mutual learning and richness of sharing.
3. Forming a range of technical partnerships such as WHO and civil society organisations ensured that programmes had a readily available source of international best practice examples and context specific frameworks and approaches.
4. The regional approach involving several countries with a focus on developing capacity in each country is a pragmatic and cost-effective means of scaling up mental health advocacy and improving mental health services.

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Conclusion

The Mental Health System Strengthening activities of CBM demonstrate that positive impact is being made to improve access to mental health services that are effective, affordable and driven by best scientific evidence. Established systems, which are often poorly resourced, can gradually be reformed, for example by systematically covering the different building blocks of the health system. With strong engagement of all actors, particularly governments, these changes not only mean increased service utilisation and investment, but result in transformative impacts on the lives of people previously unable to access even basic treatments.

These activities collectively support the promotion of human rights and support the SDG 3.4 *"reducing by one third, the premature mortality from non-communicable diseases through the prevention, treatment and promotion of mental health"*.

The cumulative benefits of these activities and the lessons learnt, provide an easily replicable template for global action aimed at reducing the treatment gap for mental health conditions and improving access to quality mental health services via community mental health services, integration into primary care and across other sectors.

Box 1

Moving Forward with Mental Health System Strengthening

The following will support the scale-up of mental health system strengthening initiatives in LMICs:

- **Research:** The majority of health system research has taken place in high income countries. Growing the body of evidence that is drawn from real experience in LMIC contexts is essential if we are to ensure relevant, effective and efficient reform
- **QualityRights:** All system strengthening and service development activities should take an approach that promotes human rights and access to a choice of quality mental health care and supports
- **Comprehensive and Integrated Approaches:** All system strengthening work must recognise the importance of other aspects of people's lives and integrate with interventions that address these (as health services are only one aspect of support) – such as inclusion in community life, livelihoods, education and political voice
- **Full and Meaningful Participation of People with Lived Experience:** People with lived experience should fully participate in the design, development, implementation and evaluation of all CMH interventions

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Acknowledgements

We are grateful for the many local partners who have worked in CBM-supported programmes and collaborated with CBM to bring about lasting change.

This Guide was written by Dr Jibril Abdulmalik (University of Ibadan, mhLAP partner). Dr Julian Eaton (CBM Global), Dr Emeka Nwefoh (CBM Nigeria), Ben Adams (CBM Global) and Heather Pearson (Global Mental Health Consultant) supported the writing of this document.

For further information on CBM's Community Mental Health work:

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CBM Global Disability Inclusion

CBM Global Disability Inclusion works alongside people with disabilities in the world's poorest places to transform lives and build inclusive communities where everyone can enjoy their human rights and achieve their full potential.

Community Mental Health Thematic Area in CBM Global

Mental health conditions are a major cause of disability and ill-health worldwide. Those living in poverty are at greatest risk and least likely to access treatment or support. Many people experiencing mental health conditions and/or psychosocial disabilities face stigma, discrimination, even abuse. With decades of experience in the field of global mental health, CBM Global recognises the central role of mental health in wellbeing and works to promote good mental health, challenge the exclusion of people with mental health and/or psychosocial disabilities, and strengthen mental health systems, so that mental health needs are recognised and addressed.

This is one of a number of guides that CBM Global will be producing to share our work and experience in community mental health.

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Resource Materials

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