

Mental Health Policy and  
Service Guidance Package

# ORGANIZATION OF SERVICES FOR MENTAL HEALTH



World Health Organization, 2003

*"Mental health care should be provided through general health services and community settings. Large and centralized psychiatric institutions need to be replaced by other more appropriate mental health services."*

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*"Mental health care should be provided through general health services and community settings. Large and centralized psychiatric institutions need to be replaced by other more appropriate mental health services."*

This module is part of the WHO Mental Health Policy and Service guidance package, which provides practical information to assist countries to improve the mental health of their populations.

### **What is the purpose of the guidance package?**

The purpose of the guidance package is to assist policy-makers and planners to:

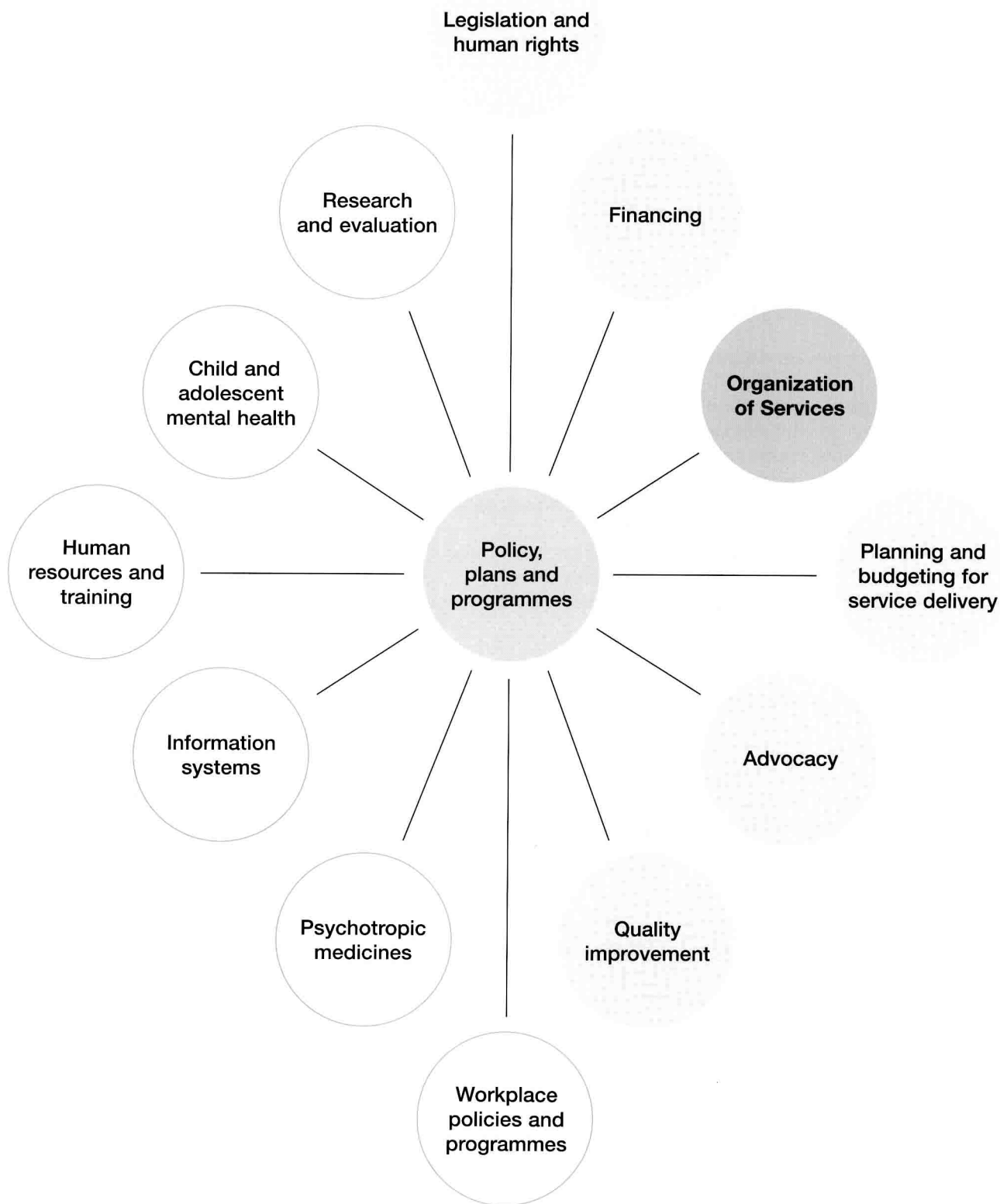
- develop policies and comprehensive strategies for improving the mental health of populations;
- use existing resources to achieve the greatest possible benefits;
- provide effective services to those in need;
- assist the reintegration of persons with mental disorders into all aspects of community life, thus improving their overall quality of life.

### **What is in the package?**

The package consists of a series of interrelated user-friendly modules that are designed to address the wide variety of needs and priorities in policy development and service planning. The topic of each module represents a core aspect of mental health. The starting point is the module entitled The Mental Health Context, which outlines the global context of mental health and summarizes the content of all the modules. This module should give readers an understanding of the global context of mental health, and should enable them to select specific modules that will be useful to them in their own situations. Mental Health Policy, Plans and Programmes is a central module, providing detailed information about the process of developing policy and implementing it through plans and programmes. Following a reading of this module, countries may wish to focus on specific aspects of mental health covered in other modules.

The guidance package includes the following modules:

- > The Mental Health Context
- > Mental Health Policy, Plans and Programmes
- > Mental Health Financing
- > Mental Health Legislation and Human Rights
- > Advocacy for Mental Health
- > Organization of Services for Mental Health
- > Quality Improvement for Mental Health
- > Planning and Budgeting to Deliver Services for Mental Health



still to be developed

The following modules are not yet available but will be included in the final guidance package:

- > Improving Access and Use of Psychotropic Medicines
- > Mental Health Information Systems
- > Human Resources and Training for Mental Health
- > Child and Adolescent Mental Health
- > Research and Evaluation of Mental Health Policy and Services
- > Workplace Mental Health Policies and Programmes

### **Who is the guidance package for?**

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The modules will be of interest to:

- policy-makers and health planners;
- government departments at federal, state/regional and local levels;
- mental health professionals;
- groups representing people with mental disorders;
- representatives or associations of families and carers of people with mental disorders;
- advocacy organizations representing the interests of people with mental disorders and their relatives and families;
- nongovernmental organizations involved or interested in the provision of mental health services.

### **How to use the modules**

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- They can be used **individually or as a package**. They are cross-referenced with each other for ease of use. Countries may wish to go through each of the modules systematically or may use a specific module when the emphasis is on a particular area of mental health. For example, countries wishing to address mental health legislation may find the module entitled Mental Health Legislation and Human Rights useful for this purpose.
- They can be used as a **training package** for mental health policy-makers, planners and others involved in organizing, delivering and funding mental health services. They can be used as educational materials in university or college courses. Professional organizations may choose to use the package as an aid to training for persons working in mental health.
- They can be used as a framework for **technical consultancy** by a wide range of international and national organizations that provide support to countries wishing to reform their mental health policy and/or services.
- They can be used as **advocacy tools** by consumer, family and advocacy organizations. The modules contain useful information for public education and for increasing awareness among politicians, opinion-makers, other health professionals and the general public about mental disorders and mental health services.

## **Format of the modules**

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Each module clearly outlines its aims and the target audience for which it is intended. The modules are presented in a step-by-step format so as to assist countries in using and implementing the guidance provided. The guidance is not intended to be prescriptive or to be interpreted in a rigid way: countries are encouraged to adapt the material in accordance with their own needs and circumstances. Practical examples are given throughout.

There is extensive cross-referencing between the modules. Readers of one module may need to consult another (as indicated in the text) should they wish further guidance.

All the modules should be read in the light of WHO's policy of providing most mental health care through general health services and community settings. Mental health is necessarily an intersectoral issue involving the education, employment, housing, social services and criminal justice sectors. It is important to engage in serious consultation with consumer and family organizations in the development of policy and the delivery of services.

Dr Michelle Funk

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### **Introduction**

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Mental health services are the means by which effective interventions for mental health are delivered. The way these services are organized has an important bearing on their effectiveness and ultimately on whether they meet the aims and objectives of a mental health policy.

This module does not attempt to prescribe a single model for organizing services in a global context. The exact form of service organization and delivery ultimately depends on a country's social, cultural, political and economic context. However, research findings and experience in countries in different regions of the world point towards some of the key ingredients of successful service delivery models. This module indicates these ingredients in order to give countries guidance on the organization of their mental health services.

### **Description and analysis of mental health services around the world**

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The various components of mental health services are categorized below. This is not a recommendation on the organization of services but an attempt to broadly map the services that exist.

I) Mental health services integrated into the general health system can be as broadly grouped as those in primary care and those in general hospitals.

*Mental health services in primary care* include treatment services and preventive and promotional activities delivered by primary care professionals. Among them, for example, are services provided by general practitioners, nurses and other health staff based in primary care clinics. The provision of mental health care through primary care requires significant investment in training primary care professionals to detect and treat mental disorders. Such training should address the specific needs of different groups of primary care professionals such as doctors, nurses and community health workers. Furthermore, primary care staff should have the time to conduct mental health interventions. It may be necessary to increase the number of general health care staff if an additional mental health care component is to be provided through primary care.

For most common and acute mental disorders these services may have clinical outcomes that are as good as or better than those of more specialized mental health services. However, clinical outcomes are highly dependent on the quality of the services provided, which in turn depends on the knowledge of primary care staff and their skills in diagnosing and treating common mental disorders, as well as on the availability of drugs and other options for psychosocial treatment. Primary care services are easily accessible and are generally better accepted than other forms of service delivery by persons with mental health disorders. This is mainly attributable to the reduced stigma associated with seeking help from such services. Both providers and users generally find these services inexpensive in comparison with other mental health services.

*Mental health services in general hospitals* include certain services offered in district general hospitals and academic or central hospitals that form part of the general health system. Such services include psychiatric inpatient wards, psychiatric beds in general wards and emergency departments, and outpatient clinics. There may also be some specialist services, e.g. for children, adolescents and the elderly. These services are provided by specialist mental health professionals such as psychiatrists, psychiatric



nurses, psychiatric social workers, psychologists, and physicians who have received special training in psychiatry. Clearly, such services require adequate numbers of trained specialist staff and adequate training facilities for them.

The clinical outcomes associated with these services are variable and depend on their quality and quantity. In many countries, the mental health services of general hospitals can manage acute behavioural emergencies and episodic disorders which require only outpatient treatment. However, their ability to help people with severe mental disorders depends on the availability of comprehensive primary care services or community mental health services and on the continuity of care that these provide. Mental health services based in general hospitals are usually well accepted. Because general hospitals are usually located in large urban centres, however, there may be problems of accessibility in countries lacking good transport systems. For service providers, mental health services in general hospitals are likely to be more expensive than services provided in primary care but less expensive than those provided in specialized institutions. Service users also have to incur additional travel and time costs that can create additional access barriers in some countries.

II) Community mental health services can be categorized as formal and informal.

*Formal community mental health services* include community-based rehabilitation services, hospital diversion programmes, mobile crisis teams, therapeutic and residential supervised services, home help and support services, and community-based services for special populations such as trauma victims, children, adolescents and the elderly. Community mental health services are not based in hospital settings but need close working links with general hospitals and mental hospitals. They work best if closely linked with primary care services and informal care providers working in the community. These services require some staff with a high level of skills and training, although many functions can be delivered by general health workers with some training in mental health. In many developing countries, highly skilled personnel of this kind are not readily available and this restricts the availability of such services to a small minority of people.

Well-resourced and well-funded community mental health services provide an opportunity for many persons with severe mental disorders to continue living in the community and thus promote community integration. High levels of satisfaction with community mental health services are associated with their accessibility, a reduced level of stigma associated with help-seeking for mental disorders and a reduced likelihood of violations of human rights. Community mental health services of good quality, providing a wide range of services to meet diverse clinical needs, are demanding in terms of cost and personnel. Reductions in costs relative to those of mental hospitals are likely to take many years to materialize.

*Informal community mental health services* may be provided by local community members other than general health professionals or dedicated mental health professionals and paraprofessionals. Informal providers are unlikely to form the core of mental health service provision and countries would be ill-advised to depend solely on their services, which, however, are a useful complement to formal mental health services and can be important in improving the outcomes of persons with mental disorders. Such service providers usually have high acceptability and there are few access barriers as the providers are nearly always based in the communities they serve. Although the services are classed as informal, not all of them are totally free. In many countries, for instance, traditional healers charge for their services and could therefore be considered as providing private formal health care services. Moreover, there are concerns about violations of human rights in relation to the treatment methods employed by some traditional healers and faith healers.