

**Knowledge Network  
Dutch Consortium for Rehabilitation  
Research Brief #17**

*Integrating mental health  
services into primary  
health care*

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This brief is part of a series of research briefs of the DCR consortium. The purpose is to communicate lessons and corresponding recommendations for programme quality improvement. For information on the research methodology please refer to the full report, available upon request.

This research brief summarizes a study that explored ways to increase access to mental health services for inhabitants of Jur River County, Western Bahr el Ghazal, South Sudan. The field research was carried out in January-March 2015.

DCR aims to improve (access to) mental health services in Jur River County. This study is undertaken to address opportunities and challenges of integrating mental health care at the community level. This was done against the backdrop of the mental health gap action programme (mhGAP) of the WHO. The mhGAP provides a framework for task-shifting, a process whereby mental health care tasks are moved to less specialized health care providers. Prior research in South Sudan and among South Sudanese refugees in the region have indicated high rates of PTSD, depression and distress (e.g., López & Spears, 2015; Roberts et al., 2009; Winkler et al., 2010). The study was thus initiated to inform the organization and other agencies on how to improve access to mental health care at the community level based on this case-study of Jur River County.

Three themes were the focus of attention in this research: 1) availability of mental health care services, 2) accessibility of these services for inhabitants of Jur River County, and 3) feasibility of integrating mental health care services into the health system, addressing the following research question: How can we efficiently integrate mental health services into primary health care in Jur River County?

Data was gathered through (semi-structured) interviews ( $N = 18$ ), focus group discussions ( $N = 10$ ), and household surveys ( $N = 475$ ) with policy makers, health care providers and (other) members of the community. Other methods used were document analysis and participant observation.

#### *Availability*

With only two psychiatrists and few (clinical) psychologists working in the capital Juba, specialized mental health care is disproportionately distributed across the country. In Jur River County mental health services in general hospitals and primary health facilities are very limited. People mostly rely on locally available resources, such as traditional healing practices and social support of community members.

#### *Accessibility*

This study indicated several constraints to accessing public mental health care services. These included the lack of transportation, lack of financial resources, barriers in language, negative prior experiences with formal health care, and stigma or shame around mental illness. In general, externalizing problems (e.g., aggression) and epilepsy were more likely to be seen as a mental illness than internalizing problems (e.g., depression, anxiety).

#### *Feasibility*

Perceived opportunities to integrate mental health services into primary health care included willingness of primary health care providers and other community members to take on task-shifting and training, the possible effect of drug delivery and also possibilities to establish a stronger link between the formal and informal health care system. Challenges mostly related to structural difficulties, such as a lack of political commitment, a shortage of human capacity in the field of mental health, and a low awareness on mental illnesses among community members.

This research brief summarizes lessons learned and recommendations based on the findings of the study.

### *Lesson 1: The need for increasing mental health awareness among community members, health care providers and policy makers*

Mental health awareness is low among community members and relatively low among (primary) health care providers and policy makers. Low awareness of mental health problems and neurological disorders such as epilepsy among community members are related to shame and stigma. The fact that mental illnesses often remain unrecognized decreases the (conscious) demand for mental health care. Staff of primary health facilities who were not trained in mental health care expressed feelings of being incapable and not well-equipped to treat mental health patients. Furthermore, low political commitment may be the result of low mental health awareness among other stakeholders, such as policy makers.

### *Lesson 2: The need to build upon existing relationships and structures*

Since 2009 HealthNet TPO has been working in Jur River County and actively involved with the local communities. Long-term relationships have been established and as a result HealthNet TPO is well-known among the communities. It is recommended to put less emphasis on people who are part of the formal health system, and more on existing (care) structures in the communities, as this creates a stronger network for the implementation of psychosocial support. Traditional healers are already part of the informal layer of health care, and they offer, according to the reports of many community members, successful treatments. However, a clear link between informal and formal health care is absent. In contrast to informal healers, chiefs are not included as actors of 'informal health care', even though these naturally respected figures in the community see it as an extension of their work with other community members.

### *Lesson 3: The need to increase human capacity in the field of mental health*

According to stakeholders (e.g., health care providers, policy makers) training of health care providers and drug delivery at lower levels of public health care were found to be the most important steps needed for the integration of mental health into current health services. Health care providers felt incapable of taking care of a mentally ill patient without having any background knowledge and equipment. Knowledge on psychosocial interventions especially was lacking and psychotropic drug provision is a challenging task in the context of South Sudan. At the moment of research there were no mental health specialists in general hospitals close to Jur River County. Staff members of 13 out of Jur River County's 38 health facilities (34.2%) recently received a 5-day mental health training organized by HealthNet TPO.

### *Recommendation:*

- **Raise awareness** within communities through mental health campaigns (e.g., through use of radio talks, theatre)
- Focus on key figures in the community (e.g., chiefs). Involve **chiefs** and other **informal health care providers** in first-line mental health care such as counselling.
- Establish **self-help groups** for prevention and early detection of mental health problems.
- Offer **on-the-job training** in order to instil clinical skills, provide material adapted to the local context (e.g., referral forms, assessment tools such as vignettes), with a **strong focus on psychosocial interventions**.

#### **Lesson 4: The need for advocacy on state and national levels**

With the absence of a national Mental Health Act, a specific budget for mental health services and clear national Mental Health policies, political commitment on the national level is lacking. Recently, moves are made to establish a Mental Health Directorate in the Ministry of Health, which is led by one of the psychiatrists and falls under the Directorate of Medical Services. The Mental Health Platform is trying to facilitate the process of developing a Mental Health Act. The Mental Health Platform consists of a small, committed group of interested state actors from the Ministry of Health, local agencies and international organisations working or with an interest in the field of mental health. The absence of clear national Mental Health policies (e.g., Mental Health Act, budget) further restricts INGOs in carrying out mental health services, such as the prescription of psychotropic medication at lower levels of care. The fact that INGOs implement mental health programs in order to build up the national mental health services, while trying to stick to strict national guidelines, does create tension. For example, although some INGOs try to make psychotropic drugs available at primary health care levels (following the mhGAP model), psychotropic drug provision at lower levels of care is not part of health policies (e.g., BPHS, 2011). Eventually this negatively affects the implementation of mental health programs.

#### **Lesson 5: The need to develop a clear mental health strategy guiding the mental health programs in South Sudan**

At the time of study, there was one person based in Wau (state capital Western Bahr el Ghazal) who is responsible for the implementation of mental health activities in Jur River County, without the back-up of a designated person in the headquarter for mental health programming in South Sudan. However, after this study was conducted, a technical advisor in Juba has been assigned. At the time of this research what seems to be lacking in HealthNet TPO's long term mental health programming is a clear mental health strategy guiding the mental health programs in South Sudan that can direct and connect all mental health activities in the country.

#### **Implication of research findings for DCR program implementation**

Based on research finding and recommendation # 1 Increasing mental health awareness among community members, health workforce and policy makers, HNTPO will target the general public of the Western Bahr el Ghazal State, health care providers, policy makers and local community leaders (such as chiefs and traditional healers) to increase mental health and psychosocial awareness, knowledge and skills. HNTPO will employ and use different locally available means such as local FM radios to run live radio talk shows, dramas, forum theatre and other public events to get across key messages on mental health and psychosocial distress. HNTPO DCR

#### **Recommendation**

- **Advocate** on state and national levels for mental health services through *inter alia* active participation in the Mental Health Platform
- **Assign a technical advisor** to support mental health programming in South Sudan and develop a clear **mental health strategy** for the hosting organization

programs and future projects will continue to work through and build existing community recourses and capacity for mental health and psychosocial support. Over the years of working with community structures, HNTPO has learnt that mental health and psychosocial needs of communities are enormous and beyond what the DCR project can offer. Therefore HNTPO will continue to ensure that a community support mechanism is available and strengthened to provide mental health and psychosocial care through building the capacity of the community support structures and establishment of self-help groups.

Community engagement and participation in psychosocial support activities through meaningful community structured social, educational and recreational activities for children, youth and adults at the community settings will be encouraged thereby contributing to promotion of mental health and psychosocial wellbeing of individuals, communities and society at large. In addressing the human resource gap for mental health, training for selected health care staff on identification, case definition and management and referral of common mental health disorders, follow up and supervision must be provided. For the future programming psychotropic drugs should be considered and included in the essential drug list. Coordination with other agencies such MSF, IMC and the national ministry of health is critical.

Integration of mental health advocacy into DCR regular programs, political commitment by the national government for mental health services is lacking. Over the past year HNTPO DCR program has been working closely with the national ministry of health, firstly to ensure that the uncoordinated mental health and psychosocial services provided by the agencies in the country are better coordinated, monitored and reported. This has resulted in the formation of the Mental Health and Psychosocial Support (MHPSS) platform at Juba level, meeting every month. Secondly to advocate for the installation of the mental directorate at the ministry of health at Juba with the aim of taking over the responsibilities of coordination, planning and development of mental health legislation, mental health policy and mental health strategy for South Sudan. HNTPO will continue to support the process of work on drafting the mental health strategy through the MHPSS platform currently transformed into a mental health technical working group.