MENTAL HEALTH

Across communities in 10 countries, the Partners In Health mental health program establishes safe, effective, culturally-sound mental health care as a fundamental, integrated part of primary care. Like all PIH programs, we work in close partnership with in-country government officials and leading medical and academic institutions to increase and improve mental health care services. PIH is strengthening men-tal health care services in some of the world's poorest places. We help thousands of patients around the globe, and in so doing prove that high-quality mental health care can and should be available to all people, no matter where they live.

PROGRAM PRIORITIES

- **Depression**
- **Anxiety**
- **Trauma and stress-related disorders**
- **Substance use**
- **Early childhood and adolescent development**
- **Psychosis**
- **Epilepsy**
- **Gender-based violence**

IMPACT

Over 3,000 people have been trained in mental health care delivery across 10 countries

102 PIH-supported facilities with mental health care across 10 countries

More than 10,800 people supported with mental health care by Partners In Health, with more than 55,000 mental health visits conducted each year

PROGRAM HISTORY

As with any disease, from cancer to diabetes, conditions like depression, psychosis, and debilitating anxiety can affect any of us, no matter where we live. Yet geography means everything when it comes to accessing care. Though mental health conditions are currently the leading cause of disability worldwide, mental health is the least funded area in global health. In low- and middle-income countries, a lack of mental health professionals, facilities, and medications means that countless people suffer needlessly. In fact, up to 90 percent of people with mental health conditions in these countries never receive treatment.

System Strengthening

Across the communities, clinics, and hospitals PIH serves, e integrate mental health care into primary health care systems, with a focus on empowering health workers to deliver care for mental health conditions with a lifespan approach. Working with psychologists and psychiatrists, local clinicians and non-specialist providers receive training and support, providing integrated care in communities and over 104 health facilities supported by PIH.

Care Delivery

To provide effective mental health services and protect patient safety, PIH adapts evidence-based treatment methods for the local needs and cultural context. We integrate mental health and psychosocial support services into crisis response settings, such as the 1994 genocide in Rwanda, the 2010 earthquake in Haiti, the Ebola outbreaks in Liberia and Sierra Leone, and the COVID-19 pandemic to build back better; provide care for patients with other health conditions such as drug-resistant tuberculosis; and encounter structural and community issues such as domestic violence and substance use.

CARE DELIVERY SITE HIGHLIGHTS

Haiti: Providers across the health system are trained in mental health care and use quality improvement methods to improve patient outcomes.

Kazakhstan: Psychologists and social workers integrate depression care for patients with tuberculosis.

Lesotho: Lay counsellors and psychiatric nurses deliver psychoeducation and psychotherapy for TB patients.

Liberia: Through close partnerships with community members and traditional healers, mental health team provides treatment and social support to people with common and severe mental health conditions, including through a homeless care program.

Malawi: Mental health services are integrated into care for patients with chronic conditions.

Mexico: Community mental health workers deliver a psychotherapeutic intervention for depression and anxiety, conduct psychoeducation groups, and work with adolescents in the community.

Navajo Nation: Community health representatives provide mental health first aid and address high substance use and suicide rates.

Peru: Psychologists integrate community-based mental health care into maternal health, TB, early childhood development, and chronic care programs utilizing digital technology.

Rwanda: Health center nurses deliver care for depression and anxiety with supportive supervision from psychologists. Social workers and CHWs conduct health education in communities and provide social support to the most vulnerable.

Sierra Leone: Integration of mental health care at the community, primary care, and district levels. Psychosocial counselors and CHWs integrate psychotherapy for a range of common mental health conditions. Services are strengthed at the Sierra Leone Psychiatric Teaching Hospital through infrastructure and capacity building.

Claver Mugenzi is an outgoing man with an engaging smile, and a leader of his church group in the northern Rwanda community of Kivuye, where he's also involved in local government. But he wasn't always so civically active. Struggles with mental health conditions left Mugenzi and members of his family ostracized by their community, where education and understanding about mental health conditions had been limited.

"Before, when our family had problems, we were thinking that it was bad spirits that had affected us," Mugenzi said. "After joining treatment at the clinic, we improved and (now) are showing how our improvement has contributed to our welfare. We can advise people who are like how we were, before. When we are here in the group, we can support each other."

This self-help group meets regularly at Kivuye Helath Center, which is supported by PIH. Members of the group voluntarily meet monthly, with shared goals of over-coming mental health conditions and improving their emotional well-being. The groups total more than 600 members, including people with mental health conditions and their families. PIH supports the groups in collaboration with Rwanda's Ministry of Health, as part of a larger effort to bring mental health care directly to communities, integrate mental health with primary care, decrease stigma, and increase local education and empowerment.