Putting the PIH Mental Health Service Planning Matrix in Action:

PIH cross-site development and co-authorship of Lesotho's first national mental health policy and strategic plan (2021-2027)

Background

PIH works across its constitutive teams and in a variety of ways to advance health equity toward the attainment of Universal Health Coverage (UHC). One important focus of these efforts is shaping more equitable health *policies* that decentralize a robust package of quality health services and ensure that those services are available and affordable to all.

In 2020, Lesotho's Ministry of Health invited PIH to be the lead partner in co-designing the country's first mental health policy and plan. This presented a key opportunity for **policy & partnerships, UHC planning & financing** staff and **global mental health** and **community health** clinical teams to work alongside the Mental Health Technical Working Group (MHTWG) in the development of this policy.

The MHTWG adapted elements of the Mental Health Service Planning Matrix to Achieve Universal Health Coverage as part of the policy formulation process, focusing on phase one specifically. Elements of phase two and three of the Planning Matrix were also conducted. This case study therefore offers an example of how the Planning Matrix can be adapted and used for policy development. Enclosed are some of the key elements and considerations for future mental health policy work.

Guiding Principles:

- Decentralization of services
- 5 S's – Staff, Stuff, Space, Systems, Social Support
- The rights of people with mental conditions
- The PIH Mental Health Service Planning Matrix to Achieve Universal Health Coverage
- Continuum of care across the value chain

Phase 1 of the PIH Mental Health Service Planning Matrix: Care Delivery and Platform Elaboration

STEP 1: Assessing System Readiness: Mental Health Care Service Delivery in Lesotho & Burden of Disease from Mental, Neurological and Substance Use (MNS) Disorders

National, disease-specific health policies are informed by data on the current quality and scope of relevant essential health services as well as the disease burden of particular disorders. In Lesotho, these data came largely from a key burden of disease study[1] and situational analysis produced by the PIH global mental health team in 2017. Insights from these reports helped frame the current deficiencies in mental health care delivery in Lesotho, pointed to areas that would need to be addressed by the new policy, and informed next steps and eventually the cost of implementation.

[1] Vigo D. The disease burden of mental illness in Lesotho. Partners In Health Cross Site Mental Health Meeting; 2016 Sep 27; Beverly, MA.

STEP 2: Task Sharing and Transdiagnostic Skills Mapping In order to identify the staff and competencies needed to provide quality mental health services, it was crucial to assess the current skills, activities and staff devoted to these services. Data gathering rested on discussions with the MHTWG and outreach to District Health Management Teams (DHMTs). The MHTWG and PIH also employed several instruments to assess and find ways to strengthen the current landscape of human resources for mental health, including the "5 X 5 model" of key service packages and implementation guidelines to address common mental health disorders in low-resource settings. From these exercises we were able to identify gaps in staff levels and skills, and articulate the need for various additional health care workers as well as initial and in-service training in mental health care at all levels of the health system.

Phase 2 of the PIH Mental Health Service Planning Matrix: Implementation Preparation

STEP 3: Mental Health Value Change Adaptation & Developing of Care Delivery Pathways

Following discussions and data gathering on the current landscape of mental health care delivery in Lesotho, MHTWG and PIH teams reviewed and adapted the PIH Mental Health Value Chain to fit the packages of services recommended in Step 2. This was in service to help think through implementation preparations. Based on the skills mapping and value chain exercises, and to illustrate how patients move through the health system, the group also developed care delivery pathways for common mental health disorders, severe disorders, and substance use disorders (see Annexes). These served to solidify the roles of existing and new cadres of health workers as well as embed bi-directional referral pathways and decentralized services to districts, health facilities, and Community Health Workers (CHWs) in the proposed policy.

Phase 3 of the PIH Mental Health Service Planning Matrix: Spread and Sustainability

STEP 4: Government, Advocacy, Policy Development, and Partnerships

At this crucial stage, the MHTWG formed a sub-committee that would be responsible for drafting the mental health policy and plan, which would be heavily informed by the analyses of current mental health service delivery mentioned above. PIH was asked to join the writing sub-committee and work with MOH colleagues on drafting both the policy and its strategic plan for implementation. Through an iterative process of circulating revisions and comments, the writing team developed the overarching policy goal, strategic objectives, activities, and sub-activities that would need to be implemented in order to fully realize a comprehensive package of quality mental health services.

With the strategic plan fully fleshed out, the writing team requested recommendations from the broader MHTWG on when each of the plan's activities would be carried out. The team also worked with the Director of Mental Health to liaise with the Finance Department on providing cost estimates for staff salaries, supplies, and other inputs related to activities in the strategic plan.

The PIH global mental health team and the MHTWG reviewed Lesotho's national formulary to better align with pharmacological treatments recommended in the WHO Model List of Essential Medicines. A finalized list of medicines and their dosages was then combined with data on disease prevalence to project the annual quantities and costs for these medicines in Lesotho.

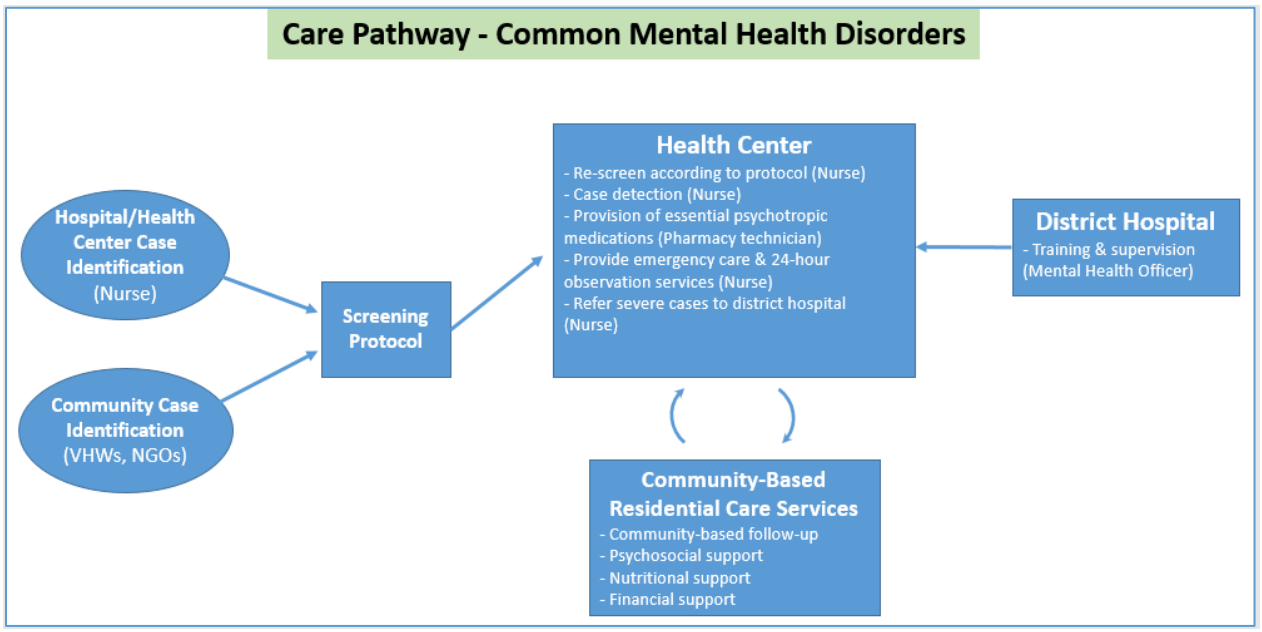
Taken altogether, the phased list of costed activities, including the costs of all inputs, would form the basis of a costed implementation plan over the 7-year period. In Summer 2021, the MHTWG writing sub-committee aims to review a finalized Mental Health Policy and Strategic Plan (2021-2027) and submit it to the Director of Mental Health for approval and advocacy.

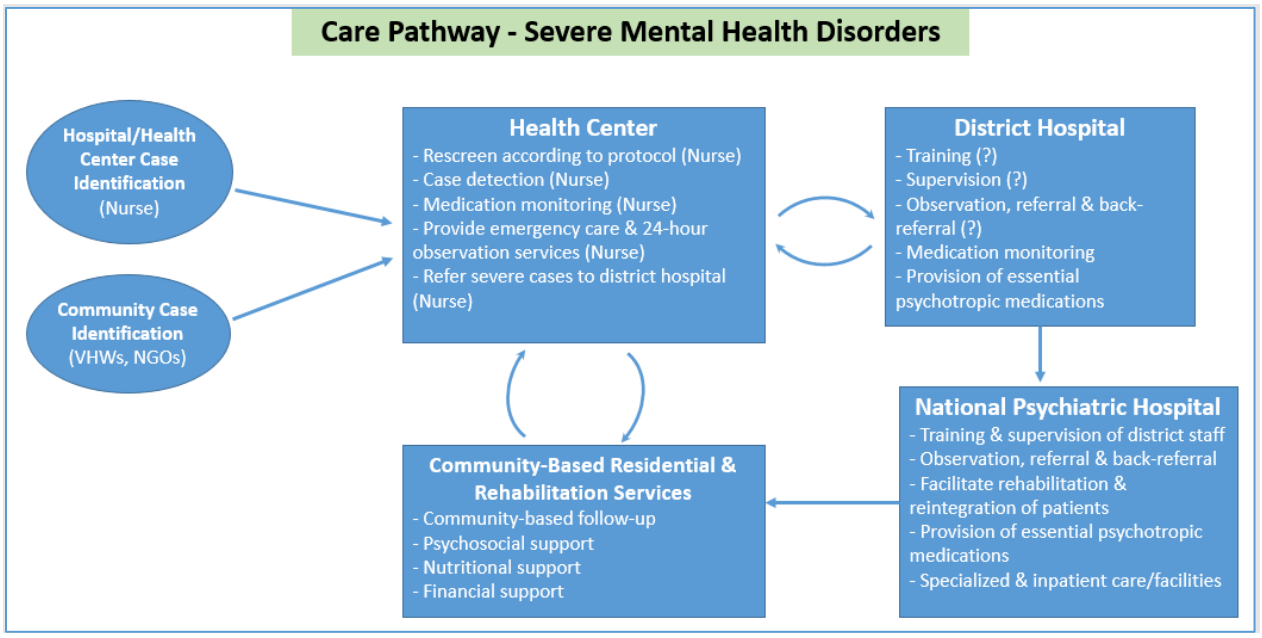
Important considerations for future policy work in mental health:

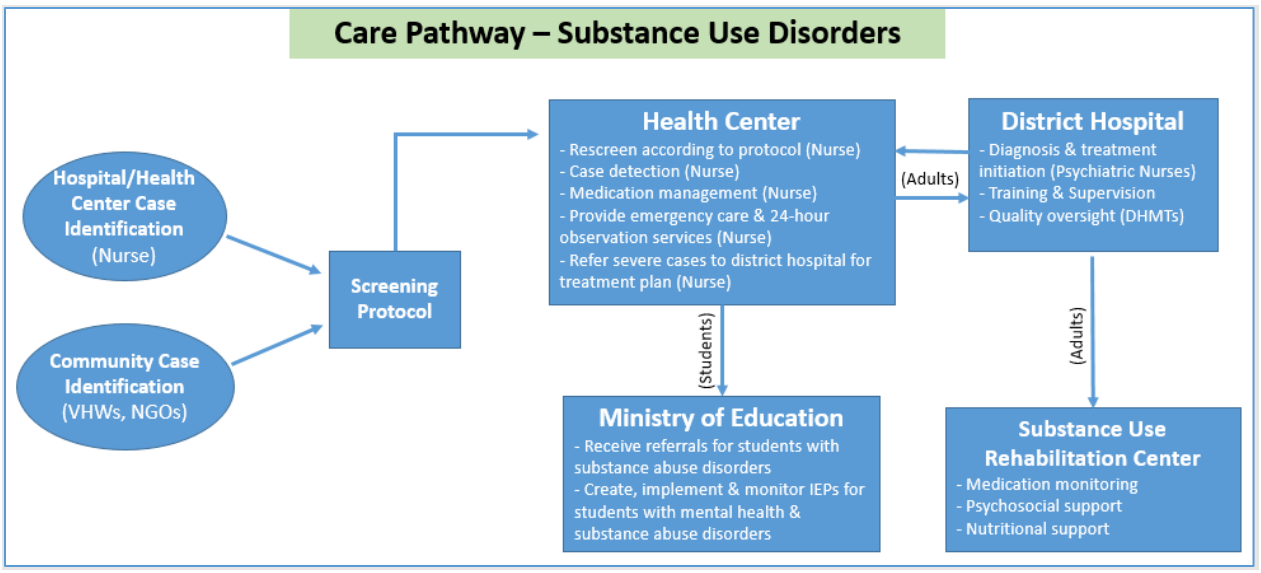
- MOH leadership and buy-in is critical
- Position vis-à-vis policy stewards very important – asked to help design and co-author
- Data needs – it can be a challenge to collect all of the needed information for policy design and costing; plan ahead to determine what data is needed, where to get it, etc.
- Operational considerations – point people for generating and coordinating materials, time spent on collecting data, timelines for submission, COVID-19 considerations (restrictions on travel and assembly)

Annexes

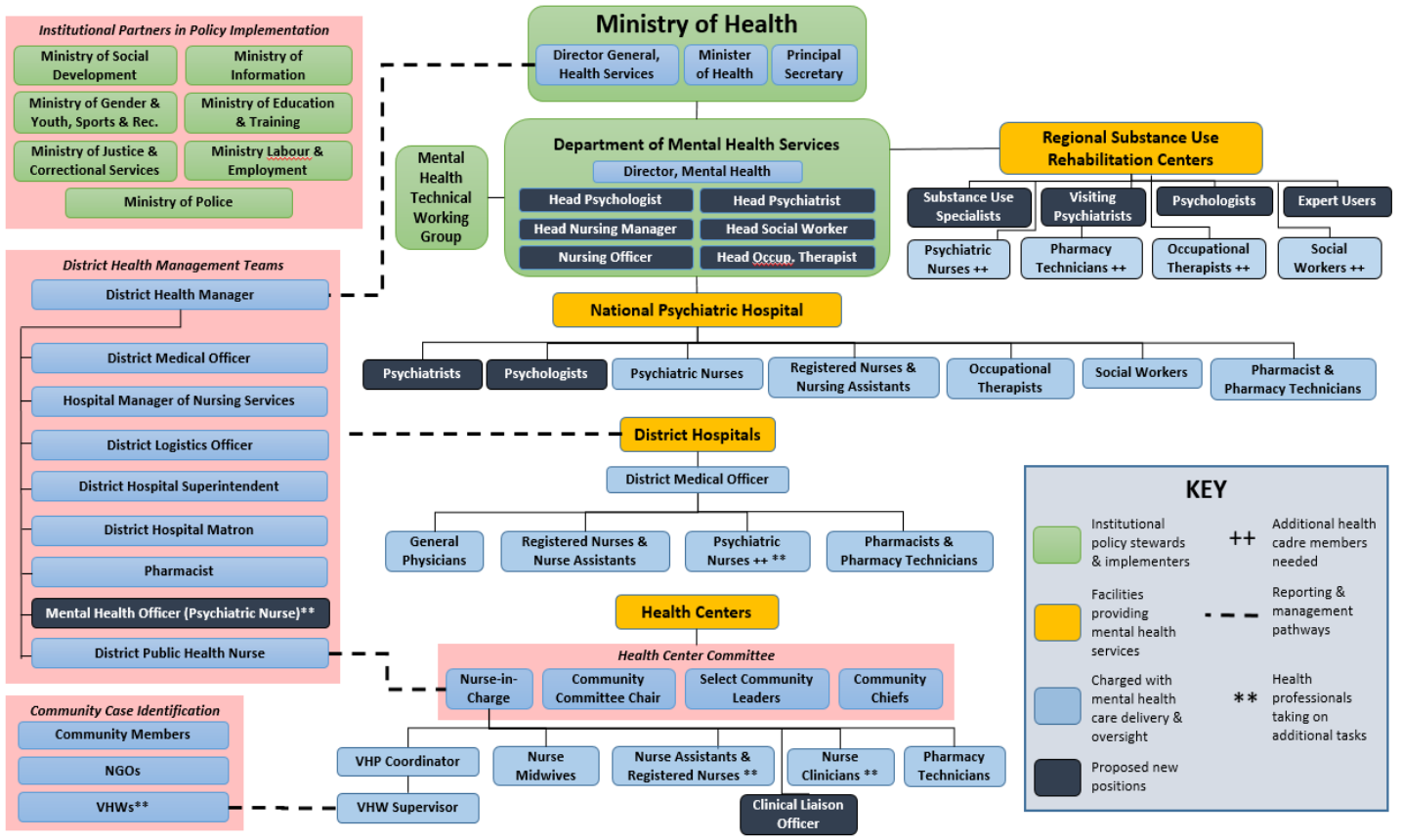
Annex I: Developed as part of Step 2 described above: care pathways for common mental health disorders, severe mental health disorders, and substance use disorders.







Annex II: Organigram of Mental Health Services in Lesotho (service delivery, supervision, governance). This was developed as part of the Task Sharing and Transdiagnostic Skills Mapping step.



Annex III: Mapping Essential Medicines to Manage & Treat Mental Health Conditions. This is useful both for the formulary and medication guidance step as well as for costing medications necessary for resource mobilization.

2019 WHO Essential Medicines List	2005 Lesotho Essential Medicines List & 2017 ES Addendum
Chlorpromazine	X
Fluphenazine	X
Haloperidol	X
Risperidone	X
Clozapine	-
	Flupenthixol
	Lithium carbonate
	Olanzapine
	Sulpiride
	Ringer's lactate
	Sodium chloride
Medications used in depressive disorders	

Amitriptyline	X
Fluoxetine	-
Medications used in bipolar disorders	
Carbamazepine	X
Lithium carbonate	X
Valproic acid (sodium valproate)	X
Medicines for anxiety disorders	
Diazepam	X
	Lorazepam
	Nicorette
	Quetiapine
	Venlafaxine
Medicines for disorders due to psychoactive substance use	
Nicotine replacement therapy (NRT)	X
Methadone	-
Antimigraine medicines	
Acetylsalicylic acid	X
Ibuprofen	X
-	Amitriptyline
-	Carbamazepine
-	Dihydroergotamine
-	Ergotamine + caffeine
-	Paracetamol
-	Propranolol
	Sumatriptan
Anticonvulsants/Antiepileptics	
Propranolol	X
Carbamazepine	X
Diazepam	X
Lamotrigine	-
Magnesium sulfate	X
Midazolam	-
Phenobarbital	X
Phenytoin	X
Ethosuximide	X
-	Chlormethiazole
-	Chlorpromazine
-	Haloperidol
-	Thioridazine
	Clonazepam
	Sodium valproate

NOTE: The items below are taken from Lesotho's EML where they are listed under the broad category of "Psychotherapeutic Medicines." The highlighted medicines from this list are not in the 2019 WHO Model Essential Medicines List:

- Amitriptyline
- Artane
- Benzhexol
- Biperiden
- Carbamazepine
- Carbidopa
- Chlordiazepoxide
- Chlormethiazole
- Chlorpromazine
- Clonazepam
- Dihydroergotamine
- Ergotamine
- Fluphenazine
- Haloperidol
- Imipramine
- Levodopa
- Phenytoin
- Sodium valproate
- Thioridazine
- Tryptyline

Annex IV: Mental Health Value Chain – Adapted for Lesotho

	Prevention	**Case finding**	**Evaluation**	**Treatment**	**Follow up**	**Reintegration**	**Crisis response**
Community level	-poverty reduction activities -reinforce existing community support networks e.g DOTS for mental health patients -community and family stigma reduction and education regarding mental health (awareness campaign) - community leaders and	-VHW to screen, identify mental disorders and refer -community and self-referral	-VHW to use the tools to access the symptoms and severity of the mental disorder -appropriate referral	-VHW to offer basic counselling, psycho-education and psychological first aid -VHW with support of community members to offer emergency first aid care for people presenting with neuro-psychiatric symptoms e.g epileptic attack	-VHW to offer aftercare to people referred back from facilities -Routine reviews of people living with mental health in the community by VHW -VHW to offer psychological support and medication adherence	-community leaders to link mental health clients to appropriate community activities -community leaders to protect the human rights of mental health clients -VHW to offer basic counselling to the family members with mental health client	-basic management of neuropsychiatric disorder -use of international guidance -response coordination team -team development -communication and problem solving, PFA -establishment of appropriate lines of referral

	VHW to promote mental rights of people living with mental disorder and problems -VHW and chief to resolve community conflicts timely to prevent mental problems e.g g ender based violence, depression -VHW to offer basic counselling to people who got involved in a traumatic events e,g deat h of close relative -traditional psychological first aid and community bereavement support durin g traumatic events e.g deat h of close relative						

Health center level	-health education and awareness campaign -community empowerment -stakeholder involvement e.g chiefs, councilors etc. -Posters and distribution of IEC materials	-screening at every service points for people with mental health disorders or problems -community training and empowerment -active screening for post-natal mental disorders in newly delivered mothers -targeted screening for vulnerable groups e.g adolescent mothers, grand parous women -contact trace people that were involved in an event that is likely to cause post traumatic stress disorder e,g accidents, rape ect.	-clinical examination and tests for people presenting with mental health problems or disorders -diagnosis of mental health problems and disorders and enrollment into mental health care. -appropriate referral	-use of essential psychopharm interventions - 24 hours emergency services -referral pathways to and from district hospitals - 24 hours observation -counselling and psychoeducation	-medication refill and monitoring -continuous counselling -home visits for vulnerable mental health patients	-Mental health service to offered during out-reachs -refer to the half-way? homes on discharge -mentor and supervise at the community half-way homes - link clients with VHW on discharge -advocate for mental health clients toparticipate in community activities -Community leaders to protect the rights of mental health clients	-essential needs assessments -use of essential psychopharm intervention -all activities done at community level
District hospital level	-use of expert patients during campaigns -health education at every service point on mental health -Poster display and pamphlets distribution	- active screening at all service points -contact tracing through health center mapping to identify people that were involved in a	-clinical examination -diagnostic studies and tests -Mental health to have representative in the DHMT organogram -DHMT to quarterly	-use of essential psychopharm Intervention to treat common and severe mental disorders -counselling, PFA and psychotherapy -difficult patient discussion with specialist.	-scheduled review visits -medication monitoring and refills	-referral pathways to and from specialized psychiatric hospital and health centers -District leaders to protect and promote the human rights of mental clients	

	-celebrate mental health day -schools' health program -mental health education using mass media -resource mobilization for mental health services and promotion	traumatic situation -operational research	evaluate and utilize ment al health data and operational research	-operational research -refer appropriately -admit according to the mental health law -resource availability and distribution by DHMT		-link mental health clients with socio-economic needs to other departments and sectors	
Specialized psychiatric hospital	-health education using mass media coverage -Distribution of pamphlets and IEC -use of influential people for advocacy e.g p atron -Hospital boards as a watch dog for service quality and assurance -research agenda according to priority area for both the hospital and the schools	-referred cases	-clinical examination -diagnostic studies and tests -assessment and reports	- use of essential psychoph arm Intervention to treat common and severe mental disorders -anesthesia and ECT - counselling, PFA and psychotherapy, occupational therapy -management of difficult cases during supervision of districts -international referrals	- scheduled review visits -medication monitoring and refills -Quarterly supervision of districts	- refer back to district or community -link mental health clients with socio-economic needs to other departments and sectors -assessments reports e.g legal, work fitness etc	