

MENTAL HEALTH

Across communities in 11 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 mental 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 & stress
- Substance use
- Early child development
- Psychosis
- Epilepsy

IMPACT



Over 3,000 people have been trained in mental health care delivery across 11 countries



105 PIH-supported facilities with mental health care across 11 countries



More than 264,200 mental health visits across care delivery sites since 2019, and over 62,300 newly enrolled people living with mental health conditions

PROGRAM HISTORY

As with any disease, from cancer to diabetes, conditions like depression, psychotic illnesses, 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, we integrate mental health care into primary health care systems, with a focus on empowering health workers to deliver care for mental health conditions to ensure mental health services receive the same opportunities as primary care. Working with psychologists and psychiatrists, local clinicians and non-specialist providers receive training and support, providing integrated care in communities and over 95 health facilities supported by PIH.

Care Delivery



To provide effective mental health services and protect patient safety, PIH adapts evidence-based treatment methods to accommodate the life circumstances and traditional perceptions of patients and communities. We care for patients who have lived through national-scale traumas, such as the 1994 genocide in Rwanda, the 2010 earthquake in Haiti and the Ebola outbreaks in Liberia in Sierra Leone, develop mental health conditions in during grueling treatment regimens for other illnesses, such as drug-resistant tuberculosis; and encounter structural and community issues such as domestic violence, and substance use.



CARE DELIVERY SITE HIGHLIGHTS

Haiti: Psychologists, social workers, nurses, physicians, and CHWs work through a task-sharing model in collaboration with the MOH to integrate mental health services into primary care

Kazakhstan: Psychologists and social workers integrate depression care for patients with MDR-TB and are launching an innovative substance use intervention

Lesotho: Lay counselors and providers deliver psychosocial interventions for integrated care for depression, MDR-TB, and crisis response support. Leaders of Lesotho's Technical Working Group for the first national mental health policy and strategic plan.

Liberia: Close partnerships with community members, traditional healers and lay providers, and facility level providers strengthen the quality and reach of mental health services. Peers & caregivers lead psychosocial rehabilitation groups & PIH works with the MOH to revise policy

Malawi: Mental health care is integrated into care for patients with chronic conditions. Psychologists and lay counselors provide group psychotherapy for maternal depression.

Mexico: Community mental health workers deliver a psychotherapeutic intervention for depression and anxiety, conduct psychoeducation groups, and work with adolescents in the community. Community members promote restorative justice & gender equity via Women's Circles.

Navajo Nation: The Community Outreach and Patient Empowerment Program in Navajo Nation collaborates with key partners to increase access to mental health resources for community members and front-line workers.

Peru: Psychologists integrate mental health care into maternal health, TB, early childhood development, and chronic care programs utilizing digital technology. They support the MOH to scale interventions at the national level

Rwanda: Community-based mental health care is provided in rural public primary care system through mentorship, training, and supervision, psychotherapy, and psychosocial rehabilitation.

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 mental health conditions. Services are strengthened at the Sierra Leone Psychiatric Teaching Hospital through training and capacity building.

PATIENT STORY

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 illness 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 overcoming mental illness 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.