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Commentary

Whither mental health policy-where does it come from and does it go anywhere useful?

Comment on "Cross-national diffusion of mental health policy"

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Abstract

Factors influencing cross-national diffusion of mental health policy are important to understand but complex to research. This commentary discusses Shen's research study on cross-national diffusion of mental health policy; examines the extent to which the three questions researched by Shen (whether countries are more likely to have a mental health policy (a) the earlier a country becomes a member of World Health Organization (WHO), (b) the more international aid a country receives, and (c) the more neighbouring countries already have a mental health policy) are in fact able to assess WHO's impact on cross-national diffusion of mental health policy. The commentary then suggests a range of more specific questions which may be used to further elucidate the impact of WHO on an individual country, and considers the relative value of published mental health policy compared with the integration of mental health into national health sector strategies and other sector reforms, and concludes with a call for more integration of mental health across all WHO activities at international, regional and country levels.

Keywords: Mental Health Policy, Strategic Action Plans, Sectors, Aid, Health Systems

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Gordon Shen has done a fascinating piece of research (1) using 1950–2011 data from World Health Organization (WHO) to examine cross-national diffusion of mental health policy (2). His paper begins with an excellent review of the background issues to policy development and diffusion across countries, and then he goes on to test 3 interesting hypotheses, using internationally available data. However, there are limits to the inferences that can be drawn from this approach.

Firstly Shen examined whether WHO has an influence on cross-national diffusion of mental health policy by testing the hypothesis that "*the earlier a country becomes a member of WHO the more likely the said country will adopt a mental health policy*". However, WHO could in fact have a very significant impact on a country that had only been a member for a short time, and so the hypothesis as framed is not so useful in assessing WHO's overall impact. It is only in the last decade and a half that the mental health division in WHO has had such a major push on the development and official launch of national mental health policy (3). Presumably the question was framed in the way it is in order to be able to use the Atlas data available from WHO (4). Future research on this question of WHO impact on cross-national diffusion of mental health policy could usefully count the number of WHO regional intercountry meetings on mental health to which the country had sent a policy delegate, and the number of visits from the WHO regional mental health advisor and from technical consultants organised by WHO, and whether the WHO regional office or country office had provided funds to enable policy development workshops in the country etc. as WHO's actual influence is likely to be mediated via the provision of structured opportunities to understand and discuss mental health policy with colleagues from other countries, technical support and funds to resource stakeholder consultations rather than simply by having been a WHO member.

Secondly Shen looked at whether "*the more international aid a country receives from internal and bilateral aid, the more likely it is to have a mental health policy*". Again, I assume the question was framed in this way to enable the ready use of available data, but it would have been more relevant to examine whether any of the aid was focussed on mental health, and if so how much, and how it was spent. Most health related aid is not targeted on mental health, but rather on infectious diseases, reproductive and child health which have been the focus of the Millenium Development Goals (MDGs) (5). Aid comes both in the form of funds, and as technical advice via consultants. Some donors give money to the general basket of government funds, or to the general health system, to be allocated according to government priorities (6). Other aid is given for specific projects. If generic consultants visit to advise on the health system, they are rarely knowledgeable or sympathetic about mental health issues. Eg technical support for health management information systems has rarely included any attention to mental health, thus further disadvantaging mental health in the data available for planning (7).

So relevant aid would be either funds or technical support that included some focus on mental health. All too often, aid focussing on topics such as HIV or malaria may make the situation worse for mental health by diverting scarce

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resources away from mental health. Eg HIV programmes have frequently recruited psychiatric nurses as counsellors (generally only using them at the stage of diagnosis rather than for long term support), thus diverting scarce psychiatric nurses (the backbone of the mental health specialist workforce) from the essential role of psychiatric nurses as providers of district level specialist assessment and management of severe disorders, and as providers of support and supervision to primary care teams providing population level mental healthcare (8).

Thirdly he looked at "*whether countries cluster, i.e. whether the higher the proportion of mental health policy adoption by countries in its regional bloc, the more likely a focal country will also adopt it*". He found evidence to support this, but this may also reflect the point made earlier of specific WHO action on mental health policy in that region. So the clustering may arise as a result of targeted WHO activity rather than as neighbouring country influence.

The research questions therefore now need to get more specific to elucidate the degree of WHO influence on mental health policy development. For example, how far is international help actually fostering mental health policy that is closely aligned to the country specific needs and context (9), and how far is it fostering a generic approach that may have difficulty in implementation in specific countries? What kinds of international help are most useful, and in what order; is it the experience of an inter-country meeting, followed by detailed technical support or allocation of specific funds for specific tasks such as situation appraisal, stakeholder meetings, publishing costs etc. that make a difference?

Another salient question is what is the most effective mental health focal point for WHO to work with, to invite to WHO intercountry meetings, and for encouragement of mental health policy development within countries? The mental health focal point is a term used to describe the person selected to represent that country at WHO intercountry meetings, and to be the point of liaison between WHO and the country on mental health. Some countries have a mental health focal person e.g. a psychiatrist or psychiatric nurse or public health nurse employed as a civil servant within the ministry of health; others do not and rely on a senior academic in a university usually in the capital city to be the national focal point. The advantage of the person directly employed within the ministry of health is that they may have less conflict of interest, more capacity to influence the country's policy agenda on a daily basis, and it is likely in any case to be a central part of his or her job description to produce and monitor mental health policy. The advantage of the senior academic is that he or she may sometimes have more prestige in the country and may be in post longer than a person in the ministry of health, who often has a shorter shelf life, especially as in some countries frequent political upheavals influence the appointment of civil servants, but he or she will have much less time to devote to mental health policy issues which will probably not be in his or her job description, and he or she may have much less understanding of intersectoral issues, of the policy process in general or of local generic health and social sector reforms that need sustained influence (10). Thus for example this question could be answered by examining the progress of countries where the WHO mental health focal point was an academic compared to those where the focal point was a civil servant. Similar questions can be raised about whether it is better to have a psychiatrist, a psychiatric nurse, a psychologist, or a public health professional in the lead.

If there are staff changes in the focal person, what effect does that have on progress of mental health policy development. If there are changes in the minister of health, what effect does that have? What effect does the timing of the generic health sector reform strategy have on mental health policy development. Sometimes a policy may be ready to launch, and is then held up in the government system while other policies are prepared, which the draft mental health policy then has to be revised to fit into; and these delays can happen repeatedly. These suggested research questions could be answered by a mixture of qualitative and quantitative research.

As well as considering factors which affect the WHO influence on the development of published mental health policies, it is even more important to examine WHO influence on the inclusion of mental health into generic health sector reform strategies and other sector strategies, because a published mental health policy is really only the beginning of the translation of the government vision for mental health into practice on the ground. Published mental health policies are rarely read by the various sectors, professionals and populations for whom they are relevant. What makes more difference to practice on the ground is to have mental health included as a measurable target in the generic health sector reform strategy, specified at each level of the service, i.e. national, regional, district, primary care and community. This is likely to have some impact on budgets, planning, supervision of staff, and data collection. In addition, the relevant aspects of mental health policy need to be included in the curricula of relevant professional cadres of health workers, social workers, police officers, prison officers, teachers etc. and in the operational guidance which they are intended to follow in their daily work. Thus even if a country has no stand alone published mental health policy, if it has mental health well integrated into each level of the health sector reform plan, that will probably have far more impact on practice on the ground. Likewise if mental health is well integrated into written social sector reforms, child protection, police and prison reforms, that will have more impact than a stand alone mental health policy, even if it addressed those sectors (11).

So research is needed to look at the influence of WHO on countries' capacities to get mental health integrated into all relevant areas of government strategy, and to keep it integrated at every revision in each sector, usually every 5 years. At present, much of WHO's influence on mental health is from the mental health division in Geneva, to the regional offices, and then direct to country counterparts, with varying levels of engagement from WHO country offices on mental health. However, for full integration of mental health into all sector reform strategies, it is also necessary for there to be close working within WHO HQ between the mental health division and all the other divisions, so that mental health is integrated across all WHO activities at international, regional and country levels. Otherwise, mental health is likely to come into conflict with other competing priorities. Thus Shen highlighted the problem that mental and neurological disorders were excluded from the agenda of the recent United

Nations (UN) High level meeting on prevention and control of Noncommunicable Diseases (NCDs) in 2011 (12).

In conclusion Gordon Shen has done a most interesting review and examination of policy diffusion using the WHO Atlas database, and it would be helpful to see this inspire an in depth mixed methods study of countries to track the history of their individual efforts at mental health policy development, the facilitation and support received, and the obstacles encountered along the way.

Ethical issues

Not applicable.

Competing interests

Author declares that she has no competing interests.

Author's contribution

RJ is the single author of the manuscript.

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