Social interventions to improve well-being of people with mental disorders: global evidence and gap map

Sherize Merlin Dsouza, Jisha B. Krishnan, Ann Mary Sebastian, Ashrita Saran

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Title of the EGM

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Background

According to the World Health Organization “Mental health” is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community [1].

About 450 million people suffer from mental and behavioural disorders worldwide. One person in four will develop one or more of these disorders during their lifetime [2]. Mental Health being one of the top five contributors to health burden in the year 2010, accounted for about 7.4% of the health burden in low- and middle-income countries (LMICs) [3], Between 76% and 85% of people with severe mental disorders receive no treatment for their disorder in low-income and middle-income countries; the corresponding range for high income countries is also high: between 35% and 50%. Neuropsychiatric conditions account for 13% of the total Disability Adjusted Life Years (DALYs) lost due to all diseases and injuries in the world and are estimated to increase to 15% by the year 2020. Five of the 10 leading causes of disability and premature death worldwide are psychiatric conditions. Mental disorders represent not only an immense psychological, social and economic burden to society, but also increase the risk of physical illnesses. The only sustainable method for reducing the burden caused by mental disorders is prevention and promotion.

Mental health is fundamental to good health and well-being and influences social and economic outcomes across the lifespan [4, 5, & 6]. The lack of reliable data on mental health systems in LMICs greatly hinders workforce planning efforts. Almost one-fourth of the world’s LMICs have no system for reporting basic mental health information. Even among LMICs that have such a system, many suffer from lack of accountability in reporting or from the inability to measure workforce capacity. Without information of this kind, countries cannot assess the scope and magnitude of the gap between the numbers of mental health workers needed and the number that is available [7]. Poor mental health in childhood is associated with health and social problems such as school failure, delinquency and substance misuse, and increases the risk of poverty and other adverse outcomes in adulthood [8]. Systematic reviews of the international evidence, which come predominantly from high income countries (HICs), show that comprehensive mental health promotion interventions carried out in collaboration with families, schools and communities, lead to improvements not only in mental health but also improved social functioning, academic and work performance, and general health behaviours [8-16].

The objective of this evidence and gap map (EGM) is to identify and map the interventions on mental health globally and identify evident gaps in evidence segregated by important intervention categories, region, context and population sub-group.

The specific objectives of this map are to:

i. Develop a clear framework of types of interventions and outcomes to provide an overview of available evidence on the interventions available to improve the well-being of people with mental disorder.
ii. Map available systematic reviews and primary studies on the effectiveness of interventions in this framework, with an overview provided in a summary report.
iii. Provide database entries of included studies which summarize the intervention, context, study design and main findings.

Existing EGMs

There is an ongoing Campbell evidence and gap map on disability in low- and middle-income countries. Also, there is an existing map on acupuncture for mental health by Department of Veteran Affairs. However, the former map focuses only on LMICs and the later focusses on specific interventions only.

There are few systematic reviews (SRs) available on effectiveness of interventions for the promotion of mental health among the young people in LMICS (Barry et al. 2013; Das, JK et al 2016).

The proposed EGM will be unique as this will be the first global evidence and gap map on Mental Health interventions. It will be based on World Health Organisation's Comprehensive mental health action plan 2013-2020.

Suggested dimensions

The following are suggested dimensions for elaboration, depending on the scope of the EGM. In addition to intervention and outcomes, the following filters will be coded:

1. **Population:** The target populations are people with mental disorders. Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. We will not include reversible forms of mental illness as post-partum depression.

2. **Population sub-groups include:** Children (under 14 years of age), young adulthood (15-24), middle adulthood (25-44) and older adulthood (45-64) and Elderly 65+ years old.

3. **Context:** Ethnic minorities, People in conflict affected regions, women, men, low income families, unemployed, homeless, victims of sexual and physical abuse, refugees.

4. **Region:** World Bank regions: East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, North America, South Asia, Sub-Saharan Africa.

5. **WHO income groups:** low, lower-middle, upper-middle, and high based on the World Bank list of analytical income classification of economies for the fiscal year, which is based on the Atlas gross national income per capita estimates.

Intervention(s) or problem

The intervention categories are: Governance and leadership, Community based-mental health services, promotion and preventive interventions.

Table 1: List of intervention and sub-intervention categories

Interventions	Sub-intervention categories
Governance and leadership	o Policies and law (legal rights and access to justice) o Positions in public institutions and Judiciary o Active surveillance systems
Community based-mental health services	o Human resource development o Community mobilisation o Social media and m-health o Home-visits o Facility-based interventions
Promotion	o Access to mental health services o Self –help groups/community networks o Social skills training o Social protection

Preventive	o Rehabilitation o Educational interventions o Workplace interventions (Supported employment)

Outcomes

The outcome categories are: Health, Education, Quality of life, Social outcomes, Livelihood and Empowerment

Table 2: List of outcome categories and sub-categories

Outcome categories	Sub-categories
Health	Morbidity and mortality Mental health and Cognitive development Access to mental health services
Education	Access to educational services Enrolment /Attendance Life and social skills
Quality of life	
Social outcomes	Pro-social, leisure and relationship Social functioning Stigma and discrimination Safety
Livelihood	Access to job market Access to financial services Access to social protection program Poverty and out-of-pocket payment Control over own money
Empowerment	Informed choices Representation and community level Advocacy Voting rights

Study designs

The EGM will include systematic reviews of effects of interventions and effectiveness studies that used either: (a) randomised experimental design, or (b) rigorous quasi-experimental design (c) natural experiments (d) regression discontinuity (e) propensity score matching

(f) difference in difference (g) instrumental variables (h) and other matching design (I) Single subject design

Stakeholder engagement

An advisory group consisting of international experts in disability will contribute to the preparation of the EGM by commenting on protocol drafts.

References

1. WHO | Mental health: a state of well-being. (2019). Retrieved from https://www.who.int/features/factfiles/mental_health/en/

2. WHO |Prevention of Mental Disorders EFFECTIVE INTERVENTIONS AND POLICY OPTIONS (2019). Retrieved from https://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

3. Patel, V., S. Saxena, et al. (2013). Transforming lives, enhancing communities—innovations in global mental health. Report of the Mental Health Working Group 2013. W. I. S. f. H. (WISH). Doha. 370: 498-501. https://www.cgdev.org/sites/default/files/PP68-demenil-glassman-GMH-LMIC.pdf

4. Herrman H, Jané-Llopis E.(2012) The status of mental health promotion. Public HealthReviews.34:https://www.mentalhealth.org.nz/assets/ResourceFinder/The-status-of-mental-health-promotion-public-health-reviews.pdf

5. Barry, M.M. & Friedli, L. (2008). The influence of social, demographic and physical factors on positive mental health in children, adults and older people. Foresight Mental Capital and Well-being Project. State-of-Science Review: SR-B3. Government Office of Science and Innovation, London, UK. https://aran.library.nuigalway.ie/handle/10379/2684

6. Jenkins R, Baingana F, Ahmad R, McDaid D, Atun R.(2011). Social, economic, human rights and political challenges to global mental health. Mental Health Fam Med.8:87–96.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3178190/

7. WHO |The mental health workforce gap in low- and middle-income countries: a needs-based approach. (2019). Retrieved from https://www.who.int/bulletin/volumes/89/3/10-082784/en/

8. Durlak JA, Wells AM.(1997). Primary prevention mental health programs for children and adolescents: a meta-analytic review. Am J Community Psychol. 25(2):115–152. doi: 10.1023/A:1024654026646. https://www.ncbi.nlm.nih.gov/pubmed/9226860

9. Hosman C, Jané-Llopis E. (1999). Political challenge 2: mental health. Paris: International Union for Health Promotion and Education. (*The Evidence of Health Promotion Effectiveness: Shaping Public Health in a new Europe*, A Report for the European Commission).https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3848687/

10. Jané-Llopis E, Barry MM, Hosman C, Patel V. In: The Evidence of Mental Health Promotion Effectiveness Strategies for Action. Jane-Llopis E, Barry MM, Hosman C, Patel V, editor. Vol. 2. 2005. Mental health promotion works: a review; pp. 9–25. (*Promotion and Education* Supplement).https://journals.sagepub.com/doi/abs/10.1177/1025382305012002010 3x

11. Herrman H, Saxena S, Moodie R. Promoting Mental Health: Concepts, Emerging Evidence, Practice. Geneva: World Health Organization: A report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and Univeristy of Melbourne; 2005.https://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf

12. Barry MM, Jenkins R. Implementing Mental Health Promotion. Oxford: Churchill Livingstone Elsevier; 2007.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3848687/

13. Nores M, Barnett WS. Benefits of early childhood interventions across the world: (Under) Investing in the very young. Econ Educ Rev. 2010;29(2):271–282. doi: 10.1016/j.econedurev.2009.09.001.https://www.sciencedirect.com/science/article/abs/pii/S027277570900106X?via%3Dihub

14. Baker-Henningham H, Lopez Boo F. Early Childhood Stimulation Interventions in Developing Countries: A comprehensive literature review. Washington, DC: Inter-American Development Bank; 2010.https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1700451

15. Stewart-Brown SL, Schrader-McMillan A. Parenting for mental health: What does the evidence say we need to do? Report of Work package 2 of the DataPrev project. Health Promot Int. 2011;26(SUPPL. 1):i10–i28. https://www.ncbi.nlm.nih.gov/pubmed/22079931

16. Weare K, Nind M. Mental health promotion and problem prevention in schools: what does the evidence say? Health Promot Int. 2011;26(SUPPL. 1):i29–i69. https://www.ncbi.nlm.nih.gov/pubmed/22079935

Evidence and gap map authors

Lead author:

Name:	Sherize Merlin Dsouza
Title:	PhD Research Scholar
Affiliation:	Prasanna School of Public Health
Address:	Prasanna School of Public Health, Manipal Academy of Higher Education
City, State, Province or Country:	Manipal, Karnataka
Post code:	576104
Country:	India
Phone:	+91 8746059086
Email:	sharu2690@gmail.com

Co-authors:

Name:	Jisha B. Krishnan
Title:	Research Assistant
Affiliation:	Public Health Evidence South Asia
Address:	Prasanna School of Public Health, Manipal Academy of Higher Education,
City, State, Province or Country:	Manipal, Karnataka
Post code:	576104
Country:	India
Phone:	+918867056526
Email:	jishbk@gmail.com

Name:	Ann Mary Sebastian
Title:	Research Officer
Affiliation:	Public Health Evidence South Asia

Address:	Prasanna School of Public Health, Manipal Academy of Higher Education
City, State, Province or Country:	Manipal, Karnataka
Post code:	576104
Country:	India
Phone:	+918086557890
Email:	annmarysebastian93@gmail.com

Name:	Dr. Ashrita Saran
Title:	Evidence Synthesis Specialist
Affiliation:	The Campbell Collaboration
Address:	The Campbell Collaboration-Global Development Network 2nd Floor, West Wing, ISID complex, Plot no. 4 Vasant Kunj Institutional Area
City, State, Province or Country:	New Delhi
Post code:	110070
Country:	India
Phone:	+918197382169
Email:	asaran@campbellcollaboration.org

Roles and responsibilities

Please note that this is the recommended optimal EGM team composition.

- Content: Content expert will correspond to the various members of the advisory group and will be part of the author teams.
- EGM methods: All authors are experienced systematic reviewers, which mean they are proficient in carrying out the various processes in an EGM, such as eligibility screening, quality assessment and coding. Dr Ashrita has lead the development of various Evidence and Gap Maps at Campbell Collaboration.
- Information retrieval: All authors have previous experience in developing search strategies

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Potential conflicts of interest

There is no conflict of interest.

Preliminary timeframe

- Date you plan to submit a draft protocol: 30 July 2019
- Date you plan to submit a draft EGM: 30 December 2019