

# TERMS AND APPROACHES TO ADDRESS MENTAL HEALTH

What diverse terms are used to describe the different levels of approaches to addressing mental health in global settings?



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## Key Takeaways

- ✓ Tiered mental health and psychosocial support (MHPSS) frameworks ranging from basic to specialized services are recommended across humanitarian and development contexts in global settings.
- ✓ Coordination across professions increases capacity in low- and middle-income countries (LMICs) where there is a treatment gap due to a lack of trained mental health specialists (e.g., psychiatrists, psychologists, and social workers).
- ✓ Uniform global mental health terms include social determinants of health, mental health in all policies (MHiAP), health systems strengthening, task shifting/sharing, case management, client-centered, psychosocial, and therapeutic interventions.

## Promising Approaches

Taking into account the findings of this review, as well as the strengths and limitations of terms and approaches in global mental health, we provide the following promising approaches:



### **Prioritize and coordinate multi-level interventions.**

Promote multi-level approaches to mental health across development and humanitarian settings. Lower-tiered services may have a broader reach; however, these “light touch” interventions can miss those in most need of care. Coordinated multi-level interventions can address the various factors that influence well-being (e.g., individual, interpersonal, community, and systems). Multi-level interventions that are coordinated across levels may provide a more comprehensive approach to reducing and/or preventing mental health distress than only providing lower-tiered approaches.



### **Invest in evidence-generating approaches** to understand the efficacy of mental health interventions across contexts. Lower-tiered interventions such as child-friendly spaces and psychological first aid are widely disseminated within humanitarian

settings. However, evidence supporting their impact across contexts is lacking. Evidence should go beyond quantitative outcomes (e.g., measurement of psychological distress), and include qualitative methodology (e.g., case study, ethnographic, and narrative approaches) to gain more robust understanding of the cultural considerations and nuances in effectively delivering these approaches across contexts. The integration and interaction of lower-tiered interventions with specialized mental health services should also be examined. Investment should continuously monitor and evaluate the effectiveness of the care provided and make adjustments as needed.



### **Provide specific guidance on how to implement specialized mental health services** considering culture and context. For instance, guidelines should contain specific guidance about how to apply umbrella approaches such as

“protective shelters” in specific disaster/humanitarian settings. By moving beyond lower-tiered care, guidance can help humanitarian organizations provide tailored or specialized care to [people who experience significant trauma](#). Guidance in the following areas is particularly needed to help enhance specialized care:

- o Assessing the specific needs of populations affected by disaster or displacement. This includes identifying the types of traumas people may have experienced and recognizing the different determinants of trauma by type.
- o Providing culturally sensitive and trauma-informed care responsive to the cultural beliefs, values, and practices of populations affected by potentially traumatizing events. Recognizing that the impacts of these events can vary substantially across contexts, it is important to tailor interventions to differing cultural and contextual scenarios.

- o Building the capacity of local healthcare providers by training them in trauma-informed care and providing them with the necessary resources to deliver effective mental health care. In circumstances in which capacity is low, international development and humanitarian organizations may establish referral systems (including digital mental health care) to refer individuals who need specialized care to providers in specialist trauma clinics. Investing in and providing resources to increase capacity building, training, and supervision can greatly increase the sustainability of community-level approaches.



### **Coordinate with local governments and other organizations.**

To enhance sustainability and ensure culturally appropriate services are provided, humanitarian and development organizations may work closely with other organizations, such as local government agencies and NGOs, to ensure people receive the specialized care they need. Working with pre-existing systems at the local level can ensure that cultural, religious, and linguistic needs are considered; using local experts and resources to deliver and adapt accordingly.



### **Involve intersectoral and interprofessional collaboration**

at the population level to increase synergy and focus on policies that ensure a full spectrum of basic human rights (including economic, civil, and cultural rights).



### **Provide legitimacy to alternative approaches from the Global South.**

Global mental health approaches and terms are heavily influenced by Western models of care. The legitimacy of less recognized mental health approaches, including indigenous approaches, can be enhanced by implementing the following strategies:

- o Building partnerships (consider establishing memoranda of understanding as markers of reciprocity and respect) with local/indigenous communities and organizations. Funders and other organizations can work more closely with these communities and organizations to understand their needs, and to ensure their perspectives are considered and their voices are heard.
- o [Promoting and funding research](#) into local, non-Western approaches. Where direct research support cannot be supported, partnering with other agencies and organizations can be pursued to buttress the legitimacy of historically underfunded approaches. Supporting research partnerships can enhance research on the effectiveness of non-Western approaches to provide evidence-based support for their use.



“NO HEALTH WITHOUT MENTAL HEALTH.”

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## Introduction

### Background

Mental health is an integral part of general health as enshrined in the slogan “no health without mental health.” However, there is a well-documented mental health service and treatment gap in LMICs. Mental health services and interventions fall across a continuum including population, systems, community, and individual-level approaches. Terminologies, however, can vary across professions and contexts, creating confusion about the types and levels of mental health approaches. This evidence brief will examine terms and approaches used in global mental health and identify variations based on professions and levels of care. Promising approaches on the integration of terms and approaches into mental health policy and programming will be provided.

### Search Strategy

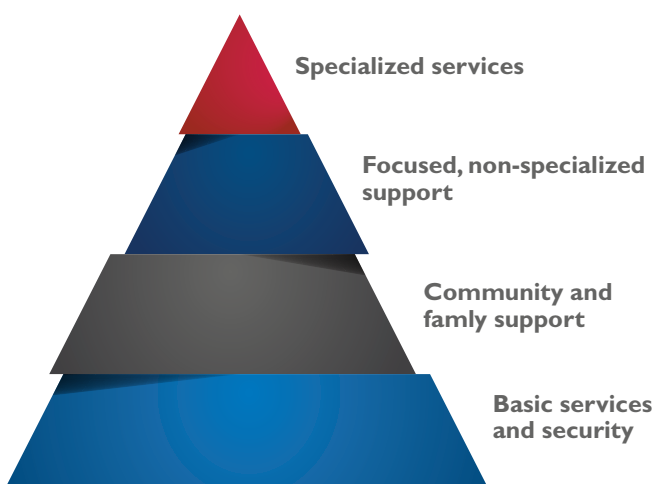
Seventeen articles were included in this brief. The literature consisted of three systematic reviews, one combined systematic review and meta-analysis, one umbrella review, one mixed method systematic review and meta-analysis, one review of a review, and six conceptual articles and book chapters in which a team of professionals made recommendations for advancing global mental health and addressing the global mental health gap. Search terms included “mental health,” “low to middle-income countries,” “global mental health,” and “mental wellness.” The articles provided during the consultative sessions were initially reviewed and then additional searches were conducted in PubMed, PsycINFO, EBSCO and Google Scholar. The searches found that global mental health approaches and practices typically fall into two categories—humanitarian assistance in emergency contexts and general global mental health.

## MHPSS Approaches in Emergency Settings

The Inter-Agency Standing Committee (IASC)<sup>1</sup> pyramid provides guidance for delivering MHPSS services in humanitarian/emergency contexts (see Figure 1). This approach recommends a four-tiered, multi-sectoral service delivery model. This first tier of the pyramid emphasizes addressing basic needs, such as food and shelter; and ensuring safety for crisis-affected individuals and communities. The second tier focuses on establishing community and family support involving services ranging from family reunification to parenting and youth groups. The third tier emphasizes “focused, non-specialized support,” which includes tailored family or group work interventions delivered by trained professionals for those needing more intensive psychological support.

The highest tier of the pyramid includes tailored specialized services such as counseling or psychiatric support for those with significant mental health needs. Within this framework, the IASC recommends providing multi-layered psychological support depending on the needs of the individual and community.

Figure 1. IASC MHPSS Pyramid



SOURCE: REPRODUCED AFTER INTER-AGENCY STANDING COMMITTEE, 2007. IASC GUIDELINES ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS.

The Sphere Handbook, which provides minimum standards in humanitarian responses, incorporates MHPSS as part of the essential standards for healthcare in emergency contexts.<sup>2</sup> The Sphere standards follow the IASC pyramid for the provision of mental health and psychosocial support, recommending specific actions to address the psychological needs of crisis-affected individuals and communities. Key actions described in the Sphere Handbook include:

1. Coordinate and integrate MHPSS programs across sectors such as gender-based violence and HIV.
2. Analyze existing mental health systems and capacity by conducting needs assessments.
3. Work with communities to promote dialogue and collaboratively address mental health concerns.
4. Train general healthcare workers on assessment, management, and referral for those with mental health conditions.
5. Train non-specialists in basic MHPSS services.

See <https://spherestandards.org/handbook/editions/> for a complete list of actions and guidance.

### Limitations of MHPSS Approaches in Emergency Settings

The Sphere Handbook and IASC provide useful guidance on approaching MHPSS in humanitarian settings. However, several limitations should be addressed. The limitations include the following:

- **Primary focus on lower tiers/levels of service.** Humanitarian organizations primarily focus on the lower levels or tiers of service (e.g., psychological first aid and child-friendly spaces), which enable a broader reach. This focus also allows organizations to utilize individuals without training in mental health to deliver MHPSS services. While lower-tier approaches may be beneficial in some settings, individuals who have experienced potentially traumatic events often do not receive the tailored or specialized care necessary to support their mental health needs.
- **Lack of empirical evidence.** There is a dearth of evidence illustrating the effectiveness of lower-tiered approaches across cultures and contexts. Without empirical support for these approaches, organizations can inadvertently cause harm to those they serve.
- **Psychological distress focus.** IASC guidelines focus predominately on reducing risk of psychological stress and providing care for people with serious mental disorders rather than on strengths and existing resources.<sup>1</sup> But focusing on Westernized conceptualizations of psychological distress may limit the capacity to deliver interventions and approaches that build on the strengths and resources of local communities.
- **Umbrella terminology.** The guidelines generally use umbrella terms such as establishing “protective shelters” without specific guidance. Therefore, it is unclear how to apply these approaches in specific disaster/humanitarian settings.

## Mental Health Approaches in Development Contexts

Global mental health approaches focus on the population, systems, community, and individual levels. But approaches intersect across levels, and guidance is less uniform than in emergency contexts. In international development settings, MHPSS is the most widely used umbrella term referring to supports to address psychosocial well-being and/or treat mental health conditions.

### Population

On the population level, public health models are generally applied to mental health. Commonly used terms include “social determinants of mental health,” “mental health in all policies,” and “prevention and promotion.”

- **Social determinants of mental health** refer to social, economic, and environmental factors that influence individual and collective mental health.<sup>3</sup> Social determinants are often used to assess and address factors that contribute to mental health at the population level.
- **Mental health in all policies** involves including mental health in all health structures and non-health public policy arenas to address social determinants that influence population mental health.<sup>3-5</sup> This includes incorporating mental health in housing, education, or labor policies.<sup>4</sup>

- **Prevention and promotion** are umbrella terms increasingly used in the field of global mental health at both the individual and population levels. Prevention seeks to mitigate risk factors and promote protective factors with the goal of reducing the likelihood of mental health distress. Promotion includes approaches to increase well-being. On the population level, this can include developing mental health awareness initiatives or policies to promote the well-being of the entire population.<sup>3,4,6</sup> Table I provides an overview of terms and approaches to addressing mental health across levels.
- **Stigma reduction programs** include public education campaigns to reduce discrimination and improve mental health literacy.<sup>2</sup>



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Table I. Terms and approaches to mental health

LEVEL	TERMS
Population	Social determinants of mental health Scaling of mental health services Stigma reduction programs Mental health in all policies (MHiAP) Prevention and promotion in mental health Responsive mental health policies
Systems	Cross sector systems collaboration Integrated health systems strengthening Mental health information systems Systems of care Integrated care Quality assurance Mental health literacy Capacity building Task-sharing for mental healthcare Stepped care Task shifting for mental health
Community	Community support groups Community mobilization (community health workers) Mental health education workshops Community-based mental healthcare Peer and family support groups Psychoeducational parenting programs School-based interventions
Individual	Therapy/psychotherapy Case management Psychosocial intervention Treatment Client-centered or person-centered

## Systems

Systems-level approaches that describe integrated health systems strengthening, systems of care, and systems-wide collaboration conceptually overlap, and focus on increasing or strengthening the capacity for systems to respond to the mental health needs of an individual, community, and the wider society.

- **Systems-wide collaboration** involves working with the health sector and integrates mental health into medical care and other services offered in areas of focus (countries, regions). This allows for the synergy of programs and for addressing mental health.<sup>8</sup>
- **Integrated health systems strengthening, and systems of care** embed mental health into primary care settings.<sup>7</sup>
- **Task-sharing or task shifting** entails training lay workers to provide non-specialized mental health care as a way to protect or promote psychosocial well-being, and to prevent serious mental health disorders,<sup>9-12</sup> which enables specialized mental health providers to work with individuals with higher needs.
- **Stepped care** includes tailoring mental health services based on the intensity of care an individual needs.<sup>12</sup> The stepped care model is similar to task-sharing, emphasizing the use of lay workers to provide the lowest level of care, and trained mental health workers to provide more intensive psychosocial support services.<sup>12,13</sup>

## Community

Community-based approaches generally focus on engaging, mobilizing, and increasing the capacity of communities to provide mental health services, including lay community health workers. Kohrt and colleagues<sup>13</sup> recommend the use of:

- **Community platforms** to train community members in identification of “low-intensity” psychological support.
- **Peer and family support groups** to raise awareness about mental health and substance use. Schools are also a context where mental health is delivered across the globe. In both LMICs and high-income countries (HICs), tiered school-based service models including mental health promotion, prevention, and treatment are commonly applied.<sup>11</sup>

## Individual

Individualized approaches focus both on individual treatment and inclusion of teams to provide holistic care for a person with more intensive psychosocial needs.

- **Client-centered or person-centered** approaches connect clients with supports ranging from connection with formal service providers to family and social care to address their unique needs.<sup>14</sup>
- **Case management** services also connect clients to different levels of care, ranging from the provision of basic needs to more specialized psychiatric or psychological services.<sup>14</sup> While these approaches tend to be used primarily in the

field of social work and among humanitarian workers, they are also understood among other professions.

- **Treatment, therapy, or psychological interventions** generally fall within client-centered or case management services and are delivered in individual and group settings to prevent and/or treat psychological symptoms or conditions. These terms are all commonly understood across professions and delivered by psychiatrists, psychologists, or social workers (depending on the setting). There are numerous evidence-based interventions and treatments on the individual level that will be [described in a subsequent brief](#).

## Limitations to Global Mental Health Terms/Approaches

Most standard global mental health terms/approaches are based on Western models or developed by international aid organizations taking a “top down” approach rather than building off existing knowledge, capacities, and resources within specific country contexts. To integrate mental health into any level of care, there must be acceptability among community members, and individuals working within health systems and government. Below we outline limitations to global mental health terms/approaches by level:

- **Population-level** approaches to mental health have not been widely implemented in LMICs due to lack of governmental mental health policies, inadequate financing, and stigma. In addition, most recommended approaches are derived from Western contexts and medical professions. Mental health in all policies, for example, have been successfully implemented in European countries such as Iceland, Romania, and the United Kingdom. Less is known of the feasibility or acceptability of implementing these policies in LMICs.
- **Systems-level** approaches can be effective ways of increasing access to mental healthcare; however, the lack of trained professionals may cause unintended harm to individuals they serve. For example, while task-sharing can be an effective approach to address scarce professional resources in LMICs, lack of quality training and consistent supervision can compromise its effectiveness.
- **Community-level** approaches generally build on the strengths and capabilities of local community members; however, high levels of stigma and economic costs can limit the implementation and utilization of community-based services. These approaches are also often delivered by non-specialized mental health providers. Without adequate resources, training, and supervision, employing such approaches can cause unintentional harm.
- **Individual** treatment options can be cost-prohibitive in many LMICs (as in HICs). The lack of trained mental health professionals in many countries limits access to available treatment options. There may also be significant stigma attached to receiving services, which can limit service utilization.

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