

How should mental, neurological and substance use disorders be treated where resources are scarce?

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Over 90% of people with mental, neurological, and substance use (MNS) disorders in low and middle income countries go untreated, an inequity known as the mental health "treatment gap." This week *PLoS Medicine* kicks off a major new series aimed at helping to close the gap.

The series coincides with the October 9th 2009 launch of the Centre for Global [Mental Health](#), a collaborative initiative of the London School of Hygiene & Tropical Medicine and the King's Health Partners Academic Health Sciences Centre.

The new six-part series explores how best to treat MNS disorders in low- and middle-income countries. It examines the evidence on which treatments should be scaled up and how these should be delivered in settings where specialists are scarce.

The series covers six disorders that have a major global burden across the life course: depression (which is the first article in the series), epilepsy, schizophrenia, alcohol use disorders, dementia, and ADHD. Throughout the series, authors outline "packages of care"—combinations of treatments aimed at improving the recognition and treatment of diseases to achieve the best possible outcomes.

Vikram Patel (Professor of International Mental Health and Wellcome Trust Senior Clinical Research Fellow at the London School of Hygiene

& Tropical Medicine, who is based in Goa, India) and Graham Thornicroft (Professor of Community Psychiatry at the Institute of Psychiatry, King's College London) acted as Guest Editors for the series.

In a Perspective article, Patel and Thornicroft say that although the specific treatments differ between disorders, there are also "many shared themes related to the delivery of these treatments." For example:

- Detection and diagnosis of the more common disorders (like depression and alcohol use disorders) can be reliably carried out using brief screening questionnaires
- A combined package of medication and psychosocial treatments works for treating these six disorders, but not all patients need all of the treatments
- People with almost all of these disorders need continuing care and help to maintain regular use of medication for extended periods to achieve the best outcomes
- Non-specialist health workers can safely and effectively deliver treatments for MNS disorders within a functioning primary health care system. But collaborative care models (where non-specialists get expert input from specialists) greatly enhance the effectiveness and sustainability of such non-specialist health worker-led care programs.

"To the best of our knowledge," say Patel and Thornicroft "the series is the first attempt to collect comprehensive reviews of six leading, and mostly neglected, MNS disorders in an open access venue that allows immediate and full access to everyone including those living and working in low and middle income countries."

The Guest Editors intend that the series will serve as a "valuable resource for health professionals, policy makers, and health workers working to improve the care and treatment of those struggling with MNS disorders in settings where specialist resources are scarce and where treatment gaps are large."

The October 9th 2009 launch of the Centre for Global Mental Health is being held at John Snow A Lecture Theatre at the London School of Hygiene & Tropical Medicine from 5-6.30 pm UK time. Dr Benedetto Saraceno, the Director of the World Health Organization's Department of Mental Health and Substance Abuse, will deliver the keynote address. The Centre aims to build on the existing collaborations and complementary strengths of the London School of Hygiene & Tropical Medicine and the King's Health Partners Academic Health Sciences Centre, to foster research and training in policy, prevention, treatment and care in global mental health.

More information: Patel V, Simon G, Chowdhary N, Kaaya S, Araya R (2009) Packages of Care for Depression in Low- and Middle-Income Countries. *PLoS Med* 6(10): e1000159.
[doi:10.1371/journal.pmed.1000159](https://doi.org/10.1371/journal.pmed.1000159)

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