

Improving mental health and wellbeing of communities in the modern world: New approaches

Vimal Kumar Sharma¹

Abstract: Services for people with mental disorders in the communities around the world remain less than satisfactory. This service gap can be reduced by enhancing sknowledge and skills of frontline health workers in detection and managing mental ill-health of the people they serve. GMHAT/PC tool and training package, as outlined in the article, if used by primary care health workers, can be a way forward to implement community mental health programs.

Keywords: GMHAT; mental health assessment; primary mental health; public mental health.

***Address for correspondence:** vimal.sharma@manchester.ac.uk

Date accepted: 24th January 2024

Date of first (online) publication: 11th April 2024

Vimal Kumar Sharma is Professor of Global Mental Health Research, University of Manchester, Consultant Psychiatrist Cheshire and Wirral Partnership NHS Foundation Trust, and Co-Chair Rural Mental Health Section, World Psychiatric Association. He has Extensive clinical experience working as NHS Consultant, served as Medical Director and Director of Research for CWP NHS Trust, Health Technology Assessment Panel member for Department of Health, Deputy Lead for the Northwest MHRN hub, Professor of International Health Development at University of Chester. Developed the Global Mental Health Assessment Tool (GMHAT). Principal Investigator of a large multi-centre research project (A National Evaluation of Early Intervention in Psychosis Services: DUP, Service Engagement and Outcome - The National EDEN Project) and Sustaining Positive Engagement and Recovery (SUPEREDEN).
2011-2020. ORCID 0000-0001-8357-8454

Developed the Global Mental Health Assessment Tool (GMHAT). Principal Investigator of a large multi-centre research project (A National Evaluation of Early Intervention in Psychosis Services: DUP, Service Engagement and Outcome - The National EDEN Project) and Sustaining Positive Engagement and Recovery (SUPEREDEN).

Introduction

Professor Peter Huxley has made an enormous contribution to mental health and wellbeing of global community through his research and writings. The Goldberg-Huxley model of pathways of psychiatric care (Huxley, 1996; Goldberg and Huxley, 1980, 2012) proposed in 1980s is well recognised world-wide, and is still relevant 40 years on. His team has carried out a systemic review of this model (Huxley et al., 2023). Professor Huxley's views on the social inclusion of people with mental illness (Huxley and Thornicroft, 2003) further influenced my approach to helping people with mental illness in my clinical practice.

The Mental Health Report of 2022 by the WHO (World Health Organization, 2022) highlights the slow progress in reducing the treatment gap for people with mental illness world-wide following an earlier report of 2001 (World Health Organization, 2001). "For most of the world, the approach to mental health care remains very much business as usual. And the result is that all over the world too many people living with mental health conditions are not getting the care they need and deserve" (World Health Organization, 2022, p.5). The report, under the slogan of 'transforming mental health for all', proposes that everyone should play their role in improving mental health and well-being of communities. Everyone should strengthen their skills and competencies in understanding and looking after their own mental health; governments should establish systems that support social inclusion, promote right-based, person-centred, recovery-oriented care and support; all agencies, organisations, including Non-Governmental Organisations (NGOs), should work together with individuals and communities in a joined-up manner to provide mental health care. The report highlights the importance of mental health promotion, prevention of mental ill-health including suicide, early interventions, and appropriate treatment and rehabilitation. It refers to the Comprehensive Mental Health Action Plan 2013-2030 (World Health Organization, 2021) that has objectives of strengthening effective leadership and governance for mental health; providing comprehensive, integrated, responsive mental health and social care services in community-based settings; implementing strategies for promotion and prevention in mental health; and strengthening information systems, evidence and research for

mental health. The action plan relies on principles and approaches of universal health coverage; human rights; evidence-based practice; life-course approach taking account of health and social needs at all stages of the life; multisectoral approach i.e., in partnership with multiple public sectors such as health, education, employment, judicial, housing, social and other relevant sectors as well as the private sector; and empowerment of persons with mental disorders and psychosocial disabilities by involving them in mental health advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.

All these targets and proposed principles and processes are ambitious. Whether they will be fully achieved by 2030 remains questionable. The reasons for poor progress so far and for the future are many fold: stigma, human resource shortages, fragmented service delivery models, and lack of research capacity for implementation and policy change contribute to the current mental health treatment gap (Wainberg et al., 2017).

Lack of proper public awareness about mental disorders, inadequate mental health knowledge and assessment skills of frontline workers, poor sustained support and leadership by mental health specialists, lack of genuine commitment of authorities and governments for implementing mental health programmes in the communities, and poor usage of mobile and internet technology in providing education, training and mental health service delivery seem to be main reasons for the treatment gap of mental disorders world-wide.

World Health Organisation's Initiatives

WHO's Mental Health Gap Action Programme (mhGAP) (WHO, 2008) outlined the need of scaling up services for mental, neurological and substance use (MNS) disorders especially for low-middle income countries. As a part of mhGAP, the WHO developed a training manual (mhGAP-IG version 2) to support implementation of the mhGAP (WHO, 2016). This aims to train master-trainers who train the trainers who will then train frontline workers in developing competencies (attitude, skills and knowledge) to assess and manage MNS disorders. The training module is elaborate and well structured, with an introduction, step-by-step facilitator's guide, participants' logbook, and training needs assessment forms etc. The methods used are Power Point presentations, persons' stories, role-plays, Multiple Choice Questions (MCQs), videos, interactive sessions, and post-training evaluation through MCQs, assessment forms and observations. The training is for five days for trainers and 5-6 days for frontline workers. The mhGAP-IG covers the following conditions: Depression, Psychosis, Epilepsy, Child and Adolescent mental and behavioural

disorders, Dementia, Substance use, Self-harm/suicide and other significant mental health complaints. A systematic review of mhGAP-IG implementation in low-middle income countries (Keynejad et al., 2018, pp.30-34). Of the 33 research papers, 15 reported on training processes and nine highlighted its use in clinical practice, with some examples of adapting this on mobile technology. This review highlights the enthusiastic uptake of mhGAP-IG by some countries, but the studies are small, and the impact of mhGAP-IG implementation in the real-world population remains unknown. Another study (Spagnolo and Lal, 2021), looking at all literature including grey literature, reviewed 151 documents and found that the uptake of mhGAP-IG was about 33% in the WHO region of Americas, 29% in Africa, 11% in each Europe and Eastern Mediterranean region, 7-8% in South-east Asia and Western Pacific region. It is encouraging that WHO-led initiatives have made some inroads in the wider world, but there is a long way to go to reach all global communities.

The mhGAP-IG structured program is well laid out in electronic format. As a guideline, it is an excellent assistant to frontline workers in addressing MNS disorders. The author believes that front line workers need more a practical tool in addition to mhGAP-IG that they can use directly in assessing a wide range of mental disorders.

Barriers of mental health integration in primary care

The recent WHO mental health report acknowledges slow progress of uptake of mental health in primary care. An extensive review (Wakida et al., 2018) highlighted several obstacles observed by investigators in different parts of the world. The most frequently reported barriers to integration of mental health services into primary health care were:

- (1) Attitudes regarding proposed program acceptability, appropriateness, and credibility. A significant negative attitude themes emerged, including: beliefs that mental illness is more difficult to diagnose than other illnesses; that anyone who had mental health problems should be avoided; that it is difficult to work with people with mental illness; patients would not accept to receive the diagnosis or treatment at the primary care level; do not regard managing mental illnesses as their primary role.
- (2) Knowledge and skills. The main themes were their poor knowledge and inadequate skills in assessing and managing mental disorders.

- (3) motivation to change. Many of them had low interest in delivering mental health care. They reported heavy workload and limited time to spare for mental health.
- (4) management and/or leadership. Low prioritisation of mental health, no formal discussions and training on mental health and poor support from district medical team were main barriers here.
- (5) financial resources. Inadequate funding, lack of incentives for staff working for mental health were the main reasons in this field.

It is important to take all these reasons of poor mental health integration into primary care seriously and make multi-pronged efforts to address all of them. The author focuses here on how to improve the skills of primary care and front-line workers in mental health, taking account of all of these barriers.

Primary care mental health assessment tools

Many tools have emerged for use in primary care in the last several decades. Many of them are screening tools. The General Health Questionnaire (GHQ) and the Symptom Checklist-90 (SCL-90) are examples of screening tools for some mental disorders (Schmitz et al., 1999). The GHQ is a self-report questionnaire that aims to screen non-psychotic psychiatric disorders. It consists of a series of questions asking about recently experienced symptoms or behaviours. The SCL-90, on the other hand, is a symptom inventory designed to cover a wide range of psychological problems. The responses obtained on SCL-90 are classified into nine symptom dimensions: somatization, obsessive-compulsive, interpersonal sensitivity, hostility, depression, anxiety, paranoid ideation, phobic anxiety, and psychoticism. A number of tools proposed for primary care use are disorder-specific, for example, depression, anxiety or substance use.

The Primary Care Evaluation of Mental Disorders (PRIME-MD) (Spitzer et al., 1994, 2000) was designed as a diagnostic tool for the detection of the most frequent mental disorders in primary care, and the population in general, such as mood disorders, anxiety, somatoform, alcohol use, and eating disorders. This tool was based on the DSM-IV diagnostic criteria. The Patient Health Questionnaire (PHQ-9) is a self-report tool derived from the PRIME-MD to be used in primary care, as the PRIME-MD is found to be time-consuming and not easy to use when implemented in the general medical consultation (Spitzer et al., 1999). The Mini International Neuropsychiatric Interview (MINI) (Sheehan et al., 1998) was developed as a short structured psychiatry interview, mainly for

research purposes It is therefore hardly used in clinical practice. WHO mhGAP-IG is the latest tool to help in identifying some disorders.

Most of these tools focus on diagnosis, based on symptoms reported during the interview. None of them are sufficiently comprehensive to take account of all aspects of mental health problems. The Global Mental Health Assessment tool for primary care (GMHAT/PC) (Sharma and Copeland, 2009) developed by a clinician who had extensive experience of working with primary care (GPs) in the UK. The GMHAT/PC is intended to be used in routine clinical practice by frontline workers. It is easy to administer using modern technology and covers all aspects of mental health issues.

I shall now outline the development and use of GMHAT/PC as a complement in implementing of mhGAP program.

The GMHAT/PC and Leadership Training Program for Skilling Professionals in Assessing, Detecting and Managing Mental Disorders

The GMHAT/PC is a semi-structured, computer assisted mental health assessment tool that was developed to assist health workers in making quick, convenient, and comprehensive mental health assessments in both primary and general health care settings (Wakida et al., 2018).

The assessment program starts with basic instructions, giving details of how to use the tool and rate the symptoms. The first two screens help in eliciting brief background details including present, past, personal, and social history including trauma, epilepsy, and intellectual disability. The screens that follow consist of a series of questions leading to a comprehensive yet quick mental state assessment. They start with two screening questions about every major symptom complex followed by additional questions that are posed only if the screening questions are answered positively. The questions cover the following symptom areas: worries, anxiety and panic attacks, concentration, depressed mood, including suicidal risk, sleep, appetite, eating disorders, hypochondriasis, obsessions and compulsions, phobia, mania, psychotic symptoms, disorientation, memory impairment, alcohol misuse, illegal drug misuse, personality problems and stressors. The recent update of GMHAT/PC includes ADHD and Autistic Spectrum disorders. The questions proceed in a clinical order along a tree-branch structure. Ratings are made by the interviewer using his or her clinical skills to judge the severity of each symptom.

The computer-assisted diagnostic algorithm takes account of clinical diagnostic practices based on presence of symptoms. The printable output summary report includes background descriptive details, a list of symptoms with their severity as well as their scores, risk of self-harm, the GMHAT/PC main diagnosis and additional diagnoses. The additional diagnoses or co-morbid states are based on the presence of other mental symptoms and disorders. Clinicians who used GMHAT/PC found the immediate output report with background descriptive details along with list of symptoms' severity and all possible mental health diagnoses very useful, as it helped them in their overall understanding of the person's mental health issues and in planning their appropriate care and treatment.

The program also contains evidence-based management guidelines for most disorders. If interviews are repeated over time with an individual, the program produces a summary table of symptom ratings of all interviews, providing a clear indication of change between interviews.

Several studies were carried out to assess the reliability and validity of GMHAT/PC between 2004 and 2016. The research studies that led to the recognition of GMHAT/PC in wider academic and, more so, in public services field (for routine use) were Sharma et al (Sahrma et al., 2004, 2008, 2010; Sharma and Copeland, 2009; VK. Sharma et al., 2013) Tejada et al (Tejada et al., 2016,). The UK Home Office and Public Health England subsequently carried out a systematic pilot project with refugees entering UK, where their health check was enhanced by use of GMHAT/PC. The reported findings are encouraging (Hough et al., 2019). Following GMHAT/PC's validation in English, Hindi, Spanish, Arabic and Marathi, a comprehensive training program package in mental health around GMHAT developed in association with Cheshire and Wirral Partnership NHS Foundation Trust and their Centre for Autism Neuro-Developmental and Intellectual Disabilities, the Universities of Manchester and Chester, the Indian Institute of Health Management and Research (IIHMR University) India and the University of El Bosque Colombia. We have trained over 100 health professionals in the UK, over 500 health professionals and NGOs in India (in Rajasthan, Maharashtra, Madhya Pradesh and Karnataka states), around 60 in Colombia, 20 in the Middle East and 30 in Africa. GMHAT/PC training program workshops have been organised at the World Psychiatry Association Congress 2018, national conferences in India (2019) and Colombia (2012, 2018). The training has become a part of activity of the Rural Mental Section of the World Psychiatry Association.

Most participants of the training program found it valuable in grasping the holistic approach to mental health and disorders, learning background knowledge and clinical skills to identify mental disorders using GMHAT/PC.

Conclusion

The problem of missed diagnosis and misdiagnosis of mental disorders in primary care and communities all over the world remains a challenge for all health workers, and policy makers. Proper integration of mental health in the general health is not only desirable but is necessary to reduce the treatment and care gap exists for mental disorders. The WHO has taken an initiative through its mhGAP-IG program to reach out to communities, but the implementation is slow. The GMHAT/PC program could be a useful addition to World Health Organisation initiatives.

References

- Goldberg D., Huxley P.J.. (1980) *Mental Illness in the Community: The Pathway to Psychiatric Care*. London: Tavistock
- Goldberg, D. and Huxley, P. (2012) *Mental Illness in the Community: The pathway to psychiatric care*. London: Tavistock. Publications
- Hough, C., O'Neill, E., Dyer, F., Beaney, K. and Crawshaw, A. (2019) *The Global Mental Health Assessment Tool (GMHAT) pilot evaluation: Final report: Research report 108*. Accessed 30 Oct 2023 at [<https://www.gov.uk/government/publications/the-global-mental-health-assessment-tool-gmhat-pilot-evaluation-final-report>]
- Huxley, P. (1996) Mental illness in the community: the Goldberg-Huxley model of the pathway to psychiatric care. *Nordic Journal of Psychiatry*, 50, 537, 47-53. <https://doi.org/10.3109/08039489609099730>
- Huxley, P. and Thornicroft, G. (2003) Social inclusion, social quality and mental illness. *British Journal of Psychiatry*, 182, 4, 289-290. <https://doi.org/10.1192/bjp.182.4.289>
- Huxley, P., Krayner, A., Poole, R., Gromadzka, A., Jie, D.L. and Nafees, S. (2023) The Goldberg–Huxley model of the pathway to psychiatric care: 21st-century systematic review. *BJPsych Open*, 9, 4, e114. <https://doi.org/10.1192/bjo.2023.505>
- Keynejad, R.C., Dua, T., Barbui, C. and Thornicroft, G. (2018) WHO Mental Health Gap Action Programme (mhGAP) intervention guide: a systematic review of evidence from

- low and middleincome countries. *Evidence-Based Mental Health*, 21, 1, 30-34. <https://doi.org/10.1136/eb-2017-102750>
- Schmitz, N., Kruse, J., Heckrath, C., Alberti, L. and Tress, W. (1999) Diagnosing mental disorders in primary care: the general health questionnaire (GHQ) and the symptom check list (SCL-90-R) as screening instruments. *Social Psychiatry and Psychiatric Epidemiology*, 34, 7, 360-366. <https://doi.org/10.1007/s001270050156>
- Sharma, V.K. and Copeland, J.R. (2009) Detecting mental disorders in primary care. *Mental Health in Family Medicine*, 6, 1, 11-13.
- Sharma, V.K., Durrani, S., Sawa, M., Copeland, J.R.M., Abou Saleh, M.T., Lane, S. and Lepping, P. (2013) Arabic version of the Global Mental Health Assessment Tool-Primary Care version [GMHAT/PC]: a validity and feasibility study. *Eastern Mediterranean Health Journal*, 19, 11, 805-908. <https://doi.org/10.26719/2013.19.11.905>
- Sharma, V.K., Jagawat, S., Midha, A., Jain, A., Tambi, A., Mangwani, L., Sharma, B., Dubey, P., Satija, V., Copeland, J.R.M., Lepping, P., Lane, S., Krishna, M. and Pangaria, A. (2010) The global mental health assessment tool-validation in hindi: a validity and feasibility study. *Indian Journal of Psychiatry*, 52, 4, 316-319. <https://doi.org/10.4103/0019-5545.74305>
- Sharma, V.K., Lepping, P., Cummins, A.G.P., Copeland, J.R.M., Parhee, R. and Mottram, P. (2004) The Global Mental Health Assessment Tool--Primary Care Version (GMHAT/PC). Development, reliability and validity. *World Psychiatry*, 3, 2, 115-119.
- Sharma, V.K., Lepping, P., Krishna, M., Durrani, S., Copeland, J.R.M., Mottram, P., Parhee, R., Quinn, B., Lane, S. and Cummins, A. (2008) Mental health diagnosis by nurses using the Global Mental Health Assessment Tool: a validity and feasibility study. *British Journal of General Practice*, 58, 551, 411-416. <https://doi.org/10.3399/bjgp08X299218>
- Sheehan, D.V., Lecrubier, Y., Sheehan, K.H., Amorim, P., Janavs, J., Weiller, E., Hergueta, T., Baker, R. and Dunbar, G.C. (1998) The Mini-International Neuropsychiatric Interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *The Journal of Clinical Psychiatry*, 59, 20, 22-33. <https://doi.org/10.4088/JCP.09m05305whi>
- Spagnolo, J. and Lal, S. (2021) Implementation and use of the Mental Health Gap Action Programme Intervention Guide (mhGAP-IG): a review of the grey literature. *Journal of Global Health*, 11, 04022-13. <https://doi.org/10.7189/jogh.11.04022>
- Spitzer RL, Kroenke K, Williams JB. (1999) Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *JAMA*. 10;282(18):1737-44. doi: 10.1001/jama.282.18.1737
- Spitzer RL, Williams JBW, Kroenke K. et al. (1994) Utility of a new procedure for diagnosing mental disorders in primary care: the PRIME-MD 1000 study. *JAMA*, 272, 1749-1756

- Spitzer, R.L., Williams, J.B.W., Kroenke, K., Hornyak, R. and McMurray, J. (2000) Validity and utility of the PRIME-MD Patient Health Questionnaire in assessment of 3000 obstetric-gynecologic patients: the PRIME-MD Patient Health Questionnaire Obstetrics-Gynecology Study. *American Journal of Obstetrics and Gynecology*, 183, 3, 759-769. <https://doi.org/10.1067/mob.2000.106580>
- Wainberg, M.L., Scorza, P., Shultz, J.M., Helpman, L., Mootz, J.J., Johnson, K.A., Neria, Y., Bradford, J.-M.E., Oquendo, M.A., and Arbuckle, M.R. (2017) Challenges and opportunities in global mental health: a research-to-practice perspective. *Current Psychiatry Reports*, 19, 5, 28. <https://doi.org/10.1007/s11920-017-0780-z>
- Wakida, E.K., Talib, Z.M., Akena, D., Okello, E.S., Kinengyere, A., Mindra, A. and Obua, C. (2018) Barriers and facilitators to the integration of mental health services into primary health care: a systematic review. *Systematic Reviews*, 7, 1, 211. <https://doi.org/10.1186/s13643-018-0882-7>
- World Health Organization. (2001) *The World Health Report: 2001: Mental Health: New Understanding, New Hope*. <https://iris.who.int/handle/10665/42390> (accessed 29 July 2022)
- World Health Organization. (2008) . *mhGAP : Mental Health Gap Action Programme: Scaling up care for mental, neurological and substance use disorders*. World Health Organization. <https://iris.who.int/handle/10665/43809> (accessed 29 July 2022)
- World Health Organization. (2016) . *mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: Mental Health Gap Action Programme (mhGAP) , version 2.0*. World Health Organization. <https://iris.who.int/handle/10665/250239> (accessed 29 July 2022)
- World Health Organization. (2021) *Comprehensive Mental Health Action Plan 2013–2030*. [<https://apps.who.int/iris/handle/10665/345301>] (accessed 29 July 2022)
- World Health Organization. (2022) *World Mental Health Report: Transforming Mental Health for All*. World Health Organization.(accessed 29 July 2022)