

10 Game-Changers for Mental Health

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Overview

Context

10 Game-Changers

Spectrum of Game-
Changers

Context

↑ Awareness of burden of disease due to mental health

↑ Data on importance of mental health for sustainable development

↑ Rigor of the case for more investment in mental health

Context

Sustainable value of previous mental health conferences and declarations?

Sufficient implementation of excellent policies for mental health?

Evidence of ongoing lack of parity for mental health/stigmatization (e.g. Life Esidimeni)

Context

Game-changers in mental health are therefore urgently needed

Mental health is complex, so multiple game-changers needed

Game-changers may range from whole of society level to mental health professional level

Whole of Society Game- Changers

1: Consolidate the WHO 4x4 Framework for NCDs to a 5x5 Framework

- WHO emphasizes 4 key conditions i.e. cardiovascular, cancer, chronic respiratory, diabetes
- WHO emphasizes 4 key risk factors i.e. diet, inactivity, tobacco, alcohol
- DoH has already moved to 5 x 5 framework, but more work needed **to emphasize the intrinsic value of mental health**, and to address childhood adversity as a 5th risk factor

[Integrating mental health with other non-communicable diseases.](#)

Stein DJ, Benjet C, Gureje O, Lund C, Scott KM, Poznyak V, van Ommeren M.

BMJ. 2019 Jan 28;364:l295. doi: 10.1136/bmj.l295.

1: Change the WHO 4x4 Framework for NCDs to a 5x5 Framework, Specifically

- Further increase attention to appropriate nutrition for all pregnant woman and children
- Use taxation from alcohol, tobacco, gambling, etc to improve (mental) health services
- Other forms of evidence-based harm reduction eg limiting of alcohol advertising
- Use apps on smartphones to limit screen time, especially for children and adolescents
- Better assistance to parents (e.g., 1st 1000 days), and particularly vulnerable populations

[Integrating mental health with other non-communicable diseases.](#)

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BMJ. 2019 Jan 28;364:l295. doi: 10.1136/bmj.l295.

2. Electricity, Nutrition, Safety and Other Basics

- Mandatory seat belts are arguably one of the most important ways of preventing PTSD
- During COVID-19 there were strong links between depression and food insecurity
- Provide electricity, nutrition, safety, universal health insurance, and other fundamental necessities

[Hunger as a driver of depressive symptoms: Optimising responses to mental health aspects of the COVID-19 pandemic.](#)

Hunt X, **Stein DJ**, Spaul N, Tomlinson M.

S Afr Med J. 2021 May 6;111(7):604-605. doi: 10.7196/SAMJ.2021.v111i7.15754.

2. Electricity, Nutrition, Safety and Other Basics, Specifically

- A broad range of WoS processes and measures needed
- Creative “sticks” e.g. taxation on soft drinks
- Creative “carrots” e.g. reward program for exercise

Physical Activity and the Prevention of Depression: A Longitudinal Analysis of a South African Database

Seranne Motilal¹, Mike Greyling¹, Karestan C. Koenen^{2,3,4}, Mosima Mabunda³, Dan J. Stein¹, Martin Stepanek⁵

Governance Game- Changers



3. Provide Independence & Bite to Monitoring Bodies

- The Central Drug Authority is responsible for National Drug Master Plan, but reports to the Department of Social Development
- Mental Health Review Boards address appropriate hospital admissions, but are unable to comment on resourcing
- Make the Central Drug Authority independent, and give it enough “bite” to make a real difference. Ask that Mental Health Review Boards also report on appropriate resourcing.

4. Increase Training and Research in Mental Health

- The Universities and a range of other institutions provide training in mental health
- The South African Medical Research Council, the National Research Foundation, are amongst the funders of mental health research
- Require monitoring of the percentage spend of Faculties of Health Science, SAMRC, and NRF on mental health, and insist that a reasonable percentage is spent thereon

Psychiatry and mental health research in South Africa: national priorities in a low and middle income context.

Stein D.

Afr J Psychiatry (Johannesbg). 2012 Nov;15(6):427-31. doi: 10.4314/ajpsy.v15i6.54.

Human Resourcing Game-Changers



5: Competency Based Care

e.g. Counselling

- Well-trained counsellors can provide effective care of many mental health disorders
- Universities rarely provide undergraduate degree in counselling, and government rarely provides permanent posts for counsellors
- Have counselling posts for “Registered Counsellors” or “Psychology Associates” in schools, communities, clinics, hospitals ...

Comparing dedicated and designated approaches to integrating task-shared psychological interventions into chronic disease care in South Africa: a three-arm, cluster randomised, multicentre, open-label trial.

Myers B, Lombard CJ, Lund C, Joska JA, Levitt N, Naledi T, Petersen Williams P, van der Westhuizen C, Cuijpers P, **Stein DJ**, **Sorsdahl KR**.

Lancet. 2022 Oct 15;400(10360):1321-1333. doi: 10.1016/S0140-6736(22)01641-5.

6: Parity of Mental Health Resourcing

- The primary health care model means that there are relatively few specialists at district health level
- Nevertheless, in the South African context, bigger hospitals are able to have beds for pregnant women staffed by obstetricians, and beds for children staffed by paediatricians
- Ensure that all hospitals with specialized beds also have equal numbers of mental health beds, staffed by mental health professionals, and enshrine this point in the MHCA

Sharpening of Focus Game-Changers



7. Find an Equivalent in Mental Health to Notification of Infections

- Notification of illness allows better monitoring, and can help increase necessary resourcing e.g. COVID-19. The goal of 95:95:95 now key for PLWHA.
- On the other hand, people may view this as increasing stigmatization of mental disorders.
- Choose a few key mental health indicators - easily understandable by all, acceptable to those with lived experience, and useful for monitoring and accountability

Curtailing the communicability of psychiatric disorders.

Wainberg ML, Helpman L, Duarte CS, Vermund SH, Mootz JJ, Gouveia L, Oquendo MA, McKinnon K, Cournois F.

Lancet Psychiatry. 2018 Nov;5(11):940-944. doi: 10.1016/S2215-0366(18)30342-0. Epub 2018 Oct

8. Increase Focus on Overlooked Populations

- We allow considerable focus on many populations in Medicine and Surgery (e.g., all tertiary hospitals have cardiologists, orthopedic surgeons, etc)
- Psychiatric services typically cater for all populations, and so some key populations are overlooked (e.g., we have few addiction psychiatrists in South Africa)
- Increase focus on overlooked and vulnerable populations e.g. intellectual disability, neuroHIV/AIDs, substance use, children/adolescents, elderly, pregnant women

8. Increase Focus on Overlooked Populations, Specifically

- Increase HPCSA recognition in these focus areas, e.g., HPCSA formal recognition of addiction counsellors
- Increase training at higher education institutions in these focus areas, e.g. diplomas in dementia care
- Encourage funders to do better research in these focus, e.g. SAMRC unit on child and adolescent mental health
- Direct specific funding to clinical programs in these focus areas, e.g. mental health services in pregnant women, opioid substitution therapy programs
- Strengthen NGOs working in these focus areas, e.g., better funding of housing for people with intellectual disability

Upping our Own Game Game-Changers



9: Competency-Based Care Again i.e. Nurse Prescription

- Nurse prescription of drugs such as antibiotics are a key part of good health delivery
- Drugs such as serotonin selective reuptake inhibitors are effective and well tolerated (but are schedule 5)
- Change the scheduling of psychiatric medications to be more evidence-based, and train nurses to prescribe these agents

10: Up-skilling of Health Professionals in Mental Health

- Many patients seen in general settings have mental health problems
- Interventions in specialized mental health settings are not always evidence-based or efficiently delivered (e.g. long-term psychodynamic psychotherapy)
- Educate and ensure all health professionals, and particularly mental health professionals, deliver evidence-based care efficiently (e.g. psychoeducation, motivational interviewing, problem-solving therapy, CBT/schema therapy)

10: Up-skilling of Health Professionals in Mental Health, Specifically

- Collaborative care is a formalized way of providing mental health care at primary care level
- It involves case managers (e.g. nurses) screening for mental disorders, following guidelines for their care, having ongoing supervision
- It should ideally involve a digital infrastructure for monitoring, and having mental health professionals available
- It is one of the most evidence-based ways of addressing mental health care at primary care level, but it has barely been implemented locally

[A collaborative care package for depression comorbid with chronic physical conditions in South Africa.](#)

Petersen I, Selohilwe O, Georgeu-Pepper D, Ras CJ, Zani B, Petrus R, Anderson L, Mntambo N, Kathree T, Bhana A, Thornicroft G, Fairall L.

BMC Health Serv Res. 2022 Dec 1;22(1):1465. doi: 10.1186/s12913-022-08874-7.

Does This Boil Down to
One Key Game-Changer?

Funding by Provinces of the National Mental Health Policy Framework 2023-30

- Little evidence that the National Mental Health Policy Framework 2013-2020 has led to appropriate increases in funding for mental health on the ground
- Perhaps the definition of maladministration is doing the same thing over and over and expecting a different outcome?

Death by maladministration: An important category of patient mortality.

Stein D J, Chambers C, Daniels I, Patel B, Sunkel C, White J, Wilson Z, Lund C.

S Afr Med J. 2017 Apr 1;107(4):280. doi: 10.7196/SAMJ.2017.v107i4.12389.

Or Do We Need a Wider
Spectrum of Game-Changers?

Many Other Game-Changers ... Whole of Society

- Book-sharing program for every parent-child
- Resilience 101 program for every adolescent and post-high-school student
- A “Friendship Bench” at every institution, e.g. schools, clinics, etc, etc.
- Peer delivered counselling interventions at institutions, e.g. higher education, clinics
- Strengthen the range of NGOs already working in the mental health space

Many Other Game-Changers ... HEI and Health Institutions

- Key institutions to have mental health policies, and learning-based approach
- Key institutions to have mental health indicators, and annual surveys of mental health
- SAMRC and other funders to sponsor capacity-building posts in mental health
- Such posts to range from neuroscience, to clinical research, to public mental health
- Central Drug Authority to fund an annual survey of drug use patterns

Many Other Game-Changers ... Mental Health Institutions

- Regular best-practice meetings of Provincial mental health program managers
- Psychoeducation program for every hospitalized mental health user
- Have a back-to-work program at every psychiatric hospital e.g. gardens, etc, etc
- Every health institution to have formal training in mental health for all staff
- Every mental health institution to adopt measurement-based care

Many Other Game-Changers ... Digital Interventions

- Digital technologies to improve psychoeducation, psychotherapy, health systems, etc
- Add essential apps to the essential drugs list, including screentime limit apps
- Ensure all training programs include training in digital counselling
- SAMRC, NRF, etc to provide dedicated funding **for local adaptations and testing**
- Greater inclusion of people with lived experience in providing all interventions

Conclusion

Despite awareness of mental health, and relevant policies, we seem stuck in key ways

We need to be creative and energetic in finding new paths forward

Game-changers in WOS, governance, HR, focus, and **in our own game** are available to assist us