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Gaps and Priorities in U.S. Contributions to Global Disease Challenges: What has the U.S. done well and not as well?

Mental Health

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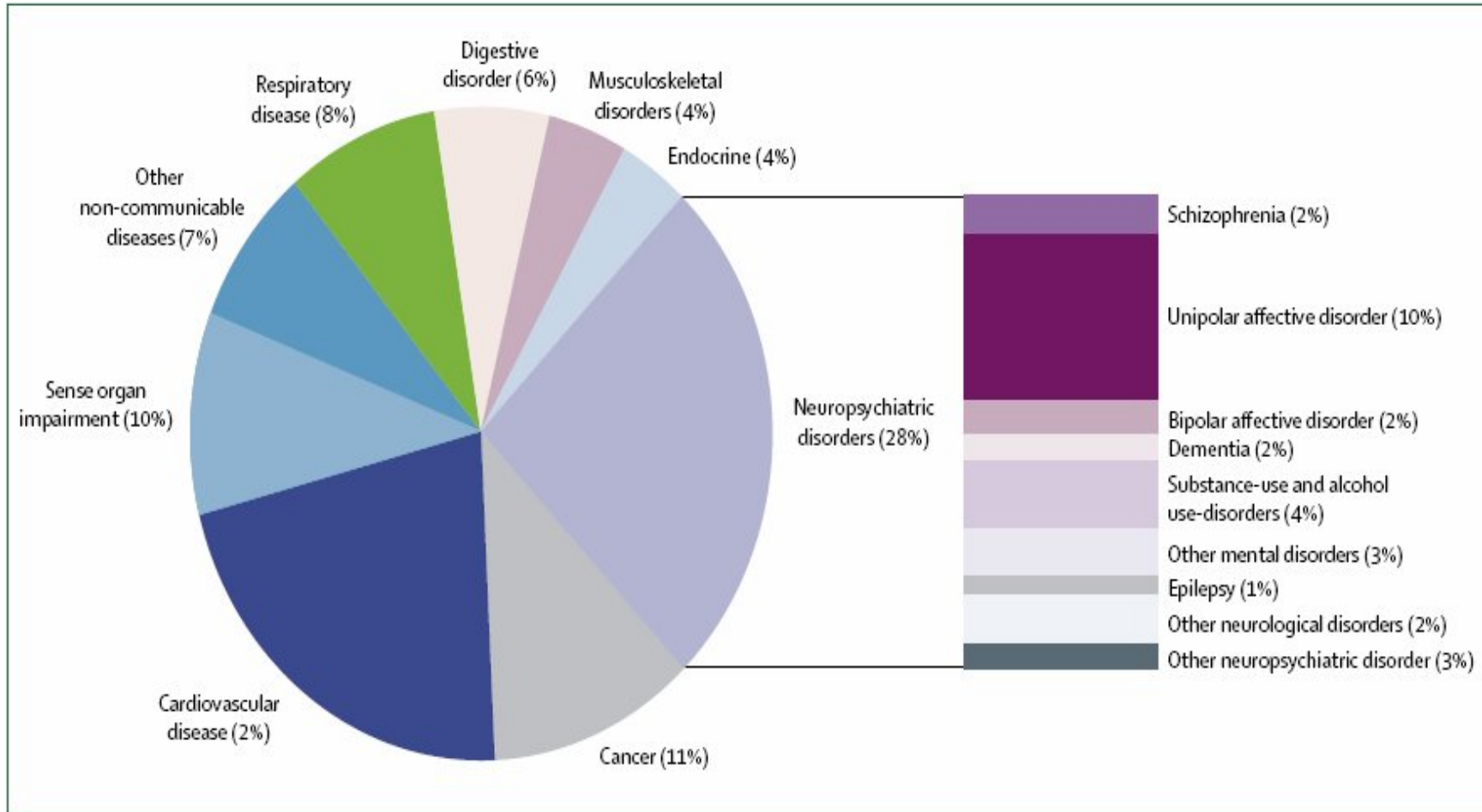
Temple University

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IOM Working Group Meeting



Challenges





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Major Findings

- Treatment works
 - One size does not fit all: cultural context important
 - Community-based care
- Low cost anti-depressants and psychological interventions
 - Interpersonal therapy
 - Stepped care and collaborative models
- There is strong evidence base from which to scale up services



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U.S. Contribution

- Progress in basic research
 - Understanding of disorders
 - Pharmacological and psychological treatments

- Missed opportunities
 - Did not promote basic mental health services
 - Promoted model of MH too medicalized



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Gaps in Knowledge

- Operational research
 - lack of “home grown” researchers/practitioners to translate knowledge into local context
- Basic research
 - Diagnostic uncertainty
 - Any research from low-and-middle income countries
- Delivery platforms
 - lack of community based mental health care and over-reliance on hospital care



Recommendations

1. Collaboration between stakeholders
2. Training programs to build capacity for treatment provision
 1. Community health workers/nurses
 2. Support for scaling up services (\$2-4/person)
3. Research
 1. Physical and mental health
 2. Barriers to treatment: Stigma
 3. Models of care
 4. Globalization's impact on mental health

Strengthening Health Systems

- Scarcity, inequity, inefficiency
 - 1/3 countries no MH budget
 - Psychiatric hospitals (vs. community care)
- Recommendations directly strengthen health systems
 - Increase in human capital
- Interventions outside the traditional health sector:
 - Reducing access to poisonous pesticides