Pan American Health Organization

World Health Organization

REGIONAL OFFICE FOR THE Americas

MENTAL HEALTH WITHOUT BORDERS

Strengthening Mental Health Service Capacity at the United States-Mexico Border

1 ABOUT THE INITIATIVE

This brochure highlights an initiative implemented from 2014 to 2017 on the US/Mexico border to address high rates of untreated mental health problems in settings with limited resources by training primary health care professionals and community health workers.

This promising cost-effective project used the WHO's Mental Health Action Programme to build primary health care professionals' capacity to treat mental disorders.

Mental and neurological disorders are among the leading causes of poor health and disability worldwide, with 300 million people suffering from depression alone[1]. However, between 76% and 85% of people receive no treatment for their illness[2]. In the United States/Mexico border region, these conditions affect 1 in every 5 persons with suicide rates reaching 12.6 per 100,000 people in the US and 5.3 per 100,000 in Mexico[3].

Border communities in particular, face stressors that can significantly increase the risk of developing mental health problems. Some of these factors include poverty, migration and barriers to health care – both financial (lack of health insurance, low income), and structural (cultural and language).

The 2014 Mental Health Atlas[4] shows gross health disparities between high-income countries and low and middle-income countries. For example, in the United States, $272.80 dollars per capita are spent on mental health, while in Mexico the equivalent sum spent is $1.96 per capita. Mexico also has significantly fewer human resources in mental health, as shown in the graph on the next page.

1 Ten years in public health, 2007–2017: report by Dr Margaret Chan, Director-General, World Health Organization. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

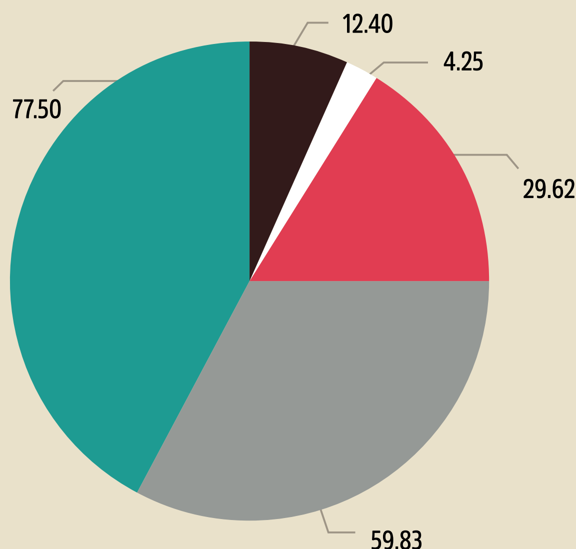
2 World Health Organization. Mental health action plan 2013–2020. 2013. [Cited 1 April 2014.] Available from URL: http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf

3 Mental Health America (2016, October 17). Retrieved September 15, 2017 from http://www.mentalhealthamerica.net/issues/state-mental-health-america

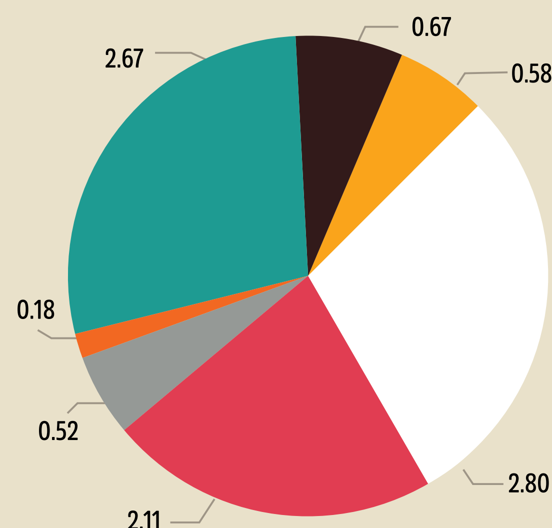
4 WHO Mental Health World Atlas (2014). Retrieved on October 4, 2017 from: http://www.who.int/mental_health/evidence/atlas/profiles-2014/en

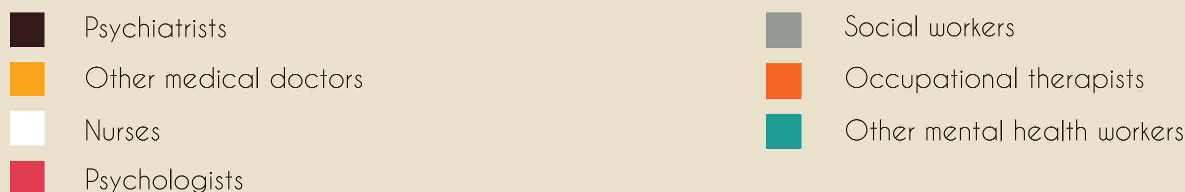
Mental Health Workforce (rate per 100,00 population)

ESTADOS UNIDOS



MEXICO





This gap in mental health resources brings attention to the existing challenges and the need to integrate mental health into primary health care. Training Primary Health Care Personnel (PHC) and Community Health Workers (CHW) in mental health is a cost-effective and evidence based intervention which can:

- ✓ Reduce the burden of mental disorders
- ✓ Provide greater access to care for all
- ✓ Reduce stigma
- ✓ Treat comorbid mental and physical illnesses
- ✓ Increase human rights vigilance

Mental Health Gap Action Programme (mhGAP)

The World Health Organization launched mhGAP in 2008 in order to scale up services for mental, neurological and substance use disorders through the integration of mental health into primary care. The mhGAP - Intervention Guide (mhGAP-IG) is a resource to facilitate delivery of the mhGAP evidence-based guidelines in non-specialized health care settings. Another component of mhGAP is the training of community health workers to identify and refer people with priority mental health conditions to PHC settings, strengthening a network that is frequently absent, for those in need.

2 IMPLEMENTING mhGAP IN THE UNITED STATES/ MEXICO BORDER REGION

1. An implementation alliance was established in 2014 between the following organizations: the Pan American Health Organization (PAHO); the Substance Abuse and Mental Health Services Administration (SAMHSA); the U.S. Department of Health and Human Services; the Secretaria de Salud (Ministry of Health) and National Commission for Mental Health (CONSAME, acronym in Spanish) in Mexico; and the Border Health Commission on both sides of the border.

2. A situation analysis and needs assessment were conducted in three pairs of cities (Tijuana-San Diego, Laredo-Nuevo Laredo and Reynosa McAllen) using the WHO Assessment Instrument for Mental Health Systems (AIMS).

The analysis showed substantial health system challenges in mental health across the cities including: inadequate numbers of mental health professionals, lack of primary health care personnel trained in mental health, and deficient information systems.The four priority conditions identified across the cities were: depression, bipolar disorder, anxiety disorders and substance abuse.

3. The mhGAP-IG training was coordinated by the state on the Mexico side of the border and by the city on the US side of the border. A meeting to adapt the training material with a group of experts from the region took place before the implementation.

4. Monitoring took place with follow up meetings, both face to face and via webinar using mhGAP monitoring and evaluation tools. Groups were created using technological apps (WhatsApp) which allowed the participants to share experiences, questions and materials related to mental health.

3 WHAT WAS ACHIEVED

To date, in the U.S., **270 community health workers** from **9 cities** in **4 border states** (Texas, New Mexico, Arizona and California) have been trained in mhGAP.

In the **10 border states**, a total of **347 primary health care personnel** have been trained using the mhGAP-IG.

On the Mexican side of the border, **286 community health workers** were trained from the cities of: Tijuana, Palomas, Ciudad Juarez, Ojinaga, Reynosa, Matamoros and Nuevo Laredo.

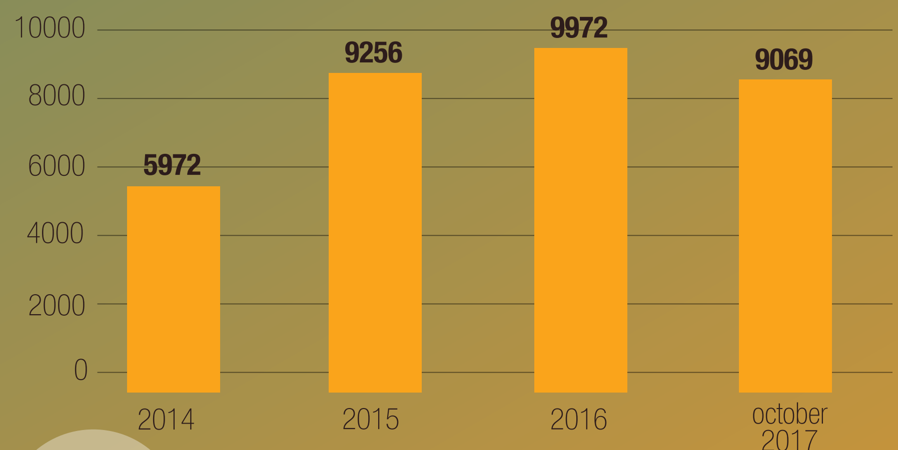
The CONSAME in Mexico added the **mhGAP-IG** as one of their indicators of mental health performance **for all 32 states in Mexico**, thanks to this initiative.

A total of **4 WhatsApp groups** were created and maintained active. The total number of members using this platform is **65 people**. Through the app, participants share relevant information on mental health and provide support to other members of the group. Each group has a trainer responsible for following up on questions regarding the mhGAP-IG.

4 PRELIMINARY DATA FROM THE STATE OF CHIHUAHUA

The Health Jurisdiction corresponding to the state of Chihuahua has trained personnel from both the **37 health centers** and the crisis line. **41%** of the centers have already been **trained using the mhGAP-IG**. The trainings were given to a total of **53 primary health care professionals**, including physicians (50%), nurses (34%), psychologists (15%) and social workers (1%). Capacity in primary care to treat mental health disorders, measured by the number of mental health consultations, increased from 2014 to 2015 (year in which the mhGAP trainings began in this jurisdiction) by 55% as shown in the graph below. Consultations with patients with mental disorders in general practice have remained steady for 2016 and 2017.

Number of Mental Health consultations in Primary Care



5 A WAY FORWARD

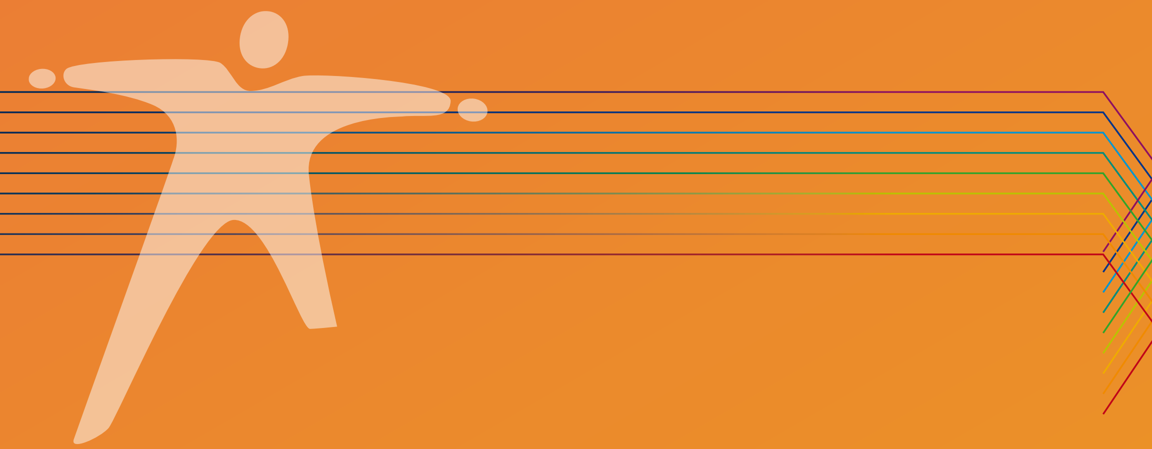
« It is important to build on the work of the mhGAP project at the US/Mexico border by seeking **opportunities to scale up the intervention** to other geographic areas, both within the US/Mexico border region and beyond. Many lessons have been learned from this experience which can be used to inform future program design and planning. »

« **Data collection** is a crucial part of evaluating the US/Mexico border project's impact. By utilizing existing mhGAP indicators as well as developing new indicators, the project can effectively monitor its outputs, outcomes and impact. This information can then be used to determine which aspects of the program have been successful and which can benefit from improvement for future implementation. »

Ensuring the sustainability of the mhGAP project at the US/Mexico border can be achieved by emphasizing the following:

- **Support and supervision** are key to helping mhGAP trainees transfer what they've learned from their training to their work in the field. Periodic refresher trainings can reinforce concepts learned, and assist those trained in managing complicated clinical situations and maintaining motivation to provide good quality care for persons with mental, neurological and substance use disorders. These refresher sessions can be offered face-to-face or virtually, which may prove more convenient for busy health care providers.

- Successful mhGAP implementation requires **collaboration between various sectors and stakeholders** in the community. One way this can be strengthened is by developing task forces composed of government officials, health professionals and service users, among others, who can advocate for training and education in the area of mental health.



6 LEARNINGS

Dr. Juan Aguilera
Physician in Ciudad Juárez. Master`s degree in public health, El Paso.

"Thanks to this program I gained knowledge that enabled me to establish a project to educate some of the students in the health promotion program. Through health fairs and programs for helping low-income people, we have the opportunity to provide low-cost or free health examinations. By incorporating a mental health project, students can identify symptoms and warning signs and refer patients for better treatment or monitoring."

Cecilia Ávila
Health Promotion Supervisor. Health Center in Tijuana, Mexico.

"It's good that the first level of care is being strengthened with the valuable information we were given. It is important to open it up to all staff, so that each and every one of us learns the importance of giving patients and family members good information so that they feel supported."

Miguel Sánchez Campos
Community Health Worker in El Porvenir, Prajedis.

"The mental health course has helped me to differentiate some disorders, such as depression, and to help people overcome them, taking them to a psychologist or wherever is appropriate. A handbook that I received in a workshop is my tool; it shows me the signs of illnesses and helps me detect what is involved. As a community health worker, my role is to get people to where they need to be to solve their problems; we are the vehicle to help them move forward."

MORE INFORMATION

Mental Health Without Borders

http://www.paho.org/hq/index.php?option=com_content&view=article&id=13974&Itemid=42050

PAHO Mental Health and Substance Unit

http://www.paho.org/mentalhealth

mhGAP Intervention Guide

http://www.who.int/mental_health/mhgap/en/

Mental Health Without Borders. Washington, D.C.: OPS, 2017.

Document number: PAHO / NMH / 17-033

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