

# Working to improve the things that matter to people with mental health conditions in Ethiopia (and beyond)



## **Professor Charlotte Hanlon**

Professor of Global Mental Health

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Tuesday 11 July 2023 | 17:30 - 18:30

Wolfson Lecture Theatre, IoPPN Main Building,  
16 De Crespigny Park, London, SE5 8AF

Working to improve the things that matter to people with mental health conditions in Ethiopia (and beyond)

Professor Charlotte Hanlon



CENTRE FOR GLOBAL  
MENTAL HEALTH



'L.I.F.E'

Complex  
Intervention



# Who am I? Why am I in Ethiopia?



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Medical student



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Maudsley / King's



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Uganda



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PhD in Ethiopia



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Addis Ababa University



Marrying in



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IoPPN, KCL



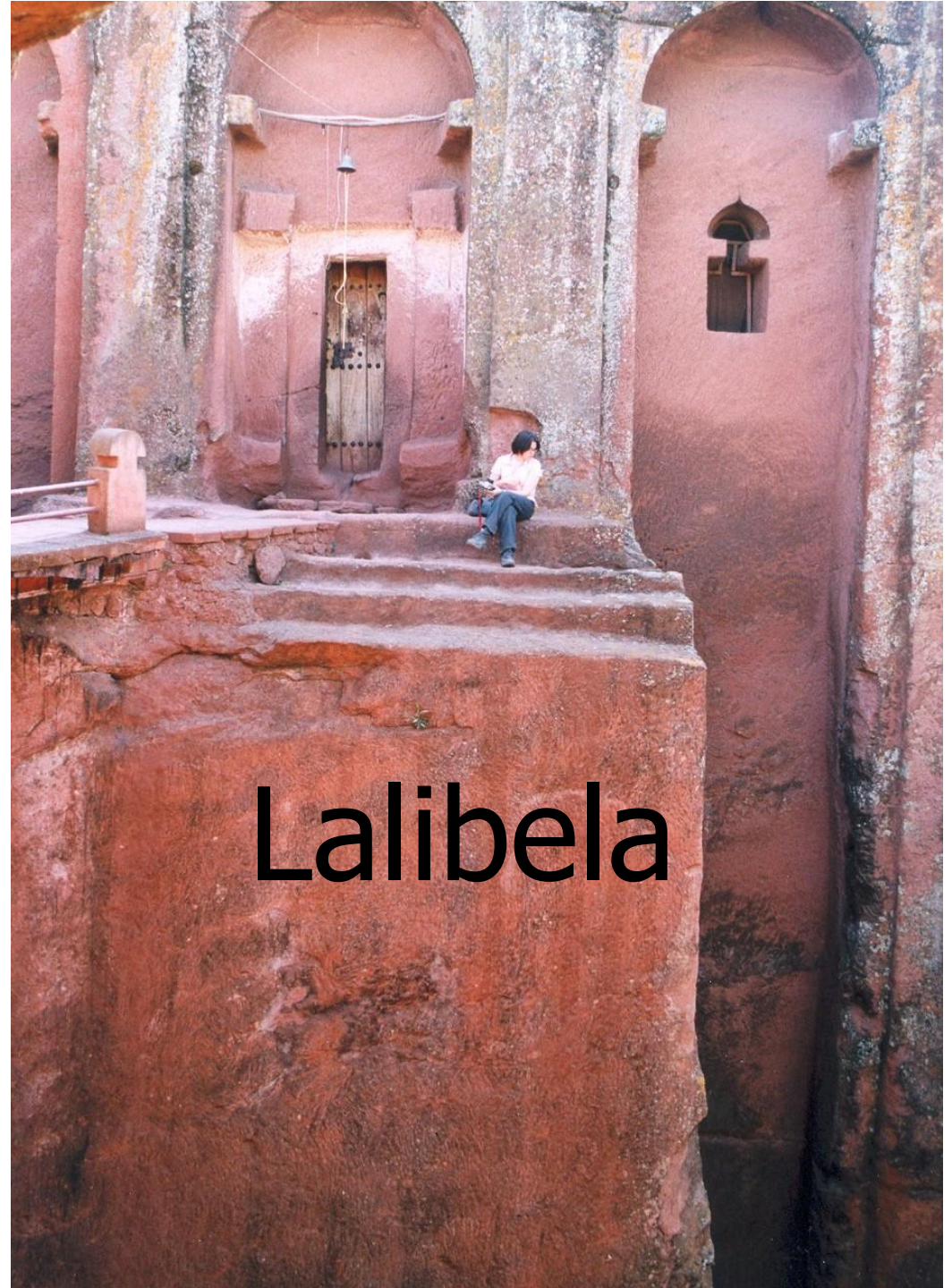
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Chicago



- >120 million population
- Around 43% < 15 years
- 80 ethnic groups
- 200 dialects
- 81% living in rural areas
- Human Development Index:
  - 138<sup>th</sup>/189 countries (2021)



Lalibela

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A wide-angle photograph of a massive mountain range. The foreground shows a rocky, brownish ridge with sparse green vegetation. The middle ground is dominated by a series of steep, rugged peaks and deep, shadowed valleys. The mountains are a mix of brown, tan, and grey tones, with some green patches. The background shows more distant, hazy mountain ranges under a clear sky. The overall scene is one of a high-altitude, mountainous landscape.

# Simien Mountains

# Blue Nile falls









Charlotte Hanlon

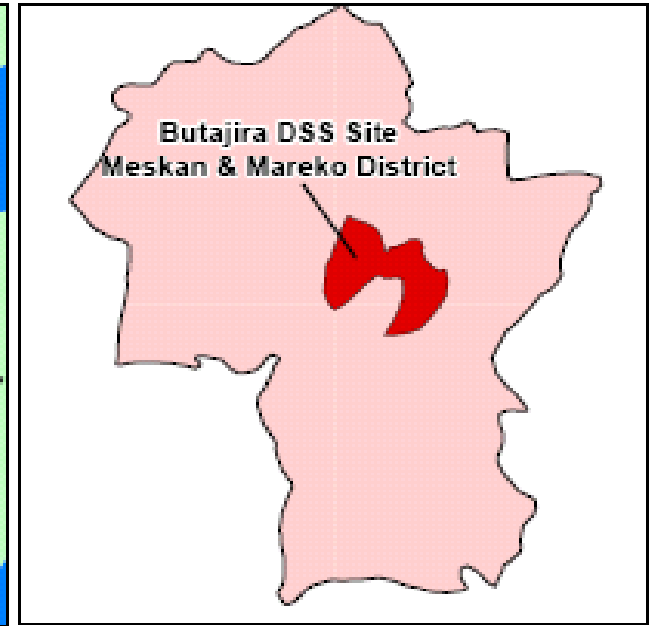


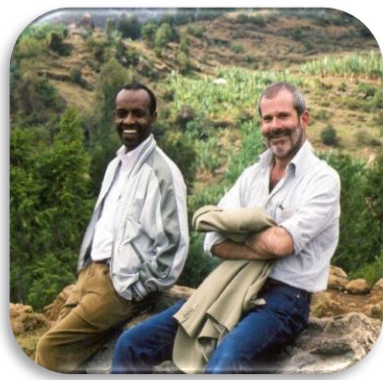
What  
do I  
do?




# Butajira Rural Health Programme


## Demographic Surveillance Site established in 1987





# C-MaMiE birth cohort

 1065 women

 1022 babies



10 years

**Impacts of depression** Infant diarrheal episodes, accidents, emotional/behavioural problems, school absenteeism. Family planning, food insecurity, maternal functioning

Psychological Interventions



Intimate partner violence

System strengthening for woman-centred care

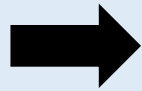


**ASSET**  
HeAlth System StrEngThening in Sub Saharan Africa

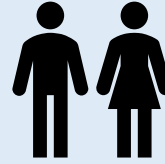




68,378  
screened



2285 clinical  
assessment



919 with  
severe MHCs

10 years



90%  
treatment  
gap



Low  
remission



Poor functioning,  
capacity to work



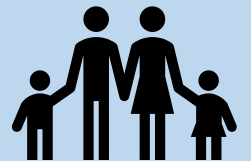
High  
mortality



Under-  
nutrition



Stigma



Family  
impacts





Implementing



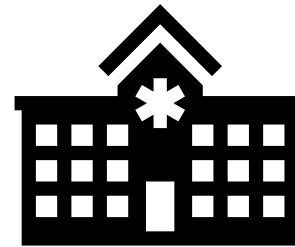
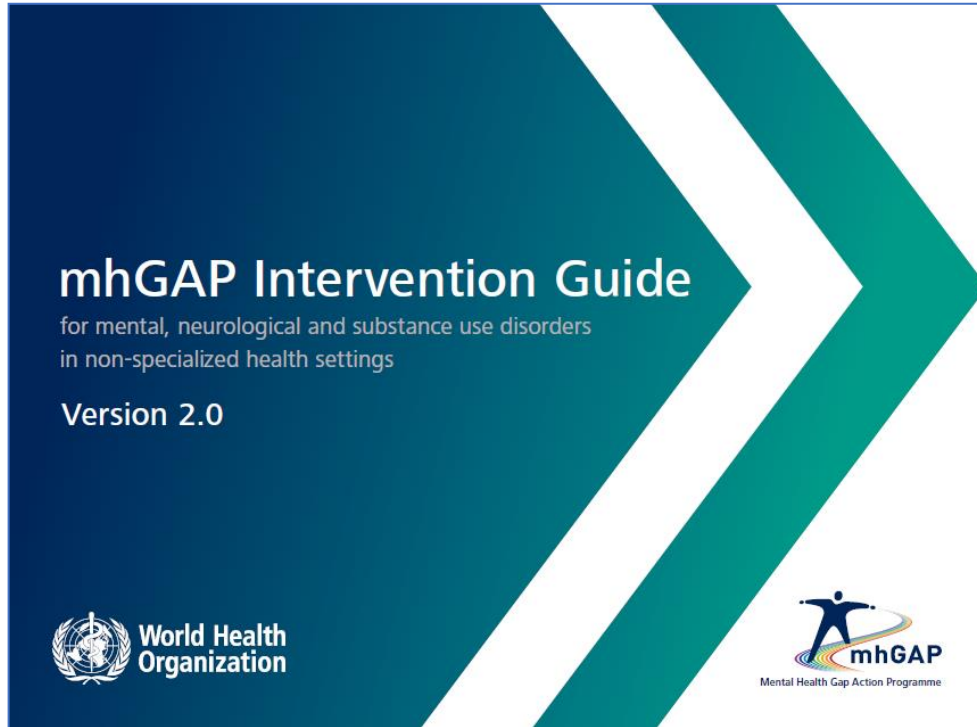
System  
strengthening



Trial



# Integrated care for severe mental health conditions



Make the diagnosis
Rule out medical causes
Assess and manage risk
Prescribe
Give psychoeducation
Monitor
Promote functioning
Address social stressors
Re-activate social networks
Caregiver support
Support community inclusion
Know when to refer

But how?

# Sodo district

- 90% rural, subsistence farming
- 180,000 population
- 8 health centres: non-physician personnel
- No mental health specialists
- Low literacy, high infectious disease burden





*“... The process of **restoring the person’s life** will be a time taking process as this is a person who has lost many things in the course of his illness.”*

Local health service planner

**Able to work**

**Treated as others**







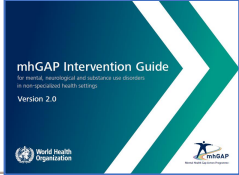
**Mentally free**

**Economic recovery**

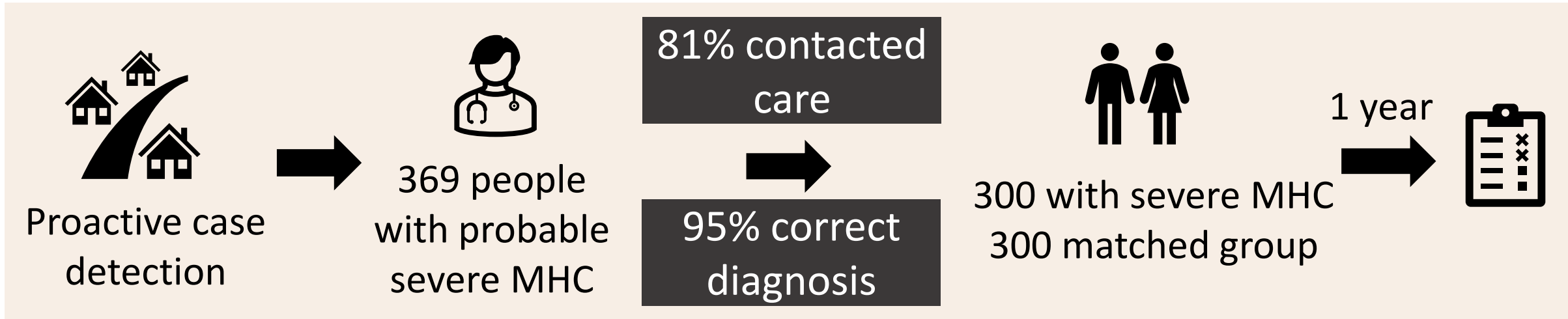
**Fulfilling adult roles**

**Socially important**

# Integrated mental healthcare plan

 <b>PRIME</b>	 <b>Awareness</b>	 <b>Detection</b>	 <b>Treatment</b>	 <b>Recovery</b>	 <b>Enabling</b>
<b>Healthcare Organisation</b>	Engage & mobilise		Medication supplies	Multi-sectoral links	Programme management
<b>Specialist mental healthcare</b>			Complex cases	Case reviews	Supportive supervision
<b>Primary care facilities</b>	Increase awareness & decrease stigma	Detect & assess		Continuing care	Build capacity
<b>Community</b>		Case detection	Basic psychosocial support	Promote inclusion & recovery	

Baseline



79.7% biomedical treatment gap

14.0% attempted suicide

25.3% restrained

29.9% severe food insecurity

Lower income, assets and consumption

63.3% discriminated against



# Outcomes after 12 months



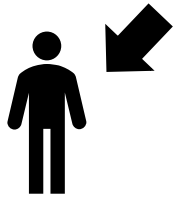
Suicide attempts reduced to 1/3  
Small effect on psychotic symptoms



Moderate impact on daily functioning

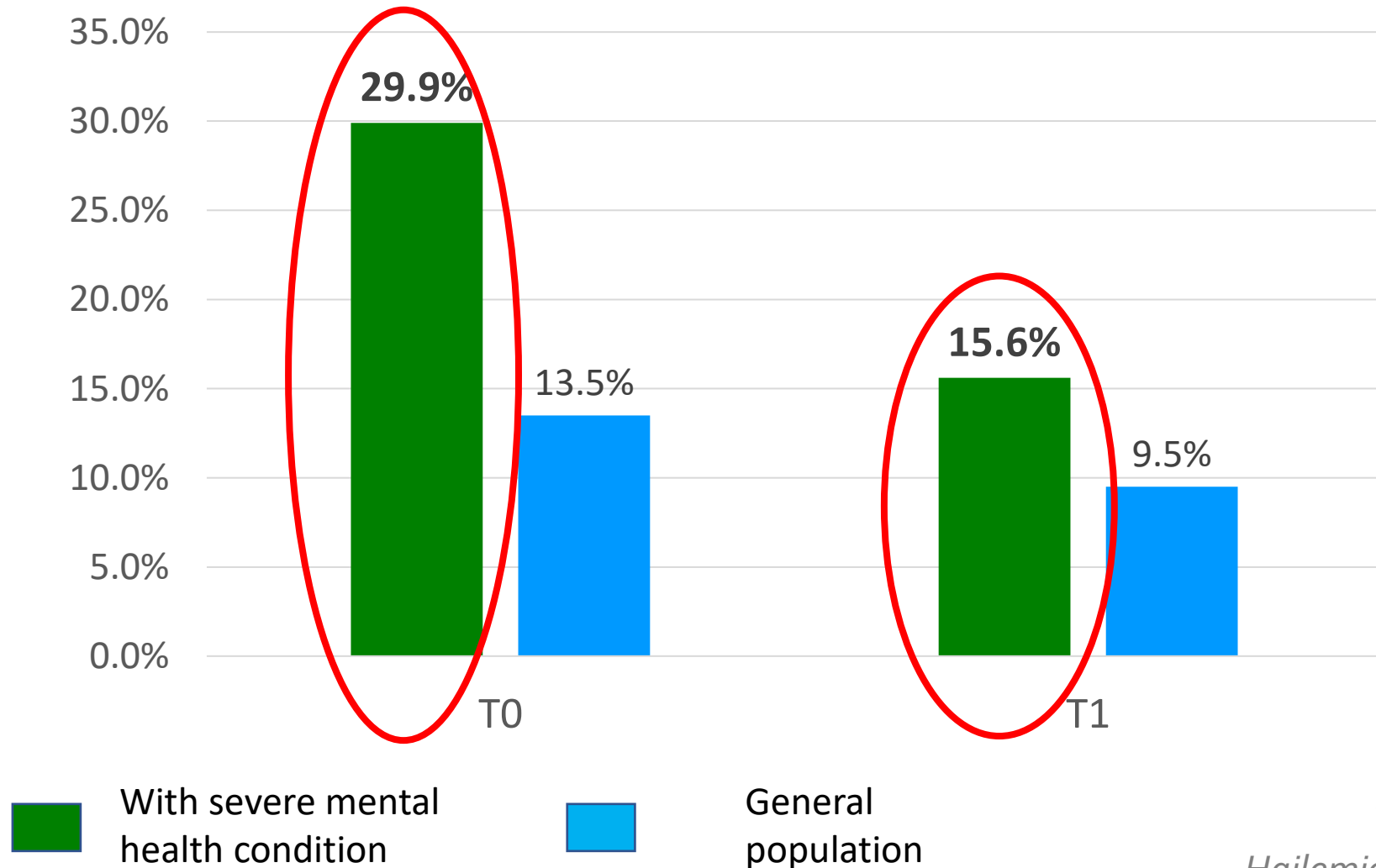


More than 50% reduction in restraint



Significant reduction in discrimination

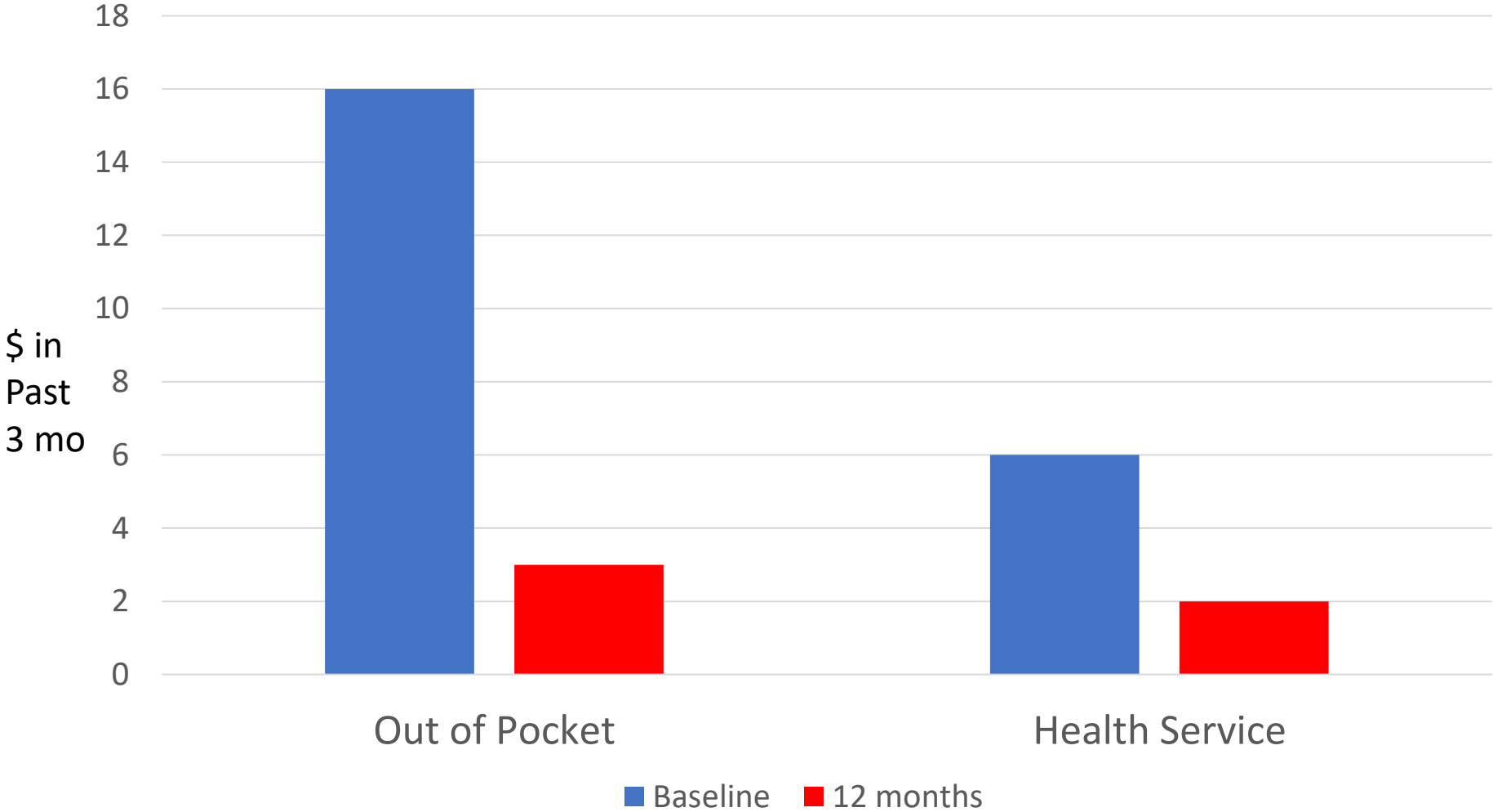
# Severe household food insecurity





Most reduction in out-of-pocket costs due to reduced traditional and religious healing costs

# Impact of integrated care on costs

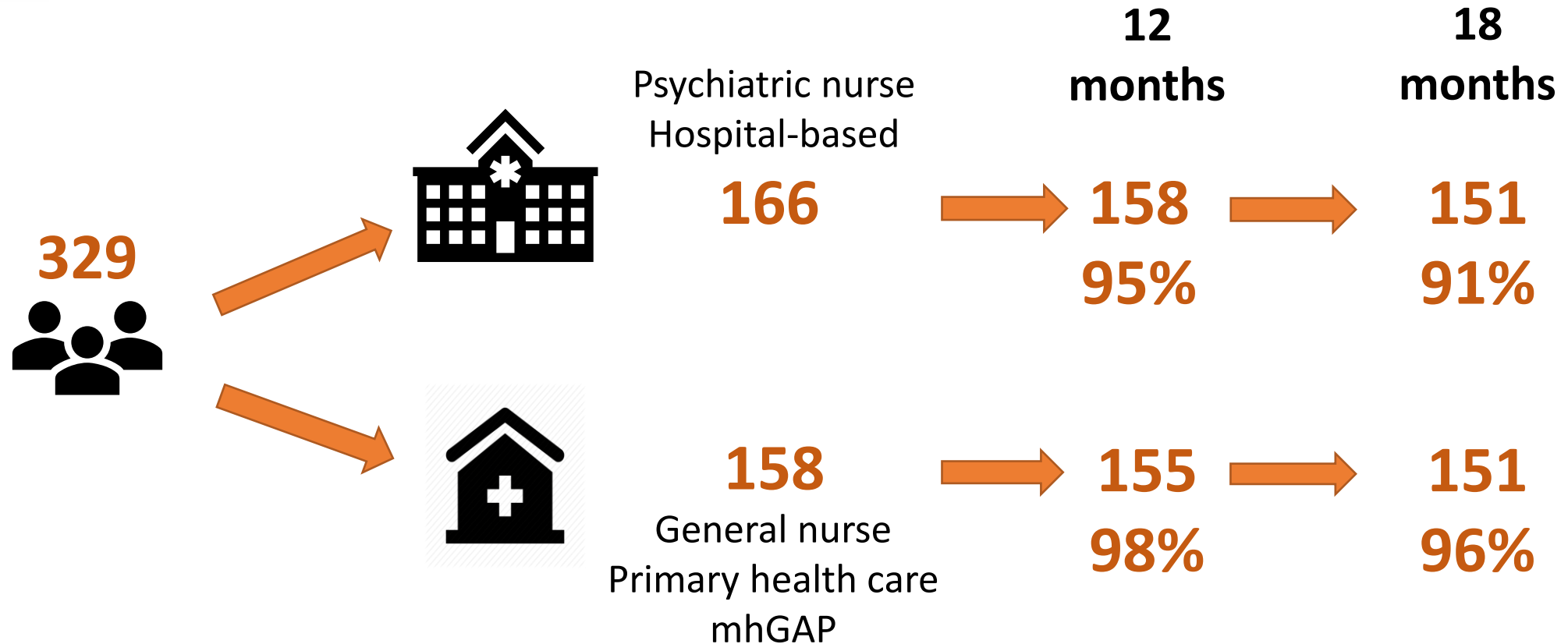


## Witnessing recovery – attitudinal change

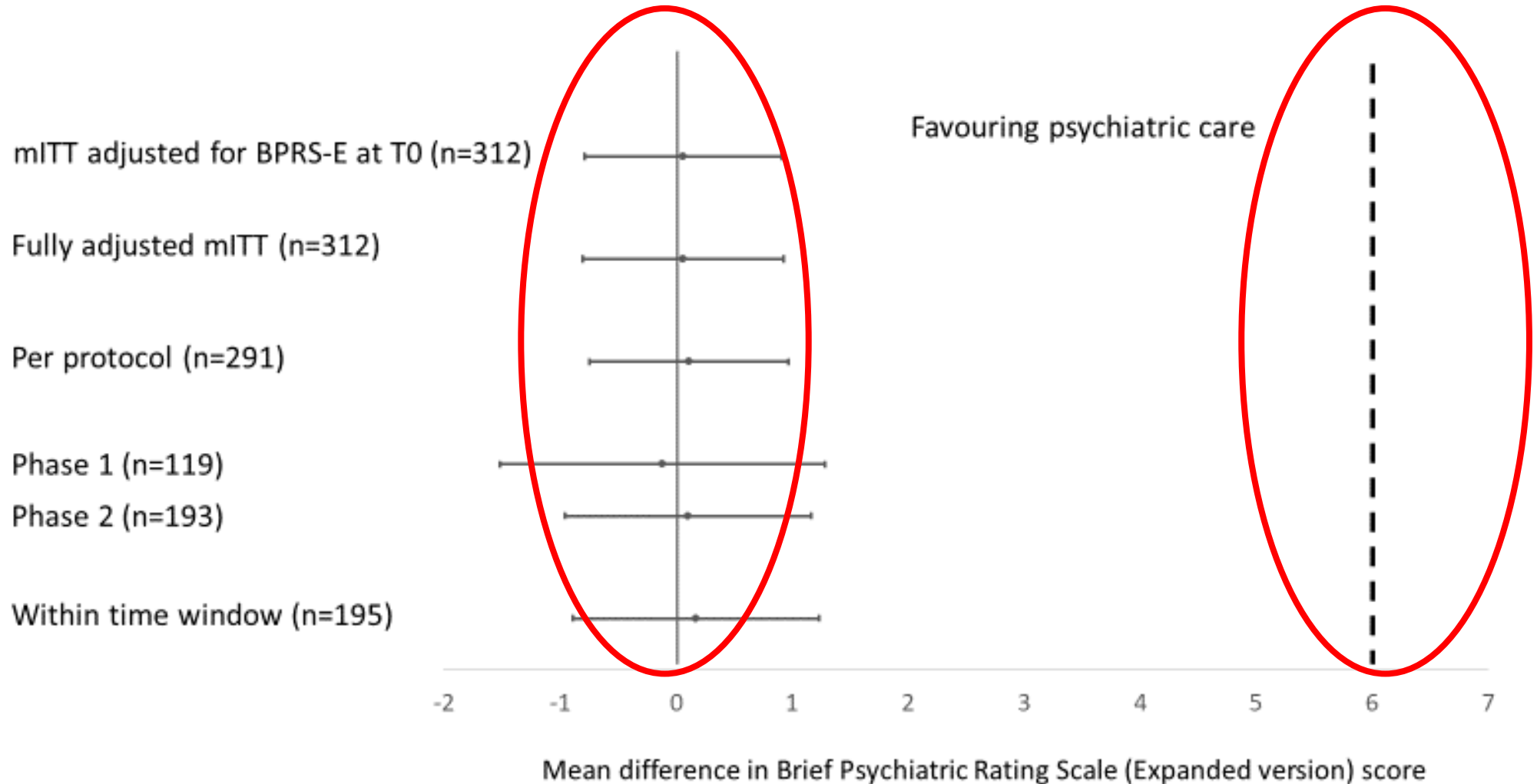
*‘Previously those people who are mentally ill were discriminated from the community and faced many problems and remained in homes. But currently due to the treatment, they recovered from the disease and they are now leading their life and joined the community in different social occasions. By seeing their changes, currently the community also have good attitude for them and they took lessons that mentally ill people can recover from their disease.’*

HEW FGD 1

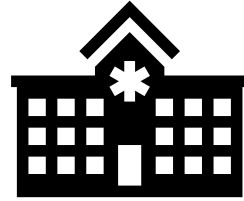
# TaSCS randomised, controlled non-inferiority trial



# Primary outcome: symptom severity



Psychiatric nurse  
out-patient care



mhGAP in primary care  
with non-specialists



**No difference**

Functioning

Relapse

Side effects

Self-stigma or caregiver stigma

Body mass index

Care quality & satisfaction

Caregiver burden

Out-of-pocket and time costs

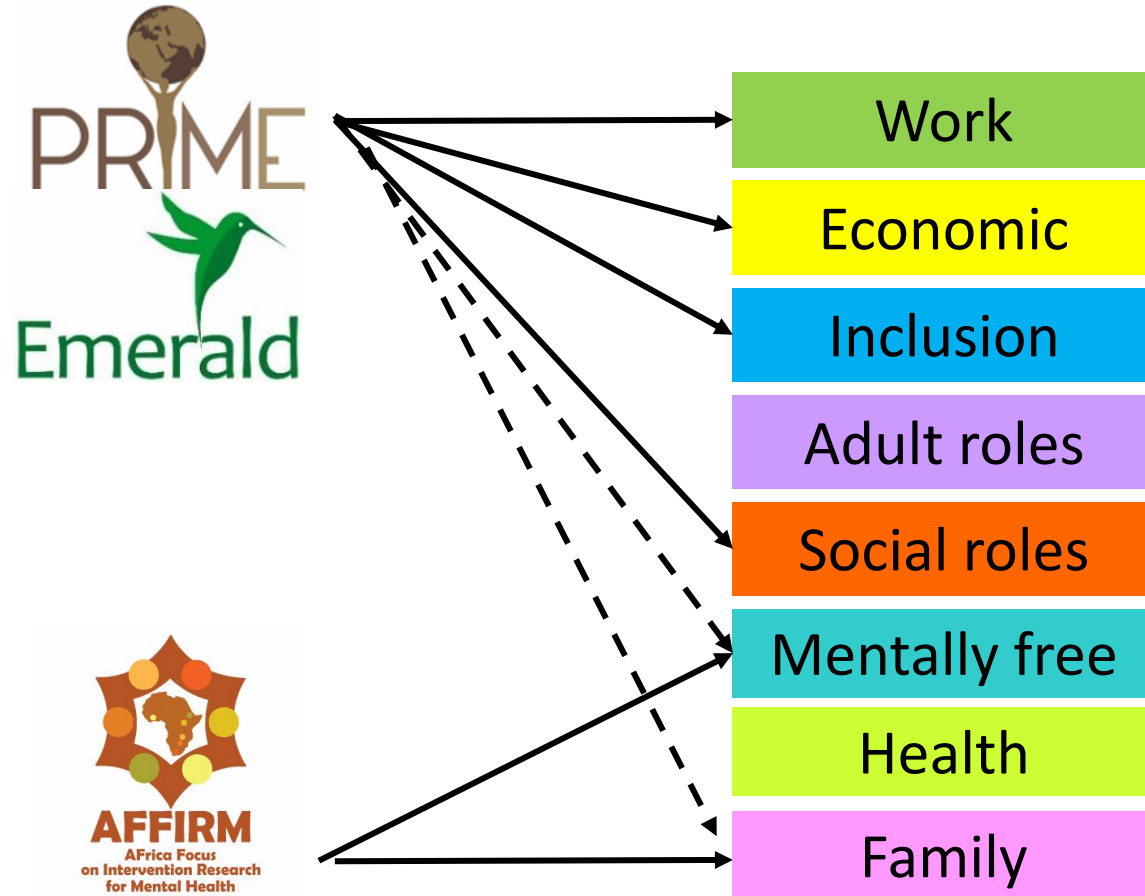
**Better**

Engagement over time

**Better**

Physical health  
investigations & referral  
Cost-effective

# Impacts on valued outcomes



# Unfinished business

- Economic status
- Human rights
- Complex needs
- Social restoration
- Health and premature mortality
- Timeliness of care
- Intergenerational impacts





## Studying the Context of Psychosis to improve outcomes in Ethiopia

- How do we achieve earlier and better interventions for people with psychosis to optimise recovery?
- Rural, urban and homeless populations





# NIHR Global Health Research Group on Homelessness and Mental Health in Africa

- Ethiopia, Ghana and Kenya
- Participatory Action Research
- Intervention co-production, implementation and evaluation



## HOPE Impact

Improved health & wellbeing of people who are homeless and have severe mental illness

Manualised, open source interventions

WHO 'how to' manual

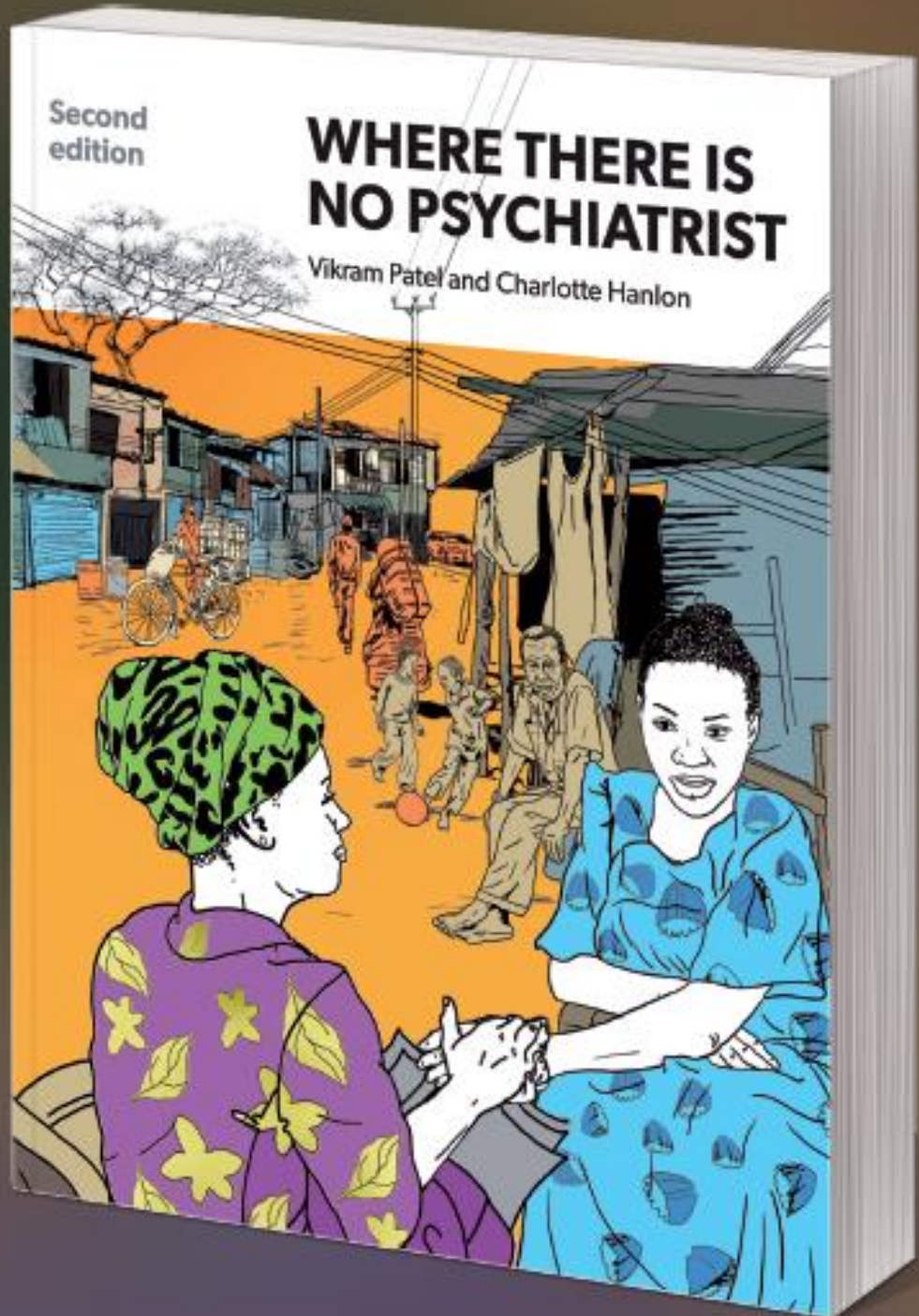


People, partnerships & methods for Africa-led action research





Underpinning impact



- Open access
- <https://www.cambridge.org/core/books/where-there-is-no-psychiatrist/47578A845CAFC7E23A181749A4190B54>
- 140710 views as of 2<sup>nd</sup> July 2023



**Investing in early career researchers**

# Collaborating globally to build researcher capacity and boost mental health research

Monday 24th April 2023



20 years of AAU-KCL collaboration

Researcher capacity building:  
Supporting the career  
development of emerging  
research leaders in Africa

Workshop report

22 November 2022  
Johannesburg, South Africa

The Academy of  
Medical Sciences

ASSAf





People with lived experience

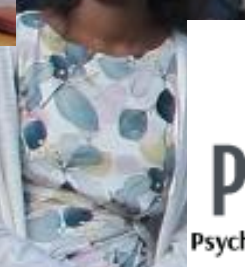
Research collaborations

Building partnerships

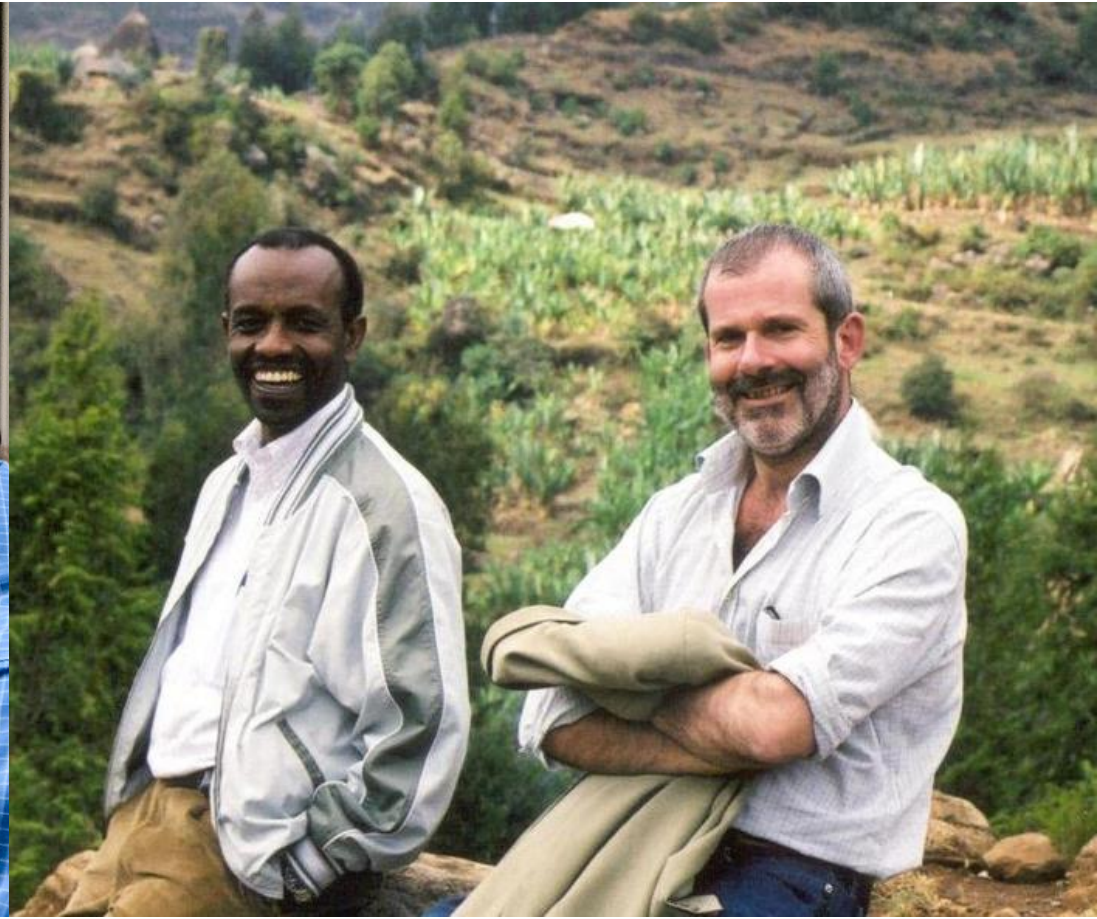


Community engagement

Local & global policy







- Thank God for the many blessings
- Abebaw, William and Abraham
- Ian, Molly and Rebecca

A vibrant rural landscape featuring a stone wall in the foreground, lush green banana plants, and traditional thatched-roof houses in the background. The scene is set in a valley with rolling hills and terraced fields. The text "Thank you" is overlaid in the center of the image.

Thank you

www.prime.uct.ac.za



PRIME is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government's Department for International Development (DFID). The project aim is to develop world-class research evidence on the implementation, and scaling up of treatment programmes for priority mental disorders in primary and maternal health care contexts in low resource settings. Partners and collaborators in the consortium include Addis Ababa University and Ministry of Health (Ethiopia), Sangath, Public Health Foundation of India and Madhya Pradesh State Ministry of Health (India), Health Net TPO and Ministry of Health (Nepal), University of KwaZulu-Natal, Human Sciences Research Council, Perinatal Mental Health Project and Department of Health (South Africa), Makerere University and Ministry of Health (Uganda), BasicNeeds, Centre for Global Mental Health (London School of Hygiene & Tropical Medicine and Kings Health Partners, UK) and the World Health Organisation (WHO).



programme for improving mental health care  
Evidence on scaling-up mental health services for development



NIHR Global Health Research Unit on Health System Strengthening in Sub-Saharan Africa (ASSET)



The views expressed in this presentation are those of the authors and not necessarily those of the NHS, the National Institute for Health and Care Research or the Department of Health and Social Care, England.



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The TaSCS trial was supported by the National Institute Of Mental Health of the National Institutes of Health under Award Number U19MH095699



Funded by the Wellcome Trust grant 222154/Z20/Z



NIHR global health research group on homelessness and mental health in Africa (NIHR134325).

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