Evaluations of community mental health care in low- and middle-income countries: a 10-year review of the literature

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CRD summary
This review found that community mental health services in low- and middle-income countries can improve health outcomes. The reliability of the author's conclusions is unclear given the review methodology and failure to consider study quality and report appropriate results; there is also a possibility of language and publication bias.

Authors' objectives
To determine the effects of community-based models on the treatment of depression, schizophrenia, panic disorder or bipolar disorders in middle- and low-income countries.

Searching
PubMed and PsycINFO were searched for studies published in English between 1996 and 2006; the search terms were reported. The Cochrane Database of Systematic Reviews was searched for relevant reviews published over the same time period.

Study selection
Study designs of evaluations included in the review
Comparative studies that included a control group were eligible for inclusion.

Specific interventions included in the review
Studies that assessed mental health services were eligible for inclusion. The interventions assessed by the included studies involved: counselling; animal facilitated therapy with dolphins; stepped-care programmes; cognitive-behaviour therapy, alone or combined with fluvoxamine; group interpersonal therapy; community-based rehabilitation; mental health care integrated with primary care; disorder and medication education; primary care provider notification of disorder; community mental health service; primary care, alone or combined with medication; psychological treatment; family intervention combined with medication; community mobile team; and community outreach. The comparator treatments included psychiatric care, medication (e.g. antidepressants)/placebo, in-patient care, usual care, out-patient care, outdoor water activities without dolphins and unspecified control. The duration of the interventions ranged from 2 weeks to 1.5 years.

Participants included in the review
Studies of adults with depression, schizophrenia, panic disorder or bipolar disorder who were living in the community, including programmes in out-patient clinics or primary care practices, were eligible. Only studies conducted in emerging markets or developing countries, as defined by the International Monetary Fund, were included. Programmes conducted in hospitals other than out-patient departments were excluded, as were those aimed at caregivers rather than individuals with mental illness and studies conducted in Hong Kong. The studies were conducted in Argentina, Brazil, Chile, China, Honduras, Hungary, India, Jamaica, Malaysia, Pakistan, Poland, Russia, Turkey and Uganda. Some studies included only women.

Outcomes assessed in the review
Studies had to provide data on patient-level outcomes to be eligible for inclusion. The included studies assessed the following outcomes using a variety of tools and scales: anxiety, depression, panic, dysfunction, disability, schizophrenia outcomes (including relapse rate), psychotic symptoms, symptom severity, medication knowledge, quality of life, contact with service providers, adequate treatment, treatment adherence, cost-effectiveness/treatment costs, social functioning, satisfaction, number/duration of hospital admissions and family burden. The duration of follow-up ranged from 2 weeks to 1.5 years.

How were decisions on the relevance of primary studies made?
The author did not state how the papers were selected for the review, or how many reviewers performed the selection.
Assessment of study quality
The author did not state that they assessed validity.

Data extraction
The author did not state how the data were extracted for the review, or how many reviewers performed the data extraction.

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative.

How were differences between studies investigated?
Differences between the studies were discussed in the text.

Results of the review
Seventeen studies reported in 20 publications were included (n=4,763); there were 8 randomised controlled trials (n=1,753) and 9 quasi-experimental/observational studies (n=3,010).

All of the interventions evaluated for all disorders showed positive effects for at least one outcome, with the exception of the study that involved notification of depression diagnosis to primary care physicians. Two other studies noted at least some negative outcomes: one found that psychological treatment was no better than placebo and the second found that although psychoeducational interventions for schizophrenia improved knowledge and relapse rates, disability did not change.

Cost information
Four studies provided data on costs; all showed positive effects of the intervention.

Authors' conclusions
Studies of community mental health services in low- and middle-income countries show that community programmes can improve health outcomes for people with mental illness. Limited data on costs suggest cost-savings associated with community models of care.

CRD commentary
This review addressed a focused question that was supported by clearly defined inclusion criteria. The literature search involved only two databases and was limited to English language publications; relevant studies may therefore have been missed and the review may be subject to language and publication bias. In addition, since no details of the review process were provided, it is not possible to determine whether appropriate steps were taken to minimise bias and errors. The reliability of the included studies is unclear since a formal quality assessment was not undertaken. This is particularly problematic as the review included a variety of study designs, with all non-randomised controlled trials classified as quasi-experimental without further details on exactly what these studies involved. Some study details were tabulated but there were only very limited details on the participants, thus limiting the ability to generalise the review findings. The narrative synthesis was appropriate given the differences between the studies. However, details of the magnitude and statistical significance of the findings were not reported, which makes it very difficult to interpret the results. The reliability of the author's conclusions is unclear given the review methodology and the failure to consider study quality and report appropriate results.

Implications of the review for practice and research
Practice: The author did not state any implications for practice.

Research: The author stated that this review serves as a stepping stone for further research on this topic. Further work is required on economic evaluation, bipolar and panic disorders, and rural areas, with longer follow-up periods. Reviews on non-English language studies, children, and other diseases such as post-traumatic stress disorder and generalised anxiety disorder are required.
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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.