Chapter 6
A Critique on the Factors that Influence Mental Health Workforce Training in Developing Countries

Rex Billington
Auckland University of Technology, New Zealand

ABSTRACT

This chapter will discuss the training of the mental health workforce in developing countries and make comparison with the developed world from where many of the systems and practices originate. All countries are different in the various factors that affect mental health care, mental health promotion, and mental health personnel training. But there are common themes. The relevancy of mental health workforce training is affected by treatment theory, the prevalence and burden of disorders in the country, the types of personnel available and involved in caring for the disabled, and the environments and resources available at country level. The realities and limitations of each country influences the types of people available for workforce training, the training approaches that are practical and can be sustained, the type of educational technologies available, and the retention of personnel once trained. These are the major themes addressed in this chapter with particular reference to the least developed countries.

INTRODUCTION

Psychological theory, new and innovative treatments, economic realities, cultural practices, and political priorities significantly influence the composition and the training of the mental health workforce in any country. Major changes in developed countries in the past 50 years or so, have centered on the gradual de-institutionalization of psychiatric care driven by the forces of humanity and health ethics, the development of psychotropic medicines, and the desire for preventive measures to lessen the national burden of mental illness. Recent advances in technology have also supported these changes in the gathering and storing of more accurate information upon which the need for service change can be studied, and new

practices in care evaluated and justified. Many of these advances in the developed world have spilled over to affect changes in the care of people with experience of mental illness living in developing countries; usually for the better, but sometimes for the worse.

BACKGROUND

This chapter will focus on some of the issues important to the development of the mental health workforce globally, but particularly to developing countries. The controversial issues addressed in the chapter are ones that the author frequently faced in his international work in the World Health Organization (WHO). The relevancy and suitability to developing countries of the practices and approaches of rich countries to manage mental health workforce issues will be examined. The cost of mental health care in developed countries is substantial. But the reality is that low and mid-income countries cannot afford many of the expensive and sophisticated approaches found in these financially richer countries. And even if they could afford them, the approaches may not be suitable. The proposition being made in this chapter is that developing countries need to develop their own approaches to health care in general and mental health care more. In particular approaches that are culturally sound and that can be sustained from national and local resources without relying on wealthy country support. While there is a need for medicines to treat mental illness, which is usually beyond national production capabilities, many developing countries have a socio-cultural infrastructure to care for their mentally ill within their families and communities. Essential to this infrastructure is the production and deployment of trained primary health care workers to help support and guide families in caring for their kin in their communities.

Fortunately the capability of countries to independently develop their own health care systems is increasingly being realized and being pursued in the more stable nation states. Mental illness and the need for mental health care are now becoming more visible. Systems and innovations are being put into place to fit identified needs. A major purpose to this chapter is to examine some of the major historical influences on the structure of mental health services in developed countries and the influence this has had on the training curricula and composition of mental health care services in the developing world. Some of the effects are positive but some not so useful. Epidemiological data will be used to compare the rich and poor countries and show where gaps and inconsistencies exist.

FACTORS AFFECTING MENTAL HEALTH WORKFORCE TRAINING IN DEVELOPING COUNTRIES

Theory Affecting Workforce Development

The approaches used to treat and care for those with mental disorders in developed and developing countries reflect what was understood at the time to be the causes of mental illness. When seen to have spiritual roots, then pagan rituals were practiced as treatment. The uncontrollable were often chained and left in filth to waste away. Others had their skulls opened by quacks to release the spirits causing the dilemma. Or blood was let. The more docile were either kept in secrecy by their families or wandered the streets to be mocked. So the care for those with mental illness in these early times where ignorance was rife did not involve trained health personnel.

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