



Mental Health  
Innovation Network



## Summary Review

Systematic Review

# The Acceptability and Feasibility of Task-Sharing for Mental Healthcare in Low and Middle Income Countries: A Systematic Review

### Aim of the Review

To assess the acceptability and feasibility of task-sharing mental health care in low and middle income countries.

### Background

Neuropsychiatric burdens contribute to approximately 14% of the global burden of disease. There exists a substantial treatment gap for mental health disorders, and task-sharing has been proposed to address the issue of a shortage of human resources. There is evidence of the effectiveness of task-sharing interventions for mental health in low and middle income countries<sup>1</sup>, but the acceptability and feasibility of this approach are important factors that may affect its sustainability.

### Key Messages

1. There are significant implications of the **acceptability** and **feasibility** of task-sharing interventions; it is important that these factors are adequately assessed as part of a research study when using this approach
2. Specific factors which need to be addressed in order for task-sharing to be acceptable and feasible were highlighted in this review:
  - **acceptability to participants and their families** of using a task-sharing workforce to deliver and intervention
  - **distress** experienced by the task-sharing workforce
  - **acceptance** of the workforce by other health care professionals
  - self-perceived level of **competence** of task-sharing workforce
  - **incentives** provided to ensure retention of the workforce
  - cross-cultural applicability of treatments
3. An **increased investment** in mental health care is essential to tackle the lack of resources in mental health care in low and middle income countries

#### OVERALL OBJECTIVE

To improve the success and sustainability of task-sharing approaches in low and middle income countries

#### PUBLICATION DETAILS

Social Science & Medicine  
2013, volume 97: 82 – 86.

#### AUTHORS

Prianka Padmanathan<sup>1,2</sup>  
Mary J. De Silva<sup>2</sup>

#### AFFILIATIONS

<sup>1</sup> University of Leeds  
<sup>2</sup> Centre for Global Mental Health, London School of Hygiene and Tropical Medicine

## Main Results

- **Satisfaction with services** and **satisfaction of needs** were considered a proxy measure of acceptability; the former was generally favourable, whilst the latter was variable between countries
- **Personal characteristics** of the individual delivering the intervention, as well as individuals being from the **local community**, added to the acceptability of the intervention
- One article explored the **acceptability to the workforce**: counsellors experienced distress when delivering an intervention
- **Acceptability to stakeholders** and other health care professionals varied between countries; the quality of care of the intervention was a concern
- A number of challenges to the **feasibility** of task-sharing were highlighted:
  - Need for training and supervision
  - Lack of funding and infrastructure
  - **Retaining** the workforce, and their self-perceived **competency**
  - **Time constraints** with relation to the workload

## Key Policy Recommendations



Policy-makers in low and middle income countries should implement a **clear policy framework** to guide the development and implementation of mental health programmes that incorporate task-sharing initiatives which provides guidance on:

- Reimbursement and working conditions
- Training and supervision
- Management and accountability

## Research Recommendations

- The acceptability and feasibility of task-sharing needs to be **evaluated** to provide a detailed understanding of complex issues
- Explore factors affecting the **acceptability to participants, their families, the workforce and healthcare professionals** of using a task-sharing workforce to deliver an intervention; including whether the workforce experience any distress, and how this can be minimised
- Develop adequate and sustainable **training, supervision** and **monitoring** by consulting with the workforce and stakeholders
- Obtain community-specific suggestions from stakeholders and workforce on how to ensure **workload is feasible**
- Providing **incentives** for the workforce may improve sustainability
- The **cross-cultural applicability** of interventions must be considered

## INCLUSION CRITERIA

*Intervention:*

in primary health care or community based setting which identify or diagnose mental disorders or improve mental health and are delivered through task-sharing in low and middle income countries

*Outcome measures:*

perceptions of acceptability and feasibility of task-sharing

## STUDY CHARACTERISTICS

17 studies were included

14 investigated satisfaction with services

9, satisfaction of need

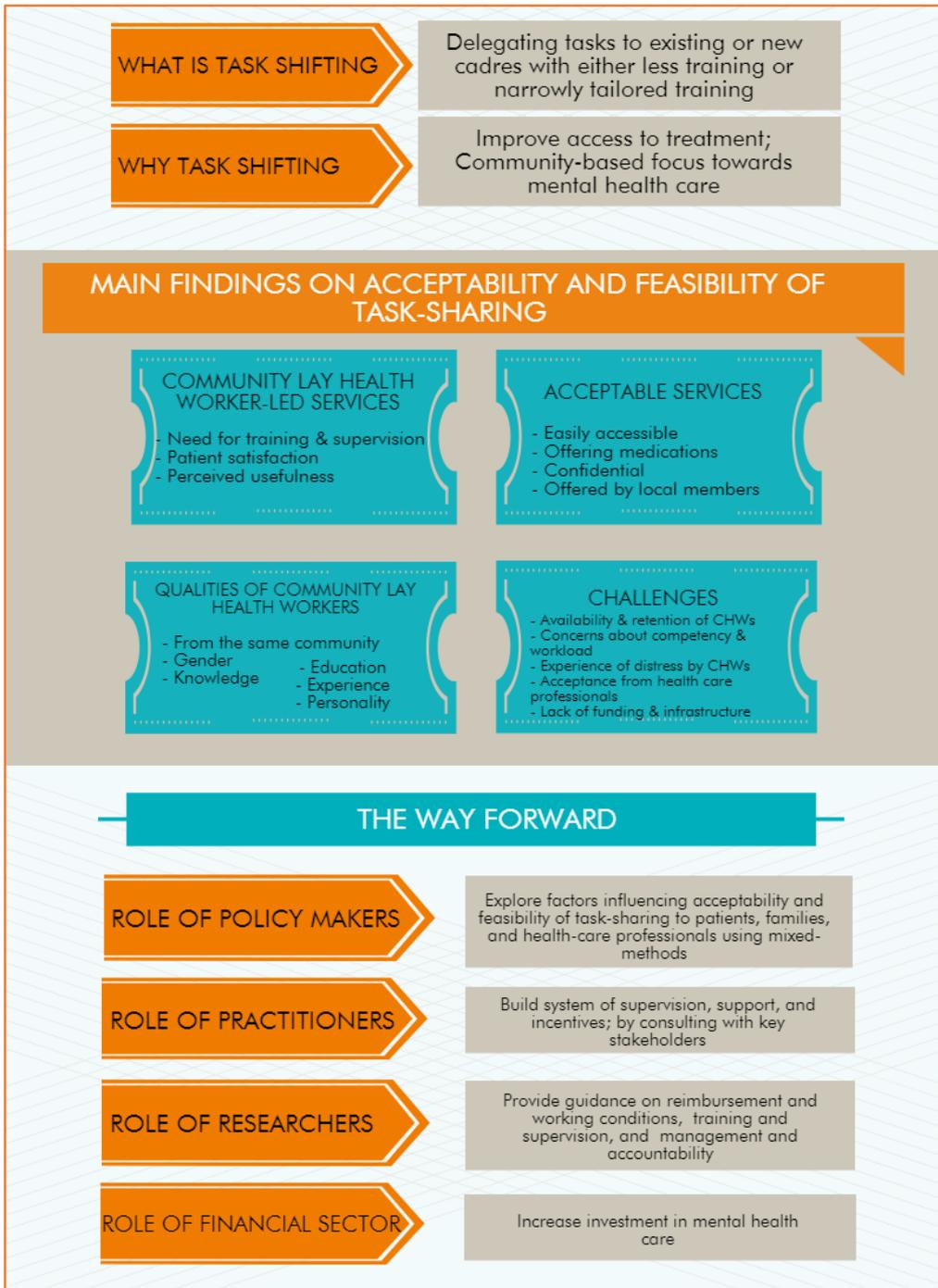
1 article explored the acceptability of task-sharing to the workforce

## QUALITY OF EVIDENCE

Many studies did not primarily aim to explore the acceptability and feasibility of task-sharing; there was a shortage of details making it difficult to interpret the findings.

# “Task-sharing is not an outright solution for shortages of mental health specialists in low and middle income countries”

[Padmanathan and De Silva, 2013]



## Authors Conclusions

This review illustrates the complexity of accessibility and feasibility of introducing task-sharing into the delivery of mental health care services, and the importance of exploring them in depth.

## KEY REFERENCES

<sup>1</sup> Van Ginneken N et al. (2013) Nonspecialist health worker interventions for mental health care in low- and middle income countries. Cochrane Database of Systematic Reviews, 19;11:CD009149.