



Randomized Controlled Trials of Global Mental Health Treatments in Low- and Middle-Income Countries

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A mental health worker meets with patients and their families.

There is a large difference in mental health treatment in high-income countries like the United States, England, Germany, France, Japan, and Australia as compared with low- and middle-income countries such as India, Pakistan, China, Chile, Mexico, and many countries in Africa. In high-income countries, there are a larger number of professionals who can deliver mental health services. Treatment procedures such as medications and psychological therapies have also been developed and tested in these higher-income countries. In contrast, there are fewer mental health professionals in low- and middle-income countries. Thus, family members and nonprofessionals are often involved in the treatment of mental disorders. It is critical that low-income countries use treatments that are both effective and available at low costs.

Treatment research does exist that suggests that local communities can offer effective treatment for depression and schizophrenia. In low- and middle-income countries, these disorders often go untreated. This *LENS* focuses on depression, although similar positive results have been shown

for schizophrenia, particularly in China. Depression is a common disorder throughout the world, so having effective treatments for depression worldwide is critical. Effective treatments are available for depression in terms of both psychotherapy and antidepressant medication. Both of these approaches can be delivered in a relatively inexpensive manner in low-income countries using community individuals with training in that one procedure. These trained individuals also have the advantage of understanding the culture in which the clients live. Not only does the treatment improve the individuals who have the disorder and their community, but it also has a positive effect on the economy by reducing days lost from work. A number of researchers have begun to evaluate the treatment of depression in low- and middle-income countries (Patel et al., 2007). Some examples of this research are shown in *Table 3.1*. To achieve the greatest scientific benefit, it is important that the participants in the experiment be assigned to groups using an RCT design. That is, the participants in the study must be randomly assigned to the treatment group.

Thus, if the person's family and community can be involved in the treatment, the results are more positive. Performing treatment studies in low- and middle-income countries is not only of benefit to the community but also helps the researchers to establish the generalizability of the treatment worldwide. Similar research with medical disorders in Africa by the Gates Foundation also suggests that successful interventions developed in low-income countries can be applied in low-income areas of the United States.

Thought Question: What are the challenges and benefits involved in delivering and researching mental health treatment in low- and middle-income countries?