

# Advancing Access to Mental Health Services

## Overview

Pact incorporates mental health and psychosocial support services (MHPSS) as a core component of our global health programming. Mental health services are historically under-prioritized and under-funded across the world despite the clear link of psychological well-being to overall health and improved disease outcomes. In Pact's health programming,

which works primarily with

marginalized populations (e.g., orphans and vulnerable children and youth, migrant communities, artisanal miners, priority and key populations affected by HIV, etc.), communities consistently identified access to mental health services as an essential need. However, even when services were available, stigma reduced access and contributed to poor help seeking behaviour. Health and social welfare service providers shared concerns about undiagnosed depression, anxiety, and trauma and high rates of gender-based violence (GBV). They expressed a need for screening tools, advanced psychosocial skills training and job aids to augment their ability to respond to the mental health needs of the populations they served, with clear referral pathways to specialized services. To address these unmet needs, Pact intentionally integrates MHPSS into our existing global health programs and uses community-led design for new mental health interventions and service delivery models.

## Expanding effective MHPSS services

Our programs **expand quality mental health service provision** using a range of evidence-informed intervention strategies, including cognitive behavioral therapy, interpersonal therapy and mind-body based wellness approaches. By contextualizing interventions based on the needs expressed by specific populations, Pact's global health programming currently approaches MHPSS in a variety of ways, with some country programs having more specialized mental health interventions and indicators (e.g., trauma-focused care for war-affected populations in Ukraine), while others give increased attention to strengthening family providers of psychological and emotional care needs (e.g., parenting programs such as Let's Talk in South Africa; Families Matter in Rwanda; and Sinovuyo in Nigeria which strengthen PSS skills of OVC care providers, who in turn build psychological resilience of children, and strengthen the support system for the caregivers themselves). In the Dominican Republic, our integrated PSS services



for HIV-affected Haitian migrants is nuanced to respond to mental health concerns related to their daily experience of stigma and human rights issues. Pact's mental health programming often extends to include services for frontline workers, such as the use of the World Health Organization's (WHO) Self Help+ to aide health professionals in Ukraine to manage stress related to conflict and exposure to trauma.

**Implementing the U.S. Government's largest mental health program worldwide:** As a consequence of the protracted Russian invasion, mental health needs in Ukraine have increased considerably, with estimates projecting that 40-50% of the Ukrainian population require MHPSS of varying intensity. The Pact-managed USAID Public Health Systems Recovery and Resilience Activity (PHS R&R), in close collaboration with the Government of Ukraine, including the First Lady's Office and the Cabinet of Minister's National Mental Health Coordination Center, is expanding access to community-based mental health care services, expanding and strengthening mental health workforce, increasing demand for and uptake of mental health care services, and strengthening sustainable systems for comprehensive, evidence-informed step-wise mental health care. Direct provision of in-person, online, and hybrid MHPSS services to address immediate needs have national coverage for all Ukrainians affected by the Russian invasion, with emphasis on internally displaced adults and children; demobilized veterans and families; survivors of conflict-related sexual violence; survivors of occupation, captivity and/or torture, and sub-populations of the elderly, healthcare workers, and people with underlying health conditions.

## Promoting sustainable enabling environments for mental health services

Only 1% of the global health workforce works in mental health (WHO, 2022.) Pact leverages our health and social welfare systems strengthening activities as opportunities to improve mental health systems, including addressing the health workforce gap. In Nigeria, as part of social welfare systems strengthening activities under Adolescents and Children HIV Incidence Reduction, Empowerment and Virus Elimination (ACHIEVE), Pact is working with state and local government to develop guidelines and strengthen the social workers understanding of OVC programming and PSS and works with educational institutions to develop social work trainings. In Ukraine, as part of health systems strengthening activities under the USAID-funded Public Health Systems Recovering and Resilience (PHS R&R) Activity, Pact is supporting government efforts to make mental health services more accessible through primary care by training nearly 12,000 health care workers using the World Health Organization's Mental Health Gap Action Programme.

Our programs train and mentor non-professional cadres as service providers to expand access to prevention and responsive care for common mental disorders and formalize stepped care models for upward referrals and linkages. For example, both Namibia and South Sudan adopted the LIVES approach for community-based paraprofessionals to conduct routine enquiry and deliver first-line support to a person who discloses experience or fear of violence, with clear referral pathways for professional post-GBV clinical and social support. In Ukraine, the Pact-managed, USAID-funded Community Action for HIV Control reviewed validated screening tools (including PHQ-9 and GAD-7) and combined appropriate questions into a tool that addressed the specific contextual psychosocial needs, including post-traumatic stress disorder, anxiety, and alcohol abuse, for use by Mobile Health Teams. Finding low-resource-intensive opportunities to integrate mental health has also proven effective, such as Pact's programming in South Africa and Cambodia that introduced job aides to assist providers to address issues encountered when counselling (e.g., suicidal thoughts), giving them the guidance on what to do (and not to do) and say, with a process for what action to take based on clients' needs.

**PACT BEST PRACTICE: Promoting sustainable enabling environments that support mental health for adolescent girls and young women (AGYW):** AGYW in Zambia in the DREAMS program are at risk of contracting HIV and experiencing sexual gender-based violence, which gives them a very high chance of developing anxiety, depression and cognitive disorders. Pact rolled out training and certification of 166 community volunteers (“DREAMS mentors”) to deliver psychological first aid with support from mental health experts. Mental health and psychosocial services offered through the DREAMS program supported 9,524 AGYW ages 10 – 24 years to overcome moderate to severe levels of anxiety and depression. 100% of AGYW reached with psychological first aid self-reported feeling more supported with their mental health and well-being post intervention. 89% of AGYW reported having a “safe space” to go to if they needed any support post intervention compared to 44% at enrollment stage.

## Partnerships for contextually appropriate MHPSS

Across all our global health programs, Pact engages local leaders and community members in the design, monitoring, and evaluation of health services using approaches such as human-centered design, community-led monitoring, and stakeholder consultation to ensure that programs are designed to address barriers to care and respond to their communities’ needs. At the start of our MHPSS support in Rwanda, Pact conducted community mapping to determine what resources and services were available in communities and held regular meetings of stakeholders for coordination. In Eswatini, Pact used community engagement approaches, connecting with community leaders, church leaders and other stakeholders, to provide contextualized and cultural input into various aspects of MHPSS. In Ukraine, Pact leveraged the trust established between non-governmental (NGO) organizations and key populations under the Community Action for HIV Control project to assess attitudes and levels of stigma towards mental health. The results informed the development of nuanced information and messages that were integrated into the overall health literacy campaign for key and other vulnerable populations to destigmatize mental health conditions and raise awareness of the availability of MHPSS services from the HIV NGO partners.

Pact also intentionally seeks and forms partnerships to augment our program’s ability to meet the mental health needs of specific populations, such as our partnership with m2m in Zambia on the USAID-funded Zambia Integrated Health project. While Pact leads the overall project, which expands and integrates HIV and reproductive, maternal, neonatal and child health services for the general population, m2m

contextualizes service packages for pregnant and breastfeeding women, which include evidence-based approaches to mental health care for this sub-population. In Ukraine, Pact is partnering with the First Lady’s Office on her mental health stigma campaign, leveraging the influential messaging disseminated through the national platform while implementing contextualized regional and local level campaign activities to promote demand for MHPSS services.



**PACT BEST PRACTICE: Partnership with youth to develop contextually appropriate approaches to HIV and mental health:** In Zimbabwe, the PEPFAR/USAID funded SPACE for OVC project engages HIV-positive youth (age 18-24) to contextualize their holistic health needs to achieve improved HIV outcomes. Using a human centered design approach, youth have co-designed a peer-led Youth Club model that address the topics most important to them, including mental health. Pact worked with a mental health professional to develop mental health module based on the youth's input, including adapting existing materials. To measure effectiveness of the intervention, SPACE will administer the SSQ14 screening tool prior to Youth Club participation (along with baseline assessment) and repeated at the end of pilot, with "pause and reflect" sessions with youth throughout for feedback and iteration. Results are expected in late 2024.

## Learning & Way forward

- Learning opportunities are embedded in our global health programming with intentional promotion of peer learning and knowledge exchange amongst governments, local implementing partners, and local actors. Pact compiles learning documents, webinars, and fact sheets to share our learning across a global audience. Some recent resources of our MHPSS work include the following:
- [Incorporating mental health and psychosocial services into an existing HIV prevention program for high-risk adolescent girls and young women in Zambia | Pact \(pactworld.org\)](#)
- [Audit of Ukrainian population's mental health services and best practices of service provision in developed countries](#)
- [International experience of organizing mental health systems: strategy and cases for Ukraine](#)



## For More Information

### Gloria Sangiwa

Vice President, Global Health  
[gsangiwa@pactworld.org](mailto:gsangiwa@pactworld.org)

Pact builds systemic solutions in partnership with local organizations, businesses, and governments that create sustainable and resilient communities where those we serve are heard, capable, and vibrant. On the ground in nearly 40 countries, Pact's integrated adaptive approach is shaping the future of international development.

