



Lay counsellors can provide psychiatric help

OPINIONS

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In large parts of the world, professional psychiatric resources are unavailable. Training laypeople to provide treatment could help extend service provision.

Worldwide, mental illness represents a greater burden of disability than any other disease category (1). In large parts of the world, there is a gap between the need for and the availability of professional psychiatric resources. In 2011, the World Health Organization estimated that 76–85 % of psychiatric patients in low-income countries receive no treatment (2). In those parts of the world, there is a widespread shortage of trained health workers (3).

In an editorial in issue 17/2021 of the Journal of the Norwegian Medical Association, Martine Rostadmo wrote: 'The world is unfair. The report from 2019 points out that research and development are mostly undertaken in high-income countries and fail to focus on the needs of low-income countries' (4).

One of the authors of this article participated in a meta-study that was the first to investigate the effect of psychiatric treatment provided only by lay counsellors. The study was published in the Bulletin of the World Health Organization in the summer of 2021 (5). The main finding drawn from 20 studies with a total of 5 612 participants was that lay counsellors can provide effective treatment of anxiety disorders, post-traumatic stress, depression and alcohol abuse in low- and medium-income countries. In the six studies that showed the best effect, the lay counsellors had been given 2–10 days of training (three studies: two days / two studies: one week / one study: ten days). In five of these studies, supervision was provided during the treatment sessions.

«Lay counsellors can provide efficacious treatment of anxiety disorders, post-traumatic stress, depression and alcohol abuse»

In other words, psychiatric treatment provided by lay counsellors who have undergone training and work under supervision can be an important contribution to extending effective psychiatric health assistance far more widely to people in low-income countries. This will also be significantly less resource-intensive and time-consuming than training a sufficient number of professionals. We therefore hope that the results of this study will be seen and used by national health authorities in many countries, as well as by Norwegian humanitarian aid authorities.

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