Abstract

Mental ill-health constitutes a substantial burden of disease worldwide, representing more than the burden of disease caused by all cancers combined. However, the provision of mental health care remains inadequate around the world. To address the shortages in mental health care expenditures, the WHO-HEN (2003) proposed treatment priorities and policy goals in different contexts, based on their financial resources. This study investigates the state of mental health treatment provision in high-, middle-, low-income and the South African contexts, in order to assess the efforts that have been made in these contexts to counter the shortages in mental health care provision, and to promote public mental health, following the WHO-HEN (2003) suggestions. This study uses the mixed methods approach to review literature published between 2004 and 2016 within the *AJCP, AJP, CMHJ, SAJPs and SAJP*. The findings reveal that treatment trends across contexts align with, and extend beyond the WHO-HEN (2003) suggestions in most cases, and that the balanced care approach is progressively being implemented in the delivery of integrated mental health services in high-income countries and South Africa specifically. These results prove that efforts are being made across contexts to provide effective mental health care, and to ensure the promotion of mental health and prevention of mental disorders.

Keywords: balanced care, mental health care, high-income, low-income, middle-income, mental illness, South Africa, World-Health Organization- Health Evidence Report.