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WORLD HEALTH REPORT 2001–MENTAL HEALTH

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1. INTRODUCTION AND BACKGROUND

Mental health was selected as the theme for World Health Day and as the technical subject of the World Health Report for the year 2001. The selection of the mental health theme is timely and is a natural reflection of the changes taking place around us. These changes serve to bring into focus the importance of promoting positive mental health on the one hand and instituting measures for prevention of ill health in its entirety, on the other.

Complicated changes, for example, are taking place in the general condition of human life and in some aspects, making life itself more complicated. Gaps between cultures, and the speed with which information is distributed and expectations are raised are a constant source of frustration to those who are unable to attain even what they see as minimally possible. Of particular importance in the Eastern Mediterranean Region are the youth of the population, the strong conflicts between different value systems, unemployment, war, aggression and conflict. All of these affect the mental health and well-being of the population.

The rapid rate of, mostly unplanned, urbanization in all the countries of the Region not only places tremendous strain on physical infrastructures, giving rise to sprawling urban slums, but at the same time stretches the social fabric of society. Massive internal movements have resulted in the break-up of the joint family system and of social institutions, giving way to nuclear families, separation and higher divorce rates, single parent families, children growing up without parental figures, older family members being left on their own, lack of social cohesion, conflict of value systems, identity crises, increasing rates of unemployment, violence and abuse.

High rates of internal movement are complemented by similarly high rates of external migration in search of better economic opportunities or for security reasons, necessitated by the strife and conflict in a number of countries in the Region. In addition to the social consequences mentioned above migration also has repercussions for the immigrant population, mostly young adults, and for the host country. For example, it is, among other things, one of the reasons for the increasing demand for illicit drugs and the increased rate of substance abuse. It goes without saying that such demand fuels the activities of all levels of the drug trade, from 'barons' to pushers, from smugglers to dealers.

An ever greater number of people in the Region are now entering the age of risk for development of mental disorders, i.e. adolescence/young adulthood and old age. At the same time, the existing conditions of social and physical strife, underpinned by high rates of poverty, provide fertile ground for an upsurge in mental health problems and their consequences, e.g. suicide, substance dependence and sexually transmitted diseases including AIDS and hepatitis.

The World Bank report of 1993, the world mental health report presented at the United Nations in 1995, the global burden of disease survey in 1996 and the US Surgeon General's report in 1999 all show that mental ill health is responsible for more than a tenth of the total burden of disease globally, and that it is projected to rise to 15% by 2020. Suicide is among

the top ten causes of mortality globally, five of the top ten causes of disability worldwide are mental health problems and depressive illness is expected to be the second biggest cause of the disease burden by 2020. Numerous studies undertaken globally and in the countries of the Eastern Mediterranean Region indicate that a high percentage of those who seek help in any health facility suffer from a mental health-related problem only. These problems usually go undiagnosed and the result is an unnecessary burden on already over-burdened general health facilities. Other studies, experiences and programmes show mental health action is possible and that proper systems of care can be developed to address many of the mental health needs of the populations successfully. This Region has a number of good examples of such actions (see section 2.1).

Yet, despite the information available, the lack of treatment for mental illnesses in developing countries including countries of the Region is truly horrifying. In some places 95% of cases of depression go untreated, 80% of schizophrenia cases and 60% to 98% of epilepsy cases.

At the global level, the necessity for attention to mental health is emphasized in the form of a number of resolutions of the United Nations General Assembly and the World Health Assembly. In May 1995 the UN Secretary-General said, "To secure mental health for the people of the world must be one of the objectives of the United Nations in its second half century... Our objective is to promote the mental health and well being of all the inhabitants of the planet. Let us therefore respond to this World Mental Health Report not simply by blessing it; let us take its recommendations and act upon them".

At the regional level, in addition to a number of resolutions of the Regional Committee over the years, a special Ministerial Declaration issued in Teheran in 1997 pointed to the importance of taking concrete steps to improve mental health. This was followed up by a proposal for the following ten point programme of action for the Region by the Regional Director:

1. Comprehensive psychiatric services for early identification and care
2. Integration of mental health within primary health care
3. Provision of mental health skills for all professionals
4. Development of services for crisis intervention in the community
5. Development of school mental health programmes
6. Development of parenting skills training
7. Programmes for urban populations, like adding a mental health component to Healthy City projects
8. Lifestyle and stress management programmes

9. Public mental health education
10. Using the resources of religion, culture and spiritual life.

2. ACTIVITIES UNDERTAKEN FOR WORLD HEALTH DAY 2001

2.1 At country level

In **Afghanistan, Bahrain, Cyprus and Jordan** public education seminars were organized in different parts of the country and similar activities also took place in Saudi Arabia and other countries of the Region to mark World Health Day.

In **Egypt** the Egyptian Psychiatric Association, Suez Canal University, Ein Shams University, Al Abbasyia Hospital and other universities and Institutions conducted public education seminars, plays and professional training sessions. EMRO collaborated with the International Federation of Mental Health in organizing a meeting as part of World Health Day celebrations. The inaugural session was held at the Regional Office.

In the **Islamic Republic of Iran** the World Health Day brochure was translated to Farsi, a national poster was prepared and many scientific meetings were organized, including an international congress "Religion and Mental Health" which was organized by the WHO Collaborating Centre in April in Teheran. This congress was attended by experts from 15 countries and opened by the Iranian speaker of the Parliament. Seminars and media conferences were held and are planned to continue throughout the year in all health centres and medical universities. In **Iraq** numerous activities were undertaken, many of which were attended by the Minister of Health. Projects for improvement of hospital care were inaugurated. Media and awareness-raising events were held and many professionals attended a number of activities. In general, considering the special conditions of the country, the extent and depth of the activities to mark the day in Iraq were quite impressive. In **Lebanon**, a video was produced and distributed to mark the occasion. A drawing and essay competition in schools was organized on the theme of mental health day. Short television spots were prepared on mental health and broadcast on the day.

In **Morocco**, drawings produced by mentally ill persons were exhibited in the media to mark the occasion, and television spots were designed to increase awareness among the public of the importance of mental health.

In **Oman**, activities planned to mark World Health Day included mass media campaigns, public education seminars and workshops. An educational booklet on mental health produced specially for the occasion was released and orientation of health educators on how to use the book was carried out.

In **Pakistan**, a training workshop on trauma psychiatry was organized in Rawalpindi in collaboration with the faculty of the University of Missouri. This was followed by a meeting of the international consortium of mental health policies and services in which professionals

from countries of the Eastern Mediterranean Region and from all over Pakistan participated. The thirteenth International Psychiatric Conference was held in Rawalpindi and was attended by over 600 delegates from 28 countries. The National Mental Health Day was also celebrated on 20 February and a new mental health ordinance was announced and enacted the same day, replacing the Lunacy Act of 1912. The Government of Pakistan has also agreed to provide a budget for integration of mental health into primary health care over the next 5 years. An open day in all health departments and centres for patients, their families and the public was celebrated.

In **Somalia**, activities were organized in collaboration with the local government to increase public awareness of mental health. A Somali drama on mental health problems was produced and was performed before an audience of more than 500 people. A variety of awareness-raising activities involving different target groups were also undertaken.

In **Sudan**, a scientific conference on mental health focused on the concerns and difficulties of mental health patients. A workshop on mental health and the law was held also to mark the occasion. An open day in all health departments and centres for patients, their families and the public was celebrated.

In the **Syrian Arab Republic**, the Minister of Health sponsored a new mental health program and a new Mental Health Act. The relevant documents were drafted and the Ministry of Health has announced the formation of a new mental health unit in the Ministry of Health and the start of an integrated programme of mental health in 2001.

2.2 At regional level

A regional kit was produced to mark World Health Day containing: a regional brochure and poster in Arabic and English; a lapel pin commemorating the theme of mental health 2001; and a regional film along with a brochure in both Arabic and English which attracted the attention of many at national, regional and international levels. The film was shown at all the national and regional ceremonies to mark World Health Day and was broadcast by many regional television stations. It was also shown throughout the World Health Assembly in Geneva. The kit also included the Regional Director's Message, which was also broadcast on Egyptian television on the day.

An exhibition of art by psychiatric patients and students participating in WHO contests from all over the Region was held in Cairo. The exhibition was introduced through a special flyer.

A three day meeting entitled "Media and mental health" was attended by journalists and representatives of the major broadcasting companies of the Region and by some regional mental health leaders. The recommendations of this meeting will pave the way for better cooperation with the media in all areas of health, including mental health. The report of the meeting is available.

The Regional Director hosted the World Health Day reception in April and a meeting to mark the occasion was held in collaboration with the Egyptian Medical Syndicate. This latter meeting was chaired jointly by the Minister of Health and Population of Egypt and the Regional Director and attended by mental health professionals, diplomats and cultural attachés.

An Intercountry Consultation on Essential Neuropsychiatric Treatments was held in Teheran, Islamic Republic of Iran in collaboration with the Essential Drugs and Biologicals unit of the Regional Office and with WHO headquarters. The report is available.

Reaching the unreached: strengthening mental health programmes in countries of the Eastern Mediterranean Region, the regional equivalent of the World Health Report 2001, was finalized and is scheduled to be published in October 2001, at the same time that the World Health Report 2001 is scheduled to be launched.

A web page for mental health was developed and can be found on the Regional Offices' site at www.emro.int/MNH/WHD/index.htm and will be regularly updated. The web page received special praise from the organizers of World Health Day 2001 in WHO headquarters.

In general, the activities of this year's World Health Day were judged by many to be innovative and different. The main task is now to translate the momentum generated by the World Health Day activities into sustainable action at regional and country levels to bring about discernable and quantifiable change in the delivery of mental health services.

3. WORLD HEALTH REPORT 2001

3.1 Global report

From the moment that the technical subject of World Health Day 2001 was selected, the Regional Office was involved in consultations regarding the report. The Chief Editor was in constant contact with the Regional Office at all stages of the preparation of the report. A regional consultation was also held in November 2000 during which regional ideas and recommendations were formulated and given to the Chief Editor. The Regional Office was also involved as a contributor to some chapters of the report. The World Health Report is organized into five chapters.

Chapter 1 reviews the role and scope of mental health in the daily lives of individuals, and the disciplines contributing to it and argues for adoption of a public health approach to mental health, as opposed to an institutional approach, to enhance our collective social capital.

Chapter 2 reviews the incidence and prevalence of mental disorders in community and primary care settings and in special groups like migrants and persons suffering from chronic and life-threatening illnesses, the determinants of mental ill health, and the burden imposed by it on economics and also examines the available evidence on cost-effective management

strategies. It ends by arguing for evidence-based mental health policy formulation to lead action.

Chapter 3 focuses on treatment of individual disorders, examining the available care plans, and goes on to review health and social systems-based solutions for provision of care to mentally ill persons and populations. Prevention of ill health and promotion of positive mental health form the last section of this chapter.

Chapter 4 reviews national mental health policies, programmes and budgets worldwide, and describes successful mental health reforms. It emphasizes the importance of human resources, of a wide range of services, the role of para-professionals and the value of information systems. It discusses the barriers to care that exist, and the potential for mental health initiatives. It highlights the need to involve different sectors, including international organizations.

Chapter 5 provides a blueprint for the future, arguing that social changes, urbanization, an aging population, and the greater life expectancy of women will alter the demands for mental health care. Advances in molecular biology and a better understanding of brain functions hold out a promise that the challenges can be met.

3.2 Regional publication (*Reaching the unreached*)

This regional publication on mental health has been in preparation for the past 3 years. All the work of writing and editing of this publication are now finished and it is scheduled for publishing by October 2001. It comprises a general section on regional health and development issues that have relevance for mental health. Chapters dedicated to each country of the Region follow and a set of observations and recommendations for the future make up the concluding chapter. The publication comprises some 500 pages and can be of help to any institution or individual interested in information regarding mental health in the Region. It also contains the latest statistical information provided by the Member States. The chapters in each country were written in close collaboration with the national authorities.

4. CONCLUDING OBSERVATIONS AND FUTURE TRENDS

Where do we stand now?

Looking objectively at the current mental health scene in the Region it can be concluded that the many activities and changes of the recent fast-paced decades have resulted both in welcome developments and in constraints.

On the positive side, these include the growing feeling of the need for change. Mental health is slowly but gradually being accepted as a health need. The feasibility of providing mental health services integrated within the primary health care system has been proved. Professional associations are much more forthcoming, and the cultural assets in this field are many.

However, not all aspects of mental health in the Region are bright and positive. There is also a negative side which we cannot neglect. The needs of an overwhelming majority are still unmet or only partially met through old, run-down mental hospitals that, in many countries, absorb all the meagre resources that are allocated to mental health. There are shortages of many kinds—in finance, human resources and facilities. Planned purposeful research linked with the development of services and training is lacking. The heavy burden of man-made and natural disasters in the Region increases the mental health-related disease burden, and results in the neglect of many needs, particularly for the most vulnerable groups. Finally, the stigma attached to mental illness remains quite strong.

Recommendations

In order to address these issues, the following recommendations are made:

- development of community services with reliance on primary health care;
- a more accurate definition of the role of different professionals and a more holistic approach to mental health and illness;
- promotion of the team approach in all areas of policy-making, problem-solving, planning and service delivery;
- a logical approach to gradual decrease in the role of psychiatric hospitals;
- innovative approaches to human resources development;
- devising special programmes to address the emerging priorities of mental health, which are children and youth, women, refugees and the elderly;
- integration of research into daily work at all levels;
- involvement of culturally appropriate nongovernmental organizations;
- evidence-based prevention and promotion interventions; and
- provision of means for predictable, dependable basic treatments including essential drugs.

Agenda for the future of mental health

- The advances in the understanding of human behaviour and mental disorders justify optimism. The fruits of science should be made available to all in need.
- The nature of mental health requires that action and interventions be multidimensional, involving a number of sectors, professionals and approaches.

- The wide differences between communities, societies and social conditions demand that plans be developed with flexibility and innovation.
- Psychiatric care institutions should be upgraded in terms of trained personnel, rehabilitation and treatment facilities, living arrangements and community outreach activities.
- Approaches that are more community-based and also integration of mental health into primary health care should be advocated.
- Respect for human dignity in health and disease is very important. Working with the media in this respect is necessary. The media can play an important role by not portraying people with mental illness or disability in degrading ways.
- Governmental and other support for the families of mentally ill persons in terms of community-based services, financial support for care, and formation of self-help groups should be provided.
- Enhanced involvement of and aid to voluntary agencies to enable them take initiatives towards promotion of mental health, prevention of mental disorders and treatment of the mentally ill should be provided.
- Among the greatest issues faced by mental health patients, professionals and institutions are stigma and discrimination. Plans should be made to work with the media in this area. The media and all those that control public information have an important role in fighting stigma and discrimination.
- Development of human resources for mental health should be planned, increasing the number of the training centres and creating opportunities for employment.
- Emphasis on the comprehensive nature of health with its physical, mental, social and even historical aspects is important.
- Support should be provided for advancement and integration of research at all levels of care. The main aim of research should be to understand the prevalence, nature, course of illness and treatment response. There is an urgent need to understand the impact of social changes and development policies.
- The role of national level institutions should be principally the development and evaluation of models of care, training of different categories of personnel and monitoring of mental health programmes.

Mental health is as important as physical health to the overall well-being of individuals, societies and countries. Yet only a small minority of the 450 million people suffering from a mental or behavioural disorder are receiving treatment. Advances in neuroscience and behavioural medicine have shown that, like many physical illnesses, mental and behavioural disorders are the result of a complex interaction between biological, psychological and social factors. Unfortunately, in most parts of the world, mental health and mental disorders are not regarded with anything like the same importance as physical health. Instead, they have been largely ignored or neglected.