

Mental Health, Mental Disorders Affect One in Four

Treatment Available but not being used

One in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide.

Treatments are available, but nearly two-thirds of people with a known mental disorder never seek help from a health professional. Stigma, discrimination and neglect prevent care and treatment from reaching people with mental disorders, says the World Health Organization (WHO). Where there is neglect, there is little or no understanding. Where there is no understanding, there is neglect.

In a new report entitled "New Understanding, New Hope" the United Nations' health agency seeks to break this vicious cycle and urges governments to seek solutions for mental health that are already available and affordable. Governments should move away from large mental institutions and towards community health care, and integrate mental health care into primary health care and the general health care system, says WHO.

"Mental illness is not a personal failure, in fact, if there is failure, it is to be found in the way we have responded to people with mental and brain disorders," said Dr Gro Harlem Brundtland, Director-General of WHO, on releasing the World Health Report. "I hope this report will dispel long-held doubts and dogma and mark the beginning of a new public health era in the field of mental health," she added.

A lack of urgency, misinformation, and competing demands are blinding

policy-makers from taking stock of a situation where mental disorders figure among the leading causes of disease and disability in the world, says WHO. Depressive disorders are already the fourth leading cause of the global disease burden. They are expected to rank second by 2020, behind ischaemic heart disease but ahead of all other diseases.

The report invites governments to make strategic decisions and choices in order to bring about positive change in the acceptance and treatment of mental disorders. The report says some mental disorders can be prevented; most mental and behavioural disorders can be successfully treated; and that much of this prevention, cure and treatment is affordable.

Despite the chronic and long-term nature of some mental disorders, with the proper treatment, people suffering from mental disorders can live productive lives and be a vital part of their communities. Over 80% of people with schizophrenia can be free of relapses at the end of one year of treatment with antipsychotic drugs combined with family intervention. Up to 60% of people with depression can recover with a proper combination of antidepressant drugs and psychotherapy. Up to 70% of people with epilepsy can be seizure free when treated with simple, inexpensive anticonvulsants.

The responsibility for action lies with governments, says WHO. Currently, more than 40% of countries have no mental health policy and over 30% have no mental health programme. Around 25% of countries have no mental health legislation.

The magnitude of mental health burden is not matched by the size and effectiveness of the response it demands.

Currently, more than 33% of countries allocate less than 1% of their total health budgets to mental health, with another 33% spending just 1% of their budgets on mental health. A limited range of medicines is sufficient to treat the majority of mental disorders. About 25% of countries, however, do not have the three most commonly prescribed drugs used to treat schizophrenia, depression and epilepsy at the primary health care level. There is only one psychiatrist per 100,000 people in over half the countries in the world, and 40% of countries have less than one hospital bed reserved for mental disorders per 10,000 people.

The poor often bear the greater burden of mental disorders, both in terms of the risk in having a mental disorder and the lack of access to treatment. Constant exposure to severely stressful events, dangerous living conditions, exploitation, and poor health in general all contribute to the greater vulnerability of the poor. The lack of access to affordable treatment makes the course of the illness more severe and debilitating, leading to a vicious circle of poverty and mental health disorders that is rarely broken.

The report says new knowledge can have a tremendous impact on how individuals, societies and the public health community deal with mental disorders. We now know that large mental institutions no longer represent the best option for patients and families. Such institutions lead to a loss of social skills, excessive restriction, human rights violations, dependency, and reduced opportunities for rehabilitation. Countries should move towards setting up community care alternatives in a planned manner, ensuring that such alternatives are in

place even as institutions are being phased out.

"Science, ethics and experience point to clear paths to follow. In the face of this knowledge, a failure to act will reflect a lack of commitment to address mental health problems," said Dr Benedetto Saraceno, Director of WHO's Mental Health and Substance Dependence Department.

The policy directions have never been so clear, says WHO. Governments who are just starting to address mental health will need to set priorities. Choices must be made among a large number of services and a wide range of prevention and promotion strategies. WHO's message is that every country, no matter what its resource constraints, can do something to improve the mental health of its people. What it requires is the courage and the commitment to take the necessary steps.

The report is part of a year-long campaign on mental health. For the first time, multiple events at WHO including its premier report, technical discussions at the World Health Assembly and World Health Day have all focused on one topic-mental health.

WHO Recommendations

The World Health Report 2001. mental health provides ten recommendations that countries could follow to improve mental health. The recommendations can be adapted by every country according to its needs and resources.

1. Provide treatment in primary care

The Management and treatment of mental disorders at the first level of care will enable the largest number of people to get easier and faster access to services. Providing treatment in primary care can improve possibilities for early diagnosis, treatment and appropriate follow up and reduce unnecessary investigation and inappropriate or non-specific treatment. In order to do so, general health personnel in primary care need to be

trained in the essential skills of mental health care.

A number of developing countries have initiated national programmes that integrate mental health with primary health care. Countries such as Brazil, Colombia, Iran, India, Pakistan, Malaysia, Nigeria and South Africa have trained general physicians in the areas of psychiatry, coping with stress caused by disasters, psychopharmacology, communication and interview techniques, support therapy and counseling, and prevention of mental illness.

2. Make psychotropic medicines available

Medicines for the treatment of psychiatric disorders and epilepsy fall into four groups, namely antidepressants for depression, antipsychotics for psychotic symptoms; antiepileptics for epilepsy; and anxiolytics (or tranquilizers) for anxiety. Essential psychotropic medicines should be provided and made available at all levels of health care and should be included in every country's essential list of medicines. Medicines can ameliorate symptoms, reduce disability, shorten the course of many disorders, and prevent relapse. They often provide the first-line of treatment, especially in situations where psychosocial interventions and highly skilled professionals are unavailable.

A small number of medicines are needed to treat most mental disorders. Most of the medicines are affordable. The choice of one medicine over another is, to a large extent, a question of affordability. While some medicines can be expensive to provide, the costs are often offset by a reduced need for other kinds of care and treatment. A number of countries have already included the essential medicines for mental health care in their essential drugs list for primary health care.

3. Give care in the community

Mental health services should be provided in the community rather than in mental hospitals and institutions. Community care results in better treatment outcomes and quality of life for individuals with chronic mental disorders. Shifting patients from mental hospitals

to community care can be cost-effective, help to ensure respect of human rights, limit the stigma of receiving treatment, and lead to early treatment.

Large custodial mental hospitals should be replaced by community care facilities. In order to fill the service gap, these facilities should be supplemented by psychiatric beds in general hospitals and home care support in order to meet all the needs of the mentally ill. This shift towards community care requires health workers and rehabilitation services to be available at community level, along with the provision of crisis support, appropriate housing and employment.

An example of a shift to community-based services can be found in Australia. Over a five-year period between 1993 and 1998, spending on community care increased from 29% to 46% of total mental health spending. The number of beds in psychiatric institutions was reduced by 42% and the number of emergency psychiatric beds in general hospitals increased by 34%. Much of this growth was funded by resources released by downsizing mental institutions.

4. Educate the public

Public education and awareness campaigns on mental health should be launched in all countries. The main goal is to reduce barriers to treatment and care by increasing awareness of the frequency, treatment and recovery process of mental disorders as well as the human rights of people with mental disorders. Information on options for treatment and their benefits should be widely disseminated so that responses from the general population, health professionals, media, policy-makers and politicians are informed by the best available knowledge. Public awareness can reduce stigma and discrimination, increase the use of mental health services, and close the gap in the perception of mental and physical health as two distinct, separate issues.

For instance, the World Psychiatric Association has developed "Open the

doors," the first global programme against stigma and discrimination surrounding schizophrenia. "Open the doors" material has been used in Austria, Brazil, Canada, Egypt, Germany, Greece, India, Italy and Spain in national programmes involving government, media, healthcare workers, nongovernmental organizations as well as patients and their families.

5. Involve communities, families and consumers

Communities, families and consumers should be included in the planning and development of mental health policies, programmes and services. Such involvement helps ensure that services are tailored to people's needs, taking into consideration issues of age, gender, culture and social conditions. These services are then more likely to be used by people with mental disorders and their families.

The role of the community can range from the provision of self-help and mutual aid to lobbying for changes in mental health care and resources, carrying out educational activities, participating in the monitoring and evalua-

tion of care, and advocacy to change attitudes and reduce stigma.

Consumer groups have emerged as a powerful, vocal and active force for change. There are now many consumer associations involved in mental health. Participation of consumers in the creation of services, review of care standards and development and implementation of policy and legislation helps to increase the accountability of responsible authorities.

Families are often the primary care providers. It is essential to help families understand illness, acquire skills of care and support, encourage medication compliance and recognize early signs of relapse to lead to better recovery and reduce disability.

Organizations such as the World Fellowship for Schizophrenia and Allied Disorders (WSF) stress that the mutual sharing of knowledge between health professionals and families and consumers is vital to develop trust and to create effective therapeutic alliance. This sharing develops assertiveness in family carers, allowing them to "move from passive minding to active caring."

6. Establish national policies, programmes and legislation

Mental health policy, programmes and legislation are necessary for significant and sustained actions. They should be based on current knowledge and human rights consideration. Mental health reforms should be part of larger health system reforms. Most countries need to increase their budgets for mental health. Progress in implementing mental health care programmes has been made in countries that have recently developed or revised their policy and legislation.

Major reforms in Uganda starting in 1996 have seen the development of standards and guidelines for care of adults and children at all levels of health care; training for health workers to recognize and manage common mental disorders; a new referral system and support network; and linkages with other programmes such as adolescent and reproductive health, health education, or AIDS. Medicines for the treatment of mental and neurological disorders have been included on the country's essential drug list. The Mental Health Act was

revised and integrated into a Health Services Bill and mental health is now part of the health ministry budget.

7. Develop human resources

Many countries need to increase and improve training of mental health professionals who provide specialized care, as well as general health workers at all levels. Most developing countries lack an adequate number of specialists to staff mental health services. Once trained, these professionals should be encouraged with incentives to remain in their country in positions that make the best use of their skills. This includes medical and non-medical professionals, such as psychiatrists, clinical psychologists, psychiatric nurses, psychiatric social workers and occupational therapists, who can work together towards the total care and integration of patients in the community.

Undergraduate medical curricula need to be updated to ensure that graduates are skilled in diagnosing and treating persons suffering from mental disorders. Sri Lanka, for instance, recently expanded the duration of training in psychiatry and included it as an examination subject.

8. Link with other sectors

War, conflict, disasters, unplanned urbanization, loss of employment and poverty are determinants of mental ill health as well as barriers to treatment. The work of sectors other than health, such as education, labour, welfare, and law, greatly affects the quality of life of people with mental disorders. These sectors should be involved in improving the mental health of communities. Nongovernmental organizations should also be encour-

aged to support and participate in local initiatives.

Examples of opportunities for improving mental health across a wide range of sectors include the development of labour policies that create a positive work environment free from discrimination, or that provide assistance to the unemployed. Education policies should address the requirements of groups with special needs within the curriculum. Priority should be given to providing housing within communities for people with mental disorders. Justice systems should prevent the unjust imprisonment of people with mental disorders and make treatment for mental and behavioral disorders available within prisons.

9. Monitor community mental health

The mental health of communities should be monitored by including mental health in general health information and reporting systems. The indices should include both the numbers of individuals with mental disorders as well as the quality of care they receive. Improvements in health information and reporting systems help to monitor trends and detect changes. Monitoring is necessary to set priorities, assess needs and the effectiveness of mental health treatment and prevention programmes.

Scandinavian countries have monitored the use of total alcohol consumption and taken policy measures to control the amount of alcohol use of public health benefits. In the United States a mental health "report card," as reported by consumers and families, gauges the performance of mental health services in four domains: access, quality/appropriateness of care, outcomes and prevention.

10. Support more research

More research into biological, psychosocial and service provision aspects of mental health is needed in order to increase the understanding of the cause, course and outcome of mental disorders and to develop more effective treatment services. Such research should be carried out on a wide international basis to understand variations across communities.

Building research capacity in developing countries is an urgent need. WHO's research on schizophrenia has demonstrated the importance of considering social and cultural factors and the incorporation of family support in improving mental health in developing countries.

Research in the areas of epidemiology, treatment, prevention, policy, service and economics forms the scientific and rational basis to guide all policy whether it is advocacy, treatment, or service provision. Research tools and methods should be informed by and adapted to the cultural context where the research takes place.

Countries have the responsibility to give priority to mental health in their health planning and to implement these recommendations. Enlightened mental health policy and legislation supported by training of professionals and adequate and sustainable financing can help deliver appropriate services to those who need them at all levels of health care.

Source: World Health Report 2001 (WHO)