

Advancing the Global Mental Health Agenda

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Mental disorders are much more common among the poor and they, in turn, increase poverty. A substantial proportion of poor, homeless people have mental and substance use disorders. Refugees or displaced persons suffer from a broad range of mental disorders. Children not receiving enough iodized salt develop mental retardation. People exposed to major economic transitions are at risk for alcohol, substance use and suicide. The stresses imposed by absolute poverty are powerful determinants of mental disorders like depression and substance abuse. One of the most consistent predictors of mental disorders in low income countries is lack of education. In addition, mental and behavioural factors and disorders like depression are important for adherence and compliance to treatment of HIV/AIDS, Tuberculosis, Malaria and other diseases. Finally, substance use is an important risk factor for HIV. Mental health care for depression and substance use disorders is important for decreasing the morbidity and mortality among mothers as well as to prevent short term and long term adverse effects on neonates and children.

All these facts clearly show that **Mental Health should become part of global development and the public health agenda**

Recent developments, including experience related to the development of WHO's World Health Report 2001 (WHO 2001), indicate why the case for advancing the interests of mental health has now become so compelling. Mental health problems already account for more than one-eighth of the global burden of disease and this is likely to increase in future. The proportion of the global burden of disease attributable to mental, neurological and substance use disorders are expected to rise from 12.3 % in 2000 to 16.4 % by 2020. Alcohol consumption alone is responsible for 4 % of the global burden. More than 150 million persons suffer from depression at any point in time and nearly one million per year commit suicide. The population of injecting drug users comprises approxi-

mately 10 million people worldwide and 4–12 % of all HIV cases in the world are due to injecting drug use. The rise in the burden of mental, neurological and substance use disorders will be particularly sharp in developing countries, primarily because of the projected increase in the number of individuals entering the age of risk for the onset of disorders. These problems pose a greater burden on vulnerable groups such as people living in absolute and relative poverty, those coping with chronic diseases and those exposed to emergencies.

In addition, in spite of the availability of cost-effective treatment for most of those disorders a huge gap still exists between implementation and needs worldwide. WHO-Atlas figures show that the majority of low and middle income countries have less than one psychiatrist and one psychiatric nurse per 100 000 population. Majority of low and lower middle countries spend less than 1 % of their health budget on mental health. A recent international review conducted by WHO of all available community-based psychiatric epidemiology studies revealed the median treatment gap (untreated from total) to be 32 % for schizophrenia, 56 % for anxiety disorders and 78 % for alcohol abuse and dependence.

Reducing this gap and improving treatment rates will not only reduce the burden of disease and disability and health care costs but will also increase economic and social productivity. Finally, to address this gap, it is vital that innovative mental health policies and legislation be designed and become a harmonic part of health systems. Promoting mental health, preventing mental disorders, mainstreaming cost-effective interventions in primary health care and engaging with local communities will be key components of these innovative policies.

To overcome the barriers which prevent mental health to be properly funded and funds to be properly used there are a variety of measures that can be taken. First of all, in each country more clarity is needed about what should be the priorities to be addressed to promote mental health and prevent and treat

mental disorders. Second, more evidence about cost-effective interventions is needed. Third, mental health care should be linked more to general health care especially at primary health care level. Fourth, human and financial resources dedicated to mental health should be increased and more effectively used. In conclusion, Governments should make a more determined effort to put mental health in their agenda and mental health professionals, namely psychiatrists, should be more pro-change than anti-change. In fact, psychiatrists can substan-

tially contribute to the improvement of mental health care in their own countries.

However, shifting mental health care from hospitals to the community is often seen by some psychiatrists as a threat to their own identity and role; psychiatrists should be more engaged in promoting the respect of human rights in psychiatric facilities, the decentralization of human and financial resources to promote community mental health care and the empowerment of service users.

References

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