An overview of a strategy to improve the mental health of underserved populations

Social Change and Mental health
Department of Mental Health
Nations for Mental Health

Contents

New challenges in health

Mental and neurological problems are amongst the most important contributors to the global burden of disease[1] and disability[2]. While public health intervention has led to dramatic improvements in physical health, in particular, mortality rates, the mental component of health has not improved and in many communities has deteriorated significantly. All indications are that this burden will increase in the coming decades and will pose serious social and economic handicaps in global development issues, unless substantive action is taken.

The leading challenge now is to reduce the burden through systematic and comprehensive action to prevent mental illness where this is possible, to treat those conditions for which effective treatments exist, to rehabilitate those suffering from chronic mental illness and to care for those people, in particular those suffering from dementia, whose condition will progressively deteriorate. All of this needs to be achieved in a humane but cost-effective way.

Nations for Mental Health has been created to address this challenge through assistance directed to country needs. It is an initiative of the World Health Organization which has been developed in collaboration with the Department of Social Medicine of the Harvard Medical School. A public health model drives the initiative which works towards two main objectives; strengthening mental health policies, legislation and plans; and planning and developing services. *Nations for Mental Health* targets common and disabling mental and neurological problems and focuses on underserved populations.

[1] The global burden of disease has been measured by the DALY (Disability Adjusted Life Year) which captures the impact of both premature death and disability within a single measure. Specifically it combines 1) the loss from premature death, defined as the difference between actual age at death and life expectancy at that age in a low-mortality population, and (2) the loss of healthy life resulting from disability, to produce DALY loss per disorder in a given population.
[2] Disability is measured by YLD (Years Lived with a Disability).

Key features of *Nations for Mental Health*

- Two main objectives define the initiative's scope:
    - to strengthen mental health policies, legislation and plans
    - to plan and develop services for mental health

- A public health approach drives the initiative's strategies and activities.
- It operates under the assumptions that work should be output-oriented and should rely on both top-bottom normative work and bottom-up best practices and implementation models.
- It uses a comprehensive approach to improve mental health through its emphasis on health systems and service development.
- Country-level interventions are determined by the needs of the specific country concerned.
- Underserved populations are targeted.
- It collaborates with other international and national entities working to improve mental health.
- Evaluation is conducted to assess all activities and to guide the further development and direction of the initiative.

Six common and disabling mental and neurological problems

Depression
Depression, characterized by low or sad mood and loss of interest in activities previously enjoyed, is currently the fourth major cause of disease burden worldwide. An estimated 340 million people suffer from depression. It is the leading cause of disease burden for women between the ages of 15 and 44 years in both developing and developed countries and the second leading cause of disease burden for men in this age group. It is predicted that depression will be the second leading cause of disease burden worldwide by the year 2020. Yearly, over 900 000 deaths attributable to suicide are recorded worldwide: many of which are due to depression.

Suicide
Self-inflicted injuries, of which suicide attempts comprise the major category, rank 17th among leading causes of disability worldwide. By the year 2020, it is predicted that self-inflicted injuries will be the 14th leading cause of disease burden in the world. In the age group from 15 to 44 years in developing countries suicide is the eighth leading cause of disease burden in men and the fourth leading cause of disease burden among women. More than 1.4 million people committed suicide in 1990 accounting for roughly 1.6% of the world's mortality for that year. Suicide is among the top 10 causes of death in most countries that report rates and is one of the top two or three causes of death among the young. Attempted suicide rates are between 10 to 20 times higher than completed suicide rates.

Schizophrenia
Schizophrenia, characterized by disordered thinking, perception and judgement, is the ninth leading cause of disability worldwide. It is predicted that the current rate of 22 million people suffering from schizophrenia will increase to 45 million in the next few decades. Schizophrenia is extremely disabling for those affected and carries a considerable ancillary burden for families and communities, as well as high potential for stigmatization and human rights violations.

Dementia
Dementia, which results from disease processes in the brain, occurring mainly in the elderly, is characterized by a disturbance in memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement. These characteristics are often accompanied by deterioration in emotional control, social behaviour, or motivation.. With the expected rapid growth of the population aged 60 and above, the estimate of 29 million current cases is expected to increase to 80 million a few decades from now. Many people suffering from dementia are abandoned or institutionalized.

Mental retardation
Mental retardation is characterized by impairment of skills manifested during the developmental period such as slow learning, difficulty concentrating or following simple instructions, difficulty remembering even simple things as well as difficulty in controlling movement in severe cases. It exists in various degrees of severity. Currently 60 million people suffer from one of the various forms of mental retardation. Mental retardation is a chronic disorder for which there is no cure although some palliative care exist. Many cases can be prevented or its effects can be ameliorated, through relatively simple and cost-effective early-age educational interventions.

Epilepsy
Epilepsy is characterized by seizures causing convulsions and loss of consciousness. The current estimate is of about 40 million cases worldwide. Many cases can be prevented through prenatal care, safe delivery, reduction of brain injury, and the control of infectious and parasitic diseases. Effective treatments also exist but in many countries those suffering from epilepsy remain untreated and experience a great deal of stigmatization and discrimination.

Disabling mental and neurological problems

Depression, suicide, schizophrenia, dementia, mental retardation and epilepsy are six examples of disabling mental and neurological problems. Each disorder adversely affects the ability of persons to function in society and each has severe repercussions for families and communities. An effective response must include the strengthening of community services and supports.

Underserved populations

Beyond the striking figures related to those suffering from mental and neurological disorders, there exist a number of groups of people who, because of extremely difficult circumstances or conditions, are at special risk of being affected by the burden of mental problems. These groups include:

- persons living in extreme poverty, such as slum-dwellers;
- children and adolescents experiencing disrupted nurturing;
- persons traumatized by violence in various forms, such as victims of wars and abused women;
- migrants, including refugees and other displaced persons;
- indigenous populations.

Many persons with a mental disorder and those exposed to such disadvantaged situations have factors in common including:

- shared sociodemographic markers such as unemployment and social disintegration;
- frequent stigmatization;
- exposure to human rights violations;
- the need for strong family and community support and for more accessible and appropriate interventions which are local, flexible and comprehensive;
- the need for common solutions which at the same time address specific situations.

In this way, disadvantaged persons and many persons with mental disorders who are inadequately managed form a broad virtual "nation" of underserved people living dispersed within the many nations of the world.

Underserved populations

Nations for Mental Health is an initiative primarily for underserved populations and therefore includes disadvantaged persons, in addition to those people suffering from mental disorders. Both groups have much in common, including the need for common solutions that address specific situations.

The Public Health Burden - Four Facets

The Defined Burden
This term refers to the burden currently affecting persons with mental disorders and is measured in terms of prevalence and other indicators, such as quality of life indicators and DALYs. It has been estimated that:

- the portion of the global burden of disease attributable to mental and neurological problems is 11.5 %;

- psychiatric and neurological conditions account for 28% of years of life lived with a disability in all regions of the world[3];

- five of the leading 10 causes of disability worldwide are mental health problems.

[3.] The figure differs only in Sub-Saharan Africa where these conditions account for 16% of total disability.

The Undefined Burden
This refers to the economic and social burden for families and communities. Although recognized as substantial, it has not been measured to any great extent. Mental illnesses affect the psychosocial and cognitive functioning of the individual, thus greatly diminishing his or her social role and productivity in the community. Additionally, because mental illnesses are disabling and last for many years, they can take a tremendous toll on the emotional and socioeconomic capabilities of relatives who care for the patient, especially when the health system is unable to offer cost-effective treatment and support. The resulting burden to the community and family includes:

- economic costs for the community associated with lengthy hospitalisation
- reduced productivity for the community
- emotional burden for family members
- financial costs for families
- lost productivity for family members
- diminished quality of life for family members

The Hidden Burden
This refers to the burden associated with stigma and human rights violations. Although this hidden burden is a major problem throughout the world, many instances remain hidden behind closed doors. The stigma associated with mental illness leads to negative consequences for the patient and family, including:

- humiliation
- isolation
- unemployment

Persons experiencing mental problems are more vulnerable than others in their social dealings and consequently are at a relatively higher risk of human rights violations. Human rights with high potential for violation in the mental health context include:

- the right to integrity of the person (e.g. not to be subjected to physical or sexual abuse; right to adequate consent to treatment)
- the right to liberty (e.g. not to be unduly subjected to physical restraint)
- the right not to be discriminated against (e.g. in access to services)
- right to control one's own resources (e.g. not to be unduly removed)

The Future Burden

This refers to the burden expected to materialize in the future. Given the aging of the population, and the likelihood of increasing social problems and unrest, the burden due to mental problems will increase substantially and become a major threat to development.

Reasons for this increase include:

- increased life expectancy of those with mental disorders;

- overall ageing of the population, i.e. the growing number of people reaching an age at which the risk of mental disorders increases;

  - the larger number of people reaching young adulthood contributing to the greater number of people developing schizophrenia;

  - the larger number of people surviving to an elderly age contributing to the greater number of people who will suffer from dementia[4];

- increased growth in the numbers of persons affected by violent conflicts, civil wars and disasters and the number of displaced persons contributing to psychosocial problems and interpersonal violence within communities.

[4] By the year 2000, persons aged 65 years and over are expected to reach 423 million, half of whom will be in developing countries.

The four facets of public health burden

The four facets of burden highlight mental problems as a major threat to the health and development of communities around the world. They also reveal the immense suffering of those individuals and families affected by mental illness. All aspects of this burden can be reduced if immediate and substantive action is taken.

Objectives and strategies

The objectives and strategies of *Nations for Mental Health* are listed below.

Objective 1.   **To strengthen mental health policies, legislation and plans**

Strategy 1   To increase awareness of the burden associated with mental health problems and the commitment of governments to reduce this burden.

Strategy 2   To increase the technical capacity of countries to create, review and develop mental health policies, legislation and plans

Strategy 3:   To develop and disseminate advocacy and policy resources

Objective 2.   **To improve the planning and development of services for mental health**

Strategy 1   To increase the technical capacity of countries to plan and develop services

Strategy 2   To support demonstration projects for mental health best practices

Strategy 3   To encourage operational research

Strategy 4   To develop and disseminate resources relating to service development and delivery

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Nations for Mental Health operates under the assumption that work should be output-oriented and should rely on both top-bottom strategies such as policy development and bottom-up strategies such as service development and best practices for mental health.

Strengthening mental health policies, legislation and plans

Nations for Mental Health uses three strategies to achieve its objective of strengthening mental health policies, legislation and plans.

- Increasing awareness of the burden associated with mental health problems and the commitment of governments to reduce this burden.

Awareness raising strategies which also aim to enhance commitment of governments are pre-requisites to improving the mental health of underserved populations. The main target group for these strategies are governments, ministries of health, and key policy-makers or those organizations or individuals in a position to influence key policy-makers. Countries are encouraged to review priorities and commitments and to recognize the substantial benefits that will accrue from investing in mental health. Many communicable diseases are now under control, but only as a result of awareness and commitment to address the burden.

- Increasing the technical capacity of countries to create, review and develop mental health policies, legislation and plans.

Governments can be committed to improving mental health planning, implementation and evaluation, but changes are unlikely to occur if the technical capacity to achieve this objective is lacking.

Nations for Mental Health works with governments and policy-makers to assist directly in the review and further development of countries' mental health plans, policies and legislation or it provides or recommends consultants to assist governments. Furthermore, *Nations for Mental Health* makes financing available for this purpose in countries that demonstrate a commitment to improving mental health but lack sufficient funds.

Plans and policies which are clearly and precisely formulated and which are closely linked to community services provide the much needed guidance required by countries to improve the mental health of their populations. Areas covered include: decentralization of mental health services; the quality and efficiency of mental health services; referral and recording mechanisms linked to the national health information system; and prevention and promotion aspects of mental health.

- Developing and disseminating advocacy and policy resources

The resources produced, which are either documents or audiovisual materials, are developed for use as part of the advocacy strategy or have direct application to mental health planning, legislation and policies. The target group includes ministries of health, nongovernmental organizations, and organizations within the United Nations system.

To improve the planning and development of services for mental health

The existence of effective and efficient accessible mental health services is seen as the cornerstone for providing good mental health treatment, care and rehabilitation and for building prevention and promotion activities.

Nations for Mental Health uses four strategies to achieve its objective of planning and developing services for mental health.

- Increasing the technical capacity of countries to plan and develop services

Nations for Mental Health in collabration with WHO regional offices and with experts from collaborating centres and NGOs will provide technical assistance to strengthen mental health services. The recipients of assistance have either directly requested assistance or are currently implementing a ***Nations for Mental Health*** demonstration project. Some of the areas covered include: reorganisation of services, the establishment of community based mental health care and psychosocial rehabilitation for the mentally ill. In most cases mental health services need to be provided through primary care and attention is focused on the technical competency of service staff; high standard of patient communication skills and a positive and caring staff attitude; availability of effective treatments; continuity of care; and close links and collaboration with other services, including those outside the health sector, e.g. training and employment programmes.

- Supporting demonstration projects for mental health best practices

Nations for Mental Health supports demonstration projects which develop best practice models for services in countries where none exist or which disseminate existing models of best practice in countries where best practices exist but are geographically limited. Demonstration projects fulfil two major functions. First, they improve the mental health of communities served by the project. Secondly, they are used as a means of advocacy for the strengthening, continuation and integration of best practice models by demonstrating the beneficial effects of such an approach for the community.

Project proposals from governments and organizations interested in developing a demonstration project for their country are submitted to ***Nations for Mental Health*** at WHO headquarters. Applications are reviewed in collaboration with the relevant WHO regional office using criteria relating to feasibility, extent of collaboration and potential for sustainability.

- Supporting operational research

Nations for Mental Health supports operational research leading to the development or strengthening of community services. Examples include establishing a profile of those people who either do or do not contact mental health services for assistance, determining the barriers to access, assessing whether mental health needs for different groups attending services are being adequately met, and determining solutions for identified barriers and deficiencies in services as well as strengths that can be built upon.

- Developing and disseminate technical resources

Documents and audiovisual materials which are useful in developing community and primary care services for mental health are the focus of this strategy. The target include ministries of health, nongovernmental organizations, academic institutions, and community organizations.

Evaluation and dissemination

Evaluation
Nations for Mental Health will undergo comprehensive evaluation. The initiative will be evaluated in terms of whether it is able to meet its two major objectives.

For the objective of strengthening mental health policies, legislation and plans, evaluation will be in terms of:

- the number of countries in which mental health plans and policies were reviewed, modified or strengthened
- the extent to which the special needs of different population groups, family and consumer associations, and stigma and human rights issues are taken into consideration in mental health policies, legislation and planning

  Indicators for the awareness and commitment strategy include:
  - the extent of media coverage generated
  - commitments made by governments and ministries of health
  - resource allocation

  Indicators of increased technical capacity include:
  - the number of countries that have been assisted to strengthen mental health planning and policies
  - the number of countries that become independent in their ability to draw upon technical expertise on mental health planning and policies from within the country

  Indicators for the resource development and dissemination strategy include:
  - the extent of their use and their usefulness

For the objective of developing services for mental health, evaluation will be in terms of:

- the number of countries for which mental health services have been substantially improved
- the extent to which the needs of different population groups and family and consumer groups, and stigma and human rights issues are addressed in the development of services

  Indicators for demonstration projects include:
  - the use of process, impact and outcome measures, where appropriate, to permit an evaluation of project effectiveness.[1]
  - the results from process, impact and outcome measures

  Indicators for the operational research strategy include:
  - the usefulness of the results for informing service development
  - the extent to which the results of research are applied to service development

  Indicators for resource development and dissemination include:
  - the extent of use and usefulness of resources

[1] It is unrealistic to expect that all countries will be able to utilize sophisticated methods to evaluate demonstration

projects. Therefore the extent and comprehensiveness of these evaluations are expected to vary among countries.

Dissemination

Methods for disseminating information on *Nations for Mental Health* activities include:

- *Nations for Mental Health* documents
- academic and professional meetings and conferences
- scientific publications
- active use of the mass media
- the Internet - in particular, the *Nations for Mental Heath* homepage which provides an overview of strategies, activities and contact details for projects (www.who.int).

Partners

Nations for Mental Health is conceived as a vehicle for multidisciplinary and interorganizational work. The initiative works within the framework of the mental health plans of WHO's regional offices leading to strong collaboration, and consistency in approach, between WHO headquarters, regional offices and country representatives.

Other international, public health and scientific organizations collaborating with *Nations for Mental Health* include:

United Nations System
- International Labour Organization (ILO)
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Children's Fund (UNICEF)

Other Multilateral Organizations
- World Bank
- International Organization for Migration (IOM)

Academic Institutions
- WHO collaborating centres
- Harvard Medical School (USA)
- London Institute of Psychiatry (United Kingdom)

Nongovernmental Organisations
Close links are maintained with a number of nongovernmental organizations (either directly and/or through the Standing Committee of Presidents of International NGOs concerned with Mental Health Issues), including:
- World Federation for Mental Health (WFMH)
- World Psychiatric Association (WPA)
- Geneva Initiative
- Carter Center

Affiliated Programmes
These programmes are forums for exchanging ideas and sharing experience and expertise:

- North Birmingham Mental Health, National Health Service Trust Headquarters, United Kingdom
- Mental Health Act Commission, Nottingham, United Kingdom
- National Health System Executive, Anglia and Oxford, United Kingdom
- Dipartimento di Salute Mentale, Trieste, Italy
- Centre Médico-Psychologique, Lille, France

Applications, Information, Acknowledgements

Applications

Applications for support are received by the secretariat of *Nations for Mental Health* directly from the responsible public health authorities of WHO Member States.

Nongovernmental organizations, members of academia and interest groups are encouraged to submit intervention proposals for consideration by country authorities, WHO regional offices and *Nations for Mental Health* at the WHO secretariat.

Information

Further information on *Nations for Mental Health* can be obtained by contacting:

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Acknowledgements

Resources produced and distributed by *Nations for Mental Health*

Documents

- Gender differences in the epidemiology of affective disorders and schizophrenia.
  WHO/MSA/NAM/97.1.
  English

- Meeting of a Consultative Group, Geneva, 2-3 December 1996, Report.
  WHO/MSA/NAM/97.2.
  English

- Nations for Mental Health: An overview of a strategy to improve the mental health of underserved populations.
  WHO/MSA/NAM/97.3. Rev.1
  English

- Nations for Mental Health: A focus on women.
  WHO/MSA/NAM/97.4.
  English
  Russian

- Nations for Mental Health: Supporting governments and policy makers.
  WHO/MSA/NAM/97.5.
  English
  Russian

- Nations for Mental Health: Schizophrenia and public health.
  WHO/MSA/NAM/97.6.
  English
  Russian

- Nations for Mental Health: Recommendations for evaluation.
  WHO/MSA/NAM/98.1.
  English

- Nations for Mental Health: The Mental Health of Indigenous Peoples - An International Overview.
  WHO/MNH/NAM/99.1.
  English

Videos

- Nations for Mental Health video: Sriyawathie - rehabilitation of chronic psychiatric patients in Sri Lanka.

Documents translated into the Russian language may be obtained by contacting Dr Robert Van Voren, General Secretary, Geneva Initiative on Psychiatry, P.O. Box 1282, 1200 BG Hilversum, the Netherlands, Tel.: 0031-35-6838727, Fax:0031-35-6833646, E-mail:rvvoren@geneva-initiative.org.

(ON pocket of the brochure insert the following)

Nations for Mental Health
Demonstration Projects

For more information on demonstration projects contact the appropriate WHO regional Advisor for Mental Health or WHO headquarters.

Regional Office for Africa
Parirenyatwa Hospital
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