Acta Med. Nagasaki 60: 7 －11

Recent global movement on mental health

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The Mental Health Gap Action Programme (mhGAP) proposed by the World Health Organization (WHO) is a planned action that aims at providing uniform medical care, especially mental health care and services, to all people worldwide, regardless of economic status. Because not only the levels of medical care, but also the political and economic situations vary among countries, it is extremely difficult for a plan to be successfully implemented in every country with standardized methodology, even if the directionality is ethically correct and ideal. Against this background, authorized personnel provide mental health care activities across the globe, and they report on activities and promote mutual understanding at the WHO mhGAP Forum, an informal meeting convened yearly in Geneva. The 5th mhGAP meeting was attended by 48 member states and 58 partner organizations. From Japan, 5 professionals attended the meeting and presented different viewpoints. Among various policies proposed at the Forum, one in particular about training and recruiting health professionals for low-income countries has gained a special consensus. In addition, the importance of training medical professionals who are not specialized in psychiatry and the importance of developing educational programs for educators were emphasized. It is important for Japan to proactively participate in mhGAP to contribute to global mental health initiative.

ACTA MEDICA NAGASAKIENSIA 60: 7－11, 2015

Key words: global mental health, WHO, mhGAP, Comprehensive Mental Health Action Plan 2013-2020

Introduction

The Mental Health Gap Action Programme (mhGAP) was established in 2008 by the World Health Organization (WHO) to build a system for mental health care initiatives and for reducing the gap in treatment quality, with the aim of rectifying disparities in mental health services between countries. Since then, an informal mhGAP Forum is convened in Geneva every October by WHO member states, non-governmental organizations, research institutions, and WHO collaborating centres.

As a WHO collaborating centre, the Department of Neuropsychiatry, Nagasaki University Graduate School of Biomedical Sciences has played an active role in improving the quality of mental health care for the last 20 years. We attended the mhGAP Forum held in Geneva on October 13, 2013, as a member of a WHO collaborating centre. Here, we outline the mhGAP and the contents of the Forum with presenting some of our planned activities.

I. Outlines of the mhGAP

According to the WHO's statistics, about 350 million people are living with depression, 35.6 million with dementia and 50 million with epilepsy, and 3.3 million people die each year due to harmful use of alcohol [1)]. The estimation of disease burden associated with neuropsychiatric conditions us-

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Received September 3, 2014; Accepted February 10, 2015

ing the disability-adjusted life years (DALYs) shows that neuropsychiatric disorders account for 13.5% of the total global burden of disease and disability[2]. A lack of mental health resources is particularly apparent in low-income countries, and approximately 80% of people with severe mental disorders in developing countries have not received treatment in the last 12 months[3].

WHO launched the mhGAP in 2008 with the goal to scale up care for mental, neurological, and substance use disorders and to reduce gaps in mental health services among counties[4]. The programme promotes global collaboration and coordinated action among the member governments, international agencies, and non-governmental organizations to establish a system for supporting national efforts to address mental health. The programme also emphasizes the importance of building a framework for action and building partnerships at national levels. The mhGAP plans to integrate mental health into primary care services to ensure the provision of proper mental health services even when the number of mental health experts is insufficient. To achieve this, (1) depression, (2) schizophrenia and other psychotic disorders, (3) suicide, (4) epilepsy, (5) dementia, (6) disorders due to use of alcohol, (7) disorders due to illicit drug use, and (8) mental disorders in children have been designated as priority conditions to make it easy for physicians and nurses who are not specialized in mental health to learn how to handle people with these conditions.

In 2010, the mhGAP Intervention Guide (mhGAP-IG), which defines diagnostic and treatment guidelines, was published as a practical tool to implement mhGAP in primary care settings[5]. The guidelines further organize and expand the priority conditions mentioned earlier into (1) moderate-severe depression, (2) psychosis, (3) bipolar disorder, (4) epilepsy/seizures, (5) developmental disorders, (6) behavioural disorders, (7) dementia, (8) alcohol use and alcohol use disorders, (9) drug use and drug use disorders, (10) self-harm/suicide, and (11) other significant emotional or medically unexplained complaints with flowcharts for diagnosis and treatment given by each condition. The Department of Neuropsychiatry, Nagasaki University Graduate School of Biomedical Sciences has been in the process of developing the Japanese version of the mhGAP-IG, with the permission of WHO, and plans to publish it at some time in the future.

In response to this trend, the Comprehensive Mental Health Action Plan 2013-2020 adopted by the World Health Assembly in May 2013 proposes actual strategies to improve mental health at a national level and urges every country to implement it[6]. The objectives of the plan are (1) to strengthen effective leadership and governance for mental health, (2) to provide comprehensive, integrated and responsive mental health and social care services in community based settings, (3) to implement strategies for promotion and prevention in mental health, and (4) to strengthen information systems, evidence and research for mental health. The Action Plan also provides alternative and optional measures, achievement indicators, and numerical goals for 2020.

II. Report of the mhGAP Forum 2013

The mhGAP Forum 2013 was held at the WHO headquarters in Geneva on October 7, 2013. This 5th Forum was an informal meeting that has been convened annually since the establishment of mhGAP in 2008. Participating parties were the WHO member states and partner organizations, such as international development agencies, research institutions, non-governmental organizations, and WHO collaborating centres. The aim of the Forum was to promote global collaboration and coordinated action for supporting national efforts to address mental health.

This Forum was attended by 48 member states and 58 partner organizations. The main focus of the Forum was the Comprehensive Mental Health Action Plan 2013-2020 adopted by the World Health Assembly in May 2013.

We have obtained the permission from WHO to report the contents of the Forum in accordance with the compliance. In this article, we report the contents of the Forum according to the meeting agenda.

1. Opening and the Launch

First, the WHO Secretariat welcomed the attendants and summarized the Comprehensive Mental Health Action Plan 2013-2020. After the statement of the WHO Secretariat, special invitees and the representatives from the member states made a statement.

(1) Statements by Special Invitees

Ms. Robinah Alambuya, special invitee and Chairperson of the Pan African Network of People with Psychosocial Disabilities, underscored that to fully include people with psychosocial disorders, society should exercise the rights-based approach to people with disability and integrate human rights as cross-cutting principles, as embodied in the UN Convention on the Rights of Persons with Disabilities.

Professor Jeffrey Sachs, special invitee and Director of the Earth Institute of Columbia University, stated that the post-2015 development agenda would most likely include a commitment to the Universal Health Coverage (UHC). UHC

should provide health coverage for all nations and their citizens across every income level, rich or poor. Every social group, whether based on sex, race, ethnicity, religion, indigenous group, and physical geography, should be guaranteed access. All phases of life, from safe pregnancy to old age, should be covered. UHC should provide promotional, preventive, therapeutic, and palliative health care. And, in addition to other diseases, mental health should be included.

Professor Klaus Schwab, special invitee and Founder and Executive Chairman of the World Economic Forum (WEF) acknowledged that mental disorders account for 13% of disease burden, often affecting and being affected by other diseases such as cancer, cardiovascular diseases, and HIV/AIDS. At the Forum, he warned that over the next 20 years, the global cost of mental health conditions is anticipated to be a cumulative output loss of US$16 trillion which is one-third of the overall US$47 trillion estimated cost of non-communicable diseases.

(2) Statements by Member States

The representatives from the countries listed in Table 1 expressed their agreement on the Action Plan and reported their country's planned actions related to mental health and current measures against stigma surrounding mental illness.

Table 1. Member States issued a statement in the mhGAP Forum 2013

1. Bangladesh	10. Monaco
2. Belgium	11. New Zealand
3. Brazil	12. Norway
4. Canada	13. Pakistan
5. Czech Republic	14. Panama
6. EU	15. Peru
7. Finland	16. Switzerland
8. Guatemala	17. UK
9. Lithuania	18. Uruguay

A total of eighteen countries made a statement on current situation and planned actions for promoting mental health in the mhGAP Forum 2013.

2. Planned Actions of the WHO Secretariat

After the WHO Secretariat presented an overview of WHO planned activities to support countries in implementing the Action Plan, the WHO regional offices spoke of their own planned actions. The outlines of their statements are shown in Table 2.

Table 2. Outlines of statements of the WHO regional offices

WHO African Region (AFRO)	-The burden of mental, neurological, and substance abuse (MNS) disorders account for 19% of all Africa's disability burden cases. The majority of people with MNS disorders experience social exclusion and human rights violations. 80% of those who suffer from MNS disorders do not receive proper treatment. -AFRO is collaborating with the government to improve human rights activities and mental health services, develop and implement the policies, and integrate mental health into primary health care services.
WHO Region of the Americas (AMRO)	-The Caracas Declaration was adopted by the countries in 1990 and a resolution on mental health was adopted by the Pan American Health Organization in 2012. Another milestone was the adoption of the Regional Mental Health Action Plan in 2011, and a regional plan on epilepsy was also adopted in 2013. -AMRO focuses mainly on assessing mental health systems in 34 countries using the WHO Assessment Instrument for Mental Health Systems; developing, strengthening, updating, and implementing national mental health plans; and integrating mental health care into general hospitals.
WHO Eastern Mediterranean Region (EMRO)	-The Regional Strategy for Mental Health was adopted in 2011. Although 70% of the countries in the region have national plans, many of the existing plans are outdated.16 of the 22 countries have laws regarding mental health, but only 8 are up to date, revealing an urgent need to revise the laws. Afghanistan and several other countries are currently revising their laws. -The implementation of the WHO QualityRights Project began in Jordan, and other countries are currently in preparation. Each country has a suicide prevention program and is making efforts to link its suicide information system with other information systems.
WHO Western Pacific Region (WPRO)	-The Western Pacific Region is the most populous region. Social problems associated with people with mental disorders living on the street and human rights violations, such as mentally ill individuals being chained at home, in some cases people caged for over 30 years. -Mental health issues have been the topic at various high level events including the Pacific Health Ministers Meeting, Asia-Pacific Economic Cooperation, and Association of Southeast Asian Nations. WHO will continue to look for opportunities at regional forums to promote the Action Plan. -The toughest challenge is a lack of human resources due to difficulties attracting people to this type of profession.

A total of four WHO regional offices made a statement on current situation and planned actions for promoting mental health in the mhGAP Forum 2013.

The actions of the WHO Secretariat were discussed by the attendants. The Regional Advisers of the WHO European Region (EURO) and South-East Asia Region (SEARO) were unable to attend the Forum.

3. Planned Actions of Civil Society

The focus of this session was planned actions by the mhGAP partners working as a civil society. Civil society partners pledged their support for the Action Plan and spoke of their attempts to ensure its wide dissemination through their membership and networks. Issues of special concern included homelessness among people with mental disorders, establishment of knowledge exchange networks on mental health, needs for reducing stigma, promotion of mental health at school, poverty, promotion of human rights, and needs for research and innovation.

Although 22 partners outlined their activities and areas of contributions for implementing the Action Plan, only the names of the organizations, not the content, will be introduced in Table 3.

4. Planned Actions of WHO Collaborating Centres / Other Academic Institutions

In this session, WHO collaborating centres and other academic institutions reported their planned actions and expressed their strong support for the Action Plan. Concerns specified by the partners were including primary care, collaboration with service users, development of service models, establishment of evidence for mhGAP, promotion of social inclusion of people with intellectual and developmental disabilities, continuation of evidence-based support, maternal depression, and gender and gender identity.

Although 10 partners outlined their activities and contributions for implementing the Action Plan, only the names of the organizations will be introduced in Table 4.

The Forum ended with concluding remarks acknowledging that the Mental Health Action Plan presents an unprecedented opportunity to improve the current situation in global mental health and that it is necessary for all stakeholders to cooperate in order to maximize the impact of the Action Plan, especially in low- and middle-income countries.

Conclusion

In this article, in addition to outlines of the mhGAP which was adopted by WHO in 2008, we reported the contents of

Table 3. Civil society partners issued a statement in the mhGAP Forum 2013

1. Alzheimer Disease International
2. BasicNeeds
3. CBM International
4. Grand Challenges Canada
5. Gulbenkian Foundation
6. European Federation of Associations of Families of People with Mental Illness
7. HealthNet TPO
8. International Association for Child and Adolescent Psychiatry and Allied Professions
9. International Bureau for Epilepsy
10. International Organization for Migration
11. International Medical Corps
12. International Federation of Pharmaceutical Manufacturers & Association
13. International League Against Epilepsy
14. Mental health commission of Canada
15. NGO Forum for Health
16. Office of the United Nations High Commissioner for Refugees
17. Partnership for Children
18. Peter C. Alderman Foundation
19. Regional Psychosocial Support Initiative
20. Rotary International
21. World Association for Psychosocial Rehabilitation
22. World Federation for Mental Health

A total of twenty-two partner organizations made a statement on current situation and planned actions for promoting mental health in the mhGAP Forum 2013.

Table 4. WHO Collaborating Centres and other academic institutions issued a statement in the mhGAP Forum 2013

1. American Psychological Association
2. Columbia University, USA
3. International Union of Psychological Science
4. Japan Psychiatric Hospitals Association
5. Johns Hopkins Bloomberg School of Public Health
6. WHO Collaborating Centre, London
7. WHO Collaborating Centre, Madrid
8. WHO Collaborating Centre, Trieste
9. WHO Collaborating Centre, Verona
10. World Organization of Family Doctors

A total of ten institutions made a statement on current situation and planned actions for promoting mental health in the mhGAP Forum 2013.

the mhGAP Forum convened in October 2013.Of the 48 member states which attended the Forum, 14 sent their UN ambassador to the Forum. It is extremely rare for this type of international meeting to be attended by such a large number of UN ambassadors, revealing the heightened global interest in mental health. The primary focus of the Forum, the Comprehensive Mental Health Action Plan 2013-2020, is not just a simple solution to fill the gap between mental health care services between developing and developed countries. Instead, the Action Plan provides practical means with numerical goals to address mental health issues that every country faces, and strongly urges each nation to promote the Action Plan with responsibilities. In Japan, we also look forward to practical activities that comply with the mhGAP, which includes improving knowledge and skills on mental health in primary care settings through the training based on the Japanese version of the mhGAP-IG.

Disclosures and Freedom of Investigations

We have no personal conflicts of interest to declare and no outside support for this research.

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