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BREAKING DOWN THE SILO MENTALITY IN GLOBAL MENTAL HEALTH: THE NEW ROLE FOR THE SCHOOLS OF PUBLIC HEALTH

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What resources are needed? How can progress towards these goals be monitored? What should be the priorities for mental health research? Three questions about the future of global mental health that have arisen from the work of the Global Mental Health Group (WHO 2007) are still pending. This situation we are facing ten years after the initiative was launched brings us to the critical question of why a precisely defined objectives identified in the document have not been achieved yet? In the comment about the fragile, fragmented and disadvantaged state of mental health services the Editor in Chief of Lancet Richard Horton was addressing the same question. Why the WHO leadership, together with the World Bank, donors such as Gates and Rockefeller, research funding bodies including the National Institutes of Health and professional organizations "have done far too little, if anything et all to the past" (Horton 2007). The answer is almost certainly related to the lack of moral responsibility and behavior of the persons, institutions and political agents in power and empathy deficit that drives the process of reduction in the amount of care that society provides to its most vulnerable groups affected by mental health disorders (Jakovljević 2016). At the technical level, it would be the ill-defined process of change and non-existence of the leading agent of change. The process usually occurs in a five phases: recognition of the need to change, a definition of objectives and goals, identification of promising practices to address it, implementation and scale up.

Change requires a catalyst, and in the case of global mental health, we suggest the school of public health for consideration. The schools of public health might be the unique and irreplaceable agent of change. The integrator with a systemic design and capacity of understanding the science from precision medicine to genetic epidemiology and population based health and design of interventions and their organization and financing. The SPH have also developed the methods, techniques, and understanding of mental health outcomes research. The problems are if there are adequate institutional, organizational and human resources capacities within the schools of medicine and schools of public health to develop, monitor and scale up the global strategy for global mental health? The fourth question does not have only implication for the institutional health arena, the field of medical science or health services organization. It speaks for integrated health services and more profound understanding of broader determinants of health.

Global Burden of Mental Health Disorders

What does epidemiological evidence from global research have to say? The evidence from the epidemiological studies shows that traditional clinical-based approach to mental disorders does not have a potential for the solution to the growing burden of mental illness and disease epidemics. The number of persons with major mental illnesses and the societal burden of mental health problems was increasing substantially in the last three decades. And it is expected to keep the negative trend in the future. This probability should be attributed to the impact of globalization. Although its hard to measure, quantify and predict the impact of globalization on the prevalence and course of mental health and psychiatric disorders today we know much more than a few decades ago (WHO 2016). More than 450 million people around the world suffer from mental health or neurological disorders positioning mental illness and disorders among the leading causes of ill-health and disability worldwide. Close to "30% of the population worldwide has some form of mental disorder, and at least two-thirds of those people receive no treatment, even in countries with the most resources" (WHO 2007). In the USA, for example, 31% of individuals are affected by mental disorder every year, but 67% of them are not treated (Kohn et al. 2004). In Europe, the mental disorder affects 27% of people every year, 74% of whom receive no treatment (Kessler et al. 2005). The situation might have improved with proper care, psychosocial assistance and medication and hundreds of millions could be treated if we know that stigma, discrimination and neglected, prevent care from reaching people with mental disorders. Globalization and broader social phenomena such as migrations and access to technologies serve as "key forces affecting biology, psychology, and health in contemporary society. Poverty compounds the factors that perpetuate mental disorders and leaves those in the "bottom trillion particularly vulnerable to illness and lack of safe and effective treatments." (Harvard Medical School 2016). The measurable effect of such a situation is evident

from Global Burden of Diseases, Injuries, and Risk Factors Study (GBD 2010) that offers even more precise inquiry into the problem. The burden of disease attributable to mental disorders expressed in disability-adjusted life years (DALYs) is showing that not only the situation is challenging. The trends are those that worries even more. The burden of mental and substance use disorders increased by 37.6% between 1990 and 2010. Mental and substance use disorders accounted for 183.9 million DALYs or 7.4% of all DALYs worldwide. Such diseases accounted for 8.6 million Years of Life Lost (Witherford et al. 2013). Mental and substance use disorders were the leading cause of life lost or disabilities worldwide. Depressive disorders accounted for 40.5% of DALYs caused by mental and substance use disorders, with anxiety disorders accounting for 14.6%, schizophrenia for 7.4%, pervasive developmental disorders for 4.2%, childhood behavioral disorders for 3.4%, and eating disorders for 1.2% DALYs varied by age and sex, with the highest proportion of total DALYs occurring in people aged 10–29 years (Witherford et al. 2013).

Globalization and Global Mental Health: Integration and Disintegration

Globalization as the force of division as much as of unification and the causes of division are identical to those promoting global uniformity. According to Kirmayer (2000) globalization affects mental health in three main ways: through its effect on the forms of individual and collective identity, through the impact of economic inequalities on mental health, and through the shaping and dissemination of expert medial knowledge. If we want to find a solution for such a significant and demanding problem, then we should look behind the epidemiological figures into the connection between the globalization and global mental health. How should this paramount issue be addressed and potentially resolved? The first level problem is normative thinking and descriptive epidemiology approach. There is a need for a different kind of approach if we want to move the data to information, from description to analysis and from analysis to problem-solving and implementation of the solutions. What are the problems behind the problem? Why are we facing the epidemics of mental disease? The greatest problem is the relationship between globalization and disintegration. Disintegration is the process that affects individual and collective identity, society and mental health sciences. It is a process of losing cohesion or strength when something is destroyed, broken up into pieces, or falls apart on its own. Integration brings things or people together, and disintegration means things are coming apart. The same effects of disintegration apply to the sciences and services that are focusing to and dealing with mental illness. The mentally ill patients and the sciences and services that are supposed to serve the patients are suffering from the same symptoms. And the symptoms are there for decades (Jones 1979). Disintegration. The integrative approach to mental health is appropriate to answer for the individuals and groups, science, health services, and societies. The authors of the paper in Nature identified 25 research priorities (Collins et al. 2011) for the global mental health. The number one on the list was how to integrate mental health into primary health care, and it was followed by the idea of reducing cost and improving the supply of effective medications, providing community-based care, improving children's access to care in low-middle income countries, and strengthening mental health training for all health personnel. Another important if not the landmark call for global mental health action was published already in 2007 Lancet Series on Global Mental Health (Lancet 2007). The goal was to trigger the Movement for Global Mental Health. Lancet's special global mental health issue was summarizing research on mental health and poverty, child and adolescent mental health, mental health in humanitarian settings, scaling-up mental health services, human resources for mental health and human rights. The articular interest of global mental health professionals should also concern preventive and promotional mental health interventions, and it should include studies in the areas of maternal mental health, the early childhood period, and the integration of mental health in poverty reduction, nutrition, humanitarian, and maternal and child health interventions. What is common to all priorities mentioned above? The represent the core of public health research, education, and interventions. If we are looking for integrative platform that has a potential of bringing and linking together core clinical psychiatric research with epidemiology of mental health disease (including genetic epidemiology), family medicine, primary health care, organization and financing of health services, behavioral health and bioethics, health informatics and statistics, data science (including big data approach to mental health problems) it is the platform of modern public health.

The Academic Response to a Silo Mentality in Global Mental Health

When the Masters of Science course in Global Mental Health was launched at the London School of Hygiene and Tropical Medicine and the Institute of Psychiatry, it was the first of its kind. Center for Global Mental Health at LSHTM followed on October 2009, the collaboration between the London School of Hygiene & Tropical Medicine (LSHTM) and King's Health Partners Academic Health Science Centre, including the Institute of Psychiatry, Psychology & Neuroscience (IoPPN), SLAM and our KCL and NHS Trust. At present the Center works in more than 40 countries on comprehensive and integrative global mental health research and educational programs. The Centre "aims to build on the existing collaborations and complementary strengths of these two institutions to foster research and training in policy, prevention, treatment and care

(LMHS 2016)" Another important center is the department of mental health at John's Hopkins Bloomberg School of Public Health brings together leading researchers "across multiple disciplines joined by their passion for understanding, preventing, and treating mental health and substance use disorders" (Bloomberg School of Public Health 2016). Global mental health education, scholarship, and advocacy for human rights are core missions for the Department of Psychiatry and Behavioral Sciences at the George Washington University (GW) School of Medicine and Health Sciences (SMHS) (GWU 2016). The department is dealing with the issues in "cultural psychiatry, torture-survivor rehabilitation, treatment of traumatic stress disorders, ethnopharmacology, medical diplomacy, mental health response to disasters and human catastrophes, human rights advocacy, psychiatric evaluation of refugees seeking political asylum, and development of mental health services in low- and middle-income countries" (George Washington University 2016). The global mental health program The Program in Global Mental Health and Social Change at Harvard Medical School is maybe the best example of integrative approach bringing together expertise in clinical, evaluative and social sciences including medical and psychosocial anthropology, social medicine and history of medicine with "focus on innovation of models of care that bridge the preventive and clinical, the community and the hospital, and the indigenous and the biomedical (Harvard Medical School 2016)." Ten years after issuing the Lancet Series on Global Mental Health there is substantial evidence for precious organizational, institutional and research based resources capable of addressing the global mental health problems in a more integrative, creative, multidisciplinary and productive way. There is clear evidence of the new thinking that goes beyond the traditional silos approach to global mental health. The question is how to create the global collaborative network of academic institutions and academic journals capable of integrating new thinking and the newly established capacities into the global mental health movement?

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References

1. *Collins PJ: Grand: Challenges in Global Mental Health. Nature 2011; 475:27–30.*
2. *George Washington University. Departmetn of Psychiatry and Medical Sciences. Global Mental Health Program, 2016. https://smhs.gwu.edu/psychiatry/education-training/global-mental-health-program*
3. *Harvard Medical School. Program in Global Mental Health and Social Change, 2016. http://ghsm.hms.harvard.edu/programs/mental-health*
4. *Horton R: Launching a new moment for mental health. The Lancet. 2007; September 4th published online. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61243-4/fulltext*
5. *Jakovljevic M: Public and global mental health promotion for empathic civilisation: A new goal of Psychiatria Danubina. Psychiatr Danub 2016; 28:312-4.*
6. *John's Hopkins Bloomberg School of Public Health: Mental Health. 2016. http://www.jhsph.edu/departments/mental-health/research-areas/*
7. *Jones K: Integration or disintegration in he mental health services. Journal of the Royal Society of Medicine 1979; 640-648.*
8. *Kessler RC, Demler O, Frank RG et al.: Prevalence and treatment of mental disorders, 1990 to 2003. N Engl J Med 2005; 352:2515–23.*
9. *Kirmayer LJ & Minas IH: The future of cultural psychiatry: an international perspective. Canadian Journal of Psychiatry 2000; 45:438–446.*
10. *Kohn R, Saxena S, Levav I, Saraceno B: The treatment gap in mental health care. Bull World Health Organ 2004; 82:858–66.*
11. *London School of Hygiene and Tropical Medicine. Centre for Global Mental Health (CGMH 2016. http://www.centreforglobalmentalhealth.org/*
12. *Witherford HA et al.: Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. The Lancet 2013; 382:1575-1586.*
13. *Wittchen HU, Jacobi F: Size and burden of mental disorders in Europe – a critical review and appraisal of 27 studies. Eur Neuropsychopharmacol 2005; 15:357–76.*
14. *World Health Organization. Lancet Global Mental Heatlh Group. Scaling up Services for mental disorders: A call for Action. Global Mental Heatlh 6, 2007. http://ghsm.hms.harvard.edu/programs/mental-health*
15. *World Health Organization: WHO Mental Health Gap Action Programme (mhGAP), 2016. http://www.who.int/mental_health/mhgap/en/*
16. *World Health Organizaton: The Global Burden of Disease, 2004.*

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