Invited Papers

The WHO World Health Report 2001 on mental health

BENEDETTO SARACENO

Department of Mental Health and Substance Dependence, World Health Organization, Geneva, Switzerland

RIASSUNTO. **Scopo** – La OMS stima che 450 milioni di persone soffrano di disturbi psichiatrici o neurologici e che fra il 10 e il 20% della popolazione infantile presenti qualche disturbo mentale o comportamentale. I disturbi mentali e neurologici rappresentano il 31% di tutte le disabilità. Tuttavia meno del 25% di coloro che soffrono di epilessia ricevono un trattamento e in paesi in via di sviluppo solo un quarto di coloro che soffrono di schizofrenia riceve un trattamento. Sono urgenti e necessarie misure per diminuire il gap nei trattamenti e per superare le barriere che impediscono l'accesso alle cure. I governi devono agire in collaborazione con altri partner affinché tali barriere siano superate e l'assistenza per la salute mentale sia resa disponibile. **Risultati** – Il Rapporto Mondiale sulla Salute propone ai governi 10 raccomandazioni per l'azione. Le azioni suggerite sono classificate secondo tre scenari/paesi: a basso, medio e alto livello di risorse. **Conclusioni** – Il Rapporto rappresenta per i paesi uno strumento che consente di riconoscersi in uno dei tre scenari e di avviare azioni correttive conseguenti.

PAROLE CHIAVE: gap nei trattamenti, risorse, politiche di salute mentale.

SUMMARY. **Objective** – 450 million people are estimated to suffer from neuropsychiatric conditions; approximately 10-20% of all children seem to have one or more mental or behavioural problems. Mental and neurological conditions account for 31% of all disability in the world. In epilepsy alone less than 25% of those affected receive treatment. In developing countries only a quarter of people suffering from schizophrenia receive treatment. Urgent action is needed to close the treatment gap and to overcome barriers. Governments need to take action with other partners to address these barriers and provide mental health services to those in need. **Results** –The World Health Report provides 10 recommendations for countries to begin taking action. These actions are divided into three scenarios: for countries with a very low level of mental health resources, for those with a medium level and for those with a high level of resources. **Conclusions** – The Report allows every nation to recognize itself in one of three scenarios and to adopt and implement the appropriate actions.

KEY WORDS: treatment gap, mental health resources, mental health policies.

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INTRODUCTION

During 2001, WHO has highlighted the issue of mental health to the general public, government officials, and the public health community. Through the World Health Day, World Health Assembly, and the World Health Report, WHO has pledged its full and unrestricted commitment to this public health area.

What has led WHO, in an unprecedented fashion, to focus its 2001 events on a single public health topic?

The decision was taken based upon increasing recognition that:

- the magnitude and burden of mental disorders are high;
- effective treatments exist for most mental disorders;
- the vast majority of those in need of effective treatments do not receive them;
- there are enormous and unnecessary costs around the

Indirizzo per la corrispondenza: Dr. B. Saraceno, Director Mental Health and Substance Dependence, WHO, Geneva (Switzerland).
Fax: +41-22-791.4160
E-mail: saracenob@who.int

world in terms of suffering, disability, and economic loss.

In focusing 2001 upon mental health, the message from WHO has been clear and unequivocal: mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies and countries and must be universally regarded by governments and health systems in a new light.

The title of the World Health Report 2001 is: *Mental Health: New Understanding, New Hope* (World Health Organization, 2001a)

This title was chosen because the World Health Report summarizes a new understanding of mental disorders, based on science and sensibility, and by doing so, offers new hope that from the sum of our new understanding, people with mental disorders will hope to live full and productive lives in their own communities.

To realize this hope, governments have a central role to bring about positive change in the acceptance and treatment of mental disorders.

The Report was written by a small group of WHO staff from the Department of Mental Health and Substance Dependence led by Srinavasa Murthy from the Indian National Institute of Mental Health, Bangalore and Derek Yach from WHO coordinated the group.

Contributions to the Report were received by 21 outstanding scientists from all over the world (among them: Gavin Andrews, Leon Eisenberg, David Goldberg, Steve Hyman, Arthur Kleinman and Norman Sartorius). More than 150 experts have provided inputs, comments and advice at different stages of the preparation of the Report.

THE WORLD HEALTH REPORT 2001

Essentially the Report gives three messages and ten recommendations:

The first message concerns the magnitude and burden of neuropsychiatric disorders.

In fact, 450 million people are estimated to suffer from neuropsychiatric conditions, including:

• Depressive disorders	121 million
• Schizophrenia (not including other psychoses)	24 million
• Epilepsy	50 million
• Suicides (attempted)	10-20 million
• Suicides (completed)	1 million

Mental and behavioural disorders are common, affecting more than 25% of all people at some point during their lives.

Mental and behavioural disorders are present in about 10% of the adult population at any given point in time.

About one quarter of all patients seen by primary health care professionals have one or more mental disorders.

While prevalence figures vary considerably between studies, approximately 10–20% of all children seem to have one or more mental or behavioural problems.

If we look at the burden represented by neuropsychiatric disorders, we recognize that mental and neurological disorders accounted for 12% of the global burden of disease in 2000, as expressed in DALYs (Disability-Adjusted Life Years - a measure that combines premature mortality and disability).

Taking the disability component of burden alone, the GBD 2000 estimates show that mental and neurological conditions accounted for nearly one-third (31%) of all the disability in the world.

Depression causes the largest amount of disability, accounting for 12% of all years of life lived with disability. Among 15-44 year olds, depression is the number one cause of disability, accounting for 16% of all years of disability. Overall, other leading causes of disability include alcohol use disorders, schizophrenia, bipolar disorder, and Alzheimer's and other dementias.

Neuropsychiatric disorders are as important in developing countries as they are in industrialized societies. However, specific disease rates differ in the world's regions. For example, depression is the 2nd ranked cause of disease burden in WHO's regions of the Americas, Western Pacific and Europe, but it ranks in 11th place in the Africa region.

The lifetime prevalence of mental retardation is higher in low-income countries than in high-income countries due to perinatal trauma, infections and nutritional deficiencies.

The second message of the World Health Report is about the availability and the underutilization of inexpensive, cost-effective interventions to manage the majority of mental and neurological disorders.

Up to 73% of those suffering from epilepsy can live a normal life if treated with anticonvulsant drugs, but 90% of cases in developing countries do not get treatment! 60% of those suffering from major depression can fully recover if treated with antidepressant medications and cognitive psychotherapy but in both developed and developing countries, less than 25% of those affected receive treatment!

The relapse rate of schizophrenia can decrease up to 77%, with obvious dramatic benefits for the quality of life of patients and families, if patients receive proper medication and families receive proper education and support but 75% of people suffering from schizophrenia live in developing countries and only a quarter receive treatment!

The effectiveness of drug dependence treatment is comparable to that of diabetes, hypertension, and asthma and less expensive than alternatives such as imprisonment, but misunderstanding, stigma and discrimination prevent drug treatment services from being offered or used!

Finally, one kind of severe mental retardation can be easily prevented through iodine supplementation of salt but many new cases still appear every year.

The third message simply says that urgent action is needed to close the treatment gap and to overcome barriers, which prevent people from receiving appropriate care. Adequate mental health treatment does not occur because governments and health systems lack the capacity to overcome barriers. Among these barriers the Report, which utilizes data from the WHO Project Atlas, (World Health Organization, 2001b) stresses the importance of:

Stigma associated with mental disorders

Around the world, many people with mental disorders are victimized for their illness and become the targets of unfair discrimination. Access to housing, employment, and other normal societal roles are often compromised. As a result, those in need frequently hesitate to seek professional help for their problems, choosing instead to suffer silently and alone.

Discrimination in coverage for mental disorders

In many countries, mental disorders are not covered by health insurance schemes; so many people cannot afford treatment

One-quarter of all countries do not provide disability benefits to patients with mental disorders

One-third of the world's population – 2 billion people - live in countries that spend less than 1% of their health budgets on mental health.

Lack of drugs

Though 85% of countries have an essential drugs list that countries use as a basis for procuring therapeutic drugs, almost 20% of countries do not have at least one common anti-depressant, one anti-psychotic, and one anti-epileptic in primary care.

Wrong priorities

Too many countries (mostly developed countries) still spend most of their resources on a few large mental asylums, which not only focus on a small fraction of those who need treatment but provide poor quality and often inhumane care.

65% of all psychiatric beds in the world are in isolated mental hospitals.

36% of countries do not have community care for mental health.

Lack of skills at the primary health care level

Too few doctors and nurses know how to recognize and properly treat mental disorders.

41% of countries do not have any mental health-training program for primary health care professionals.

Around 50% of all countries have less than one psychiatrist and one psychiatric nurse per 100,000 population, though we know that this population size will have more than 2,000 patients with serious mental disorders requiring specialist consultation and care.

Lack of rational and comprehensive mental health policies and legislation

Worldwide, 40% of countries do not have a mental health policy.

Worldwide, 25% of countries do not have mental health legislation.

Worldwide, 30% of countries do not have a national mental health program.

RESULTS

Governments urgently need action and other partners to address these barriers and provide mental health services to those in need.

The World Health Report 2001 provides 10 recommendations for countries to begin taking action now:

1. Provide treatment in primary care

The management of mental disorders in primary care will enable the largest number of people to access needed services.

It also will improve possibilities for early diagnosis and treatment.

2. Make psychotropic medications available

A small number of affordable medications can effectively treat most mental disorders.

These medications should be provided and made available at all levels of health care, and should be

included in every country's essential list of medicines.

3. Give care in the community

Mental health services should be provided in the community rather than in mental hospitals or asylums.

Community care results in better outcomes and quality of life, is mandated by the UN Principles on the rights of the mentally ill, limits the stigma of receiving treatment, and leads to earlier treatment.

4. Educate the public

Public education and awareness campaigns on mental health should be launched in all countries.

Public awareness campaigns can correct misunderstandings about the causes and consequences of mental disorders, reduce stigma and discrimination, and increase the use of mental health services.

5. Involve communities, families, and consumers

Communities, families and consumers should be involved in the planning and development of mental health policies, plans, and services.

Such involvement helps ensure that services are tailored to people's needs.

6. Establish national policies, programs and legislation

Mental health policies, plans and legislation are essential tools for protecting and improving the mental health of populations.

Every country should have an up-to-date policy, plan and relevant legislation based on current knowledge and human rights considerations.

7. Develop human resources

Improved training is essential, for both general health workers and specialized mental health professionals.

Appropriate training goes to ensure that patients receive the treatment that they need.

8. Link with other sectors

Non-health government sectors such as education, labour, welfare, and law dramatically affect the mental health of populations, and the quality of life of people with mental disorders.

These sectors should be actively engaged in improving the mental health of communities.

9. Monitor community mental health

Including mental health in general health reporting and information systems should monitor the mental health of communities.

Monitoring is necessary to set priorities, assess needs and the effectiveness of treatment.

10. Support more research

More research is needed to better understand the cause, course, and outcome of mental disorders.

Such research should be carried out internationally, to understand important cultural variations. Building research capacity in developing countries is an urgent need.

We all know how easy and unfortunately ineffective it is to make recommendations, which are too global and too general. Indeed, how can the same recommendations be applied in all countries? The innovative aspect of the ten recommendations provided by the World Health Report is that they combine the need for global, strategic directions to be indicated by WHO and the need that these are matched with the reality of individual country development. For these reasons, the last chapter of the World Health Report translates the 10 recommendations into a number of minimum actions to be undertaken. These actions are, in fact, different according to three distinct scenarios. The first is a scenario of a country with a very low level of mental health resources; the second refers to a medium level and the third to a high level of resources. These scenarios have been conceived using the data from a new project aimed at collecting information related to available mental health resources worldwide. In other words, without singling out individual countries, the Report allows every nation to recognize itself in one of three scenarios and, consequently, to adopt and implement the appropriate actions.

CONCLUSIONS

The World Health Report 2001 is a unique collection of science, public health and ethics which provides Member States with useful recommendations to translate science into action and which, ultimately, will result in heightened awareness of mental health, decreased stigma attached to mental disorders and a substantial reduction in the gap existing today between those who receive treatment and those who do not.

Every country can benefit in following the World Health Report's recommendations and the consequent actions designed for the scenario with which the country identifies itself.

However it should be taken into account that a developed and industrialized country not necessarily should be qualified as "rich" in its mental health achievements/strategies (Saraceno & Barbui, 1997).

Therefore, a developing country can be classified as "rich" in resources regarding one of the ten recommendation (e.g.: India will qualify as belonging to the rich scenario when dealing with the recommendations on mobilizing family organizations) as

a developed country can qualify as "poor" with respect to a given recommendation (e.g.: how many European countries are really "rich" in community services as an alternative to asylums?)

In principle, Italy should carefully consider those actions related to the scenario characterized by a high level of resources. Nevertheless, an honest analysis of the situation of mental health systems in the country can easily lead to dramatic differences among regions and again rich regions may not necessarily qualify as the best performers.

This is a very interesting exercise that should be undertaken both at training and policy decision levels.

It remains for Italian psychiatrists and policy makers to take up the challenge.

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