



WORLD HEALTH ORGANIZATION

FIFTY-FOURTH WORLD HEALTH ASSEMBLY
Agenda Item 10

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Round tables: mental health

Report by the Secretariat

1. Four ministerial round table discussions on mental health took place concurrently during the Fifty-fourth World Health Assembly. Ministers shared recent development and approaches in mental health care in their respective countries. The main issues raised during the discussions are summarized below.

WORLD HEALTH LEADERS CALL FOR ACTION

2. Ministers unanimously agreed that mental health problems are significant contributors to the global disease burden, have huge economic and social costs, and cause human suffering. The fact that countries have to face other health problems and that their health budgets are limited can no longer be deterrents to action. New developments persuasively indicate that cost-effective solutions are possible in all contexts. Many strategies, approaches and interventions have been identified and are being used in numerous small projects around the world. These need to be evaluated and the results disseminated widely so that they may be included in national mental health programmes. The ministers expressed their commitment to dealing with the pressing mental health needs of their populations.

THE CURRENT SOCIAL CONTEXT OF MENTAL HEALTH

3. Ministers expressed the importance of setting mental health in the relevant social context since it is determined by a variety of factors in different countries. Much of the world is facing rapid economic reforms and social change, including economic transitions that are linked to alarming rates of unemployment, family breakdown, personal insecurity and inequality of income. Poverty remains a reality for much of the world, and mostly affects women. Many countries experience political instability, social unrest and war. There are large populations of traumatized refugees and internally displaced persons who must be resettled, often in countries with limited resources to do so. The spread of HIV and AIDS has had a major social and economic impact on many countries, leaving large numbers of people in need of care and support. Women face great pressures through a range of gender-based disadvantages, and huge numbers experience physical and sexual violence, resulting in high rates of depression and anxiety disorders. Young people, particularly street children and those exposed to violence, are at high risk for misuse of substances including alcohol. Indigenous people and other groups are undergoing social upheaval, which is accompanied by climbing suicide rates. In many parts of the world, mental health systems are poorly funded and organized.

4. Taken together, the above concerns form a broad base for discussing mental health problems since they lie right at the heart of the social changes of our era. Ministers also brought up some of the more positive effects of change, which include a steady increase in awareness, lessening of stigmatization and the development of global approaches to mental health problems and prevention. They referred to the enthusiastic engagement of governments and communities alike in activities around the theme of mental health on World Health Day 2001.

OVERCOMING STIGMA AND HUMAN RIGHTS VIOLATIONS

5. Ministers repeatedly made urgent calls for action to reduce further stigmatization, discrimination and the violations of rights of persons with mental illness, since these affect the whole continuum of care. For instance, the stigma of mental disorders feeds the discrimination practised by health insurance schemes in their coverage of mental illness compared with that of physical illness. There is need to address the institutionalized stigmatization of persons with mental illness, a process exacerbated by the placement of psychiatric hospitals far away from public regard. Shifting mental health services to general hospitals and community clinics has helped to bring mental health into the mainstream of health. Efficiency can be gained by making use of former mental hospitals for general health care purposes. Enforcing minimum standards in infrastructure and in the provision of high quality care, with the backing of updated legislation, is a critical step in protecting the rights of people with mental illness. Most importantly, stigmatization, by all health professionals including mental health workers needed to be overcome.

6. Since much of the stigma related to people with mental illness results from lack of information on the causes, the frequency and treatment possibilities, accurate information and education should be provided to politicians, decision-makers, service providers, the general public and the media as a primary means to reduce prejudice. The media have great power either to reinforce or to reduce stigmatization. They need to be involved in campaigns designed to eradicate negative stereotypes and to promote attitudinal change. Consumers, families and their organizations as well as visible role models were considered to be pivotal in efforts to reduce stigma. Educational campaigns must be accompanied by the development and upgrading of services.

7. Sensitization to mental health issues and overcoming ignorance, superstitions and false traditional beliefs require multisectoral approaches and should engage, among other actors, schools, criminal and judiciary systems, employment agencies, housing and welfare systems.

IMPROVING MENTAL HEALTH POLICIES AND SERVICES

8. **Shifting to community-based care and integration of mental health within national primary health care systems.** Ministers discussed strategies to advance mental health care beyond the level of acceptance of parity between care for physical and mental disorders. They agreed that mental health care should be integrated into the general health care system. They repeatedly noted the significant role of primary health care in the delivery of mental health services, even in countries with highly specialized care. Integration into primary health care is in line with the global movement, in which many nations are engaged, to transfer the provision of mental health care from psychiatric hospitals to the community. For this shift to occur, budgets must be maintained or even increased; mental health teams, with multidisciplinary representation, must be developed; the needs of especially vulnerable groups must be met through supervised care; communities must have access to crisis centres for the management of acute conditions; and broad public support for community care must be

secured. Shifting the location of care also facilitates collaboration with nongovernmental organizations, social services and other community agents, many of which are motivated to fill some of the service gaps.

9. **Treatment costs.** Mental health treatments should be affordable for all those in need. Given that poverty is a risk factor for mental disorders, the principle of equitable treatment for the poor must be preserved. Ministers expressed concern that access to basic psychotropic drugs, especially in rural areas, was an issue that cuts across disciplines and that strategies to reduce costs, including the bulk purchase of essential psychotropic drugs, should be considered by groups of countries and regionally.

10. **Financing of care.** The issue of financing community-based mental health care, especially the provision of comprehensive care to all those in need, challenges all nations. Since mental health problems have intersectoral ramifications, it was suggested that financing of services should be intersectoral as well; ways to overcome the barriers in this regard ought to be devised.

11. **Human resources.** Many ministers noted that the human resource base for mental health care is limited partly owing to the “brain drain”. Therefore, attention has to be given to sustainable training programmes in mental health care at various levels of service provision. Identifying categories of health workers who can be trained in the delivery of psychotropic drugs and psychosocial interventions with reasonable quality of care standards is critical. Protecting mental health professionals working in adverse conditions was considered important to prevent the high rates of staff burnout.

12. **Traditional and faith healers.** The reality in many countries is that traditional and faith healers provide much of the mental health care in communities. There is a lack of adequate information on the practices of faith and traditional healers, and few programmes articulate collaborative linkages between traditional and modern medicine systems. Research into these aspects is urgently needed along with inquiry into the effectiveness of traditional practices.

13. **Consumer and family involvement.** For families to function as primary care givers, they must have full access to systems of support including education and training. Consumers/users and their organizations can be most valuable in providing patient education, peer support and input into policies.

14. **Services for the special needs of women.** All agreed that gender issues are pertinent in mental health care. Service provision has to take into account the health and mental health needs of women arising as a result of widespread discrimination. In particular, the mental health needs of victims of domestic and sexual violence require special interventions. Special training must be provided to health workers to enable them to deal with these issues properly. The reduction in the frequency of misuse of alcohol and drugs, two common factors that facilitate violent behaviour in men, demands preventive interventions.

MEETING THE NEEDS OF SPECIAL GROUPS

15. The following groups and actions were especially mentioned by many ministers as requiring immediate and special attention.

16. **Rural, remote and dispersed populations.** The unmet needs and difficulties in providing adequate health services to rural and dispersed populations were noted.

17. **Services for children and adolescents.** A focus on the needs of children emerged. Attention to maternal nutrition and the multiple pre- and post-natal needs of mothers and their infants is vital for the normal health and mental health development of children. School-aged children constitute a group that is readily accessible for mental health services. School-based mental health activities serve to promote mental health, to channel preventive interventions and to improve understanding of mental disorders and those affected by them. Bringing health care workers into schools also provides an opportunity for early detection and treatment of childhood and adolescent psychiatric disturbances that often remain undiagnosed. Additionally, children and adolescents are at high risk for substance misuse and suicidal behaviour, for which sustained prevention and education are needed. Meeting the special needs of street children and those orphaned by AIDS was considered critical.

18. **Refugees, displaced indigenous and disaster stricken populations.** Wars, disasters and displacement have left huge population groups with serious mental health problems that countries are unable to address because of limited resources and untrained staff. Social and economic change is having destructive impact on the mental health of indigenous people, a state of affairs that countries acknowledge but are unable to resolve fully.

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