

*In the name of God, the Compassionate, the Merciful*

Address by

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to

THE INTERCOUNTRY MEETING ON THE PROGRESS OF  
THE NATIONAL PROGRAMMES OF MENTAL HEALTH

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Your Excellency, Ladies and Gentlemen,

It gives me great pleasure to welcome you here today to this Intercountry Meeting on the Progress of National Mental Health Programmes in the countries of the Eastern Mediterranean Region. The last intercountry meeting on these programmes, at which I had the privilege of meeting some of you, was in Damascus in November 1985. I am happy to note that there has been considerable development during the intervening four years and it now seems appropriate to review the national programmes.

In many ways, the last two intercountry meetings, in Amman and Damascus in 1983 and 1985, were significant events in the mental health development in our Region. They changed the focus of WHO collaborative programmes from projects and isolated activities to the growth of comprehensive national policies and programmes based on the primary health care approach. They encouraged countries to look more to the overall situation and away from the limited concept of institutional care for the seriously mentally ill. They have given a new impetus to programmes of mental health promotion by linking them to general health programmes and by attaching special importance to preventive activities in the field of mental health.

Over the past few years, a number of Member States of the Region have undertaken to formulate such national mental health policies and programmes. By the end of 1988, more than half the countries of the Region had prepared their national mental health programmes. A number of countries, including Afghanistan, Democratic Yemen, Jordan, Pakistan, Sudan and Yemen have followed the formulation of proposals by multisectoral national workshops which discussed and adopted national mental health programmes as part

of the national health plans. These workshops were attended by representatives from various Ministries including those of Education, Social Welfare, Law, Justice and Planning, as well as by health and mental health experts. I am very happy to say that in at least one country, Pakistan, this has gone a step further and the national programme of mental health has been incorporated in the country's seventh five-year health plan with separate budget earmarked for it and a cell in the Ministry of Health to monitor it. I understand similar steps are being taken in other countries to include mental health programmes in regular national health plans. Some of the countries have also established multisectoral national coordinating groups to monitor and coordinate the national programmes. Following this development, many Member States have undertaken special mental health activities including extension of mental health services to the rural areas, training of PHC staff, school mental health programmes and involvement of religious groups in the control of drug dependence.

This important change in outlook in the countries of the Region has been brought in by a number of factors, such as:

1. A reduction in prejudice and stigma against mental illnesses and wider acceptance of the role of biological and psychosocial factors in causing them.
2. Recognition of psychosocial and behavioural components in most health problems and the need to apply appropriate approaches to their solutions.
3. Increased information on the wide prevalence of mental health problems, ranging from serious mental illness, to drug dependence and problems arising from psychosocial change.
4. The growing demand of the population for care in non-institutional settings.
5. A growing pool of national mental health professionals in the countries of the Region.
6. The commitment of national governments to primary health care with the goals of universal coverage and social equity and justice.

To these factors perhaps one may add the constant help received from many mental health professionals, some sitting in this hall today as representatives of their countries, who have guided their governments in developing these national programmes of mental health.

While complimenting you on your achievements, however, I must also caution you that at this stage. This movement of national programmes of mental health will require much hard work, before it becomes an integral part of the existing health systems in our countries. The essential challenge is to transform the existing successful projects into regular mental health programmes comparable to other national programmes like maternal and child health, or immunization, or control of malaria or polio. It is a long arduous road. Some of the tasks which lie ahead are:

1. The mobilization of political will and community support and, perhaps more vital, the backing of health planners and administrators at the country level.
2. To ensure that the scope of mental health programmes shall not be restricted to curative services for seriously mentally ill but will promote

mental health and the prevention of mental illness, including drug dependence.

3. The establishment of regular support mechanisms for the development of mental health services at primary care level, e.g. training of existing health staff, provision of essential neuropsychiatric drugs, and the establishment of referral services.

During the last few years, there have also been significant developments in WHO programmes of mental health. The Thirty-ninth Session of the World Health Assembly, in May 1986, considered the Director-General's report on prevention of mental, neurological and psychosocial disorders which, it noted, constitute an enormous public health burden for both developing and developed countries. Review of the evidence demonstrates that the implementation of a comprehensive programme of prevention, based on methods currently available, could produce substantial reductions in suffering, in the destruction of the human potential and in the economic loss they produce. The Assembly passed an important resolution (WHA39.25) calling on all Member States to apply preventive measures identified by the Director-General's report.

The Eastern Mediterranean Regional Committee which met in October 1988 followed up this lead and discussed in detail a technical paper on "Promotion and Protection of Mental Health". In a resolution (EM/RC35/R.8) it has urged all Member States,

(a) to formulate national mental health policies and programmes necessary to:

- promote mental health
- prevent mental, neurological and psychosocial disorders, including alcohol- and other drug-related problems;
- provide treatment to those suffering from these disorders at the primary health care and other levels and ensure their rehabilitation;
- deal with psychosocial aspects of general health and development programmes;

(b) to establish national mental health coordinating groups so as to facilitate the formulation, implementation and evaluation of national mental health programmes;

(c) to support the development of an appropriate information system and facilities which could help in

the conduct of research necessary to plan and evaluate mental health programmes;

(d) to exchange experience between themselves and with countries of other regions.

It is indeed very appropriate that you are focussing most of your discussions during the coming meeting on the various points raised in the Regional Committee's resolution. I have no doubt that your discussions will be most fruitful and you will make some concrete proposals to help the national governments and WHO. For our part, I can assure you that within the limitation of our resources, we shall try to implement, in collaboration with our Member States, the recommendations that you may make. My only advice to you is to develop proposals, not in isolation, but in keeping with existing health policies and plans and in keeping with the culture and traditions of our countries.

In the ultimate analysis, mental health cannot be separate from physical health, nor can it be separate from spiritual aspirations. In this Region, we have a rich heritage of religious, and spiritual traditions and mental health specialists should pay more



attention to this resource and apply some of its principles for the betterment of the health of our people.

Before closing, I should like to convey my special thanks to the Government of the Islamic Republic of Iran for hosting this meeting in this beautiful city of Isfahan; to Your Excellency for giving it your personal support; and to all the participants for the time and effort they have spent in preparing for it. I also wish the delegates an enjoyable and intellectually stimulating meeting and look forward with keen interest to reading its outcome.