In the Name of God, the Compassionate, the Merciful

Address by

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to the

“FROM EXCLUSION TO SYSTEMS FOR MENTAL HEALTH CARE"
ORGANIZED BY THE WORLD FEDERATION FOR MENTAL HEALTH

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Your Excellency
Dear colleagues,
Ladies and gentlemen,

I would like to thank cordially the World Federation of Mental Health and particularly Dr Ahmed Abulazaem, President of the Federation, for visiting the Regional Office to speak at this important meeting. The World Federation should indeed be praised for their constant efforts to improve mental health globally and in this region.
The selection of mental health as the theme of World Health Day 2001 is a reflection and recognition of the increasing importance of mental health, world over. As you are aware, the studies done on Global Burden of Disease are indicative of this importance. Studies undertaken in this Region also indicate a similar pattern. Studies show that about 25–30 per cent of all the adults entering a health facility suffer from a mental health problem. A very high percentage of these cases remain unrecognized and go through unnecessary examinations, tests and sometimes even surgical procedures, resulting in considerable personal suffering as well as an extra burden on already heavily burdened general health facilities.

I would like to state at the outset that mental health is not restricted to mental disorders. It is also concerned with behavioural and emotional aspects of daily life, as well as relations among individuals, which can positively or negatively affect the quality of life. It is also linked to the development of stronger families which enjoy close bonds and are capable of raising happy and fulfilled children. It aims at the development of societies in which members are respected for their personal capabilities as well as the assistance and support they provide for each other. It entails reciprocal understanding of the opinion of others. Provision of positive mental health values can also greatly contribute to the art of good parenting. Mental health encompasses, and is influenced by, cultural life, traditions and religious aspirations; in short, all aspects of the emotional, intellectual and spiritual life of a population.

The countries of the Eastern Mediterranean Region of WHO are blessed with the existence of strong family ties, cohesive social institutions and the presence of spirituality and religious beliefs which positively affect the mental health of the population. However, the Region also faces a number of issues which can adversely affect mental health. Our population is very young, and much of our youth is faced with uncertainties about its future. Waves of migration and unplanned urbanization are associated with poverty, breakdown of families and heavy stress. We are facing a world with many cultural adversities, and there are many instances where the requirements of reconciling traditions with the new trends cause stress. A number of countries of the Region face war, occupation and internal conflicts, and there are millions of refugees in different parts of the Region. There are also existing and
emerging issues of the elderly, women and other special groups, which need attention.

Your Excellency
Ladies and gentlemen,

As you are well aware, one of the main constitutional duties of the World Health Organization is to act as a partner and assist nations in the area of provision of health for billions of people around the world. The same constitution, which is the most important international health document, regards health as a complete state of physical, mental and social well-being and not the mere absence of disease. In order to fulfil these constitutional obligations and face the tremendous challenge of providing minimum requirements of health, in 1978 WHO sponsored the landmark Alma-Ata Declaration that envisioned the provision of health through a system of Primary Health Care. Soon after, it was felt that only through the integration of some services within Primary Health Care would it be possible to provide the minimum necessary mental health needs of the people. Since then, WHO has worked hard towards the realization of this goal.

The past 30 years have radically increased our understanding of human behaviour and mental health and made it possible to approach mental health in a manner similar to other health-related subjects and issues. Using the currently available knowledge and skills, we can prevent many mental disorders, promote mental health and ameliorate the sufferings of the ones already afflicted with these conditions and decrease the burden on their families and communities. What is necessary is to develop methods of extending this knowledge and these skills to all people.

In the past 15 years, the countries of the Eastern Mediterranean Region have adopted national programmes of mental health as a method of meeting the needs of the population. The main strategic approach of all these programmes is integration of mental health within primary health care. Accordingly, the objective of almost all of the national programmes of mental health that are developed in collaboration between WHO and Member States is to develop proper systems for the realization of such integration. Such programmes that have implemented in the countries of the Region during the last decade have been blessed by a
number of opportunities and struggled with a number of constraints. Thus, the future success of such programmes depends on the correct understanding of these opportunities and constraints on finding ways to deal with them.

As far as diseases are concerned, the Region is particularly faced with issues of depression, epilepsy, management of the chronically ill and suicide which seems to be on the rise in many parts of the Region. We are also dealing with many stressful conditions imposed on our people by wars, refugee problems, internal and external migration and sanctions and similar restrictions. Substance abuse is also a very major mental health and development problem in the Region with grave public health consequences such as increasing the risk of HIV and other blood-borne infections.

The Region also has success stories to report. Here in Egypt, innovative programmes in the areas of school mental health and training of health personnel in mental health have taken place. Recent improvements in the condition of large hospitals like Al Abbasieh are prime examples of the feasibility of improving care systems. In addition to Egypt, there are countries such as Bahrain, Cyprus, Islamic Republic of Iran, Iraq, Pakistan, Saudi Arabia and Tunisia where sustainable, integrated systems have developed in more than one area. Other countries like Jordan and the Republic of Yemen have well sustained projects in some areas. There are good examples of school mental health in the Islamic Republic of Iran, Pakistan and Tunisia. Pakistan and Tunisia have modernized their legislation. Sudan has worked on both modernizing the mental health programme and utilization of the traditional healers. Cyprus, Lebanon and Morocco are examples of effective use of nongovernmental organizations. In Afghanistan a training project was coordinated by WHO/EMRO in collaboration with the two neighbouring countries.

The future should see better understanding, care and attention to mental health and illness. The future should see respect for human rights and the dignity of people with mental illness. As conscientious citizens of our communities, we all should work towards the realization of these goals. Those of us charged with special responsibilities in the area of mental health at national, regional or international levels undoubtedly have a much higher
responsibility to design and work towards the development of technical and legal systems capable of helping the ones in need to receive them. Families of the patients need to be informed of their rights and empowered to organize and actively ask for the rights of their dear ones. Religious leaders, intellectuals, the women and men of conscience, thought and wisdom, government officials, parliamentarians and the like should be made aware of the importance of mental health and invited to assist in the development of better, more efficient and affordable systems of care.

In conclusion I would like to congratulate you on holding this event for the occasion of World Health Day. On behalf of WHO, let us all:

Stop Exclusion and Dare to Care.