



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

**Message from**

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**WHO EASTERN MEDITERRANEAN REGION**

**on the occasion of**

**WORLD MENTAL HEALTH DAY**

**13 October 2004**

Ladies and Gentlemen, Dear Colleagues

World Mental Health Day has been observed on October 10 every year since 1992. The theme of this year's World Mental Health Day campaign, "the relationship between physical and mental health: co-occurring disorders", brings us to the core of the overall health and wellness, namely bridging the gap between the care of the mind and the body to achieve a complete state of well-being.

I am very pleased to greet you all on this happy occasion. I would like to extend a special welcome to our colleagues from UNAIDS and the United Nations Office on Drug and Crime. The partnership between our three organizations is very valuable for addressing the complex physical and emotional needs of people suffering from HIV/AIDS.

The World Health Organization views health as “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.” In order for an individual to be viewed as generally healthy, one should consider the person as a whole. Mental well-being cannot be separated from physical well-being. To look at one without the other does a disservice to the overall health of the individual. Mental and physical health and illness represent crucial parts of life that are deeply interdependent.

Cancer, cardiovascular disease, diabetes and HIV/AIDS, which are the focus of the World Mental Health Day 2004, should not be viewed in isolation from the psychological life of an individual. The World Health Organization emphasizes that the presence of major physical disease affects the mental health of individuals as well as of entire families.

In 2001, the U.S. Institute of Medicine, reviewing the progress in the field of health and behaviour, concluded that one of the greatest advances in determinants of disease over the past two decades has been the identification of social and psychological conditions that influence mortality. A full understanding of interactions between health and behaviour is important in the prevention and treatment of many diseases plaguing the world today. Many discoveries in behavioural health are already successfully applied to clinical medical and public health problems, and those advances dealing with behavioural change must be applied to health promotion in many more nations and communities and must be taught in every school for health professionals.

There have been many studies supporting the need to view physical and mental health together. All of these studies have shown that significant emotional distress can affect physical health. A person who is very depressed or anxious is more likely than others to engage in behaviour that may increase poor physical health and, in turn, physical illness may increase or even cause depression and anxiety. It's a vicious cycle.

Ladies and Gentlemen,

The choice to focus in this meeting on one of the health conditions with strong linkages to the emotional life, namely HIV/AIDS, is very timely for the countries of the Region.

As of the end of 2003, an estimated 40 million people worldwide were living with HIV/AIDS. An estimated 5 million new HIV infections occurred worldwide during 2003; that is 14 000 new infections each day. The HIV/AIDS epidemic is advancing in the Eastern Mediterranean Region at an alarming rate. An estimated 700 000 people in the Region are currently living with HIV/AIDS. A development of recent origin is worrying to all of us. The proportion of AIDS cases attributable to injecting drug use in the Region has increased, from 2.4% of all reported AIDS cases in 1999 to approximately 10% in 2003. This increase reflects a shifting trend from heterosexual transmission to transmission by injecting drug use. In 1999, less than 0.2% of the injecting drug users tested for HIV in the Region were positive. In 2003, the rate of HIV positive tests among injecting drug users reached 7.7%.

To address this new trend there is an urgent need for all three organizations, namely WHO, UNAIDS and UNODC, to work together to present common messages and programmes. Recognizing these challenges, in 2003 WHO launched the 3 by 5 Initiative which aims at providing 3 million people with antiretroviral treatment by the end of 2005. To achieve this goal, 40 priority countries were identified to start implementing the initiative, based on the number of existing AIDS cases.

Common psychological disorders associated with HIV/AIDS are depression, anxiety and dementia. Psychiatric symptoms arise in HIV/AIDS for numerous reasons, including the direct effect of the illness on the central nervous system, and the psychological reactions associated with this condition concerning the inordinate stigma and fear that accompanies this condition. Often loved ones have died because of the disease, and this adds to the fear and grief. People with HIV/AIDS have to take many

medications that may have side effects and the quality of their lives may be changed dramatically.

Some countries have become quite sensitive to the psychological and behavioural aspects of the care of people with HIV/AIDS. One example is the programme in the Islamic Republic of Iran, where an integrated service for people with HIV/AIDS under the title of ‘triangular clinics’ has been started. These user-friendly services are increasing adherence to treatment as well as reducing associated stigma and discrimination.

Ladies and Gentlemen,

In conclusion, I would like to extend my best wishes for the success of World Mental Health Day and to call upon on all people—the general public, professionals, the media and politicians—to create an environment conducive towards holistic medicine.