

Editorial Άρθρο Σύνταξης

Global mental health

The projection is that by 2030 the three leading causes of the burden of disease are expected to be HIV/AIDS, depression and ischemic heart disease.¹ The actual burden of mental disorders is likely to have been underestimated because of inadequate appreciation of the link between mental illness and physical health conditions. The interaction of mental and physical health conditions confirms that there can be no health without mental health.²

Mental health service developments are in transition at this point of time in many countries of the World with emphasis on community care. There is still a remarkable variation internationally in existing provision of services. In the USA, paradoxically, the prisons are supporting the mental-health-care system. Almost a third and half of all the homeless people in American cities suffer from mental illness. Furthermore a widespread stigma of mental illness prevails across the Globe.

Government spending on mental health in most of low-income and middle-income countries is far lower than is needed. There is an almost total reliance on mental hospitals, where quality of treatment and care is generally poor and there are very few community mental health services. There is a serious shortage of skilled mental health professionals and lack of legislative protections. Poor facilities and lack of skilled mental health workers too often result in neglect and abuse of the human rights of people with mental illness and their families.³ Barriers to mental health service developments are complex and in addition to shortage of funding and skilled personnel include lack of political will, resistance to decentralisation of mental health services, challenges to implementation of mental health care in primary-care settings and the frequent scarcity of leadership.⁴

In response to the growing concern the Lancet published a call for action to scale up mental health services that has received support from World leaders.⁵

A set of core and secondary development targets and indicators to monitor progress in achieving the objectives of the call were proposed. The indicators selected (5 core and 6 secondary) address four important overarching goals: (a) sufficient planning and investment for mental health care; (b) a sufficient workforce to provide mental health services; (c) consistency of mental health care inputs and processes with best practice and human rights protection; and (d) improved outcomes for people with mental disorders. This will mean that the packages of treatment and care that are developed as part of scaling up activities must go well beyond clinical treatment of mental disorders to include rehabilitation programs, education, housing and employment.

There is, at present, no agreed method for classifying mental health systems or for systematically comparing mental health systems across countries, or in any one country over time. There is a need to develop simple and robust measures of mental health system quality, and feasible methods of data collection, that will enable tracking of outcomes and impacts of scaling up activities.

In response to call for action in Global Mental Health promising initiatives were launched recently including the World Health Organization Mental Health Gap Action Programme,⁶ World Psychiatric Association programmes, the Movement for Global Mental Health,⁷ the International Observatory Mental Health Systems at the University of Melbourne,⁸ the Global Mental Health Centre at King's College London and Maudsley International (www.maudsleyinternational.com)

Mental health is a central component of a person's wellbeing and inseparable from physical health. Every country must include mental health as key priority of their clinical and public health plans. This will become a real challenge at times of Global financial crisis.

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