

Round Table

Setting the WHO agenda for mental health

On 28 and 29 April 1999, leading mental health experts from 10 countries met, together with WHO staff, to discuss the Organization's mental health strategy. The meeting produced recommendations in four theme areas which are summarized below. The full report of the meeting is available on request (1).

Best evidence for disease burden

- Disability-adjusted life years (DALYs) provide a useful tool for measuring the burden of mental disorders and the outcome of interventions. According to this measurement, mental disorders are expected to represent 15% of the global burden of disease by 2020.
- Other tools are needed to measure other key factors such as the impact of social and economic conditions on mental health, the biological functions underlying mental illnesses, the social and economic costs incurred by inequalities related to mental health, and criteria for choosing priorities.

Best evidence for primary and secondary prevention and early treatment

- Some prevention strategies are known to be effective in the areas of mental retardation, epilepsy, vascular dementia and behavioural problems; for the primary prevention of schizophrenia and some other major disorders more evidence is needed, and for some disorders, such as Alzheimer disease, prevention is not yet possible though promising discoveries have been made.
- Primary prevention strategies known to be effective, such as iodine distribution and perinatal care, are not usually carried out by mental health professionals, but it is the responsibility of mental health professionals to explain the importance of such activities and the steps to be taken.
- Enough is known about causes of vulnerability and resilience in childhood, and about their effects in later life, for specific promotive and preventive interventions to be carried out.

Best evidence for diagnosis and clinical practice

- For many mental disorders, interventions exist and can be made more responsive to the needs of specific population groups, and easier to use rapidly in direct care situations.

- Community-based programmes and case management interventions are available for depression, anxiety, psychosis, epilepsy and other neuropsychiatric disorders; their effectiveness is improved when a chronic-disease model of clinical case management is followed.
- Common mental disorders such as depression can be managed effectively with directly observed treatment strategies such as the one used for tuberculosis control, and with chronic disease regimens such as those used for diabetes and hypertension.
- Patients with schizophrenia and other psychoses are being effectively cared for in community settings in both rich and poor countries where psychosocial and psychopharmacological treatments are adequately provided.
- Respect for the human rights of mental health patients, especially with regard to discrimination, compulsory treatment and parity of financing, must be monitored and enforced.
- Existing community and family support systems for the mentally ill should be recognized, expanded and supported.

WHO can contribute by

- strengthening its collaboration with governments, other national and international organizations, professional bodies and the media in recognizing and meeting the needs of mental health;
- providing information on the efficacy and cost-effectiveness of interventions;
- promoting the development of the technology needed for mental health programmes, including quality assurance guidelines and advice on health sector organization and financing;
- advising governments and communities on how to set up and mobilize existing and potential resources;
- focusing on key areas in which it can make a difference, such as the treatment of depression and epilepsy in primary care settings, the rehabilitation of schizophrenic patients, suicide prevention, and care for vulnerable population groups;
- evaluating primary health care intervention protocols for mental disorders, taking into account factors such as their impact on social well-being;
- taking a number of immediate practical steps such as organizing networks, events and meetings to put these activities into effect. ■

1. *Setting the agenda for mental health. Final report on a WHO consultative meeting, Geneva, 28–29 April 1999.* Geneva, World Health Organization, 1999 (unpublished document WHO/MNH/99.1; available on request from the Department of Mental Health and Addiction Control, World Health Organization, 1211 Geneva 27, Switzerland).