



INFORMATION FROM THE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE (MSD)

October 2005

Information Sheet

The Department of Mental Health and Substance Abuse, World Health Organization, Geneva, has undertaken several crucial activities in the last few months. This summary highlights some basic information about these activities.

Atlas for Child and Adolescent Mental Health Resources: Global Concerns: Implications for the Future

WHO in collaboration with its Regional Offices and the **International Association for Child and Adolescent Psychiatry and Allied Professions** and the **WPA Global Presidential Programme on Child Mental Health** has for the first time systematically documented the status of service development, training and policy for child and adolescent mental health worldwide through the Atlas project.

The child and adolescent mental health ATLAS project is one of a series of Atlases documenting mental health service resources developed by WHO and collaborators. The child and adolescent mental health Atlas presented some unique challenges that reflect the current status of child and adolescent mental health services worldwide.

- absence of an identifiable national focal point for child and adolescent mental health services;
- fragmentation in the service systems responding to the needs of children with mental disorders;
- great disparities in the services available in the private versus public sector; and
- lack of appropriate systems for data gathering.

Specific issues related to the assessment of child and adolescent mental health services include:

1) *Epidemiological data.* The capacity to gather consistent, meaningful epidemiological data is largely absent in developing countries. The failure to use standardized nomenclature and methodologies has also hindered the ability to compare data across societies. Lastly, there is ongoing debate about the utility of certain diagnostic categories for children and adolescents.

2) *Definition of the need for services.* Assessing impairment in children and adolescents is a complex task involving the need for culture specific tools, agreement on criteria for impairment, and the implications of disorders for a reduction in the ability to be productive.

3) *Identifying the full range of services that might be provided to an affected individual in different service sectors.* Child mental health needs are often intersectoral or present in systems other than the health or mental health arena. Children with mental health problems are often first seen and first treated in the education, social service or juvenile justice systems. Since many problems of youth are identified in the education sector these problems may or may not get recorded as mental health problems. Thus, since services are often under the jurisdiction of ministries other than health it is difficult to collect and aggregate such disparate data and correlate them with individual or community needs for services. Some programmes are targeted to specific problems and come under the sponsorship of NGOs which often deliver services independent of government oversight.

Given the challenges of data gathering and the gaps in available data the **Child and Adolescent Mental Health Atlas** was published with the primary purpose to stimulate additional data gathering in a systematic fashion and to encourage the development of needed child and adolescent mental health policy, services and training.

The information gathered for the child and adolescent mental health resources ATLAS was collected through a survey instrument designed to gain information on youth services, training activities and provider resources worldwide. Despite concerted efforts meaningful information was obtained from only 66 countries. There are multiple reasons for the difficulties encountered. 1) The questionnaire covered a wide range of topics and was difficult for one person to complete. Key informants were used to gather information rather than attempting to use any uniform source for data. This was done in an effort to obtain data from the individual(s) thought to be most informed about available resources. 2) There are many gaps in available services and potential responders were discouraged about the data to be offered.

Region	No. of Countries*	No. of Respondents	Population Percentage
AFRO	46	15 (32.7%)	(34.4%)
AMRO	35	9 (25.7%)	(46.8%)
SEARO	11	3 (27.3%)	(71.1%)
EURO	52	25 (48.1%)	(64.7%)
EMRO	21	8 (38.1%)	(38.5%)
WPRO	27	6 (22.2%)	(87.7%)

Atlas of Epilepsy Care in the World

Epilepsy is one of the most common serious disorders of the brain, affecting about 50 million people worldwide. Epilepsy accounts for 1% of the global burden of disease; 80% of the burden of epilepsy is in the developing world, where in some areas 80–90% of people with epilepsy receive no treatment at all. Epilepsy leads to multiple interacting medical, psychological, economic and social repercussions, all of which need to be considered in order to understand fully the impact of this condition. Fear, misunderstanding and the resulting social stigma and discrimination surrounding epilepsy often force people with this disorder “into the shadows”. To bring epilepsy “out of the shadows”, an ILAE/IBE/WHO Global Campaign Against Epilepsy (GCAE) was launched in 1997 “to improve acceptability, treatment, services and prevention of epilepsy worldwide”.

Major advances in the understanding and treatment of epilepsy have occurred in the last century. Not much information exists, however, regarding the resources available within the countries to tackle the huge medical, social and economic burden caused by epilepsy. The information that exists cannot be compared across countries because varying definitions and units of measurement are used. To improve the availability of resources in the countries, accurate information about existing resources is crucial. In order to fill the information gap about the resources available for care of patients with mental and neurological disorders, WHO launched Project Atlas in 2000 aimed at collecting, compiling and disseminating information and data on the existing resources and services. The first document in the series was published in 2001 as the *Atlas of mental health resources in the world*, followed by the *Atlas of country resources for neurological disorders* in 2004. Because epilepsy care is one of the priority areas of WHO, to bridge the information gap in this area it was decided to expand Project Atlas into the area of epilepsy and to conduct a survey of country resources available for epilepsy care. The main objectives of this large international study were to obtain expert opinion about:

- etiology of epilepsy and problems encountered by people with epilepsy and health professionals involved in epilepsy care;
- availability of epilepsy treatments and services including antiepileptic drugs;
- number and types of health professionals involved in the delivery of epilepsy care;
- characteristics of teaching in epileptology;
- budget and financing for epilepsy care, including various types of health insurance and disability benefits;
- presence and characteristics of information and epidemiological data collection systems for epilepsy;
- availability, role and involvement of professional, patient and lay associations for epilepsy.

The *Atlas of epilepsy care in the world* is an important accomplishment, representing a major collaborative effort between WHO headquarters, regional and country offices and ILAE and IBE headquarters and their members. It is one of the most comprehensive compilations of available resources for epilepsy ever made providing an illustrative presentation of information on the current status of epilepsy services and care from 160 countries, areas or territories covering 97.5% of the world population. The information in the Epilepsy Atlas is presented in four broad sections: the disorder, the services, the care providers, and the public health aspects. The data included are organized in 17 themes and are presented as graphics, world maps and text. The results are presented by geographical and by income categories within each theme. Limitations specific to each theme are to be kept in mind when interpreting the data and their analyses. Selected implications of the findings for further development of resources for epilepsy care are highlighted within each theme. The Epilepsy Atlas includes brief reviews of selected topics summarizing the medical, lifestyle, social and economic issues surrounding people with epilepsy.

The Epilepsy Atlas replaces impressions and opinions by facts and figures. The results obtained confirm that the resources for epilepsy care in the world are insufficient when set against the large numbers of people needing such care and the known burden associated with epilepsy. There are large inequities across regions and income groups of countries, with low-income countries having very meagre resources. Since the prevalence of epilepsy is much higher and resources are much scarcer in low-income countries, the data reinforce the need for urgent, substantial and systematic action to enhance resources for epilepsy care in these countries.

Module on Mental Health Information Systems

A new module on mental health information systems has been published. It describes the broad principles and steps for designing, establishing and evaluating an information system for mental health. This is the 12th module of the *WHO Mental Health Policy and Service Guidance Package*, which aims to provide countries with practical information and guidance on different aspects of mental health system reform. Other modules in the series include: The Mental Health Context; Mental Health Policy, Plans and Programmes; Mental Health Financing; Mental Health Legislation and Human Rights; Advocacy for Mental Health; Organization of Services for Mental Health; Planning and Budgeting to Deliver Services for Mental Health; Quality Improvement for Mental Health; Improving Access and Use of Psychotropic Medicines; Mental Health and the Workplace; Research and Evaluation for Mental Health; Child and Adolescent Mental Health Policies and Plans; and Mental Health Information Systems. These are available on the our website: http://www.who.int/mental_health/policy/en. For further information please contact Michelle Funk (funkm@who.int).

For more information, please contact:

**Director, Department of Mental Health and Substance Abuse
World Health Organization, CH-1211, Geneva, Switzerland.**