

mental health
Global Action Programme

mhGAP



Close the Gap, Dare to Care



Close the Gap, Dare to Care

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Summary

The World Health Organization recognizes the urgent need for action in reducing the burden of mental disorders worldwide, and in enhancing the capacity of Member States to respond to this rising challenge.

Without strategic and systematic action, the lives and health of millions of people are at risk, as well as the economic and social development of countries around the world.

During 2001, WHO has highlighted the issue of mental health to the general public, government officials, and the public health community. Through the World Health Day, World Health Assembly, and World Health Report, WHO and its Member States have pledged their full and unrestricted commitment to this public health area. The message has been clear and unequivocal: mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies, and countries and must be universally regarded in a new light. As the world's leading public health agency, WHO has the role and obligation to ensure that science and reason rule over ignorance, superstition and stigma.

The WHO Mental Health Global Action Programme (mhGAP) follows from the events of 2001 to provide a clear and coherent strategy for closing the gap between what is urgently needed, and what is currently available to reduce the burden of mental disorders, worldwide. This five-year initiative will focus upon forging strategic partnerships to enhance countries' capacity to comprehensively address the stigma and burden of mental disorders. Through focusing on priority conditions, the initiative will increase governments' awareness and responsiveness to mental health issues; enhance the quality and effectiveness of mental health prevention, treatment and rehabilitation services; reduce stigma and discrimination; and by doing so, take important steps toward reducing the burden of a range of conditions and enhancing the mental health of the population.

The WHO Mental Health Global Action Programme (mhGAP) follows from the events of 2001 to provide a clear and coherent strategy for closing the gap between what is urgently needed, and what is currently available.

The Case for Action

The alarming burden of mental disorders

One in every four people, or 25% of individuals, develop one or more mental disorders at some stage in life. Today, 450 million people suffer from mental disorders in both developed and developing countries. Already, mental health problems represent five of the 10 leading causes of disability worldwide; amounting to nearly one-third of the disability in the world. Leading contributors include depression, substance abuse, schizophrenia, and dementia. This burden creates an enormous toll in terms of suffering, disability, and economic loss. While mental disorders affect people in all groups of society in all countries, the poor are disproportionately affected.

As people live longer and populations get older, the number of people with mental disorders will increase over the next few decades, and these trends indicate that the burden will significantly increase in the future.

Economic impact

Mental disorders have clear economic costs. Sufferers and their families or caregivers often experience reduced productivity at home and in the workplace. Lost wages, combined with the possibility of catastrophic health care costs, can seriously affect patients and their families' financial situation, creating or worsening poverty.

Wherever economic costs of mental disorders have been studied, the figures are staggering. The most comprehensive set of estimates come from the United States, with the total economic burden calculated at US\$ 148 billion per year. A considerable proportion of these total costs was attributable to work disability and associated productivity losses. In total, the costs of mental disorders accounted for about 2.5% of the USA's gross national product.

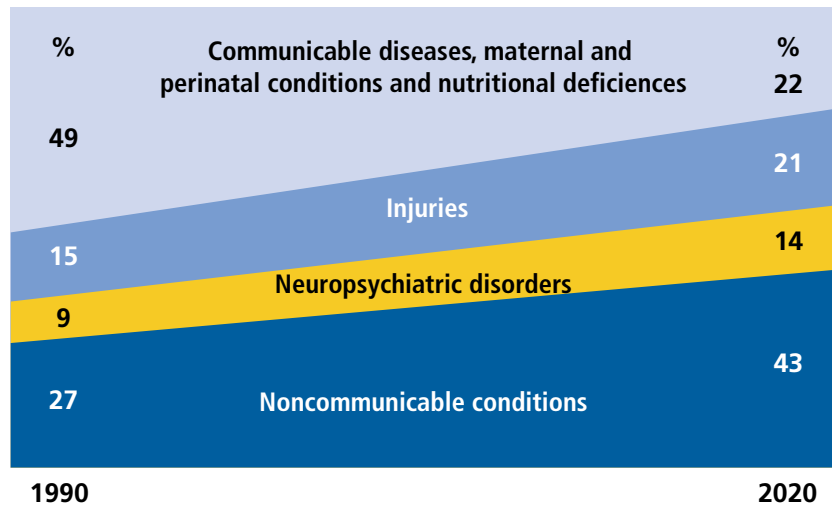
Photo: © United Nations



The Case for Action

DALYs, by broad cause group 1990-2020 in developing countries (baseline scenario)

DALY = Disability-Adjusted Life Year



Source: WHO, Evidence, Information and Policy, 2000

Physical comorbidity

Mental disorders also impose a range of consequences on the course and outcome of comorbid chronic conditions, such as cancer, heart disease, diabetes and HIV/AIDS. Numerous studies have demonstrated that patients with untreated mental disorders are at heightened risk for poor health behaviour, noncompliance with prescribed medical regimens, diminished immune functioning, and unfavourable disease outcomes. For example, it has been shown that depressed patients are three times more likely not to comply with medical regimens than non-depressed patients, and that depression predicts the incidence of heart disease.

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The Case for Action

Around the world, many people with mental disorders are victimized for their illness and become the targets of unfair discrimination.

Stigma and discrimination

Suffering, disability, and economic loss are bound to continue as long as there is stigma. Around the world, many people with mental disorders are victimized for their illness and become the targets of unfair discrimination. Access to housing, employment, and other normal societal roles are often compromised, which can further exacerbate their symptoms. As a result, those in need frequently hesitate to seek professional help for their problems, choosing instead to suffer silently and alone. Stigma and discrimination are further perpetuated by inaccurate information about mental disorders, such as the notion that people with mental disorders are often violent or bewitched in some way, or that mental disorders are untreatable. Lack of access to effective treatments, and provision of care in isolated mental asylums serve to prolong these falsehoods. The United Nations Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care state that there shall be no discrimination on the grounds of mental illness, that every patient has the right to be treated in his/her own community and to receive the least restrictive and intrusive treatment. However, these principles are far from being fully implemented in most parts of the world.

New Hope through Treatment Advances

Our understanding of mental disorders and their treatment is rapidly advancing. We know that mental disorders are the outcome of a combination of factors, and that they have a physical basis in the brain. We also know that in the majority of cases, they can be treated effectively. With appropriate treatment, symptoms can be successfully controlled in about 70% of cases of depression, schizophrenia, and epilepsy; with ongoing treatment, the chance of recurrence is substantially reduced. Medications work and are inexpensive in many countries, for instance in the USA the costs amount to: US\$ 5 per month for schizophrenia, US\$ 2-3 per month for depression, and US\$ 5 per year for epilepsy). Psychosocial interventions are an essential component of

The Case for Action

the treatment and rehabilitation of most mental disorders, and can be applied cost effectively in many cases.

Other major treatment advances have been spawned by the growth of the human rights and consumer movements. These movements have focused attention on violations against people with mental disorders and highlighted government obligations to promote and protect their rights and interests. They have also promoted the development of quality assurance standards and the shift away from institutional care.

When mental disorders are treated effectively and while respecting human rights, positive secondary benefits are derived not only for the individuals, but also for family members and the community. It has been shown, for example, that:

- The reduction of illicit drug-injection reduces the risk for HIV/AIDS;
- The treatment of anxiety and depression in diabetic patients results in improved diabetes outcomes;
- Psychosocial support to breast cancer patients increases their survival time;
- Community care to substance abusing adolescents reduces their violence and crime rates;
- The treatment of a mother's depression reduces the likelihood of mental or behavioural disorders in her children;
- Respite services for dementia sufferers results in reduced stress and improved mental health for caregivers.

Effectiveness of interventions for schizophrenia

Intervention	%relapse after 1 year
Placebo	55
Chlorpromazine	20-25
Chlorpromazine + Family intervention	2-23

Table 3.3 of WHR 2001

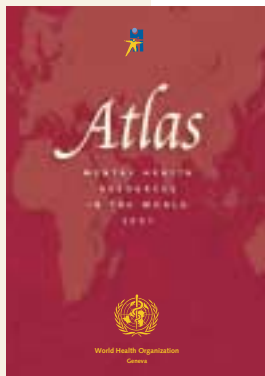
The startling gap between effective and available services

Despite the potential to successfully manage mental disorders, only a small minority of those in need receive even the most basic treatment. A first-of-its-kind WHO study of country mental health resources (Project ATLAS; 2000-2001) has collected information from 185 countries (96.9% of all Member States), covering 99.3% of the world's population. Analyses have revealed that:

- 41% of countries do not have a mental health policy;
- 25% of countries have no legislation on mental health;
- 28% have no separate budget for mental health. (Among countries reporting a specific mental health budget, 36% allocate less than 1% of their health budget to mental health);
- 37% of countries do not have mental health community care facilities;
- More than 25% of countries do not have access to basic psychiatric medication at the primary care level;
- More than 27% of countries do not have a system for collecting and reporting mental health information;
- Around 65% of the beds for mental health care are in separated mental hospitals;
- 70% of the world's population has access to less than one psychiatrist per 100,000 people.

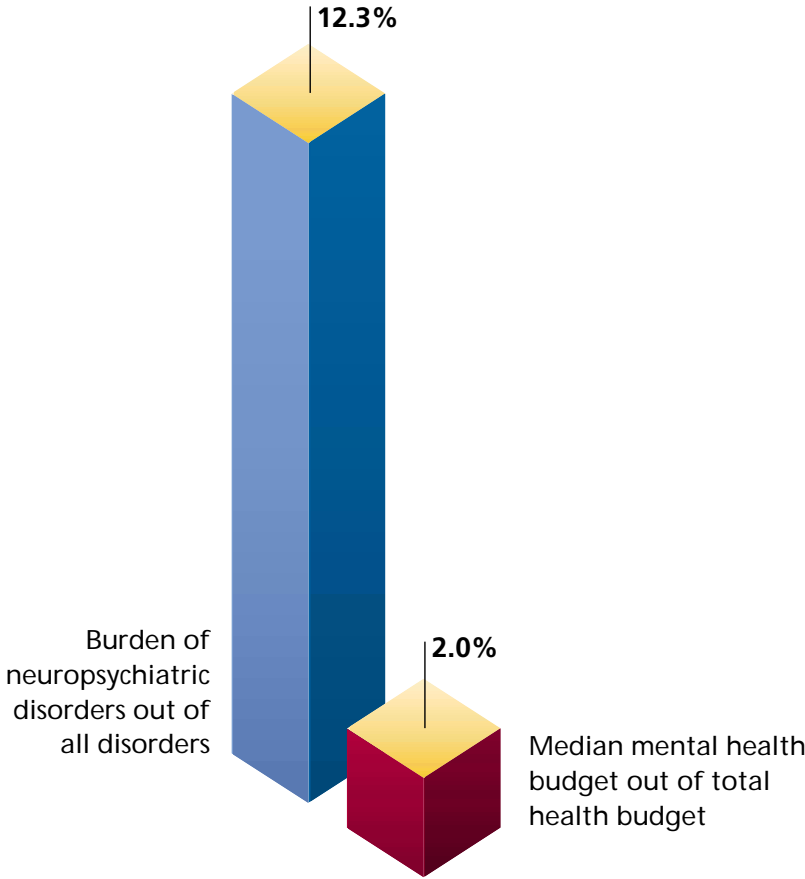
Globally, the mental health resources in countries present a dismal picture of severe shortage and neglect. Often, the resources and services are at 1% to 10% of what is needed.

Closer analyses of the data, however, reveal that countries are beginning to act. A large number of countries have established policies and legislation in the past five years. NGOs, and consumer and family organizations are starting to become active in all regions. Systematic efforts by governments and international agencies such as WHO can catalyze this new energy to improve the mental health situation around the world.



The startling gap between effective and available services

Burden vs Budget



In most countries, the average mental health budget is 2% of the total health budget.

It can be done

To improve the mental health of populations, it is essential for governments to commit to a systematic and proactive strategy. The World Health Report 2001, based on scientific and technical evidence for what works, has recommended ten feasible solutions to address current and future mental health needs. None of these recommendations is beyond the reach of countries – if technical and financial support is made available. Collectively, these recommendations can help close the gap between the current mental health situation and that which can be achieved.

None of these recommendations is beyond the reach of countries.

1. Provide treatment in primary care
2. Make psychotropic medicines available
3. Give care in the community
4. Educate the public
5. Involve communities, families and consumers
6. Establish national policies, programmes, and legislation
7. Develop human resources
8. Link with other sectors
9. Monitor community mental health
10. Support more research

It can be done

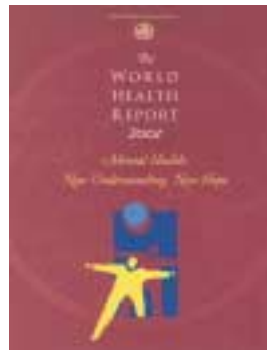


Photo: © WHO

**Close the Gap,
Dare to Care.**



Photo: © WHO

WHO's Mental Health Global Action Programme

Following from the theme of World Health Day 2001, 'Stop Exclusion, Dare to Care,' WHO's new Mental Health Global Action Programme (mhGAP) has adopted the slogan, 'Close the Gap, Dare to Care.' The mhGAP Initiative is aimed at providing a comprehensive strategy for closing the gap between effective and available mental health services, and for translating the ten recommendations of the World Health Report 2001 into concrete action. It builds on decades of scientific, technical and programmatic experience generated and compiled by the Organization's Programme of Mental Health at global, regional and national levels.

In a logical step, mhGAP focuses on creating a shift from the implementation of "stand alone" mental health projects to a more integrated approach for Mental Health at all levels.

Close the Gap, Dare to Care



Photo: © WHO

WHO's Mental Health Global Action Programme

Goal

The goal of the mhGAP Initiative is to support Member States to enhance their capacity to reduce the risk, stigma and burden of mental disorders and to promote mental health of the population.

Objectives

To accomplish this goal, the mhGAP Initiative will focus on reducing the risk factors and the burden of mental and brain conditions and on promoting mental health. The prevention and management of depression, schizophrenia, alcohol and drug dependence, dementia, epilepsy and suicide will be emphasized considering the burden these conditions impose on communities and the possibility to reduce that burden through comprehensive services. They also function as important markers or sentinel conditions for the overall mental health situation in any given country. It is further expected, however, that the positive effects derived from addressing these conditions will also serve to:

- Increase governments' awareness and responsiveness to mental health issues;
- Enhance the quality and effectiveness of mental health services;
- Reduce stigma and discrimination.

And by doing so, to take important steps towards:

- Reducing the risk factors and burden of a range of conditions (both mental and physical);
- Enhancing the mental health of the population.

WHO's new Mental Health Global Action Programme has adopted the slogan, "Close the Gap, Dare to Care".

WHO has recently pledged its full and unrestricted commitment to the field of mental health.

Strategies

Four core strategies will be employed: Information, Policy and Service Development, Advocacy, and Research.

These four strategies are fundamentally related to one another. Information concerning the magnitude, burden, determinants and treatment of mental disorders leads to enhanced awareness and advocacy against stigma and discrimination. This in turn creates the necessary conditions for the formulation and implementation of integrated policy and services, which in turn serves to generate more advocacy and information for better decisions. Countries' research capacity drives this relationship.

Conceivably, countries will thus be able to advance in mental health care with regard to the main groups of mental disorders, as well as with regard to psychosocial problems that take a huge toll on the resources of the health sector.

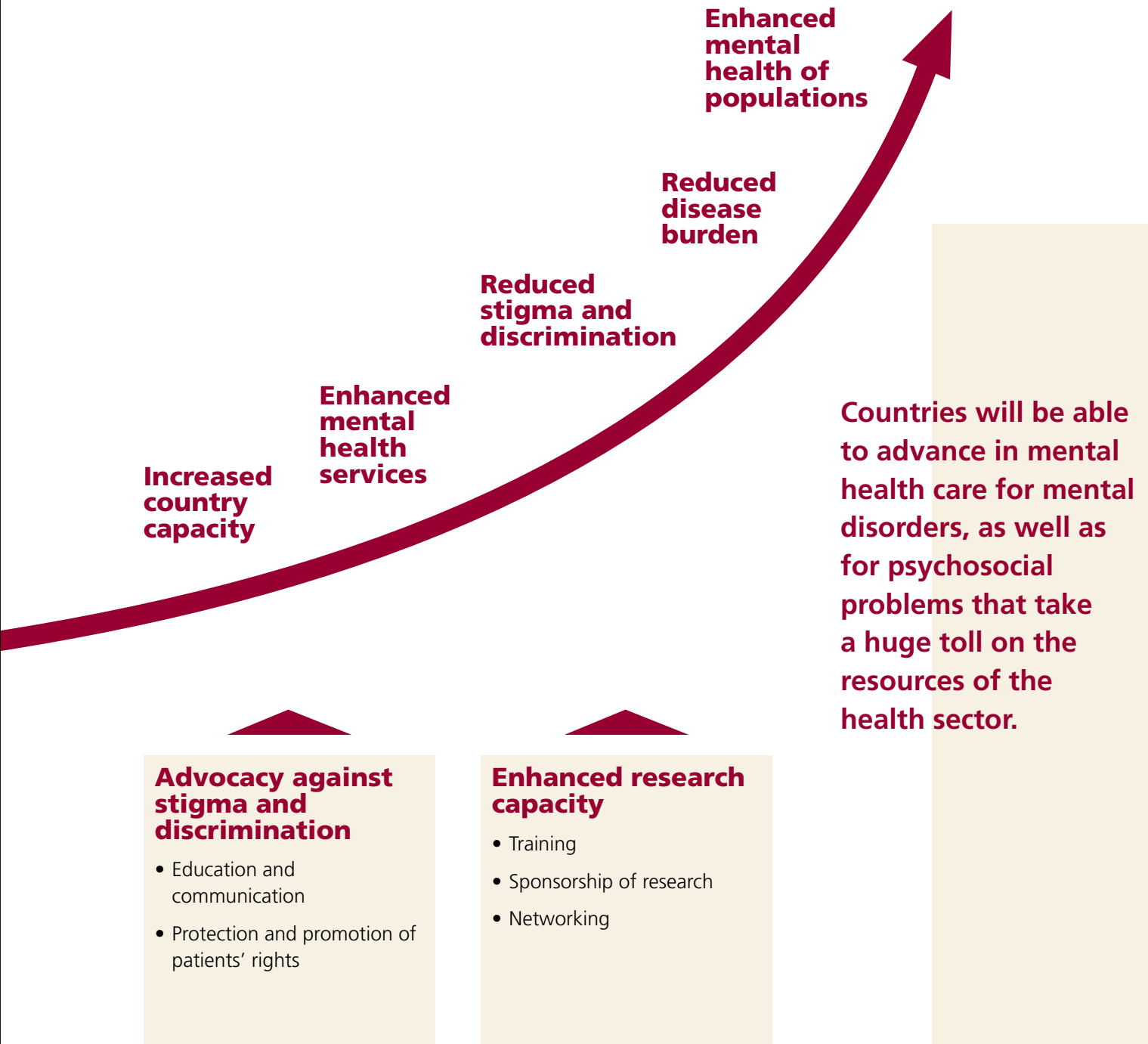
Information for better decisions

- Member States' information systems
- Evidence-based information for health care workers
- International observatory
- Internet-based database

Integrated policy and service development

- Guidance development
- Regional forums, advisory networks, country technical assistance
- International training networks

WHO's Mental Health Global Action Programme



Information for better decisions

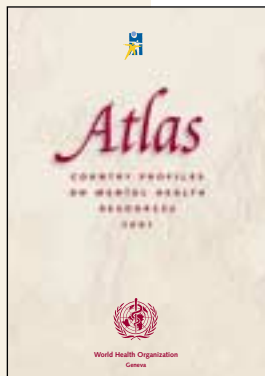
Good information is a prerequisite to good decisions, for both WHO and Member States. This is particularly true in the case of mental disorders, which until recently have been largely overlooked as public health issues.

The recent WHO ATLAS study was the first of its kind: a comprehensive and systematic attempt to understand the mental health resources in the world. As important as its contribution has been, many crucial questions are still unanswered. To be able to effectively assist Member States, it is essential for WHO to have an improved understanding of the mental health situation around the world.

Member States, too, are suffering from their own lack of mental health information. As seen in the ATLAS study, more than 27% of countries do not have a system for collecting and reporting mental health indicators. For many others, information systems have extremely limited reliability and reach. As a result, rational mental health policy and service development is impeded. And, around the world, innumerable health care workers do not have access to even the most basic information on how to detect and treat mental disorders, thus compromising the treatment of those in need.

To address this need for better information, the mhGAP Initiative will:

- Promote the establishment and maintenance of mental health and substance dependence monitoring and information systems within Member States.
- Develop and disseminate evidence-based information for general health care workers on the diagnosis, treatment, and rehabilitation of mental conditions. Information will also be provided on how mental disorders, especially depression, negatively influence adherence to medical regimens and clinical outcomes for a range of physical conditions. This information will be tailored for a range of languages and cultural contexts.



WHO's Mental Health Global Action Programme

- Establish an international observatory of the mental health situation in the world, which will promote a better understanding of:
 - the mental health resources of the world and across different regions;
 - the causes of treatment gaps across different countries;
 - the barriers to mental health treatment across different countries.
- Establish an Internet-based, dynamic database, which will hold up-to-date mental health information from around the world. Users will be able to choose, display, and download specific information according to their needs.

Effectiveness of Treatment

Depression



Up to 60% of patients recover

Substance Abuse



Up to 60% reduction in drug use

Epilepsy



Up to 73% of patients live free from seizures

Schizophrenia



Up to 77% of patients live without relapses

**Around the world,
innumerable health
care workers do not
have access to even
the most basic
information on how
to detect and treat
mental disorders.**

Source: World Health Report 2001, Chapter 3

Advisory networks will provide ongoing technical support to countries as they embark on mental health policy and service development.

Integrated Policy and Service Development

Based on accurate and relevant information, the mhGAP Initiative will focus on assisting governments to formulate and implement coherent and comprehensive mental health policies and services according to their unique needs. This strategy is being prioritized due to the results from the recent WHO ATLAS survey (page 3), which revealed that the majority of countries is unprepared to cope with the rise in mental disorders.

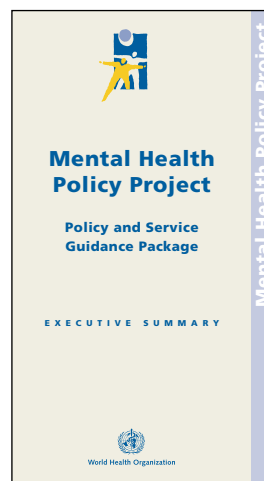
Specific activities will include:

- The development of guidance on mental health policy and service development. This guidance, which will be written in consultation with policy makers and service planners, will bring together the best evidence as it relates to planning, organization and management of mental health policies and services, and will include strategies to address the many and varied barriers to implementation at all levels of the health sector (from the central through to the local level). Throughout, it will pay particular attention to political, social, economic and cultural factors influencing the success of mental health policy development and implementation. Topics will include:
 - Mental health policies and financing
 - Legislation and human rights
 - Organization of services
 - Improving access to psychotropic drugs
 - Quality improvement strategies
 - Prevention and promotion
- In each WHO region, the establishment of regional forums and advisory networks, which will provide technical assistance to countries on mental health policy and service development.

WHO's Mental Health Global Action Programme

WHO Headquarters will collaborate with the WHO Regional Offices to establish a series of regional forums on mental health policy and service development. These forums will convene country policy-makers and other key stakeholders to plan mental health policies and services in their countries. Countries will be grouped into forums by region, and within this, by shared characteristics and specific needs. WHO will work intensively with participating countries in pre-planning, during the forum, and in follow-up activities and meetings. Advisory networks will provide ongoing advice and support to countries as they embark upon this process. The guidance (as described above) will be one component tool for directing countries' mental health policy and service development, however, the assistance of the advisory network will also be crucial.

- The establishment of international training networks in mental health policy and service management. Training is an absolute prerequisite for the effective conceptualization and implementation of mental health policies and services. To maximize success, the mhGAP initiative will use its worldwide network of WHO Collaborating Centres and mental health experts to establish training fellowships in mental health policy and service management. Efforts will be made to locate these fellowships in local country or regional contexts, so as to maximize relevance and minimize "brain drain." The guidance described above will be adapted to form the basis for the training. Fellows from developing countries will be sponsored using a special pool of funding dedicated to this purpose.



Training is an absolute prerequisite for the effective conceptualization and implementation of mental health policies and services.

Advocacy against stigma and discrimination

Stigma and discrimination related to mental disorders can be reduced through mental health advocacy. The World Psychiatric Association's "Open the Doors" programme, for example, has successfully implemented schizophrenia anti-stigma campaigns in China, Egypt, Greece, India, and other countries. To maximize impact, a multilevel approach is required, involving educating key groups, changing laws and government regulations, and protecting and promoting the rights and interests of people with mental disorders.

Education and communication

The mhGAP Initiative will support governments to reduce stigma and discrimination through educating four key groups: the general population; health care workers; policy-makers; and consumer groups, family groups, and NGOs.

The media will be proposed as a primary means for governments to reframe the public debate on mental health. Specifically, it will be used to inform the public, to persuade and motivate individual attitudinal and behaviour change, and to advocate for change in the social, structural and economic factors that perpetuate stigma and discrimination against those with mental disorders. Special emphasis will be placed on the importance of reaching consumers, families, and their organizations, who need to be sensitized about mental disorders, available treatment, and their rights in the service system. Training workshops will be held for health care workers regarding patients' human rights.



WHO's Mental Health Global Action Programme

Promoting and protecting the rights and interests of people with mental disorders through legislation and other strategies

Legislation concretizes advocacy goals by providing a legal framework for addressing stigma and discrimination. Beyond legislation, there are other governmental strategies for reducing stigma and discrimination, such as human rights enforcement and monitoring through regular facility inspections by visiting boards, national human rights monitoring bodies (such as national ombudsmen, human rights commissions), and the inclusion of consumer and family organizations in ministry of health activities.

The media will be proposed as a primary means for governments to reframe the public debate on mental health.

Photo: © G. Ahongbonon



Currently, the mental health effort in the developing world is based primarily on evidence from high-income countries. This approach has a serious disadvantage.

Enhanced Research Capacity

Building research capacity in developing countries is urgently needed. Currently, the mental health effort in the developing world is based primarily on evidence from high-income countries. This approach has a serious disadvantage, in that the vast majority of the available information is collected from vastly different cultural and socio-economic contexts. Research on family involvement in schizophrenia management, for example, has demonstrated the ways in which socio-cultural factors moderate different treatments' effectiveness. Culturally relevant research should inform mental health policy and service development, treatment decision-making, and anti-stigma and discrimination programmes.

A second disadvantage is that the scant mental health research that is completed in developing countries, is frequently conducted by academics from high-income countries, who have no real connection to ministry of health activities or to local service development. This type of disconnected research does little to assist the mental health needs of countries and governments.

At the recent World Health Assembly, Ministers of Health expressed overwhelming interest in developing prevention and promotion activities. At the same time, there was a recognition that the science of this field is in the early stages and very limited in terms of its socio-cultural generalizability.

The mhGAP Initiative will address these issues by working to create sustainable research capacity within developing countries. This will be accomplished through networking and the provision of research training. Co-operative arrangements between countries and the Initiative will be developed and supported so that research capability can be sustained after the Initiative is over. Emphasis will be on applied research.

Networking

An international network of scientists and institutions will be created to sponsor a variety of mental health research activities. This network will,

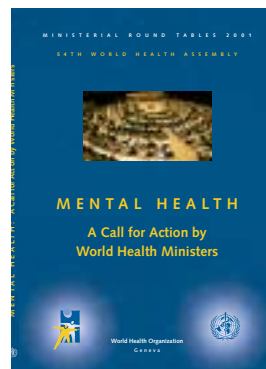
WHO's Mental Health Global Action Programme

interalia, promote twinning between institutions of research excellence and institutions in developing nations; ensure the availability of teachers; provide seed funds to develop research proposals that answer specific needs of developing nations; and facilitate the transfer of research findings among developing nations and ensure their publication in scientific journals.

Research training

To accomplish this aim, the mhGAP Initiative will use its worldwide network of Collaborating Centres and mental health experts to establish centres of excellence providing training in mental health research and evaluation. Fellows from developing countries will be given intensive training in basic research methodology in host centres and follow-up support will be provided to trainees through the sponsoring of selected mental health research and evaluation studies in their countries. This will have multiple benefits: promoting local research capacity, contributing to the development of culturally-relevant mental health information, and increasing WHO's ability to understand and respond to changing trends in priority areas of inquiry.

The mhGAP Initiative will use its worldwide network of Collaborating Centres and mental health experts to establish centres of excellence providing training in mental health research and evaluation.



WHO will provide leadership, co-ordination and accountability.

The mhGAP Initiative Partnership

WHO will provide leadership, co-ordination and accountability. It will lead the mhGAP Initiative through broad consultation and partnership with various stakeholder groups, including UN organizations; the World Bank; private industry; academic and research institutions; consumer, family, and professional groups; other relevant NGOs; foundations; and government representatives from donor and recipient Member States. All these will be invited to collaborate with WHO (in line with their comparative advantage) providing general direction and priorities for the five-year period.

The mhGAP would be financed by the World Health Organization, Member States, multilateral donors, and voluntary contributions from foundations and the private sector. Relevant financial reports of the activities of mhGAP would be made regularly available to the World Health Assembly, to WHO Member States, and to other interested parties.



Photo: © WHO, P. Virot

WHO's Mental Health Global Action Programme

For an initiative of this magnitude to succeed, partners that have understood the full impact of the burden of mental disorders, the untold suffering and disability they cause, and the economic impact they entail are needed. These partners are now aware that the technological means to bring about the necessary changes are within reach, if they make them available, and that the political will has been secured. This unique opportunity should not be allowed to fade away.

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Photo: © PAHO, A. Waak



WHO Leadership

- UN organizations
- World Bank
- Private industry
- Academic and research institutions
- Consumer, family & professional groups
- Relevant NGOs
- Foundations
- Donor and recipient Member States

All aspects of process and outcome of the mhGAP will be evaluated.

Expected Results and Evaluation

All aspects of process and outcome of the mhGAP will be evaluated. In order to ensure the effectiveness of the programme, performance measures will be developed for each of the four components (Policy and Service Development, Advocacy, Information, and Research) incorporating both measures of output and outcome. Outcome indicators for pilot programmes will be developed in consultation with the relevant WHO Regional Offices and Member States. Reports on the effectiveness of demonstration programmes and other efforts will be developed on a regular basis.

At the end of the 5-year initiative period, it is expected that countries will have enhanced capacity to reduce the burden of mental disorders, namely in the strategic areas of :

- Integrated policies and services;
- Information for better decisions;
- Advocacy against stigma and discrimination;
- Enhanced research capacity.

As a result of this increased capacity, it is further expected that there will be:

- Enhanced quality and effectiveness of mental health services;
- Reduced stigma and discrimination;
and by accomplishing this, important steps will be taken towards:
- Reduced burden of a range of conditions (both mental and physical);
- Enhanced mental health of the population.

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Photo: © WHO



The WHO Constitution defines health as ***a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.***

Mental health may be considered as an integral component of health through which one realizes one's own cognitive, affective and relational abilities. With a balanced mental disposition, one is more effective in coping with the stresses of life, can work productively and fruitfully, and is better able to make a positive contribution to the community. Mental and brain disorders, by affecting mental health, impede or diminish the possibility to reach all or part of the above. Preventing and treating them clears the road to achieving one's full potential.