MAKING A DIFFERENCE

PROTECTING AND PROMOTING HUMAN RIGHTS

People with mental disorders are among the most marginalized in society. The stigma they experience puts them at increased risk of poverty, discrimination and human rights violations. WHO works with governments across the world to put in place mental health policies, plans and laws that respect human rights and promote access to care as well as to employment, educational and other opportunities.

Unfortunately, these human rights violations can occur within the health care system. Many of them are locked up in cells, held in isolation, neglected and subjected to physical, psychological and sexual abuse. WHO’s QualityRights Project supports countries to assess and improve the quality and human rights conditions in mental health and social care facilities and to empower people with mental disorders to participate in decision making processes and advocate for change.

TURNING MY LIFE AROUND: SYLVIA’s STORY

“I was 28, married, and a father of two lovely daughters when I was diagnosed with a mental illness and hospitalized to save me from committing suicide. The hospital appeared more a prison than a place for my clinical attention. My ward possessed the jail-like structures with the famous isolation rooms where patients are put to lie on the concrete floor covered with urine and feces. I lived in a very dirty place with overflowing toilets, broken doors and windows, torn curtains and bat tears patients were full naked... Stigma and discrimination were the order of the day.

Through a hard-fought empowerment programme with the hospital, I started my own business programme for my livelihood. I started talking about stigmas in the hospital as an attempt to do away with an outdated and oppressive system... This stigma eventually saw my colleagues come on board to make the voices bigger and louder... This is how the Mental Health Users Network of Zambia (MUHA) was born.”

Residency of Sylvia Kasabula, Founder and President, MUHA.

AT A GLANCE

More than 450 million people worldwide suffer from mental disorders. Many more have mental health problems.

Mental disorders are more common

In vulnerable and marginalized groups such as poor populations, people with chronic health conditions, minority groups, and persons exposed to conflict, disasters or other emergencies.

Depression is the leading cause of disability worldwide.

Every 40 seconds somebody dies from suicide. More than half of all suicides occur before the age of 45 years.

Rates of mental disorder tend to double after war and other major disasters.

Economic cost of mental disorders globally over the next 20 years is estimated at US$ 16,000 billion.

Almost 75% of people with mental disorders remain untreated in developing countries.

Affordable strategies and interventions exist to treat mental disorders and promote mental health. Basic mental health care costs only US$ 2-4 per person per year.

The percentage of global burden of disease due to mental disorders is 15%, while the percentage of health budget for mental health is only 3%.

World Health Organization

“MY 18 year old son was allegedly investigated for suicide. It turned out to be paralysis. With treatment he is much better.”

“My brother, who suffers from obesity, is now able to work. Unfortunately he developed diabetes.”

“I didn’t know my excessive fatigue was due to depression.”

“My wife became depressed after the birth of our child. Fortunately she identified it as an illness and with treatment she recovered completely.”

“My 8 year old sister was not making much progress in school. The school psychologist identified the problem as anxiety. With special attention, she is progressing well.”

For more information

www.who.int/mental_health

www.facebook.com/WorldHealthOrganization
www.twitter.com/who
www.youtube.com/WHO

Department of Mental Health and Substance Abuse
Mental disorders affect hundreds of millions of people in every part of the world and impact on the lives of their loved ones. One in four people will be affected by mental disorder at some point in their lives. Depression is the single largest contributor to worldwide disability. Schizophrenia and bipolar disorder are among the most severe and disabling disorders. Suicide is one of the most tragic outcomes for people affected by mental disorders.

Mental disorders can occur at any age but they often begin during adolescence and early adult life and are twice as frequent among poor populations. Although huge numbers of people are affected, mental disorders remain hidden, neglected and discriminated against. The severe lack of mental health services available in low- and middle-income countries worsens this already dire situation. Globally, annual spending on mental health is less than US $2 per person.

Through its Mental Health Gap Action Programme (mHGap), WHO supports the training of health workers, raising awareness of communities, and improving provision of appropriate quality care for people with mental disorders around the world. Trained professionals and workers are able to deliver care in general hospitals, local health centres and other community-based facilities, so people have access to mental health services close to their homes and with minimum disruption to their lives.

WHO plays a leading role in post-emergency recovery by supporting Governments in addressing long-term mental health needs. Even in the face of tragedy, there are opportunities to build sustainable mental health services. WHO’s work in Albania, Indonesia, Iraq, Jordan, Kosovo, Macedonia, Somalia, Sri Lanka and the West Bank and Gaza Strip has shown how emergencies can be a catalyst to develop sustainable mental health care services.

It was in the aftermath of the 2004 tsunami, there was a surge of interest in mental health that led to a strengthened mental health system. This included the appointment of WHO-supported community service officers (CSOs) who functioned as community mental health workers.

Helping Latif achieve his potential.

When four-year-old Latif first entered the Al Hastani primary health centre in Jordan, he was clinging to his mother, and was hypertensive. He stared, avoided other children and often missed school. Having received mHGap training, the primary health care provider knew right away that Latif needed psychosocial support and regular follow up. The health worker provided advice to Latif’s mother and also helped her to access other community-based services, in consultation with a local psychiatrist. Today, Latif attends school, speaks without a stutter, and plays with other children.

Getting Razmy’s family back on their feet.

Teenager Razmy (name changed) faced a daily CSO talk about mental health in her school in Sri Lanka. After the talk she asked the CSO to visit her mother, who had become withdrawn, said she was hearing voices, and seemed to have lost contact with reality. Razmy’s father tried to stop her mother getting the help she needed. He said he was worried about the impact this might have on Razmy’s marital prospects, since families with a history of mental illness are discriminated against. The CSO and the mental health team introduced the father to a successful businessman who had had a mental disorder and who had been helped by them. The father then supported Razmy’s mother receiving mental health care and her condition improved.