For the first time in a decade, the World Health Assembly (WHA) has adopted a resolution on mental health. At the 65th meeting of WHA in May 2012, India, Switzerland, and the United States of America, cosponsored the resolution, which received strong support from other members. Representatives of 33 countries took the floor to join the discussion. A number of NGOs also voiced their support.

By this resolution on mental health, countries expressed their commitment for “promotion of mental health, prevention of mental disorders, and early identification, care, support, treatment and recovery of persons with mental disorders”. They also emphasized the need to promote human rights, tackle stigma, empower service users, families and communities and to develop deinstitutionalized care. Recognizing the high burden of mental disorders, the resolution urges Member States to allocate appropriate resources to prioritize and streamline mental health. It also calls on all other stakeholders and donors to work towards the goal of improving mental health worldwide.

The resolution requests WHO’s Director-General to develop a comprehensive mental health action plan, in consultation with Member States. The plan should include provisions to address integration of mental health into all levels of health care, the development of human resources, and expanded access to educational and social services.

A global action plan is a unique opportunity to enhance the priority given to mental health within the health plans of countries and to provide much needed services and care to millions who currently receive no treatment.

The global mental health action plan will be submitted to the World Health Assembly for its consideration in 2013.

WHA Resolution

The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level - WHA65.4:

http://www.who.int/mental_health/WHA65.4_resolution.pdf
mhGAP Takes Off in Uganda

Training of Clinicians Is Emphasized

Ugandans with mental, neurological, and substance use disorders will be receiving improved care owing to the mhGAP-supported training and supervision of all non-specialized health-care clinicians in three districts.

Uganda suffers from a lack of trained human resources, as pointed out by a primary health-care worker who stated: “Some health workers do not understand some of these mental health problems … and if we don’t understand, there is no information we can give. We need a more concerted effort to train ourselves and all the stakeholders… bringing services closer to the people.”

The mhGAP programme in Uganda functions through the country’s Ministry of Health. Contributing to the programme are NGOs active in mental health. The three-year project is being funded by World Vision Australia and implemented in close collaboration with WHO and World Vision Uganda.

Dr Sheila Ndyanabangi, National Mental Health Coordinator stated:

“The Ministry of Health is grateful to WHO for mobilizing substantial financial resources to initiate the rolling-out of the mhGAP programme, making Uganda one of the leaders in strengthening mental health care in primary health care centres in low-income countries.”

Sierra Leone Nurses: Pioneers in Mental Health

mhGAP Success Story in West Africa

Twenty-one nurses from 11 districts of Sierra Leone have distinguished themselves by being the first nurses in the country to be trained in mental health using the mhGAP Intervention Guide (mhGAP-IG).

They are studying psychiatric nursing at the College of Medicine and Allied Health Sciences in Freetown as part of Sierra Leone’s five-year project, “Enabling Access to Mental Health (EAMH)”, which aims to improve treatment and follow-up of people with mental disorders. These mental health nursing students received personal copies of the mhGAP-IG, which should help equip them in their ground-breaking work. They are truly Sierra Leone pioneers in mental health!

EAMH has been designed to advocate for people with mental health challenges in Sierra Leone and ensure that best policies are made and fully implemented. It focuses on people as the ultimate resource for socioeconomic development in a post-conflict country, like Sierra Leone.

The project has three major objectives:

- Capacity Building – An aspect which is conducted by the University of Makeni
- Advocacy – coordinated by the City of Rest through its newly established Mental Health Coalition
- Sensitization – carried by Community Association for Psychosocial Services

This Project is being implemented alongside the country’s Ministry of Health and Sanitation with the support and sponsorship of three international organizations: European Commission (EC), Global Initiative on Psychiatry (GiP) and CBM.
mhGAP Training Saves a Life in Honduras

A doctor and nurse used knowledge acquired during a mhGAP Intervention Guide training course on epilepsy to treat a prisoner who had an epileptic seizure.

The pair was part of a health team responding to the aftermath of a devastating fire in the prison in Comayagua, Honduras, in mid-February 2012.

To treat the man’s seizure, they first assessed the possibility of administering diazepam intravenously. However, the epileptic seizure did not allow that. Therefore, the two relied on their recent training to administer the drug rectally, which immediately stopped the seizure and allowed the patient to be transferred to the regional hospital.

Honduras, among the poorest countries in Central America, is currently implementing mhGAP. According to World Bank 2010 figures, 60% of the country’s population is at or below the national poverty line. Neuropsychiatric disorders are responsible for 16.7% of the burden of disease in the country.

Recalling the incident in the prison, the trained nurse said, “The new skills learned through the mhGAP training course helped me to save a life.”

mhGAP Intervention Guide

Base Training Course – now available for field testing

In 2010, WHO launched the mhGAP Intervention Guide, a clinical aid for assessing and managing mental, neurological and substance use (MNS) disorders in non-specialized health settings. Now, WHO is pleased to announce progress in the development of an accompanying training package.

More than 100 experts from around the world have contributed to the package, which has been piloted in Ethiopia, Jordan, Lebanon, Libya, Nigeria, Panama and recently in Honduras. The objective of the training is that primary care doctors and nurses improve their ability to treat MNS conditions. As the story “mhGAP Training Saves a Life in Honduras” indicates (see box opposite), skills taught in the training course can certainly be applied in practical situations.

The training package is divided into two stages, a Base Course, currently being offered, and a Standard Course. The Base Course, comprising 35 hours of training, covers the priority MNS disorders. The Standard Course, currently being developed, will offer more intensive training.

WHO encourages experts and organizations from around the world to field test the Base Course. Further information can be obtained by writing to: mhGAP-info@who.int

Left: Comayagua jail, Honduras, with local mental health team and WHO expert; Above: mhGAP course for primary health care workers, Puerto Lempira, Honduras

www.who.int/mental_health/mhgap/en/
There is little doubt that dementia poses one of the greatest societal challenges for the 21st century. Around the world a new case of dementia arises every four seconds, equivalent to 7.7 million new cases every year. Given the increased life expectancy and better medical care in developing countries, cases of people living with dementia will double in the next two years and triple in the next four.

Moreover, treating and caring for people with dementia costs more than US$ 604 billion per year, which includes the cost of providing health and social care as well as the reduction or loss of income of people with dementia and their caregivers.

Current health systems are not coping with the surging number of cases and the mounting costs. As an indication, only eight of 194 WHO Member States have a national dementia plan in place as of January 2012.

The report provides at least three strategies to prioritize dementia as a public health concern. First, public awareness about the disease should be raised, with a concomitant reduction of stigma. A general lack of information and understanding about dementia fuels stigma, which in turn contributes to the social isolation of the person with dementia and the caregivers. The isolation can also lead to delays in seeking diagnosis, health assistance and social support.

Second, countries need to improve early diagnosis. Even in high-income countries, only one fifth to one half of dementia cases are routinely recognized. The health and social system need to be strengthened to improve the quality of care for people with dementia.

Third, the report seeks more support for caregivers. People who care for a person with dementia are themselves particularly prone to mental disorders, such as depression and anxiety. They also often have poor physical health and suffer economically as they may be forced to leave work, reduce their work hours or take a less demanding job to care for a family member with dementia.

To prepare the report, WHO and ADI relied on input from four working groups of experts, nearly two dozen international contributors and more than 20 expert reviewers. The report contains comprehensive data obtained from low-, middle- and high-income countries worldwide. With the publication of the report, WHO does not consider its work finished. It plans to translate the report into several languages. WHO will also support and advise governments with a view to addressing this rapidly expanding threat.