



Jorma Julin, Director General, Department for Development Policy, Ministry for Foreign Affairs, Finland

In any society, certain groups of people face a higher degree of vulnerability than others. These groups are characterized as 'vulnerable' because they are more likely to suffer negative consequences in the event of external stressors. Any adverse life event drives vulnerable individuals or communities into poverty, or as is often the case, deeper into poverty. Vulnerable groups are particularly disempowered in these situations because they are also less likely to be formally represented or have a voice in decision-making.

Poverty reduction and development policies often fail to reach vulnerable groups unless they are specifically designed to do so. Targeted efforts are needed to reach and empower them. This is particularly true for people with mental health conditions. As described in this report, people with mental health conditions often live silently on the outskirts of their communities, or in long-term facilities plagued with no hope for the future. It is therefore not surprising that they have escaped the attention of most development programmes.

This 'failure to notice' must end. [...] People with mental health conditions meet major criteria for vulnerability. Recognized or not, they live in every community and every country. By investing in people with mental health conditions, development outcomes will be further improved. However, they require targeted attention to ensure that they are being reached.

Finland has since 1990's paid attention to the issue of mental health in the international health policy. While saying that there is no health without mental health, we have emphasized that mental health must become an integrated part of public health in all its dimensions. Second, we have stressed that we need not only improve the treatment of those suffering from mental health problems, but start to invest in the promotion of mental health.

Raising the issue of poverty and mental health in the context of development work fits to both of the principles we have advocated for: it gives mental health the visibility it deserves as an essential component of health, and it addresses one of the fundamental determinants of mental — and general — health.



Dr Soccoh Alex Kabia, Minister of Social Welfare, Gender and Children's Affairs, Sierra Leone

Mental health is indivisible from health and development. This is a universal truth. In the aftermath of conflict, and in context of poverty that affected and continues to affect the lives of millions of Sierra Leoneans, attention to mental health is crucial. [...] A comprehensive approach aimed at improving healthcare but also housing, education, employment, access to justice, civil rights and participation is needed to address the multiple needs of people with mental health conditions. Promotion of mental health and prevention of mental health conditions is also crucial and must be supported as the nation recovers from the 11 year old conflict, that destroyed not only the infrastructure but had a traumatic effect on the nation posing an increased risk of morbidity in the area of mental health. Morbidity includes among others, alcohol and drug abuse, post traumatic stress syndrome and psychosis, and bipolar disorder.

Based on the results of a comprehensive situation analysis, a National Mental Health Strategic Plan and Policy have been developed. All step in the right direction in the quest to provide an effective mental health service for the Nation.

However, key challenges will have to be met, particularly in the area of Human and Financial Resources. Development agencies and partners will thus have an important role to play by including mental health in all development programmes, and in supporting government efforts to realize the fundamental human rights of all citizens while paying particular attention to the most vulnerable.

Without doubt, mental health is needed for successful national development. It is our fervent hope that, we shall continue to count on the support of all developmental stakeholders to enable Sierra Leone to lead the way.

Maria Isabel Rodriguez, Minister of Health and Welfare, San Salvador, El Salvador

The Ministry of Health and Welfare of the Government of El Salvador has a firm commitment to putting in place policies that aim to provide comprehensive mental health care to the population.

This is reflected in the country's 2009-2014 Ministerial Strategic Plan which includes provisions for the promotion of comprehensive mental health care, the reduction of drug and alcohol abuse and for the need to identify and address the mental health aspects related to common social problems, such as violence, in El Salvador. The recently approved National Mental Health Policy also reinforces the need for action in these areas.

The Hon. Bob Mc Mullan, MP, Parliamentary Secretary for International Development Assistance, Australian Government

Mental illness is common in all countries. Treatment and care is complex and community attitudes and stigma surrounding mental illness take time to change.

Australia is committed to reducing poverty and achieving sustainable development in developing countries, and improving responses to people with mental illness is an important building block towards achieving this.

[...] Governments and development partners need to give mental health a higher priority. Like WHO, Australia works closely with partner governments to improve health outcomes based on robust national health plans. These plans are an indication of how governments prioritize mental health, how they will respond and what support they require from development agencies.

Australia is committed to showing leadership in international and regional cooperation to promote disability-inclusive development. Our strategy *Development for All* ^{*1} focuses on improving the quality of life of children, women and men with all forms of disability. It includes building the capacity of Disabled People's Organizations, and assisting partner countries - particularly those in Asia and the Pacific - to implement the Convention on the Rights of Persons with Disabilities. Unless the needs of people with disability, including those with mental illness, are met, it will not be possible to achieve the targets of the Millennium Development Goals by 2015.

Pablo Rivero Corte, Director General, Quality Agency National Health System, Spain

Integrating mental health into primary care will improve both mental and physical health outcomes. Implementing early childhood programmes would result in measurable reductions in mental health problems, crime, and unemployment in adulthood. School-based mental health programmes would prevent the onset or worsening of mental health conditions, and help ensure that the number of children completing education is maximized. Employment programmes, in which people with mental health conditions perform paid work with ongoing support and training, would result in higher employment rates, better wages, as well as better mental health. Legal measures to protect the rights of persons with mental health conditions will put an end to violations, and promote autonomy, liberty and dignity. Importantly promoting the participation of mental health service users in decision making processes will ensure policies and services are appropriate to their needs. Collectively, implementing these interventions would enable people to lead fulfilling lives.

^{*1} *Development for All. Towards a disability-inclusive Australian aid program 2009-2014.* Canberra, Australian Agency for International Development (AusAID), November 2008.

The Hon. Clay Forau Soalaoi, MP, Minister of Health and Medical Services, Solomon Islands

People with mental health conditions meet major criteria for vulnerability. Recognized or not, they live in every community and every country. In the Solomon Islands, mental health conditions are a major concern. Prevalence is high, with mental health strongly influenced by the social and economic factors including unemployment and financial hardship. Cultural beliefs that mental health problems are caused by supernatural influences such as ancestral spirits or sorcery compound stigma and discourage people from seeking care early. The Solomon Islands are dispersed across 1500 km, with 82 percent of the population living in rural areas, yet services are concentrated in urban areas, resulting in a high proportion of people not being able to access the care that they need. Access to mental health services is further limited by the lack of health professionals with expertise in mental health.

The Solomon Islands has adopted a number of actions in order to address this situation and reach out to this vulnerable group, including the development of the first ever national mental health policy, the training of a wide range of health professionals so that they are better able to support people with mental health conditions, and the enlisting of other key stakeholders including community leaders such as chiefs, church pastors as well as young people to improve their understanding and response to mental health problems within the community.

From ***Mental health and development: targeting people with mental health conditions as a vulnerable group***. Funk M, Drew N, Freeman M, Faydi E. 2010. World Health Organization. Geneva, Switzerland. available from http://www.who.int/mental_health/policy/mhtargeting/en/index.html