



## CHAPTER FIVE

# *The Way Forward*

*Governments have a responsibility to give priority to mental health. In addition, international support is essential for many countries to initiate mental health programmes. The actions to be taken in each country will depend on the resources available and the current status of mental health care. In general, the report recommends: providing treatment for mental disorders within primary care; ensuring that psychotropic drugs are available; replacing large custodial mental hospitals by community care facilities backed by general hospital psychiatric beds and home care support; launching public awareness campaigns to overcome stigma and discrimination; involving communities, families and consumers in decision-making on policies and services; establishing national policies, programmes and legislation; training mental health professionals; linking mental health with other social sectors; monitoring mental health; and supporting research.*

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## THE WAY FORWARD

## PROVIDING EFFECTIVE SOLUTIONS

This report has shown that there have been major advances in the understanding of mental health and its inseparable relationship with physical health. This new understanding makes a public health approach to mental health not only desirable, but feasible.

This report has also described the magnitude and burden of mental disorders, establishing that they are common – affecting at least a quarter of all people at some time during their lives – and occur in all societies. Notably, it has shown that mental disorders are even more common among the poor, the elderly, people affected by conflicts and disasters, and those who are physically ill. The burden on these people, and their families, in terms of human suffering, disability and economic costs, is massive.

Effective solutions for mental disorders are available. Advances in medical and psychosocial treatment mean that most individuals and families can be helped. Some mental disorders can be prevented, while most can be treated. Enlightened mental health policy and legislation – supported by training of professionals and adequate and sustainable financing – can help deliver appropriate services to those who need them at all levels of health care.

Only a few countries have adequate mental health resources. Some have almost none. The already large inequalities between and within countries in terms of overall health care are even greater for mental health care. Urban populations, and in particular the rich, have the greatest access, leaving essential services beyond the reach of vast populations. And for the mentally ill, human rights violations are commonplace.

There is a clear need for global and national initiatives to address these issues.

The recommendations for action contained here are based on two levels of evidence. The first is the cumulative experience of developing mental health care across many countries at various resource levels. Some of this experience has been illustrated earlier in Chapters 3 and 4, and includes the observation of successes and failures of initiatives, many of them supported by WHO, in a wide variety of settings.

The second level of evidence comes from scientific research available in the international and national literature. Though operational research in mental health service development is in its infancy, some initial evidence is available on the benefits of mental health programme development. Most of the available research is from high income countries, though some studies have been done in low income countries during recent years.

Actions can have benefits at many levels. These include direct benefits of services in alleviating the symptoms associated with mental disorders, decreasing the overall burden of these diseases by reducing mortality (for example, from suicide) and disability, and in improving the functioning and quality of life of sufferers and their families. There is also the possibility of economic benefits (through enhanced productivity) by providing timely services, though the evidence for this is still scanty.

Countries have the responsibility to give priority to mental health in their health planning and to implement the recommendations given below. In addition, international support is essential for many countries to initiate mental health programmes. This support from development agencies should include technical assistance as well as funding.

## OVERALL RECOMMENDATIONS

This report makes ten overall recommendations.

### 1. PROVIDE TREATMENT IN PRIMARY CARE

The management and treatment of mental disorders in primary care is a fundamental step which enables the largest number of people to get easier and faster access to services – it needs to be recognized that many are already seeking help at this level. This not only gives better care; it cuts wastage resulting from unnecessary investigations and inappropriate and non-specific treatments. For this to happen, however, general health personnel need to be trained in the essential skills of mental health care. Such training ensures the best use of available knowledge for the largest number of people and makes possible the immediate application of interventions. Mental health should therefore be included in training curricula, with refresher courses to improve the effectiveness of the management of mental disorders in general health services.

### 2. MAKE PSYCHOTROPIC DRUGS AVAILABLE

Essential psychotropic drugs should be provided and made constantly available at all levels of health care. These medicines should be included in every country's essential drugs list, and the best drugs to treat conditions should be made available whenever possible. In some countries, this may require enabling legislation changes. These drugs can ameliorate symptoms, reduce disability, shorten the course of many disorders, and prevent relapse. They often provide the first-line treatment, especially in situations where psychosocial interventions and highly skilled professionals are unavailable.

### 3. GIVE CARE IN THE COMMUNITY

Community care has a better effect than institutional treatment on the outcome and quality of life of individuals with chronic mental disorders. Shifting patients from mental hospitals to care in the community is also cost-effective and respects human rights. Mental health services should therefore be provided in the community, with the use of all available resources. Community-based services can lead to early intervention and limit the stigma of taking treatment. Large custodial mental hospitals should be replaced by community care facilities, backed by general hospital psychiatric beds and home care support, which meet all the needs of the ill that were the responsibility of those hospitals. This shift towards

community care requires health workers and rehabilitation services to be available at community level, along with the provision of crisis support, protected housing, and sheltered employment.

#### **4. EDUCATE THE PUBLIC**

Public education and awareness campaigns on mental health should be launched in all countries. The main goal is to reduce barriers to treatment and care by increasing awareness of the frequency of mental disorders, their treatability, the recovery process and the human rights of people with mental disorders. The care choices available and their benefits should be widely disseminated so that responses from the general population, professionals, media, policy-makers and politicians reflect the best available knowledge. This is already a priority for a number of countries, and national and international organizations. Well-planned public awareness and education campaigns can reduce stigma and discrimination, increase the use of mental health services, and bring mental and physical health care closer to each other.

#### **5. INVOLVE COMMUNITIES, FAMILIES AND CONSUMERS**

Communities, families and consumers should be included in the development and decision-making of policies, programmes and services. This should lead to services being better tailored to people's needs and better used. In addition, interventions should take account of age, sex, culture and social conditions, so as to meet the needs of people with mental disorders and their families.

#### **6. ESTABLISH NATIONAL POLICIES, PROGRAMMES AND LEGISLATION**

Mental health policy, programmes and legislation are necessary steps for significant and sustained action. These should be based on current knowledge and human rights considerations. Most countries need to increase their budgets for mental health programmes from existing low levels. Some countries that have recently developed or revised their policy and legislation have made progress in implementing their mental health care programmes. Mental health reforms should be part of the larger health system reforms. Health insurance schemes should not discriminate against persons with mental disorders, in order to give wider access to treatment and to reduce burdens of care.

#### **7. DEVELOP HUMAN RESOURCES**

Most developing countries need to increase and improve training of mental health professionals, who will provide specialized care as well as support the primary health care programmes. Most developing countries lack an adequate number of such specialists to staff mental health services. Once trained, these professionals should be encouraged to remain in their country in positions that make the best use of their skills. This human resource development is especially necessary for countries with few resources at present. Though primary care provides the most useful setting for initial care, specialists are needed to provide a wider range of services. Specialist mental health care teams ideally should include medical and non-medical professionals, such as psychiatrists, clinical psychologists, psychiatric nurses, psychiatric social workers and occupational therapists, who can work together towards the total care and integration of patients in the community.

## 8. LINK WITH OTHER SECTORS

Sectors other than health, such as education, labour, welfare, and law, and nongovernmental organizations should be involved in improving the mental health of communities. Nongovernmental organizations should be much more proactive, with better-defined roles, and should be encouraged to give greater support to local initiatives.

## 9. MONITOR COMMUNITY MENTAL HEALTH

The mental health of communities should be monitored by including mental health indicators in health information and reporting systems. The indices should include both the numbers of individuals with mental disorders and the quality of their care, as well as some more general measures of the mental health of communities. Such monitoring helps to determine trends and to detect mental health changes resulting from external events, such as disasters. Monitoring is necessary to assess the effectiveness of mental health prevention and treatment programmes, and it also strengthens arguments for the provision of more resources. New indicators for the mental health of communities are necessary.

## 10. SUPPORT MORE RESEARCH

More research into biological and psychosocial aspects of mental health is needed in order to increase the understanding of mental disorders and to develop more effective interventions. Such research should be carried out on a wide international basis to understand variations across communities and to learn more about factors that influence the cause, course and outcome of mental disorders. Building research capacity in developing countries is an urgent need.

## ACTION BASED ON RESOURCE REALITIES

While they are generally applicable, most of the above recommendations may appear to be far beyond the resources of many countries. But there is something here for everyone. With this in mind, three separate scenarios are provided to help guide developing countries in particular towards what is possible within their resource limitations. The scenarios can be used to identify specific actions. As well as being relevant to individual countries, they are also intended to be relevant to different population groups within those countries. This recognizes that there are disadvantaged areas or groups in all countries, even those which have the best resources and services.

### SCENARIO A (LOW LEVEL OF RESOURCES)

This scenario refers mostly to low income countries where mental health resources are completely absent or very limited. Such countries have no mental health policy, programmes or appropriate legislation; or, if they exist, they are outdated and not implemented effectively. Governmental finances available to mental health are tiny, often less than 0.1% of the total health budget. There are no psychiatrists or psychiatric nurses, or very few of them for large populations. Specialized inpatient care facilities, if they exist, do so as centralized mental hospitals, which serve more for custodial care than mental health care, and often have less than one place per 10 000 population. There are no mental health services in primary or community care, and essential psychotropic drugs are seldom available. Mental health is not a part of epidemiological and health reporting systems.

While this scenario applies mostly to low income countries, in many high income countries essential mental health services remain beyond the reach of rural populations, indigenous groups and others. In brief, scenario A is characterized by low awareness and low availability of services.

What can be done in such circumstances? Even with very limited resources, countries can immediately recognize mental health as an integral part of general health, and begin to organize the basic mental health services as a part of primary health care. This need not be a costly exercise, and it would be greatly enhanced by the provision of essential neuropsychiatric drugs and in-service training of all general health personnel.

### **SCENARIO B (MEDIUM LEVEL OF RESOURCES)**

In countries in this scenario, some resources are available for mental health, such as centres for treatment in big cities or pilot programmes for community care. But these resources do not provide even essential mental health services to the total population. These countries are likely to have mental health policies, programmes and legislation, but they are often not fully implemented. The government budget for mental health is less than 1% of the total health budget. There are inadequate numbers of mental health specialists, such as psychiatrists and psychiatric nurses, to serve the population. Primary care providers are largely untrained in mental health care. Specialized care facilities have fewer than five places per 10 000 population, and most of these are in large and centralized mental hospitals. Availability of psychotropic drugs and treatment for major mental disorders in primary care is limited and community mental health programmes are scarce. Admission and discharge records from mental hospitals provide the only information available in health reporting systems. To summarize, scenario B is characterized by medium awareness and medium access to mental health care.

For these countries the immediate action should be to enlarge mental health services to cover the total population. This can be done by extending training to all health personnel on essential mental health care, providing neuropsychiatric drugs in all health facilities, and bringing all of these activities under a mental health policy. A start should be made on closing down custodial hospitals and building community care facilities. Mental health care can be introduced in workplaces and schools.

### **SCENARIO C (HIGH LEVEL OF RESOURCES)**

This scenario relates mostly to industrialized countries with a relatively high level of resources for mental health. Mental health policies, programmes and legislation are implemented reasonably effectively. The proportion of the total health budget allocated to mental health is 1% or more, and there are adequate numbers of specialized mental health professionals. Most primary care providers are trained in mental health care. Efforts are made to identify and treat major mental disorders in primary care, though effectiveness and coverage may be inadequate. Specialized care facilities are more comprehensive, but most may still be located in mental hospitals. Psychotropic drugs are readily available and community-based services are generally available. Mental health forms a part of health information systems, although only a few indicators may be included.

Even in these countries there are many barriers to the utilization of the available services. People with mental disorders and their families experience stigma and discrimination. Insurance policies fail to provide cover for the care of people with mental disorders to the same extent as for those with physical illness.

Table 5.1 Minimum actions required for mental health care, based on overall recommendations

Ten overall recommendations	Scenario A: Low level of resources	Scenario B: Medium level of resources	Scenario C: High level of resources
1. Provide treatment in primary care	<ul style="list-style-type: none"> <li>Recognize mental health as a component of primary health care</li> <li>Include the recognition and treatment of common mental disorders in training curricula of all health personnel</li> <li>Provide refresher training to primary care physicians (at least 50% coverage in 5 years)</li> </ul>	<ul style="list-style-type: none"> <li>Develop locally relevant training materials</li> <li>Provide refresher training to primary care physicians (100% coverage in 5 years)</li> </ul>	<ul style="list-style-type: none"> <li>Improve effectiveness of management of mental disorders in primary health care</li> <li>Improve referral patterns</li> </ul>
2. Make psychotropic drugs available	<ul style="list-style-type: none"> <li>Ensure availability of 5 essential drugs in all health care settings</li> </ul>	<ul style="list-style-type: none"> <li>Ensure availability of all essential psychotropic drugs in all health care settings</li> </ul>	<ul style="list-style-type: none"> <li>Provide easier access to newer psychotropic drugs under public or private treatment plans</li> </ul>
3. Give care in the community	<ul style="list-style-type: none"> <li>Move people with mental disorders out of prisons</li> <li>Downsize mental hospitals and improve care within them</li> <li>Develop general hospital psychiatric units</li> <li>Provide community care facilities (at least 20% coverage)</li> </ul>	<ul style="list-style-type: none"> <li>Close down custodial mental hospitals</li> <li>Initiate pilot projects on integration of mental health care with general health care</li> <li>Provide community care facilities (at least 50% coverage)</li> </ul>	<ul style="list-style-type: none"> <li>Close down remaining custodial mental hospitals</li> <li>Develop alternative residential facilities</li> <li>Provide community care facilities (100% coverage)</li> <li>Give individualized care in the community to people with serious mental disorders</li> </ul>
4. Educate the public	<ul style="list-style-type: none"> <li>Promote public campaigns against stigma and discrimination</li> <li>Support nongovernmental organizations in public education</li> </ul>	<ul style="list-style-type: none"> <li>Use the mass media to promote mental health, foster positive attitudes, and help prevent disorders</li> </ul>	<ul style="list-style-type: none"> <li>Launch public campaigns for the recognition and treatment of common mental disorders</li> </ul>
5. Involve communities, families and consumers	<ul style="list-style-type: none"> <li>Support the formation of self-help groups</li> <li>Fund schemes for nongovernmental organizations and mental health initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Ensure representation of communities, families, and consumers in services and policy-making</li> </ul>	<ul style="list-style-type: none"> <li>Foster advocacy initiatives</li> </ul>
6. Establish national policies, programmes and legislation	<ul style="list-style-type: none"> <li>Revise legislation based on current knowledge and human rights considerations</li> <li>Formulate mental health programmes and policy</li> <li>Increase the budget for mental health care</li> </ul>	<ul style="list-style-type: none"> <li>Create drug and alcohol policies at national and subnational levels</li> <li>Increase the budget for mental health care</li> </ul>	<ul style="list-style-type: none"> <li>Ensure fairness in health care financing, including insurance</li> </ul>
7. Develop human resources	<ul style="list-style-type: none"> <li>Train psychiatrists and psychiatric nurses</li> </ul>	<ul style="list-style-type: none"> <li>Create national training centres for psychiatrists, psychiatric nurses, psychologists and psychiatric social workers</li> </ul>	<ul style="list-style-type: none"> <li>Train specialists in advanced treatment skills</li> </ul>
8. Link with other sectors	<ul style="list-style-type: none"> <li>Initiate school and workplace mental health programmes</li> <li>Encourage the activities of nongovernmental organizations</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen school and workplace mental health programmes</li> </ul>	<ul style="list-style-type: none"> <li>Provide special facilities in schools and the workplace for mentally disordered people</li> <li>Initiate evidence-based mental health promotion programmes in collaboration with other sectors</li> </ul>
9. Monitor community mental health	<ul style="list-style-type: none"> <li>Include mental disorders in basic health information systems</li> <li>Survey high-risk population groups</li> </ul>	<ul style="list-style-type: none"> <li>Institute surveillance for specific disorders in the community (e.g. depression)</li> </ul>	<ul style="list-style-type: none"> <li>Develop advanced mental health monitoring systems</li> <li>Monitor effectiveness of preventive programmes</li> </ul>
10. Support more research	<ul style="list-style-type: none"> <li>Conduct studies in primary health care settings on the prevalence, course, outcome and impact of mental disorders in the community</li> </ul>	<ul style="list-style-type: none"> <li>Institute effectiveness and cost-effectiveness studies for management of common mental disorders in primary health care</li> </ul>	<ul style="list-style-type: none"> <li>Extend research on the causes of mental disorders</li> <li>Carry out research on service delivery</li> <li>Investigate evidence on the prevention of mental disorders</li> </ul>

The first immediate action required is to increase public awareness, aimed principally at decreasing stigma and discrimination. Second, the newer medicines and psychosocial interventions should be made available as part of routine mental health care. Third, mental health information systems should be developed. Fourth, research on cost-effectiveness, evidence on prevention of mental disorders, and basic research on causes of mental disorders should be initiated or extended.

The recommended minimum actions required for mental health care in the three scenarios are summarized in Table 5.1. The table assumes that the actions recommended for countries in scenario A have already been taken by countries in scenarios B and C, and that there is an accumulation of actions in countries with high levels of resources.

This report recognizes that, in all scenarios, the time lag between initiation of actions and their resultant benefits can be long. But this is an added reason to encourage all countries to take immediate steps towards improving the mental health of their populations. For the poorest countries, these first steps may be small, but they are nonetheless worth taking. For rich and poor alike, mental well-being is as important as physical health. For all who suffer from mental disorders, there is hope; it is the responsibility of all governments to turn that hope into reality.