Cross-cluster themes

Through a matrix management approach, the Departments of the NMH Cluster have created groupings of expertise to address specific functions, diseases or interventions. Thus, selected themes can take advantage of cross-cluster synergies, pool resources and provide a critical mass in areas that affect the work of all departments. Some cross-cluster themes are:

• Surveillance which provides for understanding the foundations for the global and country noncommunicable diseases situation, maps emerging trends and patterns, monitors, measures, changes in risk factors and processes in prevention.
• Violence prevention which provides countries with invaluable arguments, policy and programming options for addressing the problems and delineating the role of the health sector and its partners.
• Health care which builds a common foundation, the mental health policy project is helping governments to formulate and implement better policies and comprehensive mental health policies according to their unique needs for promotion, prevention and care. Particular emphasis is on equitable policies, service development, programme management and quality of care. Another key area is the fight against human rights violations of those with mental health problems and the formulation of proper legislation. Mental health in the workplace: The role work plays in promoting mental well-being and contributing to some signs of mental health problems is evident.

Mental health resources, through “Project Atlas”, the global capacity to deal with mental health issues is being systematically reviewed using information from all Member States. Country profiles have been published making it easier for planning priority setting and monitoring change over time. In subsequent phases of the project the causes of the treatment gap across different countries and the barriers to mental health care across different countries will be reassessed.

Priority projects of the Department of Mental Health and Substance Dependence

Based on the most reliable information, the mental health policy project is helping governments to formulate and implement better policies and comprehensive mental health policies according to their unique needs for promotion, prevention and care. Particular emphasis is on equitable policies, service development, programme management and quality of care. Another key area is the fight against human rights violations of those with mental health problems and the formulation of proper legislation. Mental health in the workplace: The role work plays in promoting mental well-being and contributing to some signs of mental health problems is evident.

Depression disorders occur at least twice more frequently in women than in men. Biological causes alone do not account for the disproportionate burden of depression, as women are less likely to seek treatment. The project on women’s mental health is working to better understand the gender-based issues in increasing vulnerability and influencing the outcome of depression and anxiety disorders in women. Through a “gender and “human rights” approach, the project also aims to support countries in building skills of HRC workers to recognize and treat the mental problems of vulnerable women and girls. Alcohol and other substance use disorders are also serious mental health problems. Management of substance dependence projects saw awareness in countries of new developments and treatments and provide assistance in formulating appropriate policies and programmes. They also advocate for prevention programmes through which important savings can be made by governments. For example, US$ 7 on health and social costs can be saved for every US$ 1 spent on psychosocial and pharmacological public interventions for substance dependence.

The Department of Mental Health and Substance Dependence

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Depression in public health: focuses on reducing the impact of depression by closing the substantial “treatment gap” between available cost-effective treatments and the large number of people not receiving it worldwide. WHO’s work on mental disorders has a specific scope determined by the public health impact and the treatment possibilities. Major projects currently underway include:

• Depression: the campaign aims general awareness and reduction of stigma and discrimination. The campaign supports governments in identifying needs and the public by raising general awareness and promoting education, training, treatment, research and national prevention.

• Schizophrenia: 90% of the persons with schizophrenia in developing countries do not receive any treatment even though cost effective treatments are available. Pilot programmes in a few countries have demonstrated the feasibility of providing care to people with severe mental illness through the primary health care systems. The project supports others in adopting and adapting these models.

• Suicide prevention: in the last 45 years suicide rates have increased by 60% worldwide. The project is breaking the taboo surrounding suicide and bringing together national authorities and the public by raising general awareness and strengthening countries’ capability to develop and evaluate policies and plans for suicide prevention.

Cluster of Noncommunicable Diseases and Mental Health

WHO is working steadily with partners to provide support for programmes to restore the mental health of populations traumatized by war, conflict and natural disasters in line with its comparative advantage in this area.

The child and adolescent mental health project is conceptualized as a focal point for addressing the international concerns about mental health services for children and adolescents, supporting training efforts, reducing stigma related to mental disorders and fostering policy development.

Prevention of mental disorders and Promotion of mental health: This Project is framed around the identification of the most effective strategies for preventing mental disorders and promoting mental health across different cultures and in the most cost effective manner. Besides strengthening the evidence base for prevention and intervention, the project develops best practices and helps countries in implementing and evaluating them.
Mental Health: The bare facts

- Million people worldwide are affected by mental or neurological problems at any given time. This problem is expected to increase considerably in the years to come.
- Mental problems are common to all age groups, cause immense suffering, social exclusion, disability and poor quality of life. They increase mortality and cause significant economic and social costs.
- One in every four persons going to the doctor has a mental disorder. Mental disorders account for 15% of all years lived with disability worldwide.

Mental Health:

- Mental Health: The World Health Organization (WHO) defines mental health as the ability of an individual to function with intelligence, emotional stability and the resilience to cope with stress, the ability to deal with life’s basic demands, and the capacity to engage in a normal productive life. It is a state of well-being in which an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, and can make a contribution to his or her community.

Mental Health Year 2001

- The International Year of Mental Health 2001 was declared by the World Health Assembly to coincide with the 50th anniversary of the founding of the World Health Organization. The theme of the Year was “The right to mental health for all – a fact not yet realized for many.” The Year aimed to raise public awareness of the need for action in mental health and to encourage countries to take concrete steps to improve the lives of people with mental health problems.

Transforming the vision into action

To provide support as effectively as possible, WHO has broadened both developed and broadened a mental health Global Action Programme (mhGAP). Through 4 main strategic pillars, the Organization aims at headquarter, national and community levels, will help countries in articulating and advancing their national mental health goals. These pillars reflect WHO priority areas in mental health: mhGAP: First, mhGAP finances and endorses action on the mental health consequences of pandemics and other public health emergencies.

Objectives of the Department

In WHO, the Department of Mental Health and Substance Dependence provides leadership and guidance for the achievement of two broad objectives, namely:

- Mental Health Evidence and Research (MER)
- Management of Substance Dependence (MSB)

Structure of the Department

The Department of Mental Health and Substance Dependence consists of the Office of the Director, the four teams, namely:

- Mental Health Evidence and Research
- Management of Substance Dependence
- Mental and Brain Disorders (MBD)
- Mental Health Policy and Services Development

Mental Health Policy and Service Development (MPS)

- MPS focuses on supporting countries in strengthening their mental health policies and legislation and improving the planning and service development for mental health. It provides evidence-based support to the health sector and other national actors related to policy, planning and service delivery. It also supports implementation and monitoring of mental health policies and legislation.

Mental Health Policy

- The Office of the Director – emphasizes in policy coordination, programme mobilization, high-level advocacy, and administrative support.

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