Extended Abstract Journal of Alzheimers Disease & Parkinsonism 2020
Vol.10 No.8

United Nations and World Health Organization Engagement in Treating Global Mental Health, with a Special Focus on Vascular Dementia

Daniela Fisichella
University of Catania, Italy

Abstract
A meaningful attention of International Law, and most of International Organizations, is drawn to mental health and to mental illness in XXI century. As a consequence of human rights huge extension, mental health is nowadays a target of international efforts striving to address both state behavior and international achievements. World Health Organization (WHO) is expressly engaged, but United Nations (UN) showed the path in early nineties, by UN General Assembly (UNGA) 46/119 of 17 December 1991. The protection of persons with mental illness and the improvement of mental health care, where mental health care and facilities are pointed out; and if mental illness couldn't be defined, Principle 4 (Determination of mental illness) of this Resolution is crucial to direct next improvements layout. From there, UN and WHO have been carrying on a unique approach to mental health, as proved by binding and not binding international acts, surveys, guidelines – as the 2010 WHO mhGAP Intervention Guide - adopted as a result of states consultation. UNGA Resolution 70/1 of 21 October 2015, Transforming Our World: the 2030 Agenda for Sustainable Development, envisaging 17 Sustainable Development Goals (replacing past 8 Millennium Development Goals to be gained in 2015 at last) is the last step on the road of a global approach to health, intended as physical and as mental within an holistic view of human beings..

As stated in Declaration's Introduction 4 no one will be left behind and 7 A world with equitable and universal access to quality education at all levels to health care and social protection where physical, mental and social well-being are assured. The paper aims to investigate mental health as an international legal issue on a broad sense, meaning it not only as lack of mental illness, but in a comprehensive view and vascular dementia prevention above other mental diseases is perceived in a global frame of domestic economic and social balance.

Introduction:
This is the first in a series of four papers examining mental health and the global agenda. The series as a whole addresses three broad themes. First, there are significant opportunities to be gained through public policies that promote mental health and prevent mental disorders to the greatest extent possible. Better mental health contributes to the promotion of healthy development and achievement of educational, social and economic goals, as well as the avoidance of both communicable and non-communicable health problems and the consequent premature mortality. Second, there are also potential significant social and economic gains to be made through public policies that recognize and address the burden of mental disorders. Third, public policies need to prepare for the fact that in many countries mental disorders are likely to rise through a range of different factors including population growth and ageing, marital and family breakdown, an increasing number of orphans and child-headed households, migration both from rural to urban areas within a country and across international borders, changing patterns of work, climate change, the risk of debt and increased income disparity and alcohol and substance abuse. Poor mental health will further impact disadvantageously on physical health, and on broader social and economic goals.

In addressing these themes policy makers face many challenges. Intersectoral responses are needed to look at the links between mental health, poverty and economic performance and to help provide opportunities to draw more people into education, employment, entrepreneurship and other economic activity. As populations grow and age, healthcare systems will need to be able to adapt to more efficiently address mental disorders and counter the increased risk of co-morbid physical health problems. Policy makers may also wish to pay particular attention to specific at-risk groups such as children. The social and educational impacts of poor mental health can be substantial, persisting into adulthood; policy makers may wish to look at different ways of preventing and tackling these long-term impacts.

Mental health is a term which is used in a number of different ways. Whilst the main focus of this paper is on tackling mental disorders, we also discuss the vitally important concept of positive mental health.

Positive mental health may be conceptualised as including: a positive sense of wellbeing; individual resources including self-esteem, optimism and sense of mastery and coherence; the ability to initiate develop and sustain mutually satisfying personal relationships; and the ability to cope with adversity (resilience). Together, these enhance an individual's capacity to contribute to family and other social networks, the local community and society at large. Thus, mental health is more than just the absence of symptoms or distress. It refers to a positive sense of wellbeing and a belief in our own worth and the dignity and worth of others.

Positive mental health includes the capacity to perceive comprehend and interpret our surroundings to adapt to them and to change them if necessary to think and speak coherently and to communicate with each other. It also affects our ability to cope with change, transition, and life events such as the birth of a child unemployment, bereavement or physical ill health. Thus mental health and physical health are closely interlinked and are both essential components of general health in the individual. Together they are an indivisible part of public health. Positive mental health has an important societal value contributing to the functioning of society including overall productivity. It is also an important resource for individuals, families, communities and nations, contributing to human, social and economic capital. Indeed the new term 'mental capital has now been coined to cover our conceptual understanding of what might be called the bank account of the mind comprising intellectual and emotional resources which can be built up or depleted or damaged through life. Collective mental capital is clearly important for nations seeking successful development.

Mental disorder is not simply an absence of good mental health. Psychological distress is common: it affects most people when they experience difficult situations in life associated with various life situations, events and problems, and usually resolves quickly. However, there are also specific recognisable forms of mental illness which are relatively common in the general population.

The most important categories of mental disorders are common conditions depression, anxiety, phobias and obsessive compulsive disorders comprised of constellations of low mood, fatigue, irritability, poor concentration, impaired sleep, appetite and libido, low self-esteem, feelings of worthlessness, suicidal ideation, palpitations, trembling, feelings of unreality, a fear of dying and repetitive and compulsive thoughts and actions, psychosis severe mental disorders involving disturbances in perceptions, beliefs and thought processes largely schizophrenia and bipolar disorder, substance abuse alcohol and drugs and dementia largely Alzheimer's disease, vascular dementia and HIV-related dementia.

Common neurological disorders such as epilepsy and Parkinson's disease also tend to be considered together with mental disorders in terms of service planning and human resource development, as neurological services tend to be even more scarce than psychiatric services. Learning difficulties are also common. Rates of severe mental retardation are around 3.5 per 1000 in rich countries and between three and 22 per 1000 in poor countries.5

In 1990 the World Bank estimated that neuropsychiatric disorders formed 10.5% of the global burden of disease disability adjusted life year (DALYs) and suggested that this could rise to 15% by 2020.6 In fact they have already reached 13%.7 They comprise five of the ten leading causes of disability and account for 28% of years of life lived with a disability. Depression alone is expected by 2030 to rise from the fourth to the second leading cause of global disease burden as measured by DALYs. It will be the leading cause of disability in high-income countries, second only to HIV/AIDS in middle-income countries and third only to HIV/AIDS and perinatal conditions in low-income countries. Depression contributes more than 10% of years of life lived with a disability while suicide the majority of which is linked with depression is the tenth leading cause of death. These figures do not take account of family burden or wider social and economic impacts.

Consequences and Impact factor of Mental Health/Illness:
Mental ill health constitutes a heavy burden in terms of suffering, disability and mortality and contributes substantially to costs of health care and social care. It causes loss of economic productivity due to people being unable to work, absenteeism from work and poor performance at work as well as from accidents and violence at work. Premature death of people with mental illness for example from suicide or from physical illness contributes to lost productivity and also the loss of a breadwinner for the dependent family which can lead to poverty.

Few estimates of these costs have however been made outside the developed world.65 For instance, one Kenyan study estimated that the total costs per patient for 5678 individuals with mental health problems hospitalised in 1999 were US $2351. This included out of pocket costs to family members of US $51 and productivity losses of US $453.66 At the same time, the average income per head of the population in Kenya was just US $580 per annum, with more than half the population living on less than US $1 per day.

In India, the overall costs for outpatients with schizophrenia (US $274) included not only the cost of lost opportunities to work for the individuals with the illness and their families but also the loans taken out to meet the costs of treatment and money spent on repairing damage to property.

Conclusion:
This article has brought together some of the core concepts around mental health and mental illness, prevalence rates, demographic trends and links with gender issues the causes and consequences of mental illness including disability, mortality and the impact on the achievement of the MDGs, the potential for prevention and treatment including the important issue of access to medicines and finally the value of mental capital for social and economic development.

The WHO in 2001 prioritised mental health in its landmark World Health Report on Mental Health new understanding and new hope and subsequently the Wonca/WHO report Integrating Mental Health into Primary Care a global perspective clearly set the central task for increasing population access to mental health care. The interested reader is also referred to the recent Lancet 2007 series calling for action on mental health. We also hope the series of articles presented in this issue of Mental Health and Family Medicine will assist the international health community to address mental health strategically and effectively.