A Movement for Global Mental Health

The personal and social impact of mental illness is huge. Although there is now good evidence for what works in delivering effective treatment in response to this burden, very few Low and Middle Income (LAMI) countries are delivering such services. This dichotomy was outlined in a series of papers in the Lancet journal in 2007, which explored the state of global mental health services. The Movement for Global Mental Health is a response to the call for action by the series' authors. It was launched on World Health Day in October 2008.

The global burden of mental disorders is huge

Neuropsychiatric disorders affect people across the life course. They are disabling and have a major impact on quality of life as well as social and economic viability of families and communities. Many are also chronic conditions and so feature prominently in measures of global disease burden. According to the World Health Organisation (WHO), 31.7% of all years-lived-with-disability could be attributed to neuropsychiatric disorders, more than cardiovascular causes and cancer.[1] Even though this data is an improvement on simple prevalence rates, it does not reflect the burden on family members and communities, or abuse of human rights and discrimination that form a part of the experience of people with mental disorders. When these are taken into account, the real social cost is even higher, making a strong moral case for action.[2]

There is no health without mental health

Mental health is closely interconnected with other health conditions. The risk of developing many physical health conditions is increased in those with mental health problems, and people with physical disorders have a higher risk of concurrent mental health problems. Health care systems should ensure that mental health is considered in programmes aimed at malaria, HIV, maternal and child health etc. An integration of mental health care is necessary for the successful realisation of Millennium Development Goals in the areas of gender equality, reduction of child mortality and reducing the impact of HIV/Aids.[3] Conversely, all programs for people with mental disorders must address their physical health needs so that the much higher risk of mortality may be reduced.

There is now good evidence of what works to deliver care effectively

The epidemiological data relating to need is compelling, but there is also new evidence on the effectiveness and cost-effectiveness of interventions for a number of mental disorders. There is good evidence, for example, for treatments for depression, psychosis, and alcohol misuse.[4] Interventions include medication (often first-generation drugs), psychological treatments (cognitive-behavioural and inter-personal therapies) and social interventions (community-based rehabilitation). Policy-level strategies to reduce alcohol consumption (such as increased taxation) are also effective.

Services will vary depending on local circumstances, but should be a balance of district/general hospital, primary care and community-based services.[5] Integration into Primary Health Care services remains the ideal, complimented by a strong network of Non-Governmental Organisations (NGOs), traditional healers, carers and service users.

Resources: scarce, inequitable and inefficiently used

Lack of resources is a major barrier to improving and scaling up services. In Africa 80% of countries spend less than 1% of national health budget on mental health.[6] The small overall size of health budgets makes the absolute figures even less adequate in low income countries.

It is not only the inadequate levels of resources spent on mental health, but the way that they were distributed and used that made them less effective. The highest rates of mental disorders are found in women, young people and among those in poor and rural communities. These are the people with the lowest access to appropriate services. Stigma and discrimination means that services that do exist are under-used.[7]

Taxation-, social insurance-, or private insurance-based systems are all more progressive than out-of-pocket payment, yet it is in low income countries that out-of-pocket payments are most commonly used.[6] This version of the inverse care law is deeply unjust, but a relatively modest investment of US$2 per capita is all that would be needed to provide a basic package of mental health services (focusing on schizophrenia, bipolar disorder, and depression) in low income countries. However, even this represents more than a 10-fold increase on current levels of government expenditure on these disorders in many African countries.[8]

As well as a lack of financial resources, human resources are often inadequate. There are few specialists, and the majority are based in large cities, resulting in poor access to care in rural areas.[9] Migration of skilled personnel to richer countries compounds the problem. Some effective service models focus on use of health care providers other than doctors to bypass this problem. Stakeholders in mental health need to develop skills to be more effective in advocating for improved service provision.[10]

Bridging the treatment gap

Despite evidence of effective interventions, in many LAMI countries (including most African countries), the needs of persons with mental disorders are largely unmet. A study in Nigeria found that less than 10% of those with serious DSM IV disorders had received treatment of any kind within the

previous 12 months.[11] A similar situation is found across many LAMI countries.[12]

The WHO's landmark 2001 world health report set many of the themes for establishing community-based mental health services.[13] The lack of significant progress since this report is stark, and the WHO has recently launched the Mental Health Gap Action Programme (mhGAP) in a renewed drive to see its recommendations implemented.[14] One year on, the Lancet series has already made a significant impact, with mhGAP being one major initiative seeking to address the call for action of the Lancet series.[15] It provides a template for scaling up treatments for eight mental and neurological conditions.

Giving people who use services the power to influence them is an important principle that has been hard won.[16] There is some evidence that such groups can effect change[17], but we can expect co-ordinated action to have more impact. An organised movement is in its early stages in Africa. The Pan-African Network of Users and Survivors of Psychiatry (PANUSP) was established in 2004, and a number of national organisations have emerged, for example in Uganda, Zambia, Ghana and South Africa.[18] The resolution of the first African meeting of the Global Forum for Community Mental Health clearly places users at the heart of development of appropriate services.[19] Mental Health Uganda was consulted in the formulation of the United Nations Resolution on the Rights of Persons with Disabilities, and this is a potential vehicle through which to affect change. Many African countries became signatories, and there are mechanisms to ensure that national policy reflects the resolution's principles.[20]

Now is the time for action - a Movement for Global Mental Health

Although it is true that human resources for mental health care are scarce, it is also true that there is a growing number of diverse actors who are concerned with the large treatment gap for mental disorders. The Movement for Global Mental Health aims to bring all these stakeholders together on to a common platform to speak a simple, clear message: to demand the scaling up of services for people with mental disorders, based on evidence and the protection of human rights.[21]

The huge success of South Africa's Treatment Action Campaign[22] in achieving its stated aim of making free Anti-Retroviral Drugs available to those who need them is an inspiration to the Movement. The ambition of the Movement is no less challenging, and every bit as achievable.

This is a mass movement. In order to achieve its aims, people and institutions must get involved.

Go to the website (www.globalmentalhealth.org), become a member by supporting the call for action, encourage your institution to sign up, and begin making use of the resources on the site for local action.

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