OVERVIEW OF THE MENTAL HEALTH IN THE GLOBAL CONTEXT
mental health Gap Action Programme

Scaling up care for mental, neurological and substance use disorders
450 million people with mental disorders:
- 150 million with depression
- 25 million with schizophrenia
- 38 million with epilepsy
- 90 million with alcohol or drug use disorder
- Nearly 1 million commit suicide every year
# Leading causes of years of life lived with disability

(Both sexes, all ages)

<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unipolar depressive disorders</td>
<td>10.9%</td>
</tr>
<tr>
<td>2</td>
<td>Hearing loss, adult onset</td>
<td>4.6%</td>
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<tr>
<td>3</td>
<td>Refractory errors</td>
<td>4.6%</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol use disorders</td>
<td>3.7%</td>
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<tr>
<td>5</td>
<td>Cataracts</td>
<td>3.0%</td>
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<tr>
<td>6</td>
<td>Schizophrenia</td>
<td>2.7%</td>
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<tr>
<td>7</td>
<td>Osteoarthritis</td>
<td>2.6%</td>
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<tr>
<td>8</td>
<td>Bipolar affective disorder</td>
<td>2.4%</td>
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<tr>
<td>9</td>
<td>Iron-deficiency anaemia</td>
<td>2.2%</td>
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<tr>
<td>10</td>
<td>Birth asphyxia and birth trauma</td>
<td>2.2%</td>
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</tbody>
</table>
Burden of Disease

% attributed to mental and behavioural disorders of total DALYs lost world-wide

1990: 10%
2000: 12.3%
2010: (projected) 15%
2020 (projected) 15%
"People in developing countries carry 90% of the disease burden yet have access to only 10% of the resources for health."

Papua New Guinea
2030 rankings:
The leading causes of DALYs lost

**World**
1. HIV/AIDS
2. Unipolar depressive disorder
3. Ischemic heart disease

**High-income countries**
1. Unipolar depressive disorder
2. Ischemic heart disease
3. Alzheimer

**Middle-income countries**
1. HIV/AIDS
2. Unipolar depressive disorder
3. Cerebrovascular

**Low-income countries**
1. HIV/AIDS
2. Perinatal
3. Unipolar depressive disorder
Gap in human resources:
Number of psychiatrists per 100,000 population
Gap in treatment: Serious cases receiving no treatment during the last 12 months

Developed countries
- Lower range: 35%
- Upper range: 50%

Developing countries
- Lower range: 76%
- Upper range: 85%

(WHO World Mental Health Consortium, JAMA, June 2nd 2004)
Gap in budget: The gap between the burden and the budget

Share of mental health budget in total health budget of countries by income level (%) (World Bank classification)

- Low income: 1.54%
- Low Middle Income: 2.78%
- Higher Middle Income: 3.49%
- High Income: 6.89%

Legend:
- Total Health Budget
- Mental Health Budget
Mobilizing a global response: Setting the agenda

- 2001
- 2005
- 2007
- 2008
- 2009

Helsinki
Brasilia
Mobilizing a global response: Five barriers to implementation

Political will to address mental health is low:

- Incorrect belief that mental health care is cost-ineffective
- Inconsistent and unclear advocacy between different groups of mental health advocates (professionals, users, families) and within each group
- People with disorders are not organized in a powerful lobby in many countries
Mobilizing a global response: Five barriers to implementation

Political will to address mental health is low

**Mental health resources are centralized in urban areas and in large institutions:**

- Need for extra funding to shift to community-based services
- Resistance by mental health professionals and workers, whose interests are served by large hospitals
Mobilizing a global response: Five barriers to implementation

- Political will to address mental health is low
- Mental health resources are centralized in urban areas and in large institutions

**Difficulties in integrating mental health care in primary health care services:**

- Primary care workers are already overburdened
- Lack of supervision and specialist support after training
- Lack of continuous supply of essential psychotropic medicines in primary care in many countries
Mobilizing a global response: Five barriers to implementation

- Political will to address mental health is low
- Mental health resources are centralized in urban areas and in large institutions
- Difficulties in integrating mental health care in primary health care services

**Mental health leadership often lacks public health skills and experience:**
- Those who rise to leadership positions are often only trained in clinical management
- Public health training does not include mental health
Mobilizing a global response: Five barriers to implementation

- Political will to address mental health is low
- Mental health resources are centralized in urban areas and in large institutions
- Difficulties in integrating mental health care in primary health care services
- Mental health leadership often lacks public health skills and experience

**Investing only in tertiary and in primary care: the missing number:**

- 3
- ?
- 1
Although awareness has improved greatly, reduction in disease burden or coverage with key interventions has not improved, as was hoped.

- Need for combining focus on specific diseases, service organizations and cost perspective
- Barriers must be overcome

Objectives of mhGAP:
- Increase the commitment of governments, international organizations and other stakeholders
- Achieve significantly higher coverage with key interventions in the resource-poor countries
Mobilizing a global response:
Setting priorities

Criteria:
- High burden (mortality, morbidity, disability)
- Large economic cost
- Effective intervention available

Priority conditions:
- Depression
- Schizophrenia
- Suicide prevention
- Epilepsy
- Dementia
- Disorders due to use of alcohol
- Disorders due to illicit drug use
- Child mental disorders
Mobilizing a global response: Setting priorities

Countries for intensified support:
- Developmental level (GNI per capita)
- Burden measured in Disability-Adjusted Life Years (DALYs)
- Resource availability
- Country readiness (i.e. request for technical support, ongoing collaboration, donor's interests)
Mobilizing a global response: Countries identified for intensified support

<table>
<thead>
<tr>
<th>Africa</th>
<th>Americas</th>
<th>Eastern-Mediterranean</th>
<th>Europe</th>
<th>South-east Asia</th>
<th>Western Pacific</th>
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<tr>
<td>Burundi</td>
<td>Bolivia</td>
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<td>Cambodia</td>
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<td>Liberia</td>
<td>Nicaragua</td>
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<td>Malawi</td>
<td>Peru</td>
<td>Yemen</td>
<td>Uzbekistan</td>
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<td>Nigeria</td>
<td>Suriname</td>
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</table>
Providing technical support: Catalysing change at country level

- Assessment of needs and resources
- Political commitment
- Supportive policy environment

Scaling up strategy

- Develop the intervention package
- Strengthen human resources
- Establishment of intervention package
- Mobilize financial resources

Reduction of treatment gap

Establish a plan for monitoring and evaluation
Providing technical support: Catalysing change at country level

Situation analysis:
- Status of burden
- Coverage of essential interventions
- Reasons for low coverage

WHO-AIMS: a useful tool for situation analysis
Providing technical support: Catalysing change at country level

- Coordinating essential services, preventing fragmentation and inefficiencies in the health system
- Mental health legislation provides a legal framework to prevent violations of human rights
Costing is necessary to set budgets, estimate resource gaps and mobilise resources.

A recent study identified the cost of scaling up of a core package comprising treatment for schizophrenia, bipolar disorder, depression and hazardous alcohol use. The cost per capita at target coverage levels ranged from $1.85-2.60 in low-income countries and $3.20-6.25 in lower middle-income countries.
Providing technical support: Catalysing change at country level

- Resources can be mobilized from various sources:
  - Increasing the health budget
  - Increasing the percentage of budget for priority conditions within the health budget
  - Reallocation of resources
  - External funding (development aid, grants, bilateral or multilateral funding)
Providing technical support: Catalysing change at country level

- Identifying health care providers responsible for delivering the intervention at each level of service delivery
- Pragmatic solutions where health professionals are in short supply e.g. community workers
- Develop additional skills by appropriate tools – in service and pre service training, supportive supervision

Strengthen human resources

Development of needs assessment

Political commitment

Supportive policy environment

Mobilize financial resources

Reduction of treatment gap

Scaling up strategy
Providing technical support: Catalysing change at country level

- Identify the intervention package adapted to the local context
- Integrated into the existing primary health services
- Developing implementation strategies for community, primary and referral facility levels
- Strengthening the health system supports required to deliver the interventions e.g. drugs, equipments
- Improving links between communities and health systems
Partnerships for action

- International Financial Institutions (e.g. World Bank)
- UN Agencies (e.g. UNFPA)
- International development agencies (e.g. Italian Development Cooperation, NZAID)
- Ministries of Health (e.g. Japan, Netherlands, New Zealand, Norway)
- Regional governments (e.g. Spain)
- Foundations
- Health communities in the countries
- NGOs
- Service users and caregivers
mhGAP

mental health Gap Action Programme

Scaling up care for mental, neurological and substance use disorders
WHO WESTERN PACIFIC REGION
Burden of disease in the Pacific region

- Neuropsychiatric conditions responsible for 15% (cf 13% worldwide) of total disability adjusted life years and 31% of years of life lived with disability in the Pacific region.

- 331,000 suicide deaths in the region accounted for 38% of the global suicide deaths.
CHALLENGES IN PACIFIC ISLAND COUNTRIES

- Mental health services:
  - Extremely limited
  - Poorly distributed
  - Understaffed with no mental health professionals in some countries
  - Poorly funded with mental health accounting for between 0.0% - 7.3% of total health funding
  - Fragmented

- Increasing rates of alcohol and drug abuse
CHALLENGES (cont)

- Human right violations with models of care based on institutionalisation in many areas
CHALLENGES (cont)

- Unreliable access to appropriate medications
- Service provision often hampered by geographical distribution (eg widely dispersed islands)
CHALLENGES (cont)

- High reported rates of suicide
- Inadequate provision of mental health services through primary health care services creating issues of access
- Stigma and discrimination
Why should we be interested?

- Burden of disease can be reduced through effective interventions for mental health
- Influence by Nurses

Participants of the Niue Mental Health Programme
Why should we be interested?

- Priority on building strong partnerships and concentrating on activities that create safe, just and inclusive societies, fulfilling basic needs, and achieving sustainable livelihoods.