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THE MENTAL HEALTH PROGRAMME

OF THE

WORLD HEALTH ORGANIZATION



DIVISION OF MENTAL HEALTH

WORLD HEALTH ORGANIZATION

GENEVA

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THE MENTAL HEALTH PROGRAMME OF THE WORLD HEALTH ORGANIZATION¹

INTRODUCTION

The Constitution of the World Health Organization defined health as a state of complete physical, mental and social well-being and listed the promotion of mental health and of the harmony of human relations among the functions of the Organization. Several other constitutional functions of the Organization also involve action in the field of mental health - for example those requiring the Organization to carry out activities leading to the prevention of illnesses of public health importance and to produce international standards and guidelines governing the provision of health care.

Over the years the mental health programme of the Organization has gone through several phases. Early in the history of WHO the programme had a broad focus and dealt not only with the organization of services to those who were sick but also with the overall psychosocial aspects of health and health care. Several masterly reviews of knowledge were produced at the time dealing, for example, with the mental health aspects of peaceful use of atomic energy, with the psychobiological development of the child, and with the architecture of mental health service buildings. The wide sweep of the programme was matched by an extensive involvement of institutions and scientists in many countries in the Organization's work.

In the early 1960's there was a change in the philosophy of WHO's programme. Technological solutions to health problems seemed to be within reach. Science appeared to hold answers to major health problems. The Organization placed more emphasis on research and initiated several major programmes of research and research support. The mental health programme benefitted and contributed to these trends. It added a strong research component to its main lines of action and established a fruitful and lasting

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relationship with the world's scientific community in its field. A series of expert meetings were convened to review knowledge in the basic disciplines underlying the programme - neurochemistry and psychopharmacology, for example. It established a network of collaborating centres for research and training in the field of mental health. It assembled epidemiological knowledge about mental disorders and initiated a research programme with an epidemiological orientation. It helped in research training, particularly in developing countries and supported the growth of research centres in the third world.

The 1970's brought with them awareness that technological solutions do not suffice: even where adequate methods of control of a disease were available there was insufficient progress in reducing morbidity and mortality from it unless the technological tool was applied in the context of a comprehensive, community-oriented and integrated programme. The psychology of people and their behaviour began to be reluctantly recognized by health decision makers as the determinant of success of health care efforts. The World Health Assembly adopted several resolutions admitting this fact and requesting countries to undertake urgent action. This awareness reached its apogee in the Alma Ata conference on primary health care. Intersectoral cooperation, reliance on the community, support to the family, equity in health care and other principles enunciated during the conference were of vast importance for the organization of health care and developmental programmes. They were often difficult to accept for health care systems and disharmonious with the way health care was practiced and even at times with the ideological basis of health programmes. The social rearrangements which were seen as necessary for the implementation of the primary health care strategy required major changes of social arrangements.

These developments found their direct reflection in the Organization's Mental Health Programme. In the 1970's WHO introduced a major new component of the programme to better deal with psychosocial and behavioural aspects of health. Mental health care strategies were reoriented. Research on epidemiology of mental disorders was complemented by studies aiming to provide evidence which would make it possible to recommend ways in which mental health could be introduced into primary health care at the periphery. The promotion of mental health as a value was recognized as a major challenge for the programme, without an immediate or obvious answer.

The 1980's brought with them new, more sedate views about mental health programmes. The controversies - such as those related to the arguments of anti-psychiatry - which tore the field of mental health apart in the late 1970's and early 1980's - began to disappear. The fierce differences of opinion and uncertainty about the best ways of proceeding in mental health care began to wane. The beginning of an era of reasonable compromise seemed to be on the horizon. The ideas of the 1970's were now acceptable: the challenge was no longer to make this new philosophy of mental health programmes acceptable but to state specifically how practical projects based on these principles could be realized at community and country level. The sciences concerned with brain function - the neurosciences - showed revolutionary progress. Neurological disorders were recognized as major public health problems.

THE MENTAL HEALTH PROGRAMME IN THE 1990's

The Mental Health Programme of the Organization for the 1990's has been developed in the light of principles and challenges formulated in the late 1970's and the 1980's. Its major emphasis is on the production of techniques and the provision of technical know-how which will make it possible for countries to develop their mental health programmes. Its main components - expressing also the main directions of the programme for the decade - are:

- (i) Psychosocial and behavioural factors affecting health and development;
- (ii) Organization of services for the prevention and treatment of mental and neurological illness;
- (iii) Biomedical research on mental functioning in health and disease;
- (iv) Prevention and control of neurological disorders.

All four components of the programme draw strength from and give support to its two overall efforts. First, to promote the value which people give to mental health; and second, to assemble relevant information about mental health problems and solutions to them (and to monitor their changes) and provide them in time at appropriate levels of programme implementation.

PSYCHOSOCIAL AND BEHAVIOURAL FACTORS AFFECTING HEALTH AND DEVELOPMENT

A detailed description of the variety of concerns in this programme area - ranging from lifestyle modification and health staff motivation to criminality and problems of migrant workers - is given elsewhere in the WHO programme description. Here are listed only those areas of work which will be implemented in the biennium 1990/1991. The criteria used in deciding on what to undertake in the biennium included an expression of interest of Member States in the topic, the availability of methods for intervention (or for research that will result in specific techniques for intervention), interest of agencies providing extrabudgetary resources and congruence with criteria specified in the 8th General Programme of Work for the selection of priorities for WHO action. The significant shortage of resources which the programme as a whole experiences has been a main constraining factor to the development in this area.

The areas of work which were addressed in 1990-91 include:

1. Development of reliable methods for the assessment of quality of life in different cultural settings;
2. Definition and operationalization of indicators of psychosocial development of children and the formulation of programmes to promote and maintain it;
3. Development of modules for the teaching about psychosocial and behavioural aspects of health and health care in schools for health personnel;
4. Formulation of methods of health intervention based on traditional beliefs of populations;
5. Encouragement of a psychosocial perspective in the work of general health care services;

Support to other WHO programmes in dealing with psychosocial and behavioural aspects of their activities is a particularly important function of this programme component.

ORGANIZATION OF SERVICES FOR THE PREVENTION AND TREATMENT OF MENTAL AND NEUROLOGICAL ILLNESS

In the world today there are at least 400 million people suffering from a mental or neurological disorder or impairment marring their lives and presenting a heavy burden for their families and communities. Most of these disorders can be effectively treated and many of them could have been prevented by methods of primary prevention. Yet, in many countries people suffering from these diseases receive little or no help and effective methods of prevention are not applied. Even in countries with ample resources, mental health services are often not cost effective and their quality is inadequate.

In the biennium 1990/1991 the organization will concentrate on the following main areas of action:

1. Introduction of activities leading to the prevention and treatment of mental and neurological illness into primary health care services;
2. Development of methods for quality assurance in the care of those suffering from mental and neurological disorders;
3. Review and analysis of legislation governing the treatment and rehabilitation of the mentally ill;
4. Development of programmes to help the chronically ill, the disabled and the elderly;
5. Operational research supporting the above projects.

BIOMEDICAL RESEARCH ON MENTAL FUNCTIONING IN HEALTH AND DISEASE

The enormous scientific progress made over past few decades made it possible to grasp the huge promise and the magnitude of gaps in our knowledge about the functioning of the human brain in health and disease. These gaps could be overcome faster if there was more communication about work in progress, more willingness to share new information and more similarity in the methods used in data collection.

The mental health programme of WHO will in the coming biennium concentrate on facilitating scientific cooperation by developing standardized methods for biological investigation (and promoting their use), and by maintaining a network of centres engaged in collaborative research. The Organization will also promote collaborative research in the following areas of investigation:

1. Molecular genetics, with particular emphasis on the accumulation of genetically informative families in different cultural settings;
2. Biological properties of receptors of particular relevance for mental functioning;
3. Evaluation of the impact of environmental factors on brain functioning and development;
4. Development of new treatment methods.

PREVENTION AND TREATMENT OF NEUROLOGICAL DISORDERS

Neurological disorders are frequent and can lead to severe impairment and death. Although epidemiological data are far from complete it does seem that the total numbers of people affected by neurological disorders are higher in developing than in developed countries. First, there are consequences of early damage to the brain because of inadequate perinatal care, malnutrition, and infectious disorders prevalent in the third world (e.g. epilepsy). Second, there are consequences of infectious and parasitic disorders in the young and the adult: among these, cerebral forms of malaria are undoubtedly most frequent and most damaging. Third, deficiency diseases - for example vitamin B and iodine deficiency - claim many more victims in the developing countries than even in poorer groups of the population in the industrialized countries. Stroke and other cerebrovascular disorders do not seem to be rarer in the third world nor do various forms of peripheral neuropathy appear less frequently in the less industrialized countries. Brain trauma causes a significant number of deaths, neurological disorders and disability.

The higher frequency of disorders is unfortunately matched by a more severe shortage of resources and health staff with training in neurology in almost all developing countries. WHO's Mental Health Programme will therefore aim to collaborate with countries in obtaining better epidemiological information about the nature and frequency

of neurological disorders, develop methods for prevention and treatment which can be applied even in countries with few resources and to support and facilitate collaboration in service programmes, training and research between the industrialized and non industrialized countries.

The efforts to introduce activities leading to the prevention and treatment of neurological disorders into primary health care have been mentioned above. In addition, the Organization will, in the forthcoming biennium, put into operation the following programmes.

1. An action programme to prevent and treat consequences of cerebral malaria;
2. An action programme to prevent neurological consequences of injury of the central nervous system;
3. A programme leading to a better standardization of neuro-imaging techniques;
4. A coordinated network of centres and individuals providing neuro-epidemiological information to health decision makers and assisting the Organization in developing its programme.

STRUCTURES OF PROGRAMME IMPLEMENTATION

WHO implements its programmes in collaboration with government authorities, academic and other institutions, non-governmental organizations (e.g. professional associations) and individual experts. It also collaborates with other international agencies such as the United Nations and its specialized agencies, e.g. the International Labour Organization. The Organization also tries to actively involve social sectors other than health, for example the sectors of Education or Social Welfare in its projects and activities.

The programmes are in harmony with WHO's general programmes of work, defined by the World Health Assembly every six years. Progress and specific plans for further action are reviewed and published every two years.

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