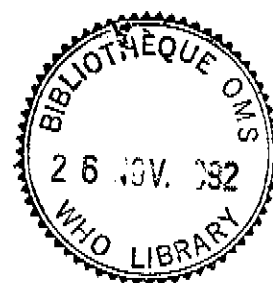


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MENTAL HEALTH PROGRAMMES

Concepts and Principles



DIVISION OF MENTAL HEALTH

WORLD HEALTH ORGANIZATION

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MENTAL HEALTH PROGRAMMES^{1,2}

I. INTRODUCTION

Stress of modern life and rapid social changes accelerated by modern technological achievements have powerful effects on peoples' mental health and the quality of their life. Psychosocial factors determine success of efforts to optimize economic development and to provide health and other social services to the population. Mental disorders are ubiquitous, frequent and serious. They affect at least 400 million people in the world. Two fifths of all disability is caused by mental, psychosocial and neurological disorders and one fifth of all contacts in general health services occur because of them. It has become possible to deal effectively and well with those problems: to do so and to apply available knowledge it is essential to strengthen or develop national mental health programmes.

Over the years the World Health Organization has evolved a definition of mental health programmes³. This definition reflects the developments in countries and the results of numerous consultations and expert committee meetings; it also reflects developments in the ideology of health care in general. Its main tenet is that, in addition to the prevention and treatment of mental and neurological disorders, mental health programmes must include components dealing with psychosocial problems, with the promotion of mental health and with psychosocial aspects of general health care and overall development programmes.

This wide array of tasks means that mental health programmes must cease to rely solely on services for the mentally ill : the width of their tasks requires a collaborative and coordinated programme structure, appropriate legislation and an alliance between the health sector and the various other social sectors - such as education, welfare, labour and the interior in planning and implementing mental health programmes.

The main components of mental health programmes are briefly described hereafter: it should be remembered, however, that an activity pertaining chiefly to one component will also influence the others and that socio-economic development on the whole and changes introduced in general health services affect all components, although to varying degrees.

¹Norman Sartorius, M.D., M.A., D.P.M., Ph.D., FRC. Psych., Director, Division of Mental Health, World Health Organization, Geneva

²This document replaces document MNH/POL/87.8 (National Mental Health Programmes).

³A list of references to WHO documents particularly useful in national mental health programme formulation is given in Appendix 3.

II. COMPONENTS OF MENTAL HEALTH PROGRAMMES

Promotion of mental health

The first component of mental health programmes is the promotion of mental health. Promotion of mental health is a set of activities undertaken to change the position which mental health occupies on the scale of values of the individuals who compose a community. When mental health is highly esteemed people themselves become advocates of programmes conducive to its improvement and mental health programmes can get higher priority.

In this area, more than in any other, it is essential that health programmes work hand in hand with programmes in other sectors. Values are shaped by families, communities, education in schools, the media: unless they accept to unite their influences and work together it is highly improbable that a change in values can be achieved.

Suitable and effective techniques for changing value systems exist; for their success they require, however, considerable and continuous supply of funds, (comparable to those spent, for instance, on commercial advertizing for a product) and a long-term commitment of public authorities and of the professions directly concerned with mental health promotion.

Psychosocial aspects of health and development

The second component of mental health programmes deals with psychosocial aspects of health and social development programmes. Activities which could be included within this aspect of a national mental health programme are those that enrich the interaction between mothers and their infants, thus leading to improved psychosocial development of the children during their early years; projects which lead to the enhancement of psychosocial skills and competencies in children and adolescents which can help people avoid behaviour with adverse health consequences; development of guidelines concerning psychosocial aspects of work; and the prevention of negative consequences of large-scale social changes, (e.g., of urbanization and migration).

Psychosocial aspects of health care

Mental health programmes have access to knowledge and techniques that can help to understand and change individual and social behaviour and prevent behaviour that is detrimental to health; it can facilitate the establishment of useful health and social services by identifying the psychosocial factors that prompt people to seek help and to accept the advice of a physician for their treatment; and help to better manage problems such as the growing demotivation of health personnel, the dehumanization of medicine and the lack of sufficient attention to the quality of life of those in contact with health services.

Activities in this area will have to aim at rendering decision-makers in the field of public health and general development aware of knowledge which could help them in their work, at developing techniques that can be applied by health care personnel and by those employed in other social sectors, and at teaching them how to use these techniques.

Prevention of mental and neurological disorders

A recent report of the Director-General of the World Health Organization to the World Health Assembly entitled *Prevention of Mental, Neurological and Psychosocial Disorders* (WHO/MNH/EVA/88.1) provided evidence that a large proportion of mental and neurological disorders could be prevented through systematic application of methods of primary prevention at country level. Developing countries present particularly rich opportunities in the application of these measures: in the industrialized countries many of the preventive measures proposed by WHO have already been applied but even there there are often significant sub-groups of the population who could benefit from broadscale preventive programmes. Many of the preventive activities have to be carried out by social sectors other than health; and even those within the health sector rarely depend on action by mental health workers.

Treatment of mental disorders

This component of national mental health programmes deals with the organization, provision and evaluation of care for the mentally ill and their families or communities. These tasks are evidently doable: WHO studies¹ have demonstrated that general health care staff can be trained in a very short time to deal with a limited number of well defined conditions such as epilepsy, acute excitement and chronic mental illness. Most patients do not need referral to more sophisticated services after receiving treatment in the primary health care setting: where this is necessary a functional linkage between different levels of care can considerably shorten the stay of the patient in the treatment system.

It was not only in WHO studies that it could be shown that a significant proportion of patients suffering from a mental illness can be adequately diagnosed and treated with minimal or no input from specialized services: numerous studies in developed and developing countries have shown the same in the past two decades². Specialized institutions, if well run, have their place in the system of care for the mentally ill; but they can cease to be the main vehicle of such care, which can be provided by general health care and social services involving also non-medically qualified personnel - e.g., policemen and priests who can be taught to perform a series of tasks previously seen as requiring the services of a specialized mental health professional.

Prevention of disability and rehabilitation of those with mental and neurological impairments

The rehabilitation of those impaired because of mental illness or because of early acquired brain damage presents a major challenge to social services worldwide. Mental health workers can play an important role in the rehabilitation of those impaired: they have

¹Sartorius, N., Goldberg, D., de Girolamo, G., Costa e Silva, J., Lecrubier, Y. & Wittchen, H.U. (eds). (1990). *Psychological Disorders in General Medical Settings*. Toronto, Lewiston, NY, Bern, Göttingen, Stuttgart: Hogrefe & Huber, Publishers.

²World Health Organization. (1984). *Mental Health Care in Developing Countries: A Critical Appraisal of Research Findings. Technical Report Series, 698*. Geneva: WHO.

to deal with relapses of the mental disorder which may occur, act as advocates for rehabilitation and advise rehabilitation personnel in their effort to make patients regain a productive and acceptable place in society.

For this reason mental health programmes should have a well-defined component of rehabilitation activities. They should also be able and willing to help other programmes in the rehabilitation of the disabled, because of other types of impairment by the provision of specific knowledge and skills which could be used in rehabilitation programmes (e.g., about maintaining motivation) and by ensuring that people simultaneously suffering from a physical disability and a mental disorder (e.g., depression) receive appropriate treatment.

III. INFRASTRUCTURE AND COORDINATION

The implementation of activities indicated above requires a change in the perception of mental health programmes by the population and the decision-makers and a change in attitude of professionals and others dealing with the design and implementation of the programme.

It also requires administrative and legal provisions which will make the implementation of the programme possible. Laws, in particular, demonstrate the pervasiveness of mental health issues: in addition to legislative provisions concerning the treatment of the mentally ill, there are a number of others which have to be examined and possibly changed if mental health programmes are to be successful. Civil laws - e.g., those about divorce - impinge on mental health of those concerned and of their children. Legislation about work can affect possibilities for rehabilitation. Other legal and administrative regulations governing the way of life of people have a direct or indirect impact on the quality of life and on the mental health of people.

Services which deal with one or several components of mental health programmes outlined above can be wasteful unless their action is coordinated and complementary to each other. It is not only the psychiatric and neurological services that are concerned, but also the general health service and services provided by other social sectors (e.g., social

welfare, education). In many countries, certain subgroups of the population rely on special services (e.g., the military). Non-governmental organizations often play an important role in a variety of mental health programme activities. Before enlarging the service base, a census of services available in the country may be a revealing statement, useful in programme formulation.

Coordination between social sectors is difficult to achieve. A number of countries have had good experience with the creation of national coordinating groups for the mental health programmes. The functions of these groups are described in Appendix 1. Their establishment should be made officially known through an appropriate governmental decree and where possible discussed and sanctioned by the Parliament. A national workshop bringing together all interested parties - governmental agencies, non-governmental organizations (e.g., professional associations), is often a useful first step in the formulation of national mental health programmes and can begin the necessary process of harmonizing mental health programme activities with policies and programmes of others (e.g., those dealing with the training and career development of health staff in general). An appointed coordinator for the national mental health programme can greatly facilitate mental health programme formulation and implementation (cf. Appendix 2 for functions of national mental health programme coordinators).

Appendix 1

COORDINATING GROUPS FOR THE MENTAL HEALTH PROGRAMME

Coordinating groups developed in the mental health programme exist at national, regional and global level. They are linked to each other and aim to ensure the development of national mental health programmes and an effective coordination of mental health activities included in WHO's technical cooperation with countries. The national, regional and global groups are parallel to each other in structure and composition. They involve representatives from a range of sectors and disciplines; of WHO collaborating institutions; of agencies in the United Nations system; and of governmental and non-governmental organizations. Members of policy organs and WHO as well as WHO national, regional and headquarters staff responsible for mental health and other programmes participate in the work of the groups.

The regional coordinating groups review critically the needs and priorities at WHO regional level and make recommendations for future action concerning mental health programmes and for contributions that mental health activities should make to other regional and country programmes. The Chairman of the Regional Coordinating Groups, regional office staff and headquarters staff form the Global Coordinating Group which examines the global mental health programmes, assesses trends in problem development and reaches agreement about future action and coordination.

Coordinating groups at provincial, state and national level have shown their usefulness in many countries. They are composed of representatives from different social sectors, such as health, social welfare, education, labour, the interior and others. Representatives from non-governmental organizations are often invited to participate in the work of the group. Although the terms of reference for the groups show a certain variation from country to country, groups usually see as their main tasks the following:

- (a) Establishing priorities and formulating specific plans for mental health action;
- (b) Evaluating the effects and the effectiveness of activities undertaken;
- (c) Reaching agreement between different social sectors on the distribution of specific tasks;
- (d) Monitoring health trends;
- (e) Making specific suggestions concerning national mental health and health policies as well as national policies in other sectors (e.g., education).
- (f) Advocating the cause of mental health in all fora.

In some countries the groups have put major emphasis on a single area, for example mental health legislation or restructuring of mental health care, and for a certain period - sometimes for several years - most of their energy was devoted to such an area. In other countries their mandate was general from the beginning including all mental health and psychosocial problems. Sometimes the groups concentrating on mental health problems are special sub-committees of a national committee on health.

The person to whom the group reports is not the same in all instances. In some countries, priority given to their work is such that they report directly to the Prime Minister. In other instances, they report to the Minister of Health, or the Permanent Secretary of the Ministry of Health or, on occasion, to some other Ministry (e.g., Interior).

There are sometimes difficulties encountered in the work of the groups. Many of them are temporary. They may include decreasing attendance of members once the novelty of the establishment has gone and the difficulty of finding a common language enabling members of the group to speak to each other. Sometimes some of the members of the group are of considerably lower status than others. This may also have the disadvantage that they cannot fulfil the obligations (or even take on obligations) which the group expects

to take on. Sometimes a member of the group sends a different person to represent the group at meetings which disrupts the work of the group.

Experience has shown the following to be useful in the work of the groups:

- (1) A well functioning secretariat of the group composed of very few - 2 to 3 - people. The secretariat's main task is to prepare material for the group's work;
- (2) The appointment of a national mental health programme coordinator who can serve as the Secretary to the group;
- (3) A clear mandate by the government which must (formally) request the groups to produce recommendations;
- (4) Regular but not too frequent meetings of the group (perhaps 2 to 3 times a year);
- (5) Limitation of the duration of meetings; this is possible only if the preparations are sufficiently intense and the group has before it a clear and not too ambitious agenda;
- (6) The use of the mechanism of task forces and sub-groups which would study issues and prepare options for the group's decisions;
- (7) Clear formulation and quick circulation of the group's decisions;
- (8) Concentration on specific operational issues rather than broad conceptual debate.

Coordinating groups can be active at different levels of administration. Useful results have been obtained where coordinating groups were established at provincial and district levels. The principle of work of these groups will however have to follow those of national groups, i.e., that all the relevant social sectors are involved and that its members are officials who have the capacity to implement the group's decision.

The groups can use a variety of working mechanisms:

MECHANISMS OF WORK OF A NATIONAL COORDINATING GROUP

1.	<u>Regular working sessions</u> : make decisions about priorities, distribute responsibilities among members and resolve issues brought before it by the secretary.
2.	<u>Workshops</u> : involving experts and decision-makers to discuss major problems and find solutions for them.
3.	<u>Working groups</u> : established to deal with tasks requiring more intensive study; they are limited in time and in membership.
4.	<u>Collaborating centres</u> : are usually designated as collaborating centres by WHO and can serve the group as technical support bodies. These centres are linked to WHO Collaborating Centres in other parts of the world.
5.	<u>Mental health expert panels</u> : WHO's panels of experts include leading experts in different disciplines relevant to mental health programmes. The panel expertise can be accessed through the WHO Regional Advisers in Mental Health or the Division of Mental Health.

Appendix 2

TASKS OF NATIONAL MENTAL HEALTH COORDINATORS

The tasks of a national mental health coordinator might include¹:

- (1) Serve as Secretary to the National Mental Health Coordinating Group;
- (2) Implement the national mental health programme;
- (3) Serve as adviser to the Minister and the Ministry of Health;
- (4) Serve as a consultant to and liaison person with other ministries;
- (5) Serve as a consultant to and liaison person with non-governmental organizations and other voluntary organizations;
- (6) Stimulate the establishment and review of mental health legislation;
- (7) Plan and participate in training of mental and general health workers;
- (8) Serve as source of information and liaison with media on mental health issues;
- (9) Participate and help in the establishment of contacts and cooperation with other countries having similar problems (in connection with policy matters within the Ministry of Health);
- (10) Cooperate with international organizations, especially with the World Health Organization in mental health and behavioural issues (in connection with policy matters within the Ministry of Health);
- (11) Collect basic epidemiological information on mental health;

¹Quoted from a document presented to the African Mental Health Action Group at its Third Technical meeting in Geneva on 11 May 1992. The list is presented to enumerate functions which need to be reviewed in writing the terms of reference for a national mental health coordinator; depending on circumstances, tasks could be deleted and others added.

**DOCUMENTS LIKELY TO BE USEFUL IN
MENTAL HEALTH POLICY AND
PROGRAMME FORMULATION^{1,2}**

Mental health programme development, monitoring and evaluation

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- . Deliège, D. Indicators of physical, mental and social well-being. *World Health Statistics Quarterly*, 34 (3/4): 349-393 Geneva: World Health Organization, (1983)
- . Goldberg, D. & Tantam, D. (eds). The public health impact of mental disorder. Toronto; Lewiston, NY; Bern; Göttingen: Hogrefe & Huber Publishers, (1990)
- . Sartorius, N. Cross-cultural and international collaboration in mental health research and action: Experience from the mental health programme of the World Health Organization. R. Jansson & C. Perris (eds). *Acta Scandinavica Psychiatrica*, 78: 71-74 (*Supplementum*, 344), (1988)
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- . WHO. Mental health services in pilot study areas. Copenhagen: WHO Regional Office for Europe, (1987)
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- . WHO. The introduction of a mental health component into primary health care. Geneva: World Health Organization, (1990)
- . WHO. Mental health care in developing countries: a critical appraisal of research findings: Report of a WHO Study Group. *Technical Report Series*, 698. Geneva: World Health Organization, (1984)
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- . WHO. Problems of mental health in the African Region: Report of a Round Table, Brazzaville, 9-11 July 1986. (Document AFR/MNH/13). Brazzaville: WHO Regional Office for Africa, (1986)

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- . WHO. Leadership development for mental health: Resource materials for training. (Document MNH/POL/88.7). Geneva: World Health Organization, (1988)
 - . WHO. Recording admissions to psychiatric hospitals. (Document MNH/NAT/89.2) Geneva: World Health Organization, (1989)
 - . WHO. Declaration of Caracas and Report. Washington: Pan American Health Organization/World Health Organization, (1991)

Promotion of mental health

- . Sartorius, N. The promotion of mental health: Meaning and tasks. *Promotion of Mental Health, Volume 1:17-23* (1992)
- . WHO. Child mental health and psychosocial development. *Technical Report Series, 613*. Geneva: World Health Organization, (1977)
- . WHO. Enhancement of psychosocial competencies in children and adolescents. (Document MNH/PSF/91.2). Geneva: Division of Mental Health, World Health Organization, (1991)

Psychosocial aspects of health and development

- . Deliège, D. Psychosocial components of national mental health strategies. *World Health Statistics Quarterly, 36(3/4): 498-552* (1983)
- . WHO. *Social dimensions of mental health*. Geneva: World Health Organization, (1981)
- . WHO. *Report of the second consultation on the neuropsychiatric aspects of HIV-1 infection*. (Document WHO/GPA/MNH/90.1). Geneva: World Health Organization, (1990)
- . WHO. *Psychosocial consequences of disasters: Prevention and Management*. (Document WHO/MNH/PSF/91.3). Geneva: World Health Organization, (1991)

Psychosocial aspects of health care

- . Hamburg, D. & Sartorius, N. *Health and behaviour: selected perspectives*. Cambridge; New York; Port Chester; Melbourne; Sydney: Cambridge University Press, (1989)
- . WHO. *WHO child care facility schedule (with user's manual)*. (Document WHO/MNH/PSF/90.3). Geneva: World Health Organization, (1990)

Prevention and treatment of mental and neurological disorders

- . Essex, B. & Gosling, H. Programme for identification and management of mental health problems. *Tropical Health Series*. Churchill Livingstone, (1982)
- . Sartorius, N., Goldberg, D., de Girolamo, G., Costa e Silva, J., Lecrubier, Y. & Wittchen, H.U. (eds). *Psychological Disorders in General Medical Settings*. Toronto, Lewiston, NY, Bern, Göttingen, Stuttgart: Hogrefe & Huber, Publishers, (1990)
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- . WHO. The ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines. Geneva: World Health Organization, (1992)
- . WHO. Initiative of Support to People Disabled by Mental Illness. (Document WHO/MNH/MEP/88.6). Geneva: World Health Organization (1988)
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Quality assurance

- . WHO. Quality assurance in mental health. (Documents WHO/MNH/MND/90.11, & Modules MNH/MND/91.8 to 91.13). Geneva: World Health Organization, (1990-91)
- . WHO. National perspectives on quality assurance in mental health care. (Document WHO/MNH/91.2). Geneva: World Health Organization (1991)

Training manuals

- . WHO. Annotated directory of mental health training manuals. (Document WHO/MNH/MND/90.6). Geneva: World Health Organization, (1990)

Prevention of mental disorders, disability and rehabilitation

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- . WHO. Prevention of mental, neurological and psychosocial disorders. (Document WHO/MNH/EVA/88.1) Geneva: World Health Organization, (1986)

1. Some of the documents could have been put under several headings as they contain material relevant to more than one area listed but in order to keep the Appendix reasonably short this was not done.
2. This appendix will be up-dated on a biennial basis.