Mental Health: New Understanding, New Hope

As I write these words in mid October, I reflect on the way in which we have, during the past 4 weeks, expressed our shared grief in understanding, sympathy, and support for those affected by posttraumatic stress. We are reminded of the extraordinary ability of humans to cope with extremes of emotion, to help each other, and to handle fear, pain, and loss. We work together to preserve our mental health. We see nothing wrong, or mysterious, in our coping mechanisms. But we do not expect people to have to cope alone, in isolation. We understand the need for help and guidance.

As health care professionals, we know that mental illness is not a personal failure. If there is failure, it is in the way society in general and the health sector in particular have responded to people with mental and neurological disorders.

By separating mental health care from physical health care—and often separating those who have mental illness from society—the health care profession has reinforced stigma, making successful treatment much harder.

I see this as a time of opportunity for change, and I agree strongly with an earlier JOURNAL article by US Surgeon General David Satcher (JAMA. 2001; 285:1697).

Every country can and should begin now to improve its efforts to treat people with mental illness.

A recent WHO global survey of mental health policy issues, Atlas of Mental Health Resources in the World 2001 (http://www.who.int/mental_health/PublicationPages/Pubs 2001.html), found that 40% of the 185 countries surveyed have no national mental health policy, 30% have no programs to improve mental health conditions, and 25% have no specific mental health legislation. Well over one third (37%) of the countries have no community care facilities.

The global toll of mental illness and neurological disorders is staggering. Neuropsychiatric disorders account for 31% of the disability in the world—and they affect rich and poor nations and individuals alike. According to the World Health Report 2001, Mental Health: New Understanding, New Hope (http://www.who.int/whr/), 450 million people have a mental or neurological disorder. Of these, 121 million have depression and 50 million have epilepsy. Every year, 1 million people commit suicide and 10 million to 20 million attempt suicide.

A great deal of this suffering is unnecessary. We know, for instance, that 60% of those with major depression can fully recover if treated. However, in both industrialized and developing countries, less than 25% of those affected receive treatment, for reasons that include stigma, discrimination, scarce resources, lack of skills in primary health care, and deficient public health policies. The treatment gap is similar or greater for many other easily treatable mental and neurological disorders. Because people do not get the care they need, these disorders impose a range of social and economic costs on individuals, households, employers, and society, ranging from the cost of care to the cost of lost productivity.

Solutions based on scientific evidence are available and affordable. Through recent advances in neuroscience, neuroimaging, genetics, and behavioral sciences, we know more about brain functioning and behavior than ever before. Breakthroughs in therapy and medication have occurred.

In the World Health Report 2001, WHO summarizes current knowledge about mental and neurological disorders: the global burden, current level of care, latest knowledge about causes and treatment, and ongoing efforts to reform mental health care. The report concludes with 10 recommendations on how governments can strengthen their country's mental health care:

- provide treatment for mental disorders within primary care;
- ensure that psychotropic drugs are available;
- replace large custodial hospitals with community care facilities backed by general hospital psychiatric beds and home care support;
- launch public awareness campaigns to overcome stigma and discrimination;
- involve communities, families, and consumers in decision making on policies and services;
- establish national policies, programs, and legislation;
- train mental health professionals;
- link mental health with other social sectors;
- monitor community mental health; and
- support more research.

The report outlines three scenarios to help guide countries and population groups, depending on the resources available and the current status of mental health care in each country. Regarding treatment, for example, if even the poorest countries could ensure that the five most needed psychotropic drugs were available in all health care settings, we could ease the suffering of millions of people.

If many middle-income countries could use the experiences of others as a guide and initiate pilot projects for community care, parts of or entire custodial institutions could be shut down, and the financial savings could strengthen further community care activities.

If some of the richest countries could review their health care financing rules to ensure parity between mental and physical health problems, a major obstacle to treatment could be removed.

We need to speed up and strengthen care for the mentally ill.

—Gro Harlem Brundtland, MD, MPH
Director-General
World Health Organization