

Mental health in EMRO: the future is now

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SUMMARY Recognizing the magnitude of the problem of mental health disorders globally, the World Health Organization has made mental health the focus of the year 2001. In this paper three priority areas for action in the Eastern Mediterranean Region are suggested, namely: human rights, mental hospitals and community care, drug abuse, and reconstruction of the health care system in Afghanistan.

Introduction

In terms of mental health, the year 2001 has been a landmark in the World Health Organization (WHO). Some of its key activities revolved around the theme of mental health, in a coordinated and meaningful way. First, World Health Day (7 April) was dedicated to mental health, under the slogan *Stop exclusion – dare to care*. Under this banner, over a thousand activities were carried out at WHO Headquarters, regional offices and, more importantly, in numerous communities around the globe.

Secondly, during the World Health Assembly (WHA-54), which took place in Geneva, 14–22 May 2001, four ministerial round tables were organized with the participation of more than 180 ministers of health and representatives from all Member States [1]. These round tables debated: mental health services and barriers to implementation; stigmatization and human rights violations; socioeconomic factors; and gender disparities. In addition to these discussions, which involved experts from all regions of the world, two representatives of families with people suffering from mental disorders addressed the opening

session of WHA-54, by invitation of Dr Brundtland, Director-General of WHO.

Thirdly, the annual World Health Report 2001 was entitled *Mental health: new understanding, new hope* [2]. This report aims to raise public and professional awareness of the real burden of mental disorders and their costs in human, social and economic terms and to dismantle many of the barriers, particularly of stigma, discrimination and inadequate services, which prevent people worldwide from receiving the treatment they need and deserve.

What has led WHO, in an unprecedented move, to focus its 2001 events on a single public health topic? The decision was taken based upon the increasing recognition that:

- the magnitude and burden of mental disorders are high;
- effective treatments exist for most mental disorders;
- the vast majority of those in need of effective treatments do not receive them;
- there are enormous and unnecessary costs around the world in terms of suffering, disability, and economic loss.

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By using the year 2001 to focus upon mental health, the message from WHO has been clear and unequivocal: mental health — neglected for far too long — is crucial to the overall well-being of individuals, societies and countries, and must be universally regarded by governments and health systems in a new light.

All these activities and publications prepared the ground and the much needed logistics for action. At the same time they made us all aware of our moral obligation to act and to direct our actions to the appropriate and required issues.

Eastern Mediterranean Region

What then are the main lines of action on mental health in countries of the Eastern Mediterranean Region (EMR)? One could answer that the same actions are needed everywhere and there is nothing specific about EMR. Indeed, as indicated in the World Health Report 2001 (page 114) [2], the minimum actions required for mental health care refer to the same basic recommendations and they apply to the countries within WHO. The difference from country to country lies in the degree or intensity of the action, depending on the country's resources.

However, another answer could well point to priorities more specific to countries in EMR. From our own experience, and that of other WHO colleagues and experts, there is enough evidence to justify three priorities for action in EMR, namely:

- the respect of human rights in people admitted to mental hospitals, and the gradual transfer of their care to the community level;
- the growing use of illicit drugs, particularly of intravenous drugs, with the

consequent devastating dissemination of HIV/AIDS;

the reconstruction of the health care system of Afghanistan, without which no mental health care is possible.

Let us examine each one of these priorities.

Human rights, mental hospitals and community care

It is difficult to imagine a place where human rights are so blatantly violated as in mental hospitals. Initially conceived as a place of refuge and protection for the "beloved brothers of the Prophet" ﷺ, they gradually became not only untherapeutic but actually deleterious to many people, reinforcing disease chronicity and dependence of patients. In order to overcome this untenable situation, there are two lines of action, one in the short-term and the other in the medium- and long-term.

The first requires the immediate improvement of the living conditions in existing mental hospitals and the enforcement of the respect for the human rights of the patients, as laid down in the United Nations resolution *Principles for the protection of persons with mental illness and the improvement of mental health care* [3].

The second concerns the gradual transfer of the focus of care from large mental hospitals to community-based facilities, and the predominant use of psychiatric beds in general hospitals for those unavoidable situations in which a psychiatric admission is necessary. There is now evidence that community care results in better outcomes and quality of life, limits the stigma of receiving treatment, and leads to earlier treatment, in addition to complying with the UN principles on the rights of people with mental disorders.

According to data recently published by WHO [4], EMR as a whole is below the

world average in terms of: the presence of treatment facilities for severe mental disorders in primary care (50.0% in EMR versus 59.1% in the world); the presence of three essential psychiatric drugs at primary care facilities (78.9% in EMR versus 80.6% in the world); and the presence of mental health in community care (54.5% in EMR versus 63.4% in the world). This, in spite of the fact that countries of the Region are above the world average in both the presence of a national mental health programme (86.4% in EMR versus 69.7% in the world) and a budget specified for mental health (80% in EMR versus 72% in the world). Thus, there are clear indications of the need for a reorientation of mental health services in EMR. The information that almost three-quarters (74.7%) of all psychiatric beds in EMR are in psychiatric hospitals and only 11.2% are in general hospitals only reinforces this opinion.

Growing use of illicit drugs

Although Islamic societies have always forbidden the use of substances that cloud the mind and impair consciousness, there is evidence of a worrying increase in the use of illicit drugs in EMR countries. This is happening in spite of an apparent revival of religiousness among the youth.

In addition to all the socioeconomic problems associated with drugs and the specific psychiatric problems resulting from the use of these substances, the use of intravenous drugs also contributes to the spread of HIV/AIDS.

Governments and societies must awaken quickly to this growing problem and take appropriate action, ranging from limiting access to these harmful substances and preventing their use to the establishment of services for early identification of users,

detoxification and long-term follow-up. A multisectoral approach is needed to achieve effective results.

Reconstruction of the health care system of Afghanistan

Prolonged civil war and external aggression in Afghanistan, as well as in other places in the Region, have practically destroyed the health care delivery system. Without the reconstruction of the basic health care delivery network, no mental health care is possible.

We are aware of the double challenge we face at once, but rebuilding Afghanistan is an excellent opportunity to demonstrate the advantages of integrating mental health care into general health care, and to demonstrate the feasibility of a sound mental health care system without the disadvantages of large, centralized mental hospitals.

The way ahead

How each country will act upon these three identified priorities will depend, to a large extent, on the vision and commitment of its authorities and, to a lesser extent, on its own resources. A shortage of resources alone cannot be used as an excuse for not acting. Some fundamental improvements in the living conditions of patients with mental disorders and in respect of their rights can be achieved at no cost. Other improvements will need some investment or, at least, redirection of current budget lines without budgetary increase. But, inaction cannot be tolerated. For people who are suffering from mental disorders, particularly for those who have suffered for many years, the future is now.

References

1. *Mental health: a call for action by world health ministers*. Geneva, World Health Organization, 2001.
2. *World health report 2001: mental health: new understanding, new hope*. Geneva, World Health Organization, 2001.
3. United Nations General Assembly Resolution 46/119: *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care*. New York, United Nations, 1991.
4. *Atlas: mental health resources in the world 2001*. Geneva, World Health Organization, 2001.

Mental health care has been an important area of activity in the Regional Office since its establishment in 1949. One of the earliest references to mental health was in the Third Session of the Regional Committee for the Eastern Mediterranean in September 1950, where "provisions made for activities related to typhus and relapsing fever, bilharzia, cholera, rabies, leprosy, nutrition, maternal and child health and mental health (*emphasis added*)" were recorded.

In 1953, in the countries of the Eastern Mediterranean Region, a number of public health surveys of selected areas in various countries were made ... a mental health survey was made in Egypt, Iraq, Lebanon, Sudan and Syria ... and a special survey on mental health in Jordan. In the same year, a mental health seminar was held in Beirut in which 20 participants from eight countries participated.

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