Development of national mental health programmes in the countries of the Eastern Mediterranean Region

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SUMMARY In this paper, the need for all countries to tackle mental health problems is emphasized. The development of mental health services in the Eastern Mediterranean Region is discussed and national mental health programmes in the Region are described.

Introduction

> *Our conscience, duty and indeed our interest dictate that we seek to reformulate all prevailing concepts regarding mental health problems. Let us keep away from the fictitious myths that have long stigmatized mentally ill persons and make use of the scientific and humanitarian approach to solving mental health problems, noting that such solutions are available and virtually in place.*
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> Message on World Health Day 2001

It has taken a long time for developing countries to recognize and accept that mental health problems are so common and serious that they need to be dealt with at a public health level. For the past 50 years there has been increasing epidemiological evidence that neuropsychiatric disorders of different kinds are widely prevalent in the community. It is estimated that nearly 10% of the world's population suffers from such disorders at any given time [*1*]. Most of these people live in developing countries. In a study sponsored by the World Health Organization (WHO), it was found that on average 24% of people who visit primary health care centres in different parts of the world are suffering from psychiatric problems [*1*]. Initially, developing countries tried to disregard such epidemiological evidence, arguing that mental health problems occur mostly in industrialized countries. Later, the lack of action was justified on the grounds that there were many more pressing health priorities in developing countries, such as communicable diseases and malnutrition, and public health action on mental disorders could wait. Developing countries also felt that they did not have enough material and human resources to cope with complex mental disorders.

In recent years, two significant developments have changed this thinking. First, disability-adjusted life year (DALY) indicators and global burden of disease studies have conclusively shown that mental disorders constitute a major part (over 10%) of

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the health burden in the world; this is nearly equal to cardiovascular disorders and more than the burden of cancer and many other disorders [1]. This is true not only in industrialized countries but in all regions of the world. In fact, unipolar depression alone is likely to become the second largest cause of disability in the world after heart diseases by the year 2020 [2].

The second major shift in thinking came in the 1970s. Faced with the enormous shortage of trained mental health professionals, developing countries began to think of alternative strategies to provide mental health care to its needy population, especially in the rural areas. WHO provided the crucial leadership. In a major technical report on the organization of mental health services in developing countries, WHO outlined the importance of decentralizing mental health services, integrating them into primary health care, simplifying mental health tasks and delegating mental health responsibilities to primary care doctors and other primary health care staff [3].

Development of mental health services in the Eastern Mediterranean Region

The Eastern Mediterranean Region (EMR) was one of the frist WHO regions to recognize the importance of public health action in the field of mental health and to include non-mental health professionals in mental health care programmes. A landmark event was the interregional seminar on the organization of mental health services sponsored by the Regional Office in 1973 in which the need for decentralizing mental health services was openly discussed [4]. This was followed by a WHO seminar in Khartoum in 1975 on the application of psychiatric epidemiology.

In 1976, WHO launched an international study on strategies for the extension of mental health care services. The study involved seven countries (Brazil, Colombia, Egypt, Sudan, Senegal, India and the Philippines), and for the first time demonstrated the feasibility of delivering mental health services through the existing primary health care network by training primary care doctors and other primary health care staff [5]. The Alma Ata declaration on primary health care in 1978 gave a great impetus and a new confidence to this movement.

National mental health programmes in countries of the Eastern Mediterranean Region

In the development of national programmes for mental health in EMR countries, a major event was the intercountry meeting held in Damascus in 1985 [6]. The report of the meeting describes among other things the need for national programmes, various components of such programmes, steps for their development and barriers to implementation. It also discusses the development of the mental health component in primary health care and the essentials of training for health administrators, general physicians and primary care workers. In addition, it describes how to organize referral systems, records and provision of essential neuropsychiatric drugs. This report was the foundation on which the further development of national programmes in various countries of the Region was built.

This meeting was followed by a workshop on training in mental health in primary health care held in Pakistan in 1987 [7]. The workshop provided detailed information on mental health training of primary care physicians and other staff working at

primary health care centres. It also provided guidance on evaluation and monitoring of training programmes. It covered mental health education of health administrators and other important members of the community.

Programmes at the country level

From 1985 onwards the movement to develop national mental health programmes in different countries of the Region progressed rapidly. Pakistan was the first country to develop a document on their national mental health programme in 1986. A model programme for the delivery of mental health services through primary health care was started in the Rawalpindi district. It was soon followed by the development of the programme in the Islamic Republic of Iran and very quickly other countries started to develop their own national programme documents. By 1990, 16 out of the 22 EMR countries had taken steps to implement national programmes for mental health.

Nature of the national programmes

Over the past two decades, national mental health programmes have been developed in a number of countries of the Region. There are many variations in the programmes depending on the local socioeconomic, political and cultural situation. However, most of the national programmes aim to have the following common features [*8*].

Comprehensive

Most of the programmes are broad-based in scope and include five essential components.

- promotion of mental health;
- prevention of mental and neurological disorders;
- treatment and rehabilitation of the mentally ill;
- improvement in the functioning of general health services;
- fostering of overall socioeconomic development and improvement in the quality of life of individuals.

Multisectoral

If adequate coverage is to be given to the various elements of the programme as listed before, it is obvious that mental health professionals alone cannot shoulder the task. For example, the programme for substance misuse has to be linked with ministries of law, justice and police. Programmes for promotion of mental health require close collaboration with the press and media as well as with many nongovernmental organizations and religious groups. Likewise, school mental health programmes must be linked with ministries of education and social welfare. In some countries such collaboration has been promoted by forming multisectoral national groups, whereas in others it has been limited to collaboration in particular programmes.

Linked with primary health care [9]

This has been an essential feature of all emerging national programmes. Since there is a great shortage of mental health professionals in all developing countries, mental health care needs to be delivered through the existing network of primary care services especially for populations living in the rural areas. This is possible through training of primary care doctors and other staff, provision of essential neuropsychiatric drugs and introduction of simple records and referral systems. Collaboration with health administrators is crucial.

Involvement of the community

Involvement of the community is essential to the success of these programmes. In some areas, village mental health committees have been formed to help the programmes. In some countries, such as Pakistan and the Islamic Republic of Iran, school mental health programmes have evoked great interest in the teachers and other members of the local community.

Activities undertaken through the national programmes

Over the years, countries have undertaken different types of activities under the national programmes for mental health. Some of the important activities include the following.

- Administrative: preparation of the document of the national programmes for mental health; finalization of the programme at a multisectoral workshop; inclusion of the programme in the national health policy; formation of a coordinating group for the programme.
- Service: delivery of mental health care through primary health care; introduction of simple records; establishment of a referral system: provision of essential neuropsychiatric drugs.
- Training: organization of various courses for the training of primary health care doctors and other staff; development of appropriate training manuals and other material in local languages.
- Promotion of mental health and related activities: development of school mental health programmes; promotion of mental health in the community through lectures, seminars, press and television programmes, books.

Conclusions

- The development of national programmes for mental health in various countries of the Region has been an important initiative by the Regional Office to meet the mental health needs of the countries. This movement has made significant progress over the past two decades.
- The integration of mental health components into primary health care has helped to provide essential mental health care to a large number of the most neglected population groups, especially in rural areas of the Region.
- Preventive and promotive activities, e.g. school mental health programmes, need to be supported and further developed.
- Community involvement is the foundation of the whole new approach. Models of community involvement, e.g. family self-help groups, should be developed further to reduce the stigma attached to mental disorders and promote mental health education.

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