

Editorial

Mental health in the Eastern Mediterranean Region of the World Health Organization with a view of the future trends

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Introduction

The objective of this editorial is to give a brief overview of the existing mental health condition in the Eastern Mediterranean Region (EMR) of the World Health Organization (WHO) and WHO/EMRO's collaborative activities with the Member States of the Region. Some of the existing opportunities, as well as the challenges and constraints we face, and some future directions and forecasts will also be presented. Mental health here is taken to mean well-being in areas of human affect (emotion), behaviour (conation) and thinking (cognition). Therefore, all the activities to promote this well-being, prevent the occurrence of malfunctions in these areas and early diagnosis and treatment of the ones afflicted with these conditions and their rehabilitation come under this definition. As in any other health discipline, these activities include assessment of needs, designing services and interventions, training, evaluation, research and the like.

The EMR is composed of 23 countries extending from Morocco in the west to Pa-

kistan in the east. About 450 000 000 people live in the Region. The countries of the Region have diverse historical and cultural backgrounds and climatic, environmental, and economic conditions. However, there are certain common factors which justify the grouping of these countries together as a region. One is religion. The Region is the cradle of many religions, such as Christianity, Islam, Judaism and Zoroastrianism and many believers of these faiths live in the Region. Of all these faiths, Islam is the religion of about 90% of the people. Language is the second factor. Arabic is spoken by about 50% of the people living in 80% of the countries of the Region. Most of the rest speak either Farsi or Urdu. Climatic similarities are another factor. Most countries of the Region have scarce water resources and an abundance of deserts. Demographically, the greatest shared characteristic of the countries of the Region is the existence of a very young population; roughly, 40% of the population of the Region is under 15 years of age.

On the other hand, the main diversity appears in the economic conditions of the

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countries and at least three groups can be identified in the Region.

- Rich, mainly oil-producing countries that have a relatively low population density. Kuwait, Qatar and the United Arab Emirates (UAE) are examples. Saudi Arabia and Oman share some characteristics of this group and the following group. Cyprus, although not an oil-producing country, belongs to this group, but it is culturally different. In these countries, adjustment to modernity, which necessitates many changes in traditions and family life, is a cause of tremendous stress and is responsible for many mental health and substance abuse problems. Soon, mental health issues of the elderly will also be a major challenge.
- Oil- and non-oil-producing, relatively populated countries with diverse economies and low- to medium-level incomes. There are many social, cultural and economic issues inherent in these complex, populated and changing societies. Examples of such countries are Egypt, the Islamic Republic of Iran, Morocco and Pakistan. Countries such as the Syrian Arab Republic are more similar to this group than any other and under normal circumstances Iraq would also belong to this group. Countries such as Lebanon, Jordan and Tunisia share some of the characteristics of this group but have smaller populations, making some of their issues similar to the first group. These countries are burdened with over-population, urban and slum issues, unemployment, and moral and ethical problems related to the youth, all of which can increase mental health and substance abuse problems.
- Countries with different population densities and very few resources. These countries confront the challenges of

poverty. Many of them have internal conflicts and war, and disruptions in government organization. The populations of these countries face all manner of stresses and are susceptible to all health hazards, including many psychiatric and mental health problems. Afghanistan and Somalia are prime examples of these extreme conditions. At present Djibouti, Iraq, Sudan and, to a great extent, the Republic of Yemen — each for different reasons — belong to this group.

The cultural backgrounds of the people of the Region, regardless of religion, have traditionally provided them with a relatively healthy atmosphere for family life, compatible with a good level of mental health. However, as in many developing countries, such cultures — characterized by the continuing existence of some form of extended family — are rapidly and inevitably changing. This change, which is a part of the process of development, becomes particularly evident in large cities with fast and usually unplanned urbanization and emergence of sub-urban slums. Widespread unemployment or pseudo-employment usually accompanies this condition. The result is the emergence of a “nouveau poor” class with problems of housing, and a type of poverty that is combined with individualism and nuclear families, who lack the meaningful emotional ties and support system of the extended family. This is quite different from traditional rural poverty, which was faced by the previous generation. It is the predicament of people who are poor and uprooted. Adaptation to the situation which results from such a transition and to a new, unaccustomed lifestyle affects all areas of health and development. Undoubtedly, mental health is one of the areas most affected.

The above socioeconomic causes of the mental health burden should be added to the

burden of existing psychiatric diseases, which have a regional prevalence similar to other parts of the world. In this connection, it should be pointed out that according to a recent joint study by WHO, the World Bank and Harvard University, major depression alone ranks fourth highest on the Global Burden of Disease scale. The same study suggests that this condition will rank second highest by the year 2020. All of these facts are reasons to view mental health as a real health and development need and plan for it accordingly.

WHO and the development of mental health in the countries of the Region

During the past 2 decades, WHO has been active in many areas of mental health with the aim of integrating services within the general and primary health care (PHC) systems. Such activities have included, among others, collaboration with the countries in areas of planning, training, research and development of integrated services. As a result of such activities, almost all the countries of the EMR have national mental health programmes. These programmes contain components for the promotion of mental health, prevention of mental illnesses, diagnosis, treatment and rehabilitation of the mentally ill.

Whereas collaboration for development of the programmes has been the same for most countries, the implementation of mental health programmes has varied in different countries of the Region. The reasons for such differences are many and include the following.

- Identification of mental health as a real need in the context of overall development planning by the decision-makers,

and the necessary political will to give it priority.

- The structure of the health system in general and its level of development in the country, including the structure and efficiency of the existing PHC and mental health infrastructure.
- The degree to which mental health professionals are involved and are supportive of change.
- The level of human resources development.
- Collaboration of different stakeholders, e.g. universities, nongovernmental agencies (NGOs).

These differences aside, WHO/EMRO's collaborations with the countries of the Region in the area of mental health fall under the following categories.

Country level activities

The general structure of national mental health programmes for the countries of the Region was laid down in 1983 and 1985 during two WHO intercountry meetings. Since then, WHO/EMRO has collaborated with all the countries of the Region in the development of their national programmes. This collaboration is continuing. The core strategic objective of all national mental health programmes is the integration of mental health within PHC. WHO/EMRO has been involved in numerous collaborative activities in order to achieve this objective. This has been carried out through programmes on training, research, human resources development, and the establishment of model or demonstration projects.

Afghanistan

The only available mental health services are being provided by 10 general practitioners (GPs) who were trained in a 3-month diploma course held by WHO/EMRO in

1996. It is hoped that this experience can become a model to be used in other countries with similar conditions, such as Somalia and to a certain extent Djibouti.

Bahrain

Research activities and a well functioning community mental health structure have been established in technical collaboration with WHO. The Bahrain model could be used for countries with similar conditions.

Cyprus

WHO/EMRO has been involved in the development of research methodology and the community nursing programme for mental health. There have been a number of fellowship opportunities and consultancies as well.

Egypt

Egypt is the site of one of WHO's demonstration projects of the Nations for Mental Health Programme, which aims to integrate mental health within PHC through training of GPs and nurses. This programme has started and is continuing successfully. In addition, WHO has been collaborating in many areas for the development of mental health in Egypt, including training and research. WHO continues to collaborate with the school mental health programme in Alexandria. Under this programme, many GPs and teachers have been trained. Egypt is the site of one of the four WHO collaborative centres in the Region for mental health. The centre is located in the Institute of Psychiatry of Ein Shams University and has been active in a number of research activities with WHO, particularly in the area of classification.

Islamic Republic of Iran

WHO/EMRO has been collaborating with the government since 1985 in formulating

and implementing the national mental health programme. At present mental health is officially the ninth element of the country's PHC system. It is integrated within the system throughout the country. In this process, thousands of GPs and *behvarzes* (multipurpose health workers) have been trained. WHO has collaborated in areas of training, research and evaluation. According to the last official report, at present 20% of the whole population of the country are covered by the programme. The Teheran Institute of Psychiatry was designated a WHO collaborating centre for mental health in 1998 and has conducted a number of activities with WHO. It will start a major study on the impact of the Iranian national mental health programme soon.

Morocco

Training of GPs has been carried out as part of the activities to integrate mental health within the PHC system. The WHO collaborating centre for mental health in Casablanca has been active in a number of collaborative research activities, mainly in the areas of classification and production of instruments and manuals.

Pakistan

Pakistan is one of the pioneer countries of the Region in the development of mental health programmes and since the mid-80s has been actively involved in the implementation of the national mental health programme. WHO/EMRO has been closely involved in all stages of this development. This collaboration has been in the areas of research, training, evaluation, the advancement of the existing WHO collaborative centre and other local activities. Since 1998 the mental health programme, which was mainly active in Punjab, has become a nationwide activity with a separate budget. The WHO collaborating centre for mental

health in Rawalpindi is the first of its kind in the Region and has been very active in different areas of research in the country. The focus of the research has been on the evaluation of different aspects of the Pakistan national mental health programme and its impact.

Saudi Arabia

Several training courses for GPs have been held and a practical training manual has been published. The academic community and the Ministry of Health now endorse the policy of continuous training of GPs. There have been other training activities in relation to industry and in oil-producing areas.

Republic of Yemen

A second demonstration project of the Nations for Mental Health programme has been conducted here. WHO/EMRO has been active in all stages of this project, which aims at developing a model integrated service in an area near Sana'a.

Other countries

Collaborative activities of different degrees exist with Kuwait, Libyan Arab Jamahiriya, Oman, Qatar, Sudan, Tunisia and UAE. Most recently the foundations for more focused collaboration with Iraq and Tunisia for further implementation of the national mental health programme have been laid down and detailed plans of action have been proposed and will be implemented.

Major activities with regional impact and in collaboration with more than one country

- A regional awareness-raising event to promote mental health was held during the Regional Committee, October 1997 in Teheran, Islamic Republic of Iran. This event was held in collaboration with the Iranian Ministry of Health and Medical Education and the Nations for

Mental Health Programme of MSA/HQ. During the event, the ministers of health of the Region or their authorized representatives signed a declaration committing their countries to the further development of mental health. As a follow-up, the WHO Regional Director for the Eastern Mediterranean proposed to the countries a ten-point programme asking them to choose activities they felt feasible for their countries and make plans to implement them. The Member States have thus been given the choice to make their own mental health priorities. EMRO has received some answers and we are hoping to build our future collaborative activities based on these identified areas of collaboration.

- A major meeting on mental health legislation was held in collaboration with the Islamic Organization of Medical Sciences in Kuwait in 1997. Religious scholars, psychiatrists, lawyers and mental health experts attended the meeting. The recommendations of the meeting can become a basis for legislating mental health acts in the Islamic countries. Other meetings resulted in the development of a questionnaire for evaluation and a guideline for needs assessment.
- A monograph about the mental health programmes of the Region has been completed and is awaiting publication. This was also undertaken in collaboration with the Nations for Mental Health programme.
- An intercountry meeting on needs assessment was held in 1997. The meeting finalized a questionnaire/instrument which can be used for both assessing needs and analysing the mental health situation. Another meeting is planned for 1999 with the aim of developing in-

dicators for evaluation of mental health programmes.

- For the past few years, school mental health has been a regional priority. An intercountry consultation on school mental health, which was held in 1993, recommended a number of activities in this area. Since then many countries of the Region, including Bahrain, Cyprus, Egypt, Islamic Republic of Iran, Iraq, Pakistan, Qatar and Tunisia have developed innovative approaches to school mental health. A characteristic of these programmes is that they regard all the human elements of school life, such as teachers, students and the family, as active providers of health and not only passive recipients of services. A manual for school mental health is being developed and is in the final draft. A limited number of the draft has been published and copies are being distributed to all countries of the Region and to academic establishments and collaborating centres for their views prior to finalization for publication. EMRO collaborates with Member States in the area of development of school mental health programmes and activities. Such programmes are regarded as an essential component of any attempt to promote mental health and prevent mental illnesses.
- One important area for consideration in the near future is an in-depth study of the curricula of mental health, behaviour-related issues and psychiatry for different categories of health personnel. A technical consultation meeting of the secretaries of different national or regional certifying bodies of psychiatry (e.g. the Arab Board of Psychiatry, the national boards of other Arab countries, the Iranian Board of Psychiatry and Pakistan Board of Psychiatry) could help

with this. Such a meeting would also be beneficial in the development of a more unified approach to the certification of specialists.

Where do we stand now?

Considering all these developments, one can conclude that in the past 20 years the foundations for new, qualitatively different approaches have been laid for mental health in the Region. Although all the benefits of these new approaches and programmes are still not evident in many countries, the awareness created by these developments is of great importance for the future of psychiatry and mental health in the Region. At this stage, it seems safe and reasonably correct to say that, as we enter the new millennium, the realities, assets and constraints of mental health in the Region can be summarized as follows.

- Mental health is gradually, albeit slowly, being accepted as a part of health needs.
- Although still not nearly enough, there is more awareness in professional and academic circles of the holistic nature of man in health and disease. This new knowledge should translate, over time, to a new level of understanding of behaviour-related diseases and has the potential to produce more positive attitudes towards mental illness and the mentally ill.
- The demonstration of the feasibility and practicability of integrating mental health services within PHC in some countries of the Region has a positive effect, which can be used to advocate more community-oriented approaches towards mental health.
- The professionals and professional associations, particularly psychiatric ones, who have been reluctant to accept

the usefulness and wisdom of some of the integrative or community-based services and the division of the responsibilities for patient care, are now increasingly turning towards these approaches. In this connection, the change in attitude towards training GPs, psychologists, social workers, nurses and other health workers, and also the greater appreciation of the benefits of teamwork have a high level of practical importance.

- The cultural and historical characteristics of the Region are highly relevant to mental health. Thorough and non-biased studies of these cultures and the practical aspects that have a bearing on mental health have not been carried out. Studies of culture-specific syndromes, diseases and clinical pictures have been sporadic and not systematic.
- Although much has been achieved in almost all the countries of the Region, and there is a growing feeling of the need to replace mental hospitals with different kinds of community-based services, the needs of the overwhelming majority of the patients in the Region are still either unmet or only partially met through old-fashioned, usually run-down mental hospitals. These hospitals absorb most of the meager public funds allocated to mental health, leaving no room for preventive activities, promotion, early diagnosis and follow-up of the majority of the cases.
- Shortages of many kinds, financial, human resources and facilities at all levels are commonplace in the Region and add to the constraints. In addition, no integration and systematic planning exist between ministries of health, universities, insurance companies, NGOs and the private sector. Modern concepts of health management and economy should be used to assist in building systems of mental health care.
- Many research activities exist in the Region but planned, purposeful research linked to the development and improvement of services and training is rare. In addition, research programmes and activities are not aimed at producing information systems. They are scattered, most of the time unrelated or little related to needs and are not coordinated through a national master plan.
- The Region in general suffers considerably from man-made and natural disasters and stress-inducing events. Under such conditions the mental health needs, especially of vulnerable groups such as women, children, the elderly and refugees, which are hardly met even in normal circumstances, are almost completely neglected.
- The stigma attached to mental illness, the mentally ill, and psychiatric consultation and clinics is still evident. The attitudes of communities at large, families and professionals of all kinds, including mental health professionals, need to change.
- Last but not least is the impact of the tremendous global change that has taken place at the end of this century on the welfare, general level of happiness, economic condition and general and mental health of the people. In this Region, global changes are affecting a population that is very young. On the one hand, the world is drastically changing as a result of the expansion of information technology. On the other, the existing educational systems of many countries are not designed to prepare most of the young people of the Region to undertake the occupations of a world that is becoming more competitive every day. Therefore, young people are in danger of becoming

passive on-lookers who see a new world but are unable to become a part of it. The result is the creation of huge armies of unemployed, alienated people without hope for the future. They are prone to develop depression and behaviour and conduct problems. In some neighborhoods they would be the best targets for drug dealers. Mental health programmes should address these groups, not only to protect them from becoming mentally ill, but also to protect the next generation, their children, from developing problems. This is not easy. The health sector alone cannot achieve this goal. It needs social action as well. That is why the call of the Director-General of WHO to fight poverty becomes a real health objective.

The future

To differing degrees, the countries of the Region are entering the new millennium amidst many anxieties, uncertainties, continuation of widespread poverty in large parts of the Region, wars and conflicts and a general health condition which, in spite of considerable improvement, is still far from desirable. This is in contrast with the great civilizations and cultures of this part of the world and the potential material, spiritual and moral assets of the Region. As far as the future is concerned, the overall complexities are so great and there are so many factors involved that any prediction would be difficult; we can only talk about challenges and how they could possibly be confronted. In this connection, I believe the following are among the most important.

- In most countries of the Region, the comprehensive nature of mental health, with interwoven elements for prevention, promotion, early diagnosis, treat-

ment and rehabilitation does not exist. Psychiatry and mental health are considered interchangeable and are almost limited to clinical practice, medication and hospitals. A major challenge for the future is to continue developing different kinds of community services with reliance on PHC and other similar mechanisms. The mental health programmes of the countries should gradually become more comprehensive and pay real and practical attention to prevention of mental illness and promotion of mental well-being. At the same time, when it comes to mental illness the programmes should look at ways that would decrease dependence on mental hospitals. This needs a serious change of attitude at the political, professional, community, family and individual levels and will require many interventions in training. It will also require political will and the introduction of necessary legislation.

The future of psychiatry as a medical discipline has been the subject of much debate. Undoubtedly this discipline will continue to exist. However, a major change in the future may be a more accurate definition of the roles of other professionals, such as psychologists and social workers. Today's trend is to push psychiatry towards being a primarily biological discipline. This is partly a reaction to the over-psychologism of the earlier part of this century and the strong influence of psychoanalysis, and partly a result of the over-generalization of biological findings without due consideration to the information medium in which the brain, as a biological system, functions. Although this trend is becoming the order of the day in many countries in Europe and North America, we should be aware of our need for a more comprehensive approach to men-

tal health and illness and psychiatry. We need an approach to psychiatry capable of understanding the whole; the human being with all the bio-psycho-social, spiritual, historical and even mythological aspects of his/her being. Psychiatry can only survive if it preserves its comprehensive approach in theory and develops pragmatic means in everyday practice using all possible resources to understand and help.

- A team approach to all aspects of prevention, promotion, diagnosis, treatment and rehabilitation should, and hopefully will, increase in the future; there is no other way. What needs to be done is the promotion of team spirit. Medical schools, nursing schools, and schools of clinical psychology and social work should be responsive to this need in all areas of curriculum development and practical training. Residency programmes in psychiatry should also pay more attention to this need. Future mental health belongs to teams of experts working in harmony and coordination.
- If the role of psychiatric hospitals is to be minimized and the issue of chronic patients to be addressed through different mechanisms in the community and general health system, then we need fresh approaches to issues like stigma. Such issues need to be addressed at different levels; for example, by decision-makers and politicians, professionals, including psychiatrists and other physicians, employee and employer associations, community and religious leaders, special groups like teachers, the judiciary and the police, and families of patients. Policy measures and involvement of the media would also be required.
- For a long time to come, the countries of the Region will not be able to train the highly specialized human resources they need for psychiatry and mental health. Innovative approaches are necessary to fill the gap. Such approaches could include broadening the concept of specialization from pure psychiatry to a combination with neurology and rehabilitation, special diploma courses, more reliance on training GPs and other health workers.
- The emerging priorities of mental health are problems of youth, women, children, refugees and the elderly. They also include service development for urban areas. Hard demographic data and the trend of events in the Region show that these priorities need to be addressed swiftly. Those of us in charge of mental health and psychiatry in the Region need to think of the best ways to deal with these dilemmas. We also need to think of multisectoral approaches, dividing the issues and tasks into levels and using all the possible resources. For example, paediatricians can see to many of mental health needs of children; obstetricians and gynaecologists and midwives can cater for many of the mental health needs of women; nurses can provide for the elderly; and services for urban areas can be integrated within already existing programmes, such as the Healthy Cities programme. However, the most important fact in this regard is to make sure that mental health finds its place in all the developmental programmes of the countries.
- The basis of meaningful research in the Region is not strong. We need to integrate real, useful and practical research activities into all levels of work. Fear of research work can be overcome by devising simple tasks for each level and

showing that the achievement of these tasks is possible. If we succeed, then in the future a simple health worker in a village will be the provider of a level of information. This has two benefits; the first is the collection of data at the site the patient or client and the second is the increased self-esteem of the health worker who would feel him/herself as a part of the research team.

- In the near future there will be more realization of the role NGOs can play. Ideally, such organizations would fall in line with religious and cultural traditions of the Region. In Islamic countries, the financial support for such organizations can come from *awaqf* (religious endowments) and religious taxation such as *zakat*. What is important is to guide NGOs towards issues, such as advocacy and patient rights.
- Global professional associations, such as the World Psychiatric Association, World Federation of Mental Health and national professional associations, are the most important organizations for promoting mental health and psychiatry and sharing experiences. More collaboration between them at the regional level is necessary. Fortunately, umbrella organizations like the Arab Federation of Psychiatry exist and are reasonably active. Similar organizations with more regional coverage could be formed.
- In order to compete with many other programmes in the ministries' of health priorities, more evidence is required of the need for the prevention of mental illness and promotion of mental health.

Such evidence should demonstrate the availability and effectiveness of the interventions. Making mental health evidence-based is another challenge.

Culturally acceptable treatments and legislation are some other areas to be dealt with for the future development of mental health. Work on these issues has started and will continue in many countries.

Whatever the outcome of these observations, I believe that the future should see better understanding, care and attention to mental health and illness. In addition, there should be greater respect for human rights and the dignity of people with mental illness. As conscientious citizens of our communities, we should all work towards the realization of these goals. Those of us charged with special responsibilities in the area of mental health at national, regional or international levels undoubtedly have a much higher obligation to design and work towards the development of technical and legal systems capable of delivering the necessary services to those entitled to receive them. Families of patients should organize themselves and actively seek the rights of their loved ones. Religious leaders, intellectuals, the women and men of thought and wisdom, government officials, parliamentarians and the like should be made aware of the importance of mental health and invited to assist in the development of better, more efficient and affordable systems of care. One thing is certain; it will not be possible to achieve a meaningful improvement in the condition of mental health and the mentally ill without the involvement of all.