

# REGIONAL STRATEGY FOR MENTAL HEALTH



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# FOREWORD

Mental health has been neglected, and problems associated with mental illness and disability are growing. While there is much that governments can, and should, be doing, above all they need to set priorities and take the lead in promoting mental health. They also need to fight stigma and discrimination associated with mental illness.

WHO has significantly increased the attention it pays to mental health globally as well as regionally. At the global level, mental health was selected as the theme for World Health Day 2001 and is the subject for the World Health Report for 2001. In the Western Pacific Region, WHO is increasing its support to countries undertaking interventions to improve mental health and reduce the burden of mental disorders.

This regional strategy for mental health has been prepared to support governments in their efforts to improve mental health and integrate services for people with mental disorder. It was endorsed by WHO Member States during the fifty-second session of the Regional Committee for the Western Pacific held in Brunei Darussalam in September 2001 and is designed to be adapted in order to address national mental health needs. The strategy provides general principles and guidance for countries and areas to use in responding to the challenges posed by mental health problems and in formulating corresponding policies and programmes.

Two key strategic directions are proposed which are designed to lead to improved mental health and relief from the economic and social as well as individual costs of mental illness and mental disorders.

1. *An intersectoral approach to mental health promotion and the prevention and treatment of illness.* An intersectoral approach draws together the relevant agencies and organizations to provide a supportive environment for diagnosis, treatment and prevention of mental disorder. Intersectoral approaches to mental health promotion involve, for example, labour organizations to ensure that appropriate support services are available through the workplace.
2. *The integration of treatment for mental disorders into general health services and a more informed understanding of mental health in the wider community.* Such integration will involve addressing stigma and community attitudes which stand in the way of access and service provision and increasing support for family and consumer advocacy and self-help groups.

WHO remains committed to working closely with its partners to apply the principles contained in the regional strategy, improving mental health, reducing the burden of disability and death linked to mental and neurological disorders, and ensuring that people who suffer from mental illness receive humane and effective care.

Shigeru Omi, M.D., Ph.D  
Regional Director  
WHO Regional Office for the Western Pacific

# INTRODUCTION

Mental health is the foundation for the well-being and effective functioning of individuals. It is more than the absence of mental disorder. Mental health is the ability to think and learn, and the ability to understand and live with one's own emotions and the reactions of others. It is a state of balance within a person and between a person and the environment. Physical, psychological, social, cultural, spiritual and other interrelated factors participate in producing this balance.<sup>1</sup> The inseparable links between mental and physical health have been demonstrated.

However, although many aspects of physical health have improved in the Region, we have become aware that mental health has worsened over the last 50 years. This situation requires dedicated action over a long period. There are several pressing reasons for countries to begin to act now to promote mental health and deal with mental disorders.

- Our knowledge has increased so that we understand today how large is the burden of mental and neurological disorders for all countries, developed and developing, and how it goes hand in hand with poverty and physical illness.
- Changes in the human and social environment are affecting mental health adversely. They are increasing the risk of mental disorders and making their prognosis worse.<sup>2</sup> Social support that has maintained people in the community is crumbling. Strong and effective health services that could help communities in their efforts to improve mental health and help people with mental illness are lacking in most countries of the Region.
- New mental disorders are emerging, including the behaviour disorders of youth, the mental health consequences of HIV infections – 7-10% of all those with AIDS will end their life with years of dementia, - and the consequences of abuse of new psychotropic drugs,

<sup>1</sup> Sartorius N. "Universal strategies for the prevention of mental illness and the promotion of mental health". In: Jenkins R, Ustun TB, eds. *Preventing Mental Illness: Mental Health Promotion in Primary Care*. Chichester, UK, John Wiley, 1998: 61-67.

<sup>2</sup> Desjarlais et al, *World Mental Health*. Geneva, WHO, 1997. The publication of this report, from Harvard and WHO, and the concurrent work on *The Global Burden of Disease*, Harvard University Press, 1996, using the concept of disability-adjusted life years (DALYs), have together helped the recognition of mental health as a priority area. The DALY is a combined index of death and disability which allows countries to move beyond death rates alone in ranking the seriousness of health problems.

- There is every indication that the absolute and relative numbers of mental and neurological disorders will increase in the years to come. In addition to the above factors, demographic changes, changed patterns of substance abuse, and the successes of medicine leading to survival of people who would previously have died from chronic disease or brain injury will contribute to the trend of increasing prevalence of mental health problems.
- Perhaps most important of all, today we have the means to fight against mental and neurological disorders and to promote mental health.

# THE CASE FOR ACTION

## The burden of mental and neurological disorders and the possibilities for its reduction

Worldwide, mental and behavioural disorders represented 11% of the total disease burden in 1990, expressed in terms of disability-adjusted life years (DALYs). This is predicted to increase to 15% by 2020. Depression was the fourth largest contributor to the disease burden in 1990 and is expected to be the second largest after ischaemic heart disease by 2020. Five of the ten leading causes of disability (depression, schizophrenia, bipolar disorders, alcohol use and obsessive compulsive disorders) are mental disorders. Dementia and epilepsy also cause substantial disability, and a high level of disability often accompanies mental retardation.

In the Western Pacific Region, the burden is even higher than in some other parts of the world. In the relatively affluent countries of the Region, mental and neurological disorders account for 27% of the total disease burden, and in the other countries, the figure is 15%.<sup>3</sup> As a proportion of the total, the burden caused by mental disorders is less in developing countries, mainly because of the large burden of communicable, maternal, perinatal and nutritional conditions. Even so, the burden of mental disorders is heavy and increasing.

Mental disorders are common in all countries, although there are differences in the types of prevalent disorders by gender and age group. For instance, alcohol abuse is more common in men than in women. Depression is more common in women in most countries. Depression in women is in part related to their social position, poor childbirth spacing, domestic and social violence, and an excessive burden of work. In all countries, the rates of mental disorders are higher in people who experience relative social disadvantage.<sup>4</sup> Several severe disorders typically have their onset in young people, including depression, substance abuse and epilepsy, as well as

<sup>3</sup> *World Health Report 2000*. Geneva, WHO: Statistical Annex.

<sup>4</sup> Desjairlais et al, *op cit*, Ref 2.

schizophrenia and related psychotic disorders. However, no age group is spared: the prevalence of mental disorders is high among children and adolescents as well as among adults and the elderly.

The economic costs of mental disorders are high. Direct costs include costs of health and social services, but there are also other costs, including lost employment and productivity, the impact on the productivity and social function of families, and premature death.

The burden produced by mental and neurological disorders could be significantly reduced. There are new and effective treatment techniques, including psychological and social treatments, for most mental disorders.<sup>5</sup> These include anti-depressant, anti-psychotic and anti-convulsant medicines, short-term cognitive and other psychotherapies, and family support and education, and psychosocial rehabilitation for people living with schizophrenia and related disorders. Primary and general health care services can competently deal with the majority of mental disorders. We have discovered the powerful role that families can play in dealing with mental disorders if properly instructed and supported. However, poor access to effective treatments for mental disorders, including depression and psychosis is common across the Region, contributing to avoidable disability, much of it in young people and persisting into later life.

We also know that primary prevention including avoidance of nutritional deficiencies and brain trauma in early life could result in a significant reduction in the incidence of a number of the disorders. We have evidence that mental health promotion efforts are effective and of low cost.

### The burden of suicide

Suicide is an important public health problem closely linked to mental health. In several countries of the Region suicide is a major cause of mortality. Approximately 390 000 deaths were reported from suicide in the Region in 1999<sup>6</sup> and it is estimated that at least 1 million people in the Region attempt suicide each year. People living with mental disorders and those abusing alcohol and drugs are at increased risk of attempted or completed suicide. People suffering social and economic stresses, including indigenous populations, are also at risk. In China the risks are particularly high for women living in rural areas.<sup>7</sup> In several Pacific island countries the risks of suicide are highest in men. In all these countries the ingestion of agricultural pesticides is a lethal, accessible and poorly controlled means of suicide. Prisoners are at high risk in many countries, especially when they are dependent on alcohol or drugs, have a mental disorder, or have poor access to mental health or drug withdrawal services.

<sup>5</sup> Desjairlais et al, *op cit*, Ref 2.

<sup>6</sup> *World Health Report 2000*, *op cit*, Ref. 3.

<sup>7</sup> Report, China/WHO Mental Health Awareness-Raising Conference, Beijing, China, 11-13 November 1999.

## Impact of social and economic conditions on mental health

Mental health and the risk of mental disorders in a community are each influenced for better and worse by social and economic conditions. Rapid social change is associated with rising stress levels for many people throughout the Region. In addition, social and economic instability is apparent in many countries, some of it related to ‘globalization’ of the world economy, and continued or growing impoverishment of broad groups of rural and poorly educated people. Disasters, armed conflict and violence, displacement, urbanization, migration, unemployment, work stress, unwanted pregnancies, family disruption, and social isolation are all affecting people in the Region. The social fabric of societies is weakening and failing to help those who are ill and to transmit moral guidance to its members. This is reflected in more dissatisfaction, more crime, more intolerance and more discrimination against those who are different.

These factors are associated with increased rates of mental disorders including depression, anxiety, alcohol and substance abuse, and a decline in overall mental health. People become more likely to develop illness, and less able to cope with its effects individually and in the family. The world and its tasks are becoming more complex; people with marginal capacity cannot function in it. The impact of these factors also makes it harder to gain access to health services because of cost, distribution, or stigma.

Population growth and increased survival at all life stages also mean that more people in developing as well as developed countries are reaching the age groups at risk for mental disorders. This includes adolescents and young adults, the age groups at risk for schizophrenia and the common mental disorders such as depression, and substance abuse. It also includes older people, at risk for dementia. Families are often assumed to be the primary carers, but in many cases they receive insufficient support from services.

## Psychosocial aspects of health and health care

The support and training of clinicians in general health care is a growing need and opportunity in the era of integrated health care. Clinicians in general health care are responsible for recognizing and managing mental disorders,<sup>8</sup> with the support of mental health specialists. Clinicians therefore need support if they are to understand and manage mental disorders. They also need support to manage the psychosocial aspects of general health care and prevention (for example, people continuing their unhealthy lifestyles and risk-taking behaviour even if they know the effects of doing so). They need to be trained in effective means of communicating with patients and families, ensuring treatment

<sup>8</sup> Ustun TB, Sartorius N, eds. *Mental Illness in General Health Care: An International Study*. Chichester, UK, John Wiley for WHO, 1995.

adherence, psychological interventions for common problems such as back pain and recurrent headaches, and psychological support for people living with chronic diseases such as HIV/AIDS.

Health care and people's lives can be improved by increasing awareness of the psychosocial aspects of health care. This and the development of techniques to measure the impact of health care on the quality of life of patients and their families are areas in which WHO can make a contribution in the Region, and thus ensure that health care serves its ultimate purpose of enhancing the well-being of the population.

# THE STRATEGY

WHO has identified mental health as a global priority. In the Western Pacific Region WHO is proposing this regional strategy as a means of decreasing the burden of mental illness and disability and of promoting mental health.

The main challenges, in this Region as elsewhere, are:

- Coping with the effects of social factors negatively affecting mental health. Among those are poverty and effects of minority status; uncontrolled urbanization and other structural and functional social change; disasters, armed conflict; problems resulting from the status of refugees and displaced persons;
- poor community awareness of the nature and determinants of mental health and mental illness; and failure to value mental health as a community resource, or to appreciate the role of decision-makers outside the health sector in promoting mental health;
- weakening of the social support to people in need and of social cohesion in general;
- stigma and discrimination against people with mental illness and substance abuse and dependence and their families;
- increased incidence and prevalence of mental disorders;
- low priority for mental health programmes;
- outmoded approaches to mental health service provision, and disharmony between legal provisions and demands of modern mental health programmes;
- separation of mental health from general health programmes, and neglect of psychological needs of people living with chronic diseases, e.g. HIV/AIDS;

- serious shortages of professional workers trained in mental health, and insufficient use of effective intervention to deal with mental health needs;
- lack of medicines and other resources;
- insufficient attention to demand reduction and harm reduction strategies for alcohol and substance abuse and dependence;
- limited capacity for research in the field of mental health and the evaluation of effects of mental health services;
- limited coordination among government and nongovernmental agencies providing treatment, prevention, rehabilitation, disability support and social services, including housing, employment and welfare; and
- limited mobilization and use of resources in the Region.

The regional strategy for mental health is designed to provide general principles and guidance for countries and areas in responding to the challenges posed by mental health problems and in formulating policies and programmes on mental health. The strategy places mental health in the context of public health and incorporates approaches to mental health promotion, and the prevention and treatment of mental disorders.

The three basic goals of the strategy are:

- to reduce the human, social and economic burden produced by mental and neurological disorders<sup>9</sup> including intellectual disability and substance abuse and dependence;
- to promote mental health; and
- to give appropriate attention to psychosocial aspects of health care and the improvement of quality of life.

Six key approaches will be used to achieve these goals. They are described below.

<sup>9</sup> Including epilepsy and dementia, but not cerebrovascular disorder (stroke), which in the WHO divisions is included in cardiovascular disorders.

## **1. Advocacy: provide information and advice about mental health, and mobilize regional resources for services and health promotion**

In some countries, government policies are already addressing the need to increase community awareness of the determinants of mental health and mental illness. Some governments are increasing their focus on mental health promotion, as well as on improved services for people with mental illnesses and their families. However, in much of the Region, mental health is poorly understood and little valued, and the limited mental health programmes available continue to use an obsolete approaches to care, in isolation from other health and social services, and remain uninspired by ideas of modern public health. A shift in perspective and the wider adoption of new concepts are needed.

Advocacy in the field of mental health should be directed at increasing awareness of both decision-makers and the general public of the importance of mental health. Policy-makers, programme planners and implementers have to accept that mental health is an important part of public health and that new approaches are required to mental health promotion and to the prevention and treatment of mental disorders. They must also understand that stigma and discrimination affect those with mental disorders and their families and that fighting with stigma must be included in health programmes as an essential part..

## **2. Service provision: enhance service delivery and evaluation at national and local levels**

In this region as elsewhere, only a minority of people with treatable mental disorders receive treatment. This is because the stigma of mental illness discourages many people from seeking treatment, because services are scarce and poorly distributed in many countries and because material and human resources for mental health programmes are often lacking.

Integrated high-quality services will enable the early recognition and treatment of mental health problems and mental disorders, and continuity of care close to home, family and employment for people with persistent disabilities. Improving access to mental health care and quality of care requires:

- access to treatment and care in the primary health care network, supported by dedicated mental health services

- with links to:
  - social services, housing, employment and disability support; and
  - the wider community, including self-help groups, family and natural support groups, traditional healers and other community agents and leaders, including teachers, police and the religious community.

### ***Improving the integration of primary health care and provision of effective interventions***

In half of the countries and areas in the Region, less than 1% of the health budget is spent on mental and neurological disorders.<sup>10</sup> This does not allow the development of mental health care. In the future, national mental health programmes must include sufficient resources for essential medicines, and for treatments and support of care (often through links with other government and nongovernment sectors), including psychosocial rehabilitation and employment support.

Integrating mental health care and primary care should become a priority in all countries. A recent global WHO study<sup>11</sup> demonstrated that 20% of all consumers at the primary care level have some mental disorder, and that most of these patients do not receive appropriate treatment for the mental disorder. Especially in countries where resources are limited, this integration is an essential element for the development of mental health care, including the treatment and prevention of disorders.

WHO supports the replacement of asylums by other forms of service, a process known as ‘deinstitutionalization’. Large isolated asylums perpetuate the separation and stigmatization of people with mental disorders, and their professional and family carers. Asylums cannot provide modern services close to where people live, and in the least restrictive environment possible. Modern mental health care includes community-based treatment, rehabilitation and disability support, including treatment in primary health and general hospital settings, and support for families.

People living with persistent disabilities related to psychotic and other disorders have a particular need for community-based or residential psychosocial rehabilitation, disability and employment support, and support for their families. In addition there needs to be limited provision of secure hospital accommodation with a rehabilitative environment for a small minority of people with complex and persistent disabilities for whom care and treatment in a less restrictive environment is not appropriate.

<sup>10</sup> WHO Mental Health ‘Atlas’ Project, 2001.

<sup>11</sup> *Op cit*, Ref. 8.

In developing countries, particularly when they have very scarce resources or have been affected by wars and disasters, there is often a gap in coordination between various government and nongovernmental agencies providing services and assistance. The lack of coordination between sectors is also an important reason in developed countries for the widespread failure to provide services and support to the most needy with multiple problems, such as those who are members of disadvantaged and minority groups.

Traditional healers and traditional leaders are often consulted by people with mental illness and their families. It is important in any country to assess to what extent they can be helpful to people with mental illness and use this knowledge to develop mutual understanding and a system of referral between traditional and modern medicine.

### ***Reorienting and training relevant personnel in mental health skills***

The health workforce in most countries needs support to develop the attitudes, skills and knowledge needed for modern mental health care.

Mental health professionals also need continuing education, support and supervision, as well as conditions of work that make it possible for them to be effective. This will contribute to the prevention of professional burnout and their better performance.

### ***Support for consumers and families and their inclusion in treatment and policy-making***

Governments need to promote development of family and consumer self-help and advocacy associations. These have an important role in assisting individuals and families, and can help to involve consumers and families in policy-making and service management. These groups should be supported by education, moral recognition and material assistance.

The role of consumers and family carers as participants in policy-making and service management is receiving support in some countries. This is an important development in the process of ensuring the responsiveness, humanizing and standards of care in services. WHO will support the establishment of self-help groups and provide them with training materials and other support.

### ***Addressing the psychosocial aspects of health care***

Health services and educational and research institutions are increasingly aware of the importance of psychosocial and behavioural influences on health. Staff education in health services should reflect this.

The needs of people living with HIV/AIDS and their families, for instance, will be best met when clinicians in general health services consult and liaise with mental health professionals, or are trained in principles of mental health care.

Research and evaluation of health service outcomes should consider the measurement of disability and quality of life as well as physical and mental symptoms of disease.

In general, mental health programmes should facilitate the use of mental health skills and knowledge in general health care provision, for example to improve compliance with treatment prescription and doctor-patient relationships.

### 3. Mental health promotion

Mental health promotion has two meanings, both of which are relevant to this strategy:

- raising the position of mental health in the scale of values of individuals, families and societies, so that decisions by government and business improve rather than compromise the population's mental health;
- improving the mental health state of the population by reducing disease through prevention, treatment and rehabilitation.

Mental health promotion (according to the first meaning) can be achieved when policy-makers in the education, welfare, housing, employment and health sectors make decisions resulting in improved social connection; reductions in discrimination on grounds of race, age, gender or health; and improved economic participation.<sup>12</sup> There are numerous examples of effective interventions that promote mental health and their description will be provided to country programmes by WHO. Intersectoral action will achieve mental health promotion (according to the second meaning) through public health programmes designed to prevent epilepsy and intellectual disability associated with brain damage from trauma, infection and malnutrition, and through better treatment and rehabilitation services to those with mental illness. Mental health professionals and services have an important advocacy role in facilitating intersectoral action and working with decision-makers. They also have a direct role in identifying and intervening in primary care with groups at risk of depression and alcohol abuse.

Addressing the needs of vulnerable populations can make a significant contribution to mental health promotion as well as to the prevention of mental illness and suicide. Governments, in consultation with other partners and organizations, can consider investing in programmes for selected 'at risk' groups

<sup>12</sup> Victorian Health Promotion Foundation 1999.

(e.g. young people, elderly people, rural populations, indigenous populations, and displaced or immigrant communities). Such groups may often be identified with defined settings (such as schools and workplaces) and sectors (such as transport and environment). Settings approaches to health promotion coordinate activities between several sectors over a sustained period, with a view to achieving results in such areas as improved social connection, and reduced discrimination and violence. Specific examples include: providing support to families to improve nurturing of children and to reduce the chances of child neglect and abuse; examining the culture of bullying in schools; investigating the use and conditions of labour; and care of older persons.

To strengthen the evidence base and to stimulate work on mental health promotion in the countries it is proposed :

- to develop programmes showing that mental health can be promoted through social interventions. To support this, the evidence linking mental health with its critical determinants, including social support, educational experiences, employment and working conditions, and freedom from violence, abuse and discrimination will be collated with particular regard to the situation in the region;
- to develop and use appropriate indicators of mental health (and associated aspects of function and quality of life) and its determinants where needed.
- to develop specific guidelines concerning the promotion of mental health in different sociocultural settings.

#### **4. Policy and legislation**

Several countries in the Region have no mental health policy. National legislation, policies and plans of action for the promotion of mental health and the prevention and treatment of mental disorders will either have to be developed where none exist or reviewed to ensure that they are consistent with current principles and approaches.

In particular, legislation regulating compulsory or voluntary treatment of people with mental disorders is lacking in several countries, and in need of review in many others. The appropriate legal protection for individuals with mental disorders needs to be ensured. Laws that respect the rights of individuals with mental disorders to dignified and effective care, and policies that ensure access to these services, are needed.

The policies and plans related to health care should emphasize the integration of mental health care into mainstream health services, and should

consider the links between traditional healers and community leaders and the health system. An important issue that needs to be addressed while formulating policies and plans is the financing of mental health care. Monitoring standards of care is not yet widespread in the Region, although in some countries there are emerging efforts to apply specific criteria within accreditation of general health services. The regular monitoring of service standards needs to be included in national or regional policies.

## **5. Encouraging the development of a research culture and capacity**

It is important that countries improve their capacity to undertake quantitative and qualitative research and evaluation relevant to service standards and improvement, and to mental health promotion.

Improvements in mental health depend, to a large extent, on scientific evidence produced locally. WHO will work with countries to strengthen their research capacity in areas relevant to mental health programme development.

Reliable information about mental health and disorders is lacking in many countries in the Region. Priority public health-oriented research – for example the collection of basic planning information through targeted mental health surveys - needs support. More needs to be done to assess the costs of mental disorders and to investigate cost-effective approaches to the management of disorders in developing countries. The development and use of appropriate approaches to evaluating mental health promotion programmes and interventions are also needed. Indicators of the social determinants of mental health, quality of life and disability, as well as measures of illness, need to be adapted to the needs of the Region or developed.

To date, universities, researchers, mental health service providers and communities interested in mental health determinants and outcomes have had limited interaction with each other. Efforts have to be made to facilitate interaction among these various groups.

## 6. Suicide prevention

Suicide prevention is a specific issue that draws on all five of the strategies described in this document. Although suicide prevention is often considered under the heading of service provision, in fact achieving reductions in numbers of suicides in any country will require analysis of the situation and formulation and implementation of a programme directed to specific problems. It will involve:

- improving the treatment of mental disorders;
- introducing and monitoring a broad approach to mental health promotion, including for instance attention to employment, social connection and rapid change in traditional ways of life;
- population approaches to alcohol and drug abuse, including demand reduction and harm reduction strategies;
- controlling the means of suicide, such as access to agricultural poisons, and control of domestic gas supplies and car exhausts; and
- the mental health care and protection from self-harm of prisoners.

# CONCLUSION

Member States, WHO and other partners will need to take concerted action in order to effect further change and improvement in mental health in the Region. Action is needed at several levels – raising awareness, developing policy and making intervention more effective – and in developed and developing countries alike. Countries, in collaboration and with support of other partners, need to:

- analyse the mental health of the population and develop policies, legislation and programmes that reflect emerging perspectives;
- develop the technology needed for prevention, treatment and rehabilitation programmes with due respect to the sociocultural and economic differences among the countries;
- integrate mental health care into general health care;
- reorient services from hospital-based to community mental health care;
- develop a culture of research and evaluation; and
- add mental health promotion to general health promotion programmes.

The integration of mental health into broader areas of health care, and particularly primary health care, will call for continued management of change over the years ahead. Adding mental health promotion to general health promotion will require a shift in thinking and change of community values. Mental health programmes should therefore be developed with a long-term perspective.

# ANNEX

## Regional strategy for mental health

The Regional Committee,

Recalling and reaffirming resolutions WPR/RC36.R17 and WPR/RC39.R13 on prevention of mental and neurological disorders and psychosocial problems;

Having reviewed the draft regional strategy for mental health;<sup>1</sup>

Concerned about the increasing challenges to mental health in the Western Pacific Region and the burden of disability and death, especially from suicide, linked to mental and neurological disorders;

Acknowledging that governments and communities need to increase their awareness of the value of mental health, and the nature of mental disorders;

Acknowledging further the special mental health needs of vulnerable groups, including low-income communities, disaster victims, relief workers, women and children;

Convinced that mental health and mental disorders need to be included in public health priorities in Member States;

Recognizing the opportunities that exist to improve mental health in Member States, both through promotion of mental health, in many aspects of business and community life, and through the provision of services to people with mental disorders and their families;

Recognizing further the increased attention given to mental health by WHO, for example through the dedication of World Health Day and the World Health Report to mental health in 2001;

1. ENDORSES the regional strategy for mental health, taking into account the views of Member States as noted in the summary record and as expressed at the ministerial round table;

<sup>1</sup> Document WPR/RC52/14.

2. URGES Member States:
  - (1) to use the regional strategy for mental health as a framework for the development of national mental health programmes, adjusting certain aspects of it where appropriate;
  - (2) to encourage recognition of mental health as a valued community resource and to involve general health services as well as non-health sectors, such as education, employment, business and family welfare, and nongovernmental organizations in supporting mental health and preventing mental disorders;
  - (3) to ensure that national development programmes take into account the impact of social and economic factors on mental health;
  - (4) to provide access to appropriate services for early intervention, treatment and rehabilitation, including active community involvement, and to reinforce family support for people with mental disorders in order to reduce the burden of mental disorders;
3. REQUESTS the Regional Director:
  - (1) to support Member States in building capacity, including human resource development, and in implementing national programmes based on the regional strategy for mental health;
  - (2) to facilitate exchange of knowledge and experience in the field of mental health among Member States;
  - (3) to produce an analysis of the mental health situation in the Region, incorporating the results of an assessment of needs in selected countries and areas, in order to support a greater understanding of mental health issues among policy-makers and other partners in the Region and to facilitate the effective development of national and regional mental health programmes;
  - (4) to continue to work with Member States and other international development partners to raise awareness of mental health and mental disorders as a priority area, and to advocate for greater resources to improve mental health in the Region;
  - (5) to report to the Regional Committee at regular intervals on the mental health situation in the Region.

Seventh meeting, 14 September 2001  
WPR/RC52/SR/7