Increasing concern has been expressed about mental health and psychosocial problems in many countries of the Region, which has been reflected in a series of resolutions of WHO governing bodies.

This paper discusses, among others, recent developments in the regional mental health programme, the regional situation in the area of mental health, and priorities for WHO collaboration in mental health in the coming years.

The Regional Committee may wish to provide any comments and suggestions for the development of the regional and national mental health programmes.
I. INTRODUCTION

There has been increasing concern with psychosocial and mental health problems in many countries of the Region.

Alcoholism, drug abuse, behavioural disorders of children and adolescents, and mental health problems of the aging are a few examples of these problems, which are becoming major public health issues in many developing as well as developed countries. Concern with these problems is reflected in a series of resolutions of WHO governing bodies.

In the Seventh General Programme of Work covering the period 1984 to 1989, mental health has been given the status of a major programme comprising three sub-programmes: psychosocial factors in the promotion of health and human development; prevention and control of alcohol and drug abuse; and prevention and treatment of mental and neurological disorders. This paper concentrates on the overall organization of the mental health programme in general and on the prevention and treatment of mental and neurological disorders.

In recent years, two resolutions have been adopted directly related to the development of the mental health programme as a whole in the Region, apart from the separate resolutions on drug dependence and alcohol-related problems.

In 1978, a resolution on the Regional Coordinating Group on the Mental Health Programme was adopted, which urged Member States to formulate or review, as necessary, mental health policies within overall health policies, to consider establishing national coordinating mechanisms for mental health programmes, and to intensify collaboration with WHO.1 This resolution also requested the Regional Director to establish a coordinating group for the regional mental health programme in order to strengthen and facilitate collaboration with the global coordinating group as well as with Member States.

Another resolution on the development of the regional mental health programme was adopted in 1980.2 In this resolution, the Regional Committee, considering that mental health and psychosocial development are of central importance in efforts to achieve health for all by the year 2000, requested the Regional Director to initiate or strengthen cooperation with countries in the accelerated development of mental health components within the general health services, using the primary health care approach, and also to provide training opportunities for the various categories of personnel involved in dealing with psychosocial problems.


2. REGIONAL SITUATION

The Western Pacific Region, with its population of approximately 1.3 billion, is characterized by tremendous contrasts and differences in terms of overall development, size, climate, political system, culture, and level and type of development of health care. Because of this diversity and heterogeneity, the situation with respect to mental health varies widely from country to country.

Severe mental illness such as schizophrenia and severe depression are a common concern of countries or areas of the Region as there is no known human group or community - whatever its level of development - that can be said to be unaffected by these problems. In most countries, chronic schizophrenia accounts for 60% to 80% of the inpatient population of psychiatric hospitals. In many patients, the disease tends to run a chronic or recurrent course and thereby poses a severe burden on the affected individual, his family and the community.

Although emphasis is being given to the development of community mental health programmes, the pattern of delivery of mental health services differs widely in the Region. Several countries have made commendable efforts to develop an appropriate range of community accommodation, domiciliary services and various support services needed to maintain and rehabilitate patients in the community. In Australia and New Zealand, there has been a major reduction in the number of psychiatric inpatients in all states. At the same time, there has been a marked increase in admissions both to inpatient and outpatient services. In Japan, however, mental health services are mainly based in psychiatric hospitals and the number of psychiatric beds has shown a steady increase.

In Malaysia and the Republic of Korea, mental health services are largely hospital-based. In some other countries, mental health services have been integrated into primary health care and have been shown to be effective, and even superior to, hospital-based care. In Viet Nam, psychiatric dispensaries and day hospitals are available in each district and are backed up by support from provincial and national hospitals.

The development of mental health services is closely linked with the primary health care services in Papua New Guinea where currently much of the mental health care is entrusted to community health workers and voluntary and church workers.

If mental health services in general are accorded low priority in the national health programme, mental retardation receives even less attention. Although some services for mental retardation are provided in the more affluent countries, such services are simply non-existent in most of the developing countries of the Region.

Neurological disorders such as cerebrovascular disease and epilepsy are a source of concern throughout the Region. Stroke is currently reported to be the most common cause of death in China, while it is the second most common after cancer in Japan.
There has been growing concern with the mental health of the aged population in view of the increased life expectancy and the increasing proportion of the elderly in the population. Care for senile dementia has become an important public health issue in Australia, New Zealand and Japan.

A number of trends related to the mental and psychosocial aspects of health have emerged as a consequence of rapid sociocultural change. Increased incidence of crime and violence, alcohol and drug abuse among adolescents and school adjustment problems are reported in many countries. An increase in suicide rates has been reported among young males in Samoa, Truk Island and among the elderly in Japan and Singapore.

While there has been growing awareness of the need to further develop the mental health services, progress in this field has been hampered by a number of constraints. In several countries, particularly those with limited resources, mental health issues continue to be given low priority in the national health programme. A stigma is still attached to a number of mental disorders, which further aggravates the social burden and interferes with the provision of effective treatment.

3. ACTION TAKEN ON THE RESOLUTIONS

Based on the resolutions, a series of working groups, training courses and workshops have been organized, various advisory services have been provided, and new research activities have been initiated related to mental health.

The achievements of the regional mental health programme in recent years may be summarized as follows:

(1) Contribution to regional and national mental health policy formulation through the organization of regional and national meetings and provision of advisory services. Examples of these activities at regional level, which have shaped the basis of regional mental health programmes, are the first and second meetings of the Regional Coordinating Group on the Mental Health Programme, held in Manila in 1979 and 1983, respectively; the Working Group on the Prevention and Control of Drug Dependence, in June/July 1983, and the Working Group on Mental Retardation, held in February 1985. It is planned to organize a third meeting of the Regional Coordinating Group in 1986.

In China, a meeting of the national coordinating group on mental health is being organized in Beijing in July 1985. It is also proposed to collaborate with other selected Member States in organizing national coordinating groups on the mental health programme in 1986-1987. Efforts have been made to develop a national mental health programme in the context of primary health care in Lao People's Democratic Republic, Papua New Guinea and Viet Nam through the provision of advisory services.

(2) Development of manpower for programme implementation in mental health through the organization of regional/national training courses, seminars and workshops. A series of training courses, workshops and seminars have been organized to develop community-based mental health services in China, Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam.
In China, WHO has collaborated in the reorganization of the mental health services by providing consultant services and conducting workshops and seminars on such topics as psychiatric epidemiology (1980), psychiatric undergraduate education (1981), child mental health (1981), mental health in general health care (1982), psychosocial aspects of primary health care (1983), post-graduate training in mental health (1984) and mental health in the aged population (1985).

(3) Promotion and coordination of research on problems of regional public health importance through the strengthening of WHO collaborating centres. WHO collaborating centres are instrumental in developing research and training in mental health and neurosciences. There are nine WHO collaborating centres in the field of mental health and neurosciences in the Western Pacific Region (four in China, three in Japan, and one each in Australia and Malaysia). Eight of these have been set up over the past five years (two in Beijing, two in Shanghai, and one each in Nagasaki, Chiba, Canberra, and Penang). Other institutions will be proposed as WHO collaborating centres in specific areas of mental health such as alcohol-related problems, child mental health and psychotropic drugs. The main topics of research conducted by the collaborating centres have included: studies on the provision of mental health care; research on the mental health of vulnerable groups such as children; research on the epidemiology of psychosocial problems, e.g. those related to alcohol.

In October 1984, a meeting of heads of WHO collaborating centres for mental health was convened in Tokyo to discuss ways of promoting coordination between the centres and to develop collaborative research activities and training.

4. FUTURE DIRECTIONS

The second meeting of the Regional Coordinating Group on the Mental Health Programme, held in Manila in October 1983, reviewed the national reports, analysed the mental health problems in the Region and proposed the following priorities for WHO activities in the field of mental health and neurosciences:

(1) setting up of national coordinating groups on mental health;

(2) development of community-based mental health services and support for relevant training;

(3) development of programmes in specific mental health/neurosciences areas of public health importance: (i) prevention of mental retardation; (ii) study and prevention of suicides; (iii) control of epilepsy by primary health care workers; (iv) prevention of cerebrovascular disease.

(4) promotion of multi-centre studies in the Region on relevant topics, e.g. mental health services, child mental health, diagnostic criteria;

(5) strengthening the network of collaborating centres in the Region.