DEVELOPMENT OF THE REGIONAL MENTAL HEALTH PROGRAMME

The Regional Committee, at its twenty-ninth session, adopted resolution WPR/RC29.R12 which 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".

The first meeting of the Regional Coordinating Group for the Mental Health Programme was held from 25 to 30 April 1979. Among the recommendations made by the Group was one to the Regional Director asking him to inform the Regional Committee at the earliest opportunity of the increasing seriousness of the mental health problem in the Region and of the existing possibilities for effective intervention.

The document which follows therefore briefly describes (1) the WHO medium-term programme for mental health, of which the regional medium-term programme forms a part; (2) the status of mental health in countries or areas of the Region; and (3) the deliberations of the Regional Coordinating Group for the Mental Health Programme at its first meeting. As specific issues, the Group discussed the possibilities for intervention in the Region, as well as mechanisms for programme implementation, particularly national coordinating groups. It also made recommendations to the Regional Director for the future development of the programme.

The Regional Committee may wish to discuss the possibilities for intervention outlined in Section 3.2 and the recommendations made by the Group to the Regional Director outlined in Section 3.3.
1. THE WHO MEDIUM-TERM PROGRAMME FOR MENTAL HEALTH

As the need for national health programmes to be socially relevant becomes recognized as a guiding principle for the attainment of health for all by the year 2000, mental health issues, such as the impact of psychosocial factors on health, alcohol-related problems, drug dependence, mental retardation and mental and neurological illness, are emerging as a major concern for Member States.

The medium-term programme for mental health, adopted by the World Health Assembly in 1978, is characterized by a public health approach and by emphasis on the integration of mental health into overall health and socioeconomic development.

Following a critical review of the nature and extent of mental health problems and the possibilities for action, the following objectives were established:

(1) to prevent or reduce psychiatric, neurological and psychosocial problems, including those related to alcohol and drug dependence;

(2) to increase the effectiveness of the general health services through appropriate utilization of mental health skills and knowledge;

(3) to develop strategies for intervention based on an increased awareness of the mental health aspects of social action and change.

It is apparent that implementation of a programme aiming to achieve such objectives would far surpass the competence or responsibility of a single professional group or even of the health services themselves. A method of coordinating the clearly defined objectives and activities of different professional groups has been conceived to meet pressing national mental health needs. Coordinating groups have been formed at regional and global levels as the main vehicles by which, through continuing consultation, needs, priorities for action and plans for implementation of activities for mental health can be identified and cooperation with and between Member States extended. These groups have as members representatives of different social sectors, including mental and public health, education and social welfare. Collaborating centres for training and research have also been designated to strengthen the programme infrastructure. Close working relationships have been established with governmental and nongovernmental organizations. Expert advisory panels in mental health, alcoholism and drug dependence, and neurosciences, with members from the Region, provide technical support to the global programme.

2. STATUS OF MENTAL HEALTH IN COUNTRIES OR AREAS
OF THE REGION

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. Even within countries, the differences are often vast. Many are passing through a period of rapid social change, profoundly affecting the traditional social support system, such as the family, the life-style of individuals and communities and morbidity and mortality patterns. Psychosocial problems generated by such changes have been noted in several countries. In addition there are, by a conservative estimate, some 20 million mentally and neurologically ill or handicapped persons whose capacity to lead a normal existence is affected, whose families are burdened and whose communities continue to support the impact of their disabilities.

There are wide variations in the resources available for mental health care. The number of mental health professionals, including psychiatrists and neurologists, per million population and of available facilities for the treatment and rehabilitation of mentally or neurologically affected persons is still low, apart from which they are inaccessible to the majority of the population. The patterns of service provision, methods of training, and selection of technology are inappropriate in many instances and do not reflect the real needs and potentials of Member States, nor do they take into account the need for mental health action to be orientated to public health.

3. REGIONAL COORDINATING GROUP ON THE MENTAL HEALTH PROGRAMME

3.1 Introduction

Resolution WPR/RC29/R12, adopted by the Regional Committee for the Western Pacific at its twenty-ninth session in 1978, 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."¹

The Regional Coordinating Group on the Mental Health Programme was accordingly established and entrusted with the following tasks:

(a) to review the WHO medium-term programme for mental health with specific reference to its implications for the Western Pacific Region;

(b) to identify priority areas for WHO programmes of cooperation in the field of mental health;

(c) to formulate recommendations which will form the framework for a viable and dynamic mental health programme developed at national level.

The Group is composed of 15 members who are experts from the Region in psychiatry and neurology, or whose responsibilities are related to public health, health education, or economic and social welfare.

The first meeting of the Group was held from 25 to 30 April 1979. In addition to advising the Regional Director, it will continually assist him in implementing the mental health programme.

3.2 Specific issues discussed at the meeting

3.2.1 Mental health in primary health care

Since primary health care is vital to the attainment of health for all by the year 2000, the effective integration of mental health in primary health care was considered to be crucial to the implementation of mental health programmes. The relationship between primary health care and mental health was recognized. It was felt that mental health programmes were of relevance to both urban and rural settings, although there might be differences in programme activities, as well as in the most prevalent problems. A good standard of primary health care is essential to the mental health of a community. The application of mental health knowledge is essential to development of the common elements of primary health care, such as the processes of community decision-making in matters of health, the effective functioning of primary health workers and the development of a network of basic health services. In recommendation 5 of the Report of the International Conference on Primary Health Care, promotion of mental health was identified as one of the elements of primary health care. The Group noted the experience gained in one country of the Region, where a team taking part in a WHO collaborative study involving seven countries studied the frequency of mental disorders and psychosocial problems in selected communities and community reactions to mental disorders.

1 World Health Organization, Primary health care: report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978, pages 24-25.
3.2.2 Psychosocial factors and health

Psychosocial factors can modify the outcome of health action, precipitate or counteract ill health and influence the well-being of the community.

Three specific areas were identified and discussed by the Group in relation to psychosocial studies and activities which are being or can be undertaken by Member States of the Region. These are:

(1) Specific psychosocial problems; for example, alcohol-related problems, drug dependence, or the psychosocial consequences of mass health measures such as sterilization.

Alcohol-related problems were considered to be of highest priority for psychosocial studies, in the light of consistent reports from Member States that alcoholism and related problems, such as traffic accidents and behavioural problems among children of alcoholic parents, are becoming matters of increasing concern.

A working group on the prevention and control of alcohol-related problems was held in Tokyo from 27 May to 2 June 1980. The Working Group:

(a) reviewed problems associated with the excessive consumption of alcohol in countries or areas of the Region, with particular reference to the psychosocial implications;
(b) considered ways and means of preventing or minimizing the detrimental effects on health of excessive consumption of alcohol;
(c) recommended improvements in the collection of the statistics and data necessary for taking preventive measures and carrying out research;
(d) recommended training opportunities for the various categories of personnel involved in prevention and control programmes.

(2) Application of mental health knowledge in general health care

This includes activities designed to counteract the dehumanization of medicine, to lessen unnecessary discomfort for the sick, to make the health services more acceptable to the community and to motivate health staff and the community for health care.

(3) Social change and its psychological effect

It was agreed that the psychological effect of rapid change on an individual, the ways in which he adapts to such change, and improvement of the total psychosocial environment in which he lives are factors of crucial importance.
3.2.3 Education and research in mental health

Health manpower development activities in the field of mental health in the Western Pacific Region have not been given high priority.

In view of the expanding scope of the mental health programme, the training in mental health of social welfare, education and other personnel was considered to be of vital importance. A review of the mental health fellowship programme was recommended as well as of current activities for training health personnel in mental health. The subjects and curricula of such training programmes should be made relevant to the national mental health programmes and should take into account the expanded scope of such programmes.

The Group considered that there was an acute need to strengthen mental health research in the Region. Research could lead to development of the technology needed to improve mental health care and could provide the knowledge necessary for effective intervention in relation to psychosocial factors and health. It was felt that there were many opportunities to link research to current events leading to social change. The vast differences between countries in the Region provided opportunities for comparative studies on the determinants of health, disease and disability in different cultures, including psychosocial factors and methods of providing health care (including mental health care), as well as for studies on psychosocial problems such as those related to alcohol and drugs, psychosocial development and child mental health.

In 1980, cooperation was extended to regional collaborative studies on mental health by the Government of Japan. Also in 1980, research on the alcohol-dependence syndrome and disability related to alcohol consumption commenced in the Philippines and an epidemiological study on mental health services in the Republic of Korea.

The Western Pacific Advisory Committee on Medical Research (WPACMR) held its fifth session in Manila in April 1980. WPACMR is the first WHO advisory body at a regional level to include mental health research among the topics for discussion. It recognized the importance of mental health research in medical research in the Region and recommended that the Regional Director should nominate at least one person in the field of mental health research to be a member of WPACMR as soon as possible.

3.2.4 Mechanisms for programme implementation

As well as the Regional Coordinating Group itself the following mechanisms which could facilitate programme implementation were identified:

(1) National coordinating groups

A national advisory or coordinating group on mental health would be vested with sufficient authority and given the support necessary to enable it to carry out effectively and efficiently such functions as:
- selecting priorities in the area of mental health within the framework of general health and social development;

- assessing and reorienting resources so that priority problems in mental health might be addressed;

- monitoring programme implementation;

- ensuring continuous reference to mental health in national health and social policy making.

Members of the Regional Coordinating Group will form a liaison with national coordinating groups on mental health.

In February 1980, a questionnaire to ascertain whether national coordinating groups on mental health existed was distributed to Member States. Of the 20 countries or areas which responded, seven stated that they had a national coordinating group, while three planned to organize such a group by the end of 1982.

(2) Linkage of mental health programmes with other regional programmes and the global programme

The planning, implementation and expansion of the regional mental health programme will involve cooperation with other regional programmes and with the global programme; for example, with the Regional Office for South-East Asia in the control of drug dependence and with the Regional Office for Europe in alcohol-related problems. Activities under the global medium-term mental health programme can also contribute significantly at national and regional level.

(3) WHO collaborating centres

WHO collaborating centres could play a vital role in improving training programmes at all levels and in strengthening research. They could provide technical advice to national coordinating groups as well as coordination of research and policy formulation at national level and ensure coordination of research activities throughout the Region.

In 1967, the Department of Psychiatry and Neurology, School of Medicine, Hokkaido University, Sapporo, Japan, was designated a WHO Collaborating Centre for the Study of Psychotropic Drugs.

In 1979, the University of Science, Malaysia, was designated a WHO Collaborating Centre for Research and Training in Drug Dependence and the Department of Neuropsychiatry, Nagasaki University, Japan, a WHO Collaborating Centre for Research in Functional Psychoses. The National Institute of Mental Health, Ichikawa City, Chiba, Japan is in the process of being designated a WHO Collaborating Centre for Research and Training in Mental Health.
3.3 Recommendations of the Regional Coordinating Group

Information on the nature and extent of mental and neurological disorders and psychosocial problems such as those related to alcohol and drug dependence, confirms the impression that mental health problems are of major public health importance in the Region. The Group therefore asked the Regional Director to inform the Regional Committee at the earliest opportunity of the increasing seriousness of the problem and of possibilities for effective intervention, such as integrating mental health in general and primary health care programmes, investigating the psychosocial aspects of health, training mental health manpower and encouraging research, so that it might consider urging Member States to establish national coordinating groups and to provide additional resources for the development of relevant mental health programmes.

The designation of selected institutions in the Region as WHO collaborating centres for research and training in the field of mental health could also be proposed.