Introduction
by the Director-General

Mental health has been hidden behind a curtain of stigma and discrimination for too long. It is time to bring it out into the open. The magnitude, suffering and burden in terms of disability and costs for individuals, families and societies are staggering. In the last few years, the world has become more aware of this enormous burden and the potential for mental health gains. We can make a difference using existing knowledge ready to be applied.

We need to enhance our investment in mental health substantially and we need to do it now.

What kinds of investment?

Investment of financial and human resources. A higher proportion of national budgets should be allocated to developing adequate infrastructure and services for mental health. At the same time, more human resources are needed to provide care for those with mental disorders and to protect and promote mental health. Countries, especially those with limited resources, need to establish specifically targeted policies, plans and initiatives to promote and support mental health.

Who needs to invest? All of us with interest in the health and development of people and communities. This includes international organizations, development aid agencies, trusts/foundations, businesses and governments.

What can we expect from such investment?

It should be able to provide the much-needed services, treatment and support to a larger proportion of the nearly 450 million people suffering from mental disorders than they receive at present: services that are more effective and more humane; treatments that help them avoid chronic disability and premature death; and support that gives them a life that is healthier and richer – a life lived with dignity. We can also expect greater financial returns from increased productivity and lower net costs of illness and care, apart from savings in other sector outlays.

Overall, this investment will result in individuals and communities who are better able to avoid or cope with the stresses and conflicts that are part of everyday life, and who will therefore enjoy a better quality of life and better health.

Lee Jong-wook

Executive Summary

For all individuals, mental, physical and social health are vital and interwoven strands of life. As our understanding of this relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries. Indeed, mental health can be defined as a state of well-being enabling individuals to realize their abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere near the same degree of importance as physical health. Rather, they have been largely ignored or neglected.

The magnitude and burdens of the problem

- As many as 450 million people suffer from a mental or behavioural disorder.
- Nearly 1 million people commit suicide every year.
- Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder).
- One in four families has at least one member with a mental disorder. Family members are often the primary caregivers of people with mental disorders. The extent of the burden of mental disorders on family members is difficult to assess and quantify, and is consequently often ignored. However, it does have a significant impact on the family's quality of life.
- In addition to the health and social costs, those suffering from mental illnesses are also victims of human rights violations, stigma and discrimination, both inside and outside psychiatric institutions.

This publication aims to guide you in the discovery of mental health, in the magnitude and burdens of mental disorders, and in understanding what can be done to promote mental health in the world and to alleviate the burdens and avoid deaths due to mental disorders. Effective treatments and interventions that are also cost-effective are now readily available. It is therefore time to overcome barriers and work together in a joint effort to narrow the gap between what needs to be done and what is actually being done, between the burden of mental disorders and the resources being used to address this problem. Closing the gap is a clear obligation not only for the World Health Organization, but also for governments, aid and development agencies, foundations, research institutions and the business community.

The economic burden of mental disorders

Given the prevalence of mental health and substance-dependence problems in adults and children, it is not surprising that there is an enormous emotional as well as financial burden on individuals, their families and society as a whole. The economic impacts of mental illness affect personal income, the ability of ill persons – and often their caregivers – to work, productivity in the workplace and contributions to the national economy, as well as the utilization of treatment and support services. The cost of mental health problems in developed countries is estimated to be between 3% and 4% of GNP. However, mental disorders cost national economies several billion dollars, both in terms of expenditures incurred and loss of productivity. The average annual costs, including medical, pharmaceutical and disability costs, for employees with depression may be 4.2 times higher than those incurred by a typical beneficiary. However, the cost of treatment is often completely offset by a reduction in the number of days of absenteeism and productivity lost while at work.

Alleviating the problem: prevention, promotion and management programmes

A combination of well-targeted treatment and prevention programmes in the field of mental health, within overall public strategies, could avoid years lived with disability and deaths, reduce the stigma attached to mental disorders, increase considerably the social capital, help reduce poverty and promote a country's development.

Studies provide examples of effective programmes targeted at different age groups – from prenatal and early infancy programmes, through adolescence to old age – and different situations, such as post-traumatic stress following accidents, marital stress, work-related stress, and depression or anxiety due to job loss, widowhood or adjustment to retirement. Many more studies need to be conducted in this area, particularly in low- and middle-income countries. There is strong evidence to show that successful interventions for schizophrenia, depression and other mental disorders are not only available, but are also affordable and cost-effective.

Yet there is an enormous gap between the need for treatment of mental disorders and the resources available. In developed countries with well organized health care systems, between 44% and 70% of patients with mental disorders do not receive treatment. In developing countries the figures are even more startling, with the treatment gap being close to 90%.

WHO's Mental Health Global Action Programme (mhGAP)

To overcome barriers to closing the gap between resources and the need for treatment of mental disorders, and to reduce the number of years lived with disability and deaths associated with such disorders, the World Health Organization has created the Mental Health Global Action Programme (mhGAP) as part of a major effort to implement the recommendations of the World Health Report 2001 on mental health. The programme is based on strategies aimed at improving the mental health of populations. To implement those strategies, WHO is undertaking different projects and activities, such as the Global Campaign against Epilepsy, the Global Campaign for Suicide Prevention, building national capacity to create a policy on alcohol use, and assisting countries in developing alcohol-related services. WHO is also developing guidelines for mental health interventions in emergencies, and for the management of depression, schizophrenia, alcohol-related disorders, drug use, epilepsy and other neurological disorders. These projects are designed within a framework of activities which includes support to countries in monitoring their mental health systems, formulating policies, improving legislation and reorganizing their services. These efforts are largely focused on low- and middle-income countries, where the service gaps are the largest.

Investing in mental health today can generate enormous returns in terms of reducing disability and preventing premature death. The priorities are well known and the projects and activities needed are clear and possible. It is our responsibility to turn the possibilities to reality.

The burden of mental disorders is expected to rise significantly over the next 20 years:

Are we doing enough to address the growing mental health challenges?

What is mental health?

Mental health is more than the mere lack of mental disorders. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential. It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder.

Mental health problems affect society as a whole, and not just a small, isolated segment. They are therefore a major challenge to global development. No group is immune to mental disorders, but the risk is higher among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly.

For all individuals, mental, physical and social health are closely interwoven, vital strands of life. As our understanding of this interdependent relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries. Unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere the same importance as physical health. Rather, they have been largely ignored or neglected.

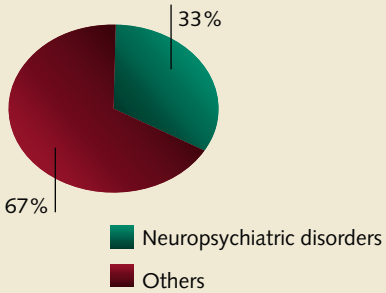
The magnitude and burdens of mental disorders

A huge toll

Today, about **450 million people suffer from a mental or behavioural disorder.** According to WHO's Global Burden of Disease 2001, 33% of the years lived with disability (YLD) are due to neuropsychiatric disorders, a further 2.1% to intentional injuries (Figure 1). Unipolar depressive disorders alone lead to 12.15% of years lived with disability, and rank as the third leading contributor to the global burden of diseases. Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder).

1

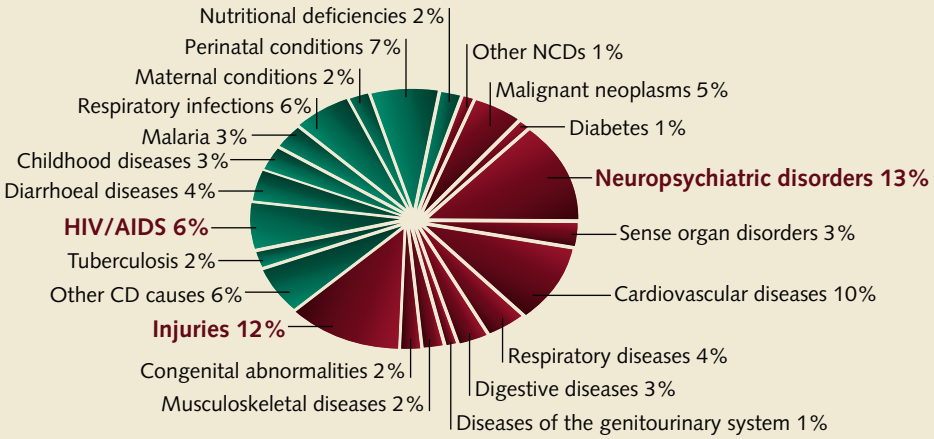
Years lived with disability (YLD): World



Source: WHR, 2002

2

Burden of diseases worldwide: Disability adjusted life years (DALYs), 2001



Source: WHR, 2002

Neuropsychiatric conditions account for 13% of disability adjusted life years (DALYs), intentional injuries for 3.3% and HIV/AIDS for another 6% (Figure 2). These latter two have a behavioural component linked to mental health. Moreover, behind these oft-repeated figures lies enormous human suffering.

- More than 150 million persons suffer from depression at any point in time;
- Nearly 1 million commit suicide every year;
- About 25 million suffer from schizophrenia;
- 38 million suffer from epilepsy; and
- More than 90 million suffer from an alcohol- or drug-use disorder.

The number of individuals with disorders is likely to increase further in view of the ageing of the population, worsening social problems and civil unrest.

This growing burden amounts to a huge cost in terms of human misery, disability and economic loss.

Mental and behavioural problems as risk factors for morbidity and mortality

It is becoming increasingly clear that mental functioning is fundamentally interconnected with physical and social functioning and health outcomes. For example, depression is a risk factor for cancer and heart diseases. And mental disorders such as depression, anxiety and substance-use disorders in patients who also suffer from physical disorders may result in poor compliance and failure to adhere to their treatment schedules. Furthermore, a number of behaviours such as smoking and sexual activities have been linked to the development of physical disorders such as carcinoma and HIV/AIDS.

Among the 10 leading risk factors for the global burden of disease measured in DALYs, as identified in the World Health Report 2002, three were mental/behavioural (unsafe sex, tobacco use, alcohol use) and three others were significantly affected by mental/behavioural factors (overweight, blood pressure and cholesterol).

Photo: © WHO, P. Virot

Mental disorders and medical illness are interrelated

Treating comorbid depression could increase adherence to interventions for chronic medical illness

Comorbid depression is the existence of a depressive disorder (i.e. major depression, dysthymia or adjustment disorder) along with a physical disease (infectious, cardiovascular diseases, neurological disorders, diabetes mellitus or cancer). It is neither a chance phenomenon nor a mere feeling of demoralization or sadness brought on by the hardships of a chronic illness. While the prevalence of major depression in the general population can go from an average 3% up to 10%, it is consistently higher in people affected by chronic disease (Figure 3).

Patients with comorbid depression are less likely to adhere to medical treatment or recommendations, and are at increased risk of disability and mortality.

For example, it has been shown that depressed patients are three times more likely not to comply with medical regimens than non-depressed patients; there is also evidence that depression predicts the incidence of heart disease. In the case of infectious diseases, non-adherence can lead to drug resistance, and this has profound public health implications concerning resistant infectious agents.

Illness-associated depression impairs quality of life and several aspects of the functioning of patients with chronic diseases; moreover, it results in higher health care utilization and costs.

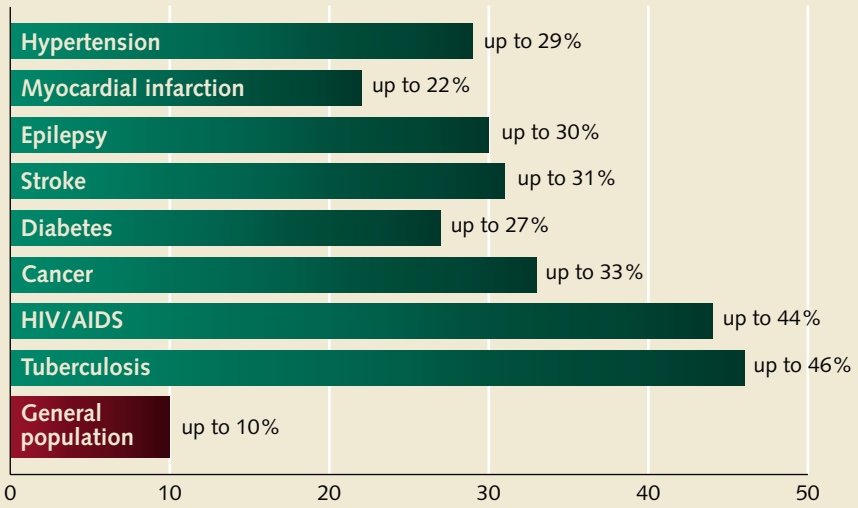
Clinical trials have consistently demonstrated the efficacy of antidepressant treatment in patients with comorbid depression and chronic medical illness. Such treatment improves their overall medical outcomes.

Comorbidity, which signifies the simultaneous occurrence in a person of two or more disorders, is a topic of considerable and growing interest in the context of health care. Research supports the view that a number of mental disorders (e.g. depression, anxiety, substance abuse) occur in people suffering from both non-communicable and communicable diseases more often than would be expected by chance. And people suffering from chronic physical conditions have a greater probability of developing mental disorders such as depression. Rates of suicide are higher among people with physical disorders than among other people.

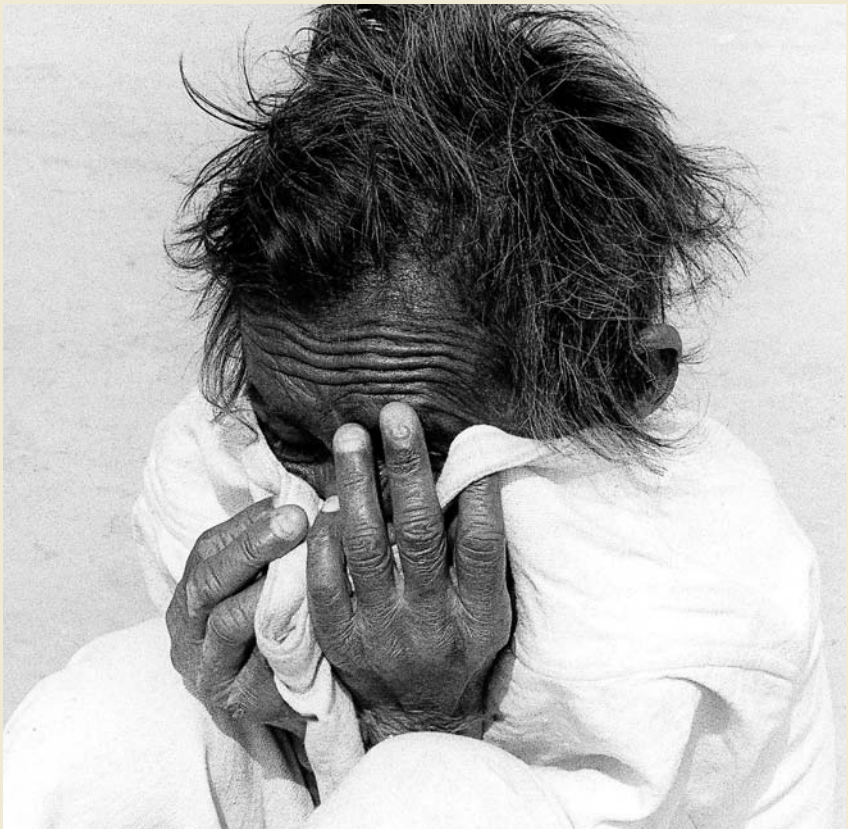
Comorbidity results in lower adherence to medical treatment, an increase in disability and mortality, and higher health costs. However, comorbid mental disorders are often underrecognized and not always effectively treated. Increased awareness and understanding, as well as comprehensive integrated management may alleviate the burden caused by comorbid mental disorders on the individual, society and the health services.

3

Prevalence of major depression in patients with physical illnesses



Source: WHO, 2003, unpublished document



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Mental disorders: a significant burden on the family.

The burden of mental disorders goes beyond that which has been defined by Disability Adjusted Life Years.

The extent of the burden of mental disorders on family members is difficult to assess and quantify, and is consequently often ignored. However, it does have a significant impact on the family's quality of life.

Family burden cannot be ignored

Family members are often the primary caregivers of people with mental disorders. They provide emotional and physical support, and often have to bear the financial expenses associated with mental health treatment and care. It is estimated that one in four families has at least one member currently suffering from a mental or behavioural disorder. In addition to the obvious distress of seeing a loved-one disabled by the consequences of a mental disorder, family members are also exposed to the stigma and discrimination associated with mental ill health. Rejection by friends, relatives, neighbours and the community as a whole can increase the family's sense of isolation, resulting in restricted social activities, and the denial of equal participation in normal social networks.

Informal caregivers need more support. The failure of society to acknowledge the burden of mental disorders on affected families means that very little support is available to them. Expenses for the treatment of mental illness are often borne by the family because they are generally not covered by the State or by insurance. Family members may need to set aside a significant amount of their time to care for a person with a mental disorder. Unfortunately, the lack of understanding on the part of most employers, and the lack of special employment schemes to address this issue, sometimes render it difficult for family members to gain employment or to hold on to an existing job, or they may suffer a loss of earnings due to days taken off from work. This compounds the financial costs associated with treating and caring for someone with a mental disorder.

Talking about mental disorders means talking about stigma and human rights

Persons with mental disorders often suffer a wide range of human rights violations and social stigma.

In many countries, people with mental disorders have limited access to the mental health treatment and care they require, due to the lack of mental health services in the area in which they live or in the country as a whole. For example, the WHO Atlas Survey showed that 65% of psychiatric beds are in mental hospitals, where conditions are extremely unsatisfactory. Inpatient places should be moved from mental hospitals to general hospitals and community rehabilitation services.

Violations in psychiatric institutions are rife

Many psychiatric institutions have inadequate, degrading and even harmful care and treatment practices, as well as unhygienic and inhuman living conditions. For example, there have been documented cases of people being tied to logs far away from their communities for extensive periods of time and with inadequate food, shelter or clothing. Furthermore, often people are admitted to and treated in mental health facilities against their will. Issues concerning consent for admission and treatment are often ignored, and independent assessments of capacity are not undertaken. This