Current Challenges in Global Mental Health

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Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
Disease Burden (DALYs)

Maternal conditions

Respiratory infections

Malaria

Childhood diseases

Diarrhoeal diseases

HIV/AIDS

Other CD causes

Tuberculosis

Injuries

Congenital abnormalities

Musculoskeletal diseases

Perinatal conditions

Nutritional deficiencies

Other NCDs

Malignant neoplasms

Diabetes

Neuropsychiatric disorders

Cardiovascular diseases

Digestive diseases

Respiratory diseases

Sense organ disorders

Diseases of the genitourinary system

Source: WHR 2002
Leading causes of disease burden for women aged 15–44 years, high-income countries, and low- and middle-income countries, 2004

1. Unipolar depressive disorders
2. HIV/AIDS
3. Tuberculosis
4. Abortion
5. Schizophrenia
6. Maternal sepsis
7. Bipolar disorder
8. Road traffic accidents
9. Self-inflicted injuries
10. Hearing loss, adult onset
11. Refractive errors
12. Panic disorder
13. Migraine
14. Chronic obstructive pulmonary disease
15. Alcohol use disorders

DALYs per 1000 women aged 15–44 years

Low- and middle-income countries
High-income countries

World Health Organization
# 2030 rankings:
The leading causes of DALYs lost

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<td>World</td>
<td>HIV/AIDS</td>
<td>Depression</td>
<td>Ischaemic heart dis.</td>
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<tr>
<td>High-income countries</td>
<td>Depression</td>
<td>Ischaemic heart disease</td>
<td>Alzheimer</td>
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<td>Middle-income countries</td>
<td>HIV/AIDS</td>
<td>Depression</td>
<td>Cerebrovascular</td>
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<td>Low-income countries</td>
<td>HIV/AIDS</td>
<td>Perinatal</td>
<td>Depression</td>
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The numbers

- 150 million with depression
- 25 million with schizophrenia
- 38 million with epilepsy
- 90 million with alcohol or drug use disorder
- Nearly 1 million commit suicide every year
Economic burden of mental disorders
(Source: WEF, 2011 – The Global Economic burden of NCDs)

- New estimates by the World Economic Forum for the global economic impact of mental, neurological and substance use disorders, using 3 different (and non-comparable) approaches:
  - Cost of illness
    (health care + lost productivity)
  - Value of lost output
    (reduced economic growth)
  - Value of statistical life
    (monetary cost of lost lives)

- Whichever way you look at it, the amounts are enormous

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<th>2010</th>
<th>2030</th>
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<td>Cost of illness</td>
<td>US$ 2.5 trillion</td>
<td>US$ 6 trillion</td>
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<tr>
<td>Value of future lost output</td>
<td>N/A</td>
<td>US$ 16.3 trillion (cumulative)</td>
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<tr>
<td>Value of lost lives</td>
<td>US$ 8.5 trillion</td>
<td>US$ 16.1 trillion</td>
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Economic burden of mental disorders
(Source: WEF, 2011 – The Global Economic burden of NCDs)

Mental, neurological and substance use disorders

4 major NCDs (CVD, diabetes, cancer, respiratory disorders)

Foregone economic output (US$ trillion, 2011-2030)

Low income | Lower-middle income | Upper-middle income | High income | World

Economic burden of mental disorders

Mental, neurological and substance use disorders

4 major NCDs (CVD, diabetes, cancer, respiratory disorders)
KEY MESSAGES

1. Resources to treat and prevent mental disorders remain insufficient

2. Resources for mental health are inequitably distributed

3. Resources for mental health are inefficiently utilized

4. Institutional care for mental disorders may be slowly decreasing worldwide
INSUFFICIENCY

Budget

- World Median: 2.82% (n = 68)
- Low: 0.53 (n = 8)
- Lower-Middle: 1.90 (n = 18)
- Upper-Middle: 2.38 (n = 19)
- High: 5.10 (n = 23)
Almost half of the world's population live in a country where, on average, there is one psychiatrist or less to serve 200,000 people or more.
Globally, 62% of psychiatric beds are located in mental hospitals.
Gap in treatment: Serious cases receiving no treatment during the last 12 months

( WHO World Mental Health Consortium, JAMA, June 2nd 2004)

**Developed countries**

- Lower range: 35%
- Upper range: 50%

**Developing countries**

- Lower range: 76%
- Upper range: 85%
Human Rights Abuses
The Lancet Series on Global Mental Health 2007
The Lancet series on Global Mental Health 2011

Global Mental Health 4

Scale up of services for mental health in low-income and middle-income countries

Julian Eaton, Layla McCay, Maya Semrau, Sudipto Chatterje; Florence Baingana, Ricardo Araya, Christina Ntulo, *Graham Thomecroft, *Shekhar Saxena
Grand Challenges in Global Mental Health (Nature, July 2011)

Top five challenges:

- Integrate screening and core service packages in PHC
- Reduce the cost and improve the supply of medications
- Provide effective and affordable community based care
- Improve children's access to care
- Strengthen mental health component in training of health personnel
Mental Health Gap Action Programme (mhGAP)
WHO's Flagship Programme for Mental Health
To achieve significantly higher coverage with key interventions for priority mental, neurological and substance use conditions in resource-poor settings
Mental health services organized rationally

Cost

High

Low

Frequency of need

Low

High

Self-care

Informal community care

Mental health services through primary health care

Psychiatric services in General Hospitals

Community mental health services

Mental Hospitals & Specialist Services

World Health Organization
mhGAP priority conditions

Priority conditions:
- Depression
- Psychoses
- Suicide prevention
- Child mental disorders
- Epilepsy
- Dementia
- Disorders due to use of alcohol
- Disorders due to illicit drug use

Criteria:
- High burden (mortality, morbidity, disability)
- Large economic cost
- Effective intervention available
mhGAP Framework for Action

Assessment of needs and resources → Scaling up strategy → Delivering the intervention package → Reduction of treatment gap

Political commitment →

Supportive policy environment →

Develop the intervention package

Strengthen human resources

Establish a plan for monitoring and evaluation

Mobilize financial resources

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Implementation of mhGAP

- Well on their way-
  - Ethiopia, Jordan, Nigeria, Panama, Belize, Benin,

- Preparing for-
  - Brazil, India, Thailand, Uganda, Lao, Pacific islands,

- Many others are using the technical material
Knowing more about mhGAP
Global mental health: What should be done now?

- Increase resources flowing into mental health
  - From public as well as private sources

- Use the knowledge that we already have

- Train manpower
  - Specialist and non-specialist

- Scale up services
  - Delivering medicines and psychosocial care

- Decrease human rights abuses

- Monitor the situation