

The World in WAIMH

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In this issue's *World in WAIMH* column, we are republishing excerpts from A New England Journal of Medicine review article entitled *Mental Health and the Global Agenda* by Harvard psychiatrists Anne Becker and Arthur Kleinman.

Although infant mental health does not figure directly in this piece, it lays out the history of the growing attention being paid by international bodies to mental health, the growing recognition of the indivisibility of physical and mental health, and the persistent challenges to reducing the burden of mental illness worldwide. Among these challenges are many that affect infant mental health initiatives worldwide: lack of funding

for treatment, limited professional work force and training resources, unexamined assumptions about the universality of Euro-American generated treatment interventions which are largely untested in diverse contexts, and above all, widespread stigma that ranges from "subtle and structural" to an "abuse of human rights".

Mental Health and the Global Agenda

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When the World Health Organization (WHO) European Ministerial Conference on Mental Health endorsed the statement "No health without mental health" in 2005, it spoke to the intrinsic — and indispensable — role of mental health care in health care writ large. Yet mental health has long been treated in ways that reflect the opposite of that sentiment. This historical divide — in practice and in policy — between physical health and mental health has in turn perpetuated large gaps in resources across economic, social, and scientific domains. The upshot is a global tragedy: a legacy of the neglect and marginalization of mental health.² The scale of the global impact of mental illness is substantial, with mental illness constituting an estimated 7.4% of the world's measurable burden of disease.³ The lack of access to mental health services of good quality is profound in populations with limited resources, for whom numerous social hazards exacerbate vulnerability to poor health. The human toll of mental disorders is further compounded by collateral adverse effects on health and social well-being, including exposure to stigma and human rights abuses, forestallment of educational and social opportunities, and entry into a pernicious cycle of social disenfranchisement and poverty.^{4,5} Advances in efforts to alleviate

the human and social costs of mental disorders have been both too slow and too few...

...Creating a Focused and Relevant Research Agenda

Deficits in the global delivery of mental health services reflect, in part, substantial gaps in scientific knowledge about virtually all aspects of the delivery of such care in resource-poor settings.⁴² Scientific publications relevant to global mental health lag behind those in other relatively well-researched and well-funded clinical domains, such as the human immunodeficiency virus-acquired immune deficiency syndrome (HIV-AIDS), malaria, and tuberculosis (Fig. 3, and the Supplementary Appendix, available with the full text of this article at NEJM.org). At the same time, studies of mental health in populations living in regions outside high-income countries are underrepresented in the psychiatric literature,⁴³ a problem that both perpetuates global health inequities^{44,45} and entails missed opportunities for important scientific research. A platform for scientific sharing and a research agenda honed to remediate deficits in the delivery of care are urgently required.⁴⁶ Finally, the augmentation of research capacity on mental health in low- and middle-income countries is vital to generating an evidence base that will guide strategic planning and implementation.⁴⁷

Research is needed to refine diagnostic tools and algorithms for deployment in community and primary care settings,

to identify mediators and modifiers of risk and resilience, and to measure the effectiveness of conventional and novel treatment-delivery strategies in a variety of health systems. Implementation and health outcomes research are particularly exigent.⁴⁸ Analyses of the collateral, economic, and social effects of mental disorders may inform policymakers who are interested in understanding the relative cost-effectiveness of various mental health interventions as well as the costs of withholding them. Child and adolescent mental health is a neglected area that is of great concern given the strong evidence that mental disorders are predictors of adverse economic, social, and health outcomes in adulthood,⁴ resulting in costs that are difficult to measure but easy to appreciate. Because adolescents with mental illness typically have difficulty accessing mental health care, interventions that effectively address the formidable barriers confronting them — and other vulnerable sectors of the population — are essential.⁴⁰ Another highly ranked research goal is the integration, to the greatest extent possible, of culturally informed screening for mental illness into primary care services.^{46,48}

Overcoming Barriers to Equitable Care

Even in regions in which mental health services are widely available, a sizable proportion of the population with mental illness does not receive care that is specific to the illness.^{1,12} Cultural practices affect the ways in which people cope with social adversity, manifest emotional distress and

mental disorders, and seek care. Economic and social vulnerabilities may make medicines, appointments with health care professionals, and transportation to a clinic unaffordable and time lost from work too costly. For example, even though most low-income countries include psychotropic agents on their list of essential medicines, in 85% of those countries these medications are not available at all primary health care facilities. Moreover, the high median cost of psychotropic medicines in these countries is often prohibitive (e.g., the cost of treatment with anti-psychotic agents would equal 9% of the daily minimum wage, and antidepressants 7%) and together with the expenses of other necessary care may impose economically catastrophic costs on patients.⁴⁹ Social adversity is both a risk factor and an outcome of poor mental health, and it compounds the disenfranchisement that exacerbates social structural barriers to health care.

The most basic cultural and moral barrier to the amelioration of global mental health problems continues to be the enormously negative, destructive, and almost universal stigma that is attached to mental illnesses, to patients with a mental illness and their families, and to mental health caregivers. At its worst, this stigma nullifies personhood and constitutes an abuse of human rights. But other forms of discrimination are more subtle and more structural. Psychiatrists, psychologists, psychiatric nurses, and psychiatric social workers are not the only professionals who are targets of discrimination; it is our experience that health policy experts are also adversely affected by stigma, with the result that many shy away from making mental health care a priority. This situation may at last be undergoing positive change. The Ministry of Health in China has begun to advocate for patients with mental illness and to advance their interests, and similar agencies in other countries have begun to do so as well. There is other evidence that the deeply institutionalized stigma surrounding the field of mental health is being challenged and overcome. This may be the most difficult barrier to quantify and yet the most important to address... According to virtually any metric, grave concern is warranted with regard to the high global burden of mental disorders, the associated intransigent, unmet needs, and the unacceptable toll of human suffering...

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