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GLOBAL MENTAL HEALTH: A RE-EMERGING MOVEMENT
The vision and the implementation

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Introduction

In recent years centres dealing with global mental health came into existence in London, New York, New Delhi, Melbourne and possibly elsewhere. To what an extent the creation of these centres was connected with the lesser visibility of Mental Health program of the World Health Organization (WHO) which was previously the main international agency dealing with global mental health issues is not easy to say. The WHO mental health division produced a medium term global mental health program (as well as various other important documents) and emphasized the need to close the gap between mental health needs and the response to them but its concrete presence - e.g. as an agency relying on a large network of collaborating centres in different parts of the world or as the agency which coordinates major international collaborative studies - became weaker in the past two decades, for a variety of reasons. The decision of the United Nations (UN) to discuss how to overcome the challenge of non-communicable diseases (such as diabetes and cancer) leaving mental and neurological disorders out of that debate was also an indicator of the position that the mental health program has within the WHO which was the technical agency preparing the UN debate.

Principles of Global Mental Health

Although not always explicitly all the protagonists of global mental health proclaim that mental health programs should be developed in all parts of the globe. Some of them stressed that they are particularly interested in the provision of mental health care in the poor countries; others have a broader, comprehensive scope. All of them seem to accept the same principles including the emphasis on community care, on shifting mental health care from the specialist to the primary care level, on the protection of the human rights of the mentally ill and on the involvement of people with mental illness and their carers in the development and implementation of mental health programs. The common principles also include advocacy for mental health programs which should lead to the recognition of the importance of mental health by the Governments. An indicator that these efforts are successful would be a statement or policy of the governments expressing their committment to the improvement of mental health of the population and to the protection of the human rights of the mentally ill and an increase of the budget for mental health service development and for the promotion of mental health of the population.

Many statements of global mental health actors are similar to those proclaimed by the makers of the World Federation of Mental Health – an organization that come into existence shortly after the end of the Second World War - expressing the recognition of the need to promote mental health and do this jointly with all organizations or individuals of good will. The engine of WFMH work was the wish and will to build a better future in the world just emerging from the horrors of the Second World War. The goals of WFMH were broad – to promote mental health, to prevent mental illness, to improve relations among people with and without an illness and thus rebuild the world's social capital that was dangerously reduced by the War. The global mental health movement of the 21 century seems to be fueled by the devastating information about the life of people with mental illness in many parts of the world and by the feeling that much of what can be done to help people with mental illness and their families is not happening.

Global directions and local action

Yet, there is a danger of misinterpretation in the notion of a global mental health program. It is certainly true that the promotion of mental health and the care for people with mental illness should be a priority in all countries of the world: this however should not be taken as an invitation to direct efforts to the development of the same mental health programs worldwide. The success of the Global Mental Program should be measured by its achievement at the at the top level of the organization of our world. The recent success of the FUNDAMENTAL group lead by Professor Thornicroft (who is one of the leaders of the London based global mental health centre) is an example of such an achievement: the action of the group led to – or significantly facilitated – the inclusion of goals relevant to the improvement of mental health in the world into the Declaration of Sustainable Developmen Goals of the United Nations.

At lower levels of human organization mental health efforts must be tailored to local needs and the environment in which they will be realized. Plans and programs must not be the same in all countries or parts

of countries although they are all driven by the recognition that mental ill people and their families must be offered decent health care everywhere. For a long time doctors believed that the demonstration that a medication such as paracetamol can lessen headache is sufficient to recommend it and prescribe it to anyone with a headache, worldwide. This is true for some but not for all medications and even there recent research made us aware that dosages or effectiveness of paracetamol may vary from place to place and from one person to another.

What is true for paracetamol is true, a fortiori, for complex interventions such as are the reforms of the health care service. Many of the adherents of global mental health are acting as doctors did in the past and recommend the utilization of the methods of mental health care that were shown to be useful in some countries (usually those in the high income countries in which scientific research and the evaluation of methods of service provision can be funded and carried out by competent scientists) to other countries or settings.

One of the notion of global mental health programs is that it is useful to reduce or eliminate hospital beds used to provide inpatient treatment of mental illness. In many places this objective was translated into action by closing hospitals regardless of the fact that the community was not prepared to accept people who had mental illness and that there was no mental health service that could help people who were discharged from hospitals. The fact that a hospital is in a bad state of disrepair and that the care given in the institution is unsatisfactory is more and more often taken as the justification to close it (which is also relatively inexpensive)rather than as an invitation to improve its condition and train staff while implementing better management practices and making sure that the institution is of the right size and properly included in a comprehensive network of services.

In other settings task shifting from the specialist service to the general health care service has been enforced although the general practitioners were not willing to take on new tasks and had not been trained during their stay in the medical school or subsequently about ways to deal with mental illness. In some schools the hours devoted to health education have been offered to the local addiction services asking them to educate children about dangers of taking drugs and this was done without training those who were to teach how to do it and what to include in their teaching (with the nefarious consequence of increasing drug use among pupils)

Examples of this type are numerous and underline the necessity to approach the reforms of mental health care in a flexible manner adjusted to the local situation. The various components of better mental health care have to be combined in a manner that corresponds to the local situation; also, it will often be necessary to introduce the various components at different times and not at once. In some countries wise and influential leaders with enormous energy and power of perseveration have developed excellent programs that are satisfying all requirements. They have found a way to build services and improve care although the resources were scarce and the obstacles numerous. But, such leaders are not often found and it is therefore necessary to think of ways in which the experience and expertise that centres aiming to make an impact on global mental health can offer and of ways in which the basic principles mentioned above can be introduced in a constructive manner.

New times, new problems and their new solutions

The changes in the world around us make it even more necessary to be flexible in developing care for people with mental illness than before. Rapid urbanization and the development of information technology which mark our century resulted in profound changes of structure and function of communities. The changes of the size and the instability of nuclear families and the de facto disappearance of extended families removed the main resource for health care of the mentally ill.The commoditification of health care – the tendency to express the effects of health care interventions in monetary terms - and the replacement of ethical by economical imperatives makes the probability that governments will invest more into mental health less likely than before – at least until methods of treatment of mental illness are improved to a level which will ensure that the vast majority of people with mental illness will be able to resume work and continue to function on a pre-disease level.

Prevention of mental and neurological disorders is also unlikely to become more popular because of three main reasons - first, because the many years that go by between the preventive interventions and the most likely time of disease onset (investment by one government will bear fruit after the politicians and civil servants who made it are long separated from public recognition); second, because most of the preventive interventions are not particularly specific so that those dealing with mental health programs find it difficult to become enthusiastic about them; and third, because we are still lacking specific preventive interventions for a good number of mental disorders.

Task shifting is also a strategy that will need to create a series of incentives for those who are to take on the burden of dealing with people who have mental disorders. A main tendency of medicine in the 21st Century is its fragmentation into ever more narrowly defiend specialties. In part this is due to the phenomenal increase in knowledge which makes it difficult to be competent in a large field; in part also tendency of fragmentation and super-specialisation reflects the wish for higher income that specialists –say, plastic surgeons or ophtalmologists – have in most countries.

Thus, in addition to adjusting programs to local circumstances and the changing environment it will be necessary to think of new solutions to old and new problems. Among them might be clear emphasis on prevention of mental disorders, on self-help and mutual help initiatives, on the provision of meanningful incentives to carers – both professional and non-professional, on the development of balanced care (which should provide a variety of treatment options rather than only a few) and an active involvement of social and other services and institutions in mental health efforts.

The global mental health programs and their vision of helping the world to recognize the importance of mental health and the variety of ways to improve it are of great importance and it is to be hoped that they will bear fruit. The focus of global mental health on the development of care for people with mental disorders in countries with few resources is timely and carries a great potential. This potential - like the potential of programs in any type of country - is more likely to be realized if the effort to make everyone aware of the importance of mental health goes hand in hand with programs that fully recognize the differences between settings in which programs are being developed and of the need to build action that is adjusted to the place in which it is to take place. Global directives will have to be accompanied with guidance about ways and a determination to produce local solutions: otherwise they will not be useful to anyone but those who are advocating global mental health.

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