

Nations for Mental Health

Final Report



World Health Organization

Mental Health Policy and Service Development
Department of Mental Health and Substance Dependence

Acknowledgements

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Introduction

The 20th century has witnessed significant improvements in somatic health in most countries. However, the mental component of health has reached a plateau and, in many instances, has deteriorated seriously. Increased life expectancy has been made possible by improved physical health. However, this has meant that a larger proportion of the population now reaches the age that carries higher risks of morbidity attributable to mental disorders.

WHO estimates that at any one time, as many as one in four of the world's population suffer from different forms of mental, behavioural and neurological disorders, including affective disorders, alcohol and drug abuse, epilepsy, dementias, mental retardation, schizophrenia and stress-related disorders.

Unfortunately, in spite of this striking figure, concern with and commitment to mental health largely remains a very remote and often obscure component of policy-makers' agendas, which are chiefly dealing with population mortality.

Beyond the figures, which are exclusively related to the mental and neurological disorders, we recognize that far too many people, many of whom belong to vulnerable groups such as women, children, the elderly, refugees, indigenous populations suffer from the effect of violence, dislocation, poverty, isolation, stress and deprivation.

These people and those suffering from acute or chronic mental illnesses that are inadequately managed, form a broad NATION living dispersed within the many NATIONS of the world.

The answer to each specific condition has to be specific, but there are some elements common to all affected: the stigma, the frequent exposure to human rights violations, the need for a strong family and community support, the need of more accessible and appropriate technical interventions provided by services which should be local, flexible and comprehensive.

In 1996, WHO took up this challenge. It devised a vehicle to promote collaboration between governments, the United Nations and its Specialized Agencies (such as UNICEF, UNDP, UNHCR, ILO, UNDCP, UNESCO), and comparable entities such as The World Bank and Nongovernmental

Organizations, with a view to improving the mental health and psychological well-being of the world's underserved populations in all six WHO regions of the world.

Nations for Mental Health, as it was called, was designed to be an Initiative within the UN system for mental health in underserved populations. WHO initiated this programme following the publication, in May 1995, of a report on world mental health by a team at Harvard Medical School.

Nations for Mental Health was to pursue the following goals:

1. To raise awareness of the people and governments of the world to the effects of mental health problems and substance abuse on the psychosocial well-being of the world's underserved populations.
2. To stimulate innovative approaches to the promotion of mental health and the prevention and control of mental disorders.
3. To generate the human capital able to lead innovation in the mental health promotion and care provision.
4. To promote service development at country level through technical demonstration projects.

A three-step approach was envisaged to create a process leading to put mental health in the political agenda. The first step was to increase the general awareness of the importance of mental health through a series of key high profile events to focus public attention. Second, it was planned that efforts would be devoted to building the will of the key political authorities to participate. Third, and finally, efforts were directed towards securing political commitments by decision-makers (e.g., legislative measures, policy undertakings, and performance of specific initiatives in favour of mental health, such as a campaign to destigmatize mental disorders). Alliances with the scientific community and policy-makers were seen as achievable in the context of demonstration projects and through the effects of awareness-raising efforts.

Nations for Mental Health had many achievements, which are detailed in this short report. And, when Dr Gro Harlem Brundtland became WHO's Director-General in 1998, *Nations* became one of the key experiences from which she established the new WHO agenda for mental health. As she said in 1999 during her address at the meeting "Setting the Agenda for Mental Health", "There can be no doubt: mental health has to be given renewed and increased attention from WHO. That means a strengthened organizational emphasis and that we are doing. Our contribution has to look beyond what WHO funds can buy – it is a question of how we as the lead agency in health can help mobilize resources, attention and new knowledge and better advise governments on how to adapt and develop their policies."

Thanks to Dr Brundtland's leadership and support, the vision of *Nations for Mental Health* came to full fruition during 2001. Through the 2001 World Health Day, World Health Assembly, and World Health Report, WHO and its Member States pledged their full and unrestricted commitment to this public health area.

Countries are beginning to act: a large number of countries have established policies and legislation in the past five years. NGOs and consumer and family organizations are starting to become active in all regions.

In many ways, *Nations for Mental Health* was the beginning. However, it is far from the conclusion. Continued efforts by governments and international agencies such as WHO can catalyse this new energy to further improve the mental health situation around the world.

Dr Benedetto Saraceno
Director

Department of Mental Health and Substance Dependence
World Health Organization

A decade of progress for mental health...

1991

UN calls for the improvement of mental health care

The United Nations General Assembly adopts the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care. These twenty-five principles define fundamental freedoms and basic rights. They deal with the right to life in the community, the determination of mental illness, provisions for admission to treatment facilities, and the conditions of mental health facilities. They serve as a guide to Governments, specialized agencies and regional and international organizations, helping them facilitate investigation into problems affecting the application of fundamental freedoms and basic human rights for persons with mental illness.

1993

World Bank exposes the alarming burden of mental health problems

The World Bank's *World Development Report 1993* publishes startling statistics on the global burden on mental disorders. It is estimated that 8 percent of the global burden of disability and morbidity in the world is due to mental and neurological disorders. Adding behaviour-related illnesses, the figure rises to 42 percent.

Harvard University raises awareness about the complexity of mental disorders in low-income countries

1995

World Mental Health: Problems and Priorities in Low-Income Countries is published. This book is the result of several years of collaboration among experts from 19 countries and researchers in the Department of Social Medicine at Harvard University. It outlines the range of mental and behavioural problems, the major social challenges of violence and displacement, and the problems of special populations.

In response, the Secretary-General of the United Nations affirms the need for mental health to be a United Nations priority in its second half century:

“Mental health must be regarded as a foremost challenge... an international campaign is needed... to secure mental health for the people of the world must be one of the objectives of the United Nations in its second half century” .

**UN Secretary-General,
Boutros Boutros-Ghali**

1996: A nation is formed...

The World Health Organization launches a global programme, *Nations for Mental Health*. The programme is dedicated towards improving the mental health and psychosocial well-being of the world's underserved populations. This "Nation" is comprised both of people with defined mental disorders, and those suffering from behavioural and social problems. *Nations* sets an ambitious goal for itself: to create a world wide movement for mental health.

To accomplish this goal, *Nations* adopts a tripartite approach:

- Organizing high-profile awareness-raising and commitment-building events;
- Providing technical and monetary assistance to developing countries in developing and implementing mental health policies and services;
- Creating and disseminating a *Nations for Mental Health* publication series, covering a wide-range of mental health topics.

1996

Nations for Mental Health Steering Committee

Nations for Mental Health is guided by a distinguished group of professionals, including:

Dr Antonio Andreoli, Switzerland
 Mr John Bowis, United Kingdom
 Dr Alex Cohen, USA
 Dr Gaston Harnois, Canada
 Dr Mohan Isaac, India
 Professor Lars Jacobson, Sweden
 Dr Rachel Jenkins, United Kingdom
 Professor Arthur Kleinman, USA
 Dr V.N. Krasnov, Russia
 Professor Lourdes Ladrado-Ignacio, Philippines
 Professor Driss Moussaoui, Morocco
 Dr Malik Hussain Mubbashar, Pakistan

Nations for Mental Health is managed at WHO Headquarters by:

Dr Benedetto Saraceno (Programme Manager)
 Dr Michelle Funk
 Ms Adeline Loo
 Mr Sylvain Poitras

Nations for Mental Health also received substantial input from the following WHO Regional Advisers for Mental Health:

Dr Itzhak Levav, AMRO
 Dr Custodia Mandlhate, AFRO
 Dr Ahmad Mohit, EMRO



Building political will and commitment

Sensitization of governments and policy makers to the public health importance of mental problems will be required to stimulate political awareness, political commitment and the political will to address mental problems in our underserved populations.

Nations for Mental Health: an overview of a strategy to improve the mental health of underserved populations

WHO/MSA/NAM/97.3

September
1996
USA

First ladies, women leaders pledge unprecedented efforts for mental health in the Western Hemisphere

In September 1996, First Ladies, Ministers of Health, and mental health experts from more than 20 countries of the Americas gather in Washington, DC, USA to make an unprecedented pledge to support efforts to improve the mental health of women and children in the Western Hemisphere, through programmes directed to foster, protect and restore mental health and well-being. The meeting is organized in collaboration with WHO's Regional Office for the Americas (AMRO) and the Harvard University Department of Social Medicine, and through the co-sponsorship of the World Federation for Mental Health and the Carter Center. Seventeen women leaders, 13 of whom wives of Heads of States, and mental health experts from more than 20 countries of the Americas, gather for a one-day working session on mental health, focusing in particular on domestic violence and neglected or underserved populations.

The *Nations for Mental Health* meeting of International Women Leaders for Mental Health includes First Ladies and former First Ladies and designated representatives from Antigua and Barbuda, Belize, Bolivia, Colombia, Costa Rica, Panama, Trinidad, Tobago, Turks, Caicos and the United States of America.

“The Conference is an important first step in raising awareness of the mental health concerns and issues affecting women today.” says former USA First Lady, Rosalynn Carter, Chairwoman of the International Committee of Women Leaders for Mental Health.

Bolivian First Lady, Ximena Iturialde de Sánchez de Losada notes that drugs, alcohol, and family violence are causing serious increases in mental health problems, adding: **“Mental health must be identified with quality of life and must be dealt with in the home, at work, in schools and on the street, where people can either lose their mental equilibrium or can learn to preserve it and live in harmony with their social groups and environment.”**

Participants formally pledge, through a signed Joint Statement, to firmly support national mental health programmes, to promote at least one activity in each of their countries to help improve mental health, to assist in the establishment of international mental health programmes, to assist NGOs involved in the development of mental health and to support awareness-raising initiatives.

A joint statement of international women leaders for mental health in the Western Hemisphere

We, First Ladies and Wives of Heads of State or their designated personal representatives, have convened at the International Meeting of Women Leaders for Mental Health to address concerns over mental health in the Western Hemisphere.

We have taken note of the platforms for action contained in the "Declaration of the Rights of Mental Patients" of the United Nations; the report presented to the United Nations by Harvard University entitled, "World Mental Health Report"; the initiative, "*Nations for Mental Health*" coordinated by the World Health Organization; and the strategic orientations of the Programs on Mental Health and on Women, Health and Development of the Pan American Health Organization.

In order to initiate proactive steps toward improving mental health and well-being of the peoples of the Americas, we pledge to:

- **Firmly support existing national mental health programs**, work to forge a coordinated effort in conjunction with ongoing initiatives being implemented in other social sectors, and promote at least one activity in each of our countries that will help to improve the mental health of citizens.
- **Assist in the establishment of international programs** directed to foster, protect and restore mental health and well-being.
- **Assist nongovernmental organizations and institutions** involved in the fostering and development of mental well-being.
- **Support ongoing initiatives** that raise awareness of mental health issues in our countries and across the Americas, and promote the inclusion of mental health as an item on the agenda at the Seventh Conference of First Ladies and Wives of Heads of State to be held in Panama in 1997.
- **Call upon governments** that have not yet done so, to ratify the Inter-American Convention for the Prevention, Punishment and Eradication of Violence against Women. To signatory countries, request the implementation and enforcement of this Convention.

- Support policies, programs and activities that promote an integrated approach to mental health which incorporates a gender perspective.
- Call upon international organizations responsible for technical and financial support to assist efforts to enhance mental health and well-being in the Western Hemisphere.

**Signed at the Headquarters of the
Pan American Health Organization in Washington,
D.C., on this twenty-eighth day of September,
Nineteen hundred and Ninety-six.**

Mrs Zelmira Regazzoli, Ambassador of Argentina

Mrs Patricia Bird, First Lady of Antigua and Barbuda

Mrs Ximena Iturialde de Sánchez de Losada, First Lady of Bolivia

Mrs Kathy Esquivel, First Lady of Belize

Mrs Ruth Cardoso, First Lady of Brazil

Mrs Jacquín Strouss de Samper, First Lady of Colombia

Mrs Josette Altman de Figueres, First Lady of Costa Rica

Mrs Patricia Arzu, First Lady of Guatemala

Mrs Bessie Watson de Reina, First Lady of Honduras

Mrs Margaret Bernal, representing the Prime Minister of Jamaica

Mrs Dora Boyd de Pérez Balladares, First Lady of Panama

Mrs Lolita Taylor, First Lady of Turks and Caicos

Mrs Zalayhar Hassanali, First Lady of Trinidad and Tobago

Mrs Alicia de Caldera, First Lady of Venezuela

The Honorable Yvonne Francis-Gibson, Minister of Health and the Environment, Saint Vincent and the Grenadines

Mrs Eugenie Condor, Wife of the Deputy Prime Minister of Saint Kitts and Nevis

International women leaders pledge to improve the mental health of families and youth in Europe

The International Committee of Women Leaders for Mental Health participates in a *Nations for Mental Health* co-sponsored meeting on mental health in Helsinki, Finland in July 1997. The meeting is organized in collaboration with WHO's Regional Office for Europe (EURO) and through the co-sponsorship of the World Federation of Mental Health and the Carter Center in the USA. Ten women leaders of their countries, the personal designees of leaders in seven additional countries, and participants representing a total of 34 countries of Europe gather for a one-day working session on the improvement of mental health for families and youth.

The meeting seeks to increase public awareness within each country and throughout each region of mental health and illness; and to stimulate local activities within each country that will advance the mental health agenda.

In a signed Joint Statement, participants formally pledge to support awareness-raising efforts in their own countries, to assist in the establishment of international efforts, to firmly support national mental health policies, to promote at least one mental health activity in each of their countries and to assist nongovernmental organizations involved in the development of mental health.

July
1997
Finland

A joint statement of International Women Leaders for Mental Health in Europe

We, First Ladies and Wives of Heads of State or their designated personal representatives, have convened at the Meeting of the Committee of the International Women Leaders for Mental Health to address concerns regarding mental health in Europe.

In order to initiate proactive steps toward improving mental health and well-being of the peoples of Europe, we pledge to:

- Support ongoing initiatives that raise awareness of mental health issues in our countries.
- Assist in the establishment of international programs directed to foster, protect and restore mental health and well-being.
- Firmly support existing national mental health policies, work to forge a coordinated effort in conjunction with ongoing initiatives being implemented in other social sectors, and promote at least one activity in each of our countries that will help to improve the mental health of citizens.
- Assist nongovernmental organizations and institutions involved in the fostering and development of mental well-being.
- Call upon intergovernmental organizations in Europe responsible for technical and financial support to assist efforts to enhance mental health and well-being in our countries.

**Signed on the eleventh day of July,
nineteen hundred and ninety-seven in Helsinki, Finland.**

Mrs Ludmilla Ter-Pettrossian, Armenia

Martha Kyrle, MD, Austria

Hubert Ronse De Craene, MD, Belgium

Ms Kaja Neumann, Denmark

Mrs Eeva Ahtisaari, Finland

Lali Rukhaia, MD, Georgia

Kinga Góncz, MD, Hungary

Mrs Reuma Weizman, Israel

Mrs Mairam Akayeva, Kyrgyz Republic

Mrs Nada Gligorova, Macedonia

Mrs Antonina Lucinschi, Moldova

Mrs Margarita L. Kok-Roukema, Netherlands

Mrs Jolanta Kwásniewska, Poland

Mrs Maria José Ritta, Portugal

Ms Margarita Aleksandrova Kachaeva, Russia

Mrs Emilia Kováčová, Slovakia

Professor Belma Aksit, Turkey

Eastern Mediterranean Health Ministers pledge to support mental health

As part of its awareness raising strategy, *Nations for Mental Health* holds a special working session on mental health in Tehran, Iran in October 1997. The half-day session is organized in conjunction with the Regional Committee of WHO's Eastern Mediterranean Region. Representatives of twenty countries of the region, of whom 17 were Ministers of Health, attended.

A number of the Health Ministers, Dr H. Nakajima, WHO Director-General, Dr H. A. Gezairy, WHO Regional Director and several mental health experts at WHO's Headquarters and the Eastern Mediterranean Regional Office address the meeting. Papers presented to the committee highlighted the extent of the burden related to mental health problems in the region and described the resources available to manage these problems. There is considerable discussion about the need to strengthen services without placing additional pressure on existing human and material resources.

A joint statement and a pledge made by Health Ministers herald a new era for mental health in the Eastern Mediterranean region, and signal the potential for the reduction of suffering of millions of people.

October
1997
Iran

Joint Statement on Mental Health by the Ministers of Health of the Eastern Mediterranean Region

We, the Ministers of Health (or designated representatives) of the countries of the Eastern Mediterranean Region of the World Health Organization, desiring to improve the mental health and well-being of the people of the Region, pledge ourselves to:

- Support our national mental health policies and programmes, and review them as necessary to identify factors that hinder these policies and programmes from having the optimal outcome;
- Coordinate activities with other concerned social sectors in all areas that impinge on the mental health and well-being of the people;
- Raise awareness of mental health issues among the public, professionals and policy-makers;
- Encourage and work with nongovernmental organizations and institutions involved in the fostering and development of mental well-being.

Signed by 20 countries' representatives, of whom 17 were Ministers of Health

Chinese Government commits itself to improve mental health

A high-profile *Nations for Mental Health* awareness-raising meeting takes place in Beijing, China, in November 1999, and is attended by the WHO Director-General, Dr Gro Harlem Brundtland. This is an historic occasion because, for the first time, Chinese senior government officials voice their recognition of the problem of mental disorders in China, and their support for improving mental health care in their country. During the meeting, the Chinese Vice-Premier calls upon government at various levels and departments to raise their awareness of mental health and attach more importance to mental health. A direct and important output of the meeting is a joint declaration, endorsed by a wide cross-section of Ministries that called for social support and initiatives for achieving mental health for all. Identified areas for attention include prioritizing rural mental health; putting prevention first; giving equal importance to Western medicine and traditional Chinese medicine; relying on science and education; and, mobilizing social participation. The Chinese government also announces its intention to cooperate with WHO as well as national governments and nongovernmental organizations.

The Conference in Beijing opens the way for further and larger-scale cooperation and technical assistance on mental health issues in China. As a follow up to the above conference, there are three further awareness raising conferences funded by *Nations for Mental Health* at the Provincial level in 2000 in Shanghai, Qinghai and Shandong.

Excerpt from the declaration of China/WHO Mental Health Awareness Raising Conference

The China/WHO Mental Health Awareness Raising Conference is an important one that gives impetus to the development of China's mental health services. Responding favourably to the UN's resolution of "the Protection of Persons with Mental Illness and the Improvement of Mental Health Care" and WHO's proposed Global Strategy of "*Nations for Mental Health*", **China has committed itself to improving its mental health services.**

Endorsed by a wide cross-section of Chinese Government Ministries, 13 November 1999

November
1999
China



Creating collaborative strategies

Nations for Mental Health is conceived as a vehicle for multidisciplinary and interorganizational work.

*Nations for Mental Health:
an overview of a strategy to improve
the mental health of
underserved populations*

WHO/MSA/NAM/97.3

WHO sets its agenda for mental health

April
1999
WHO
Headquarters

A *Nations for Mental Health* meeting on “Setting the WHO agenda for mental health” is held at WHO headquarters in Geneva, bringing together experts from many parts of the world on 28 and 29 April 1999 to advise the Organization on the future directions of its work on mental health.

As the Director-General of WHO, Dr Gro Harlem Brundtland, says in her opening address, mental disorders are one of the most significant contributors to the global burden of disease. And, she underlines, *“All predictions are that the future will bring an exponential increase in mental problems. The most important reasons include the ageing of the population, exacerbating social problems and unrest, including the rising number of persons affected by violent conflicts, civil wars and disasters and the growing number of displaced persons.”*

Meeting participants conclude that WHO should work with a range of partners – countries, other international organizations, mental health professionals, scientists, NGOs, the media, etc., and should provide an information base indicating how effective interventions can be generalized successfully at the community or population level. It is further recommended that WHO should advise governments and communities on how to set up policies and programmes and how to mobilize funds from other sectors (e.g. labour, education) and external funding bodies, but also on how to make better use of community resources, including family members. Finally, WHO is urged to target key areas where it can make a difference such as rehabilitation in schizophrenia, treatment of depression and epilepsy in the primary care setting, and suicide prevention, and vulnerable populations, such as poor women, victims of violence, displaced persons and persons living in extreme poverty.

A first-ever joint World Health Organization/European Commission meeting on mental health

In April 1999, *Nations for Mental Health* convenes a joint meeting between WHO and the European Commission in Brussels. Notably, it is the first-ever joint collaboration between the two bodies in the area of mental health. The main objective of the meeting is to develop an agenda defining priorities for the promotion of mental health that WHO and the European Commission can incorporate into their respective work programmes and which can serve as a basis for joint action between the organizations.

Sixty-four mental health professionals, managers, and policy-makers from 34 European countries, including 14 EU Member States and most countries of Central and Eastern Europe, attend this meeting. Other key participants included representatives of nongovernmental organizations and foundations. The meeting establishes a consensus on what balance between mental health care and mental health promotion activities in Europe would be appropriate and what policy should be developed in the future to meet the needs of the population.

As part of the closing statement, a set of nine key principles is endorsed. They include the need to develop explicit mental health policies; the importance of tackling traditional inequities by giving particular attention to mental health promotion and care; and, the need for continuing professional education to mental health care providers.

Following – and as a direct result of – this meeting, an European Council resolution on the promotion of mental health is passed in November 1999. Among other points, this resolution calls on Member States to give due attention to mental health and to strengthen its promotion in their policies.

April
1999
Belgium

Closing Statement of WHO/European Commission meeting on mental health

Mental health promotion and mental health care are complementary parts of the spectrum of necessary interventions to achieve good mental health outcomes for the population. Both approaches are essential elements of a comprehensive mental health strategy and a balance should be realized between them, stressing an intersectoral and a multi-disciplinary approach. This balance will be based on historical, cultural, structural [including availability of health and social services] and ethical factors and conditions, and made at the appropriate level in each context. Actions should be based on the best available knowledge or evidence, and continuously evaluated.

The following nine key principles are central to mental health promotion and to mental health care: personal autonomy, sustainability, effectiveness, accessibility, comprehensiveness, equity, accountability, coordination, and efficiency.

Common goals and strategies to advance mental health promotion and care include:

- **Enhancing the visibility and improving recognition of the value of mental health**, including at the political level.
- **Increasing the interchange of knowledge and experience** on mental health and the transmission of mental health information.
- **Developing innovative and comprehensive, explicit mental health policies** in consultation with all stakeholders, including users and carers, and respecting NGO and citizen contributions.
- **Defining priorities** regarding settings, target groups and target conditions for activities and interventions in mental health promotion, primary, secondary and tertiary prevention, and prevention of mortality (e.g. families, schools, workplaces, prisons, neighbourhoods, social services, primary and specialist care).
- **Development of primary care and specialized mental health services** focusing on quality of care and the development of new non-stigmatizing and self-help approaches.

- **Tackling inequity** in health by giving special attention to the mental health promotion and care needs of marginalized, deprived and socially excluded groups, taking account of the serious social changes and upheavals currently occurring in many countries of the European region of WHO, in particular in the newly emerging democracies.
- **Developing evidence-based guidelines** for mental health promotion, primary and secondary care, including rehabilitation and community-based interventions.
- **Developing a human resource strategy** and emphasizing continuing professional development (life long learning and training).
- **Highlighting research and development**, establishing mental health information and monitoring systems, including systems to assess the prevalence, cost and needs of mental health, and outcomes of intervention.
- **Development of mental health legislation** based on human rights, emphasizing freedom of choice, and the importance of appropriate confidentiality.

Endorsed by European representatives from over 30 countries

April
2000
USA

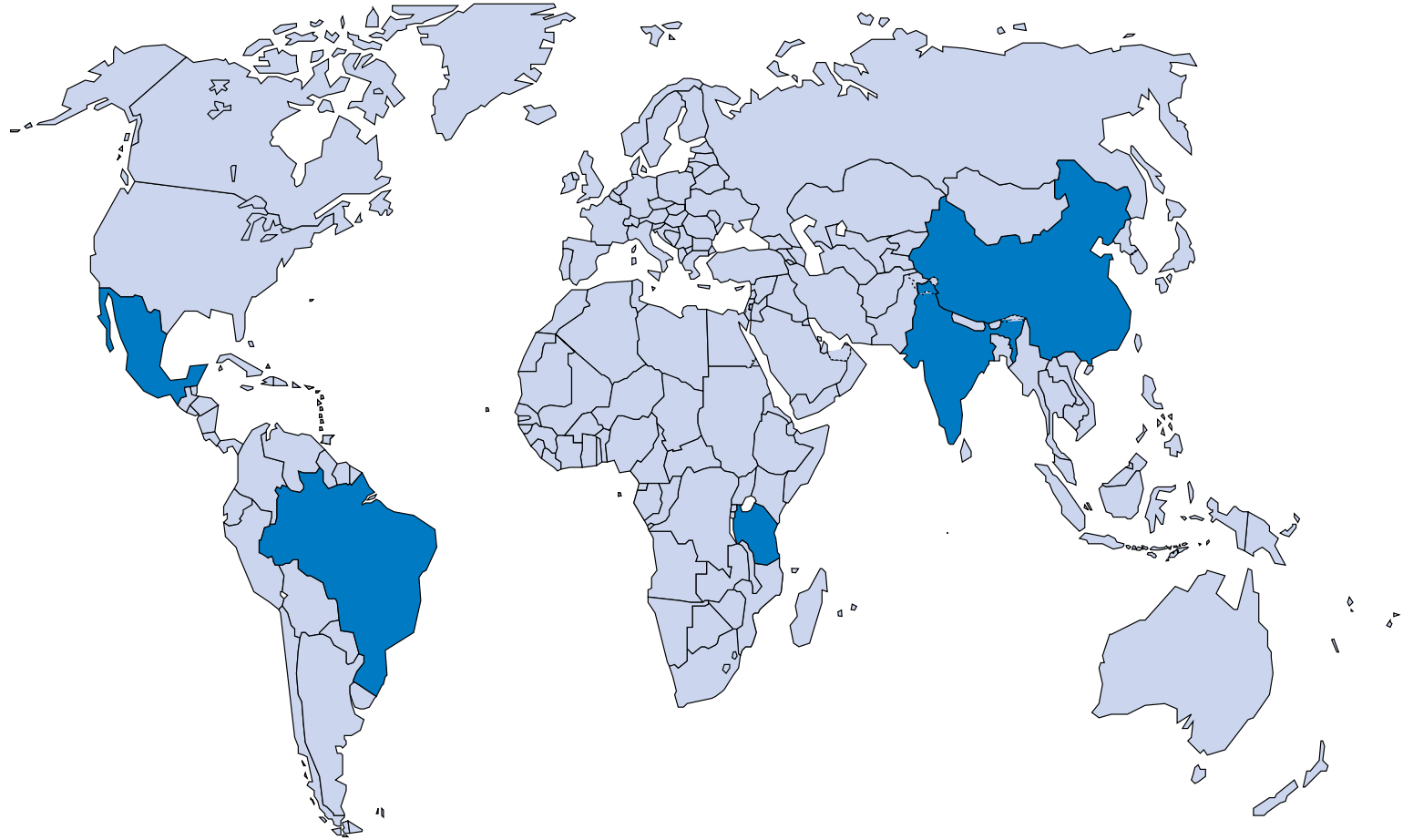
International workshop places mental health on the international agenda

Nations for Mental Health collaborates in the development of a Harvard University Department of Social Medicine workshop entitled "Placing Mental Health on the International Agenda", which is held in Boston, USA in April 2000. This effort is led by Professor Arthur Kleinman, *Nations for Mental Health* steering committee member.

The following areas are covered:

- The burden of mental disorders
- Ethical, scientific and empirical bases for mental health policy
- The economics and financing of mental health programs
- Key policy issues and research questions
- The Role of the World Bank and Private Foundations

Delegates present a wide spectrum of views and information from a range of developing countries, namely Brazil, India, Mexico, Tanzania, and China.



Strengthening mental health policies and services

Governments will be assisted to formulate, implement, monitor and evaluate mental health policies. Improving accountability, organization, quality, appropriateness, and delivery of services and treatments ... are important areas which will be addressed by Nations for Mental Health.

Nations for Mental Health: an overview of a strategy to improve the mental health of underserved populations

WHO/MSA/NAM/97.3

Belize

Project goal

To strengthen community-based mental health services and networks.

Implementing institutions

- The Ministry of Health
- The Pan American Health Organization/WHO

Key results

- A mental health advisory board with its own terms of reference was established.
- Community mental health training workshops were implemented.
- Mobile psychiatric units were set up in the villages most in need.
- A community education committee for mental health was established.
- A media strategy for mental health was implemented.
- The referral system for mental health problems was reorganized.
- Forms for reporting mental health problems, and admission and discharge to and from hospitals were updated.
- A plan was developed to reorganize the psychiatric and mental health services with emphasis on deinstitutionalization.



Belize

Egypt

Project goal

To improve mental health care by giving training to primary care providers.

Project objectives

- To develop mental health resource materials for trainers and primary care providers.
- To conduct training.
- To integrate mental health care into primary health care in the Eastern Medical district.

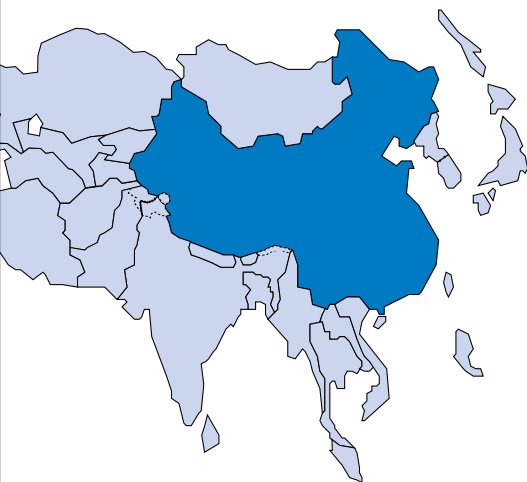
Key results

- 134 physicians and 75 nurses were trained in mental health issues.
- A baseline and a post-training questionnaire were developed and used as evaluative tools. Evaluations showed that there was a marked increase in knowledge of those physicians and nurses who underwent training.
- An evaluation protocol was developed for the training of supervisors/psychiatrists.
- Mental Health training materials were developed in six areas – mental health, brain and behaviour, mental health prevention and promotion, signs of mental illness, major psychiatric illness, psychiatric emergencies, drug abuse, psychopharmacology, communication skills, referral and recording (record keeping).



Egypt

China-Zhejiang Province



Project goal

- To strengthen the coordination and management of mental health services in the province of Zhejiang.
- To develop a detailed, three-year mental health plan.

Key results to date

- The establishment of a Mental Health Leadership Group that has collaborated regularly with the Working Group in identifying and resolving difficulties in the implementation of the project and in developing the three-year mental health development plan.
- The establishment of a Working Group responsible for the day-to-day implementation of the project.
- The organization of a provincial Mental Health Awareness Conference to inform the public and government officials about the project, increase awareness about the importance of mental illnesses in public health, and to solicit support for the project.
- The development and testing of instruments used in the study, as well as the training of staff in the use of these instruments. For instance, the instruments for the epidemiological study to be conducted among 15 000 respondents have been developed and tested in a pilot study of 600 subjects.
- The staff of the Working group have collaborated with the focal points in a number of departments to develop assessment tools that meet their own goals and, thus have increased the likelihood that these departments will be active partners in the subsequent provincial mental health plan.
- The collection and analysis of data have begun to gather detailed information for inclusion in a database on (i) the mental health burden; (ii) the state of hospital mental health care; (iii) the state of community mental health care.
- The establishment of a Mental Health Consultant Group by the Leadership Group to advise the latter and assist the secretariat in implementing and monitoring the plan.

Ghana

Project goal

To improve the detection and treatment of people suffering from psychosis and epilepsy.

Project objectives

- To sensitize opinion leaders to the issue of mental illness in their communities.
- To give support to community psychiatric nurses to extend care within the community.
- To support districts with the aim of integrating mental health in primary care and creating a network of support systems for care providers.

Implementing institutions

- Ministry of Health, Ghana

Key results

- Raised awareness and information among opinion leaders in District Assemblies and senior health authorities about the programme, and their involvement in effective planning and implementation.
- An Expert Core Group was established to develop training manuals. The main areas covered were: common symptoms of mental illness; identification of major and minor psychiatric conditions; epilepsy; alcohol and substance abuse.
- Training was provided to coalition teams, general health care providers, and community psychiatric nurses to assist them in carrying out their functions.
- An integrated community-based mental health programme was formed with the help of coalition team members and general health workers in the district.
- There was an extension of community-based services over a wider geographical area in both districts.
- More people suffering from psychosis and epilepsy began to receive help.



Ghana

Marshall Islands

Project goal

To improve care provided to individuals who have attempted suicide and to prevent suicide attempts.

Project objectives

- To increase public knowledge about and exposure to suicide and related issues.
- To organize and implement education and training of relevant staff.

Key results

- Public awareness was increased through training of community groups and high school students on Majuro Atoll and Ebeye on suicide prevention.
- Two videotapes on suicide and suicide prevention were developed and completed for use in schools and communities.
- Comprehensive use of the media helped to increase public knowledge and education about suicide.
- The *WHO-RMI National Suicide Prevention Training* was developed, organized, and held in September 1998, sparking nation-wide interest in the suicide project.
- Mental health professionals from Ebeye, Majuro and Outer Islands participated in the planning and evaluation of workshops and met the objectives of educating and training health workers.
- An NGO was funded to train staff in techniques for developing community self-help and support groups.
- Further systematic staff training was developed and an informal poll of Human Services staff was conducted to guide the training.
- Community mental health services were advocated through incorporation of the project in the National Mental Health Plan.



Marshall Islands

Mongolia

Project goal

To reorient the mental health service from one that is specialist and hospital-based to one providing community-based services focusing on the promotion of mental health and the prevention of mental illness.

Key results

- All 91 psychiatrists were trained in community-based mental health treatment and care, as well as to teach family doctors in three aimags.
- Psychiatrists from the Centre for Mental Health and Drug Abuse began regular visits to family doctors in order to assist them with the identification and management of patients with mental health problems.
- Over 1,000 family doctors were trained in the identification and management of persons suffering from mental and behavioural disorders.
- For the first time a system was introduced for collection of data specific to mental health for family doctors.
- The first mental health NGO – the Mongolian Mental Health Association – was established.
- The first psychosocial rehabilitation centre was opened and two others were also established.
- Eight *gers* were established for rehabilitation activities and for housing and de-institutionalization.
- Quality Assurance training on psychosocial rehabilitation for psychiatrists, doctors and feldshers was provided.
- An expert review committee was established for the inclusion of mental health in national health law and for the implementation of the national mental health programme.



Mongolia

Mozambique-Cuamba



Project goal

To integrate mental health into general health care at the primary care level, in particular through the enhancement of psychosocial support.

Implementing institutions

- Ministry of Health, Maputo/Mozambique
- Provincial Authorities – Lichinga/Niassa
- District Health Authorities, Cuamba

Key results to date

- People who have received training are capable of identifying patients with mental disorders. These include community workers, NGO representatives, traditional healers, nursing personnel (including midwives) and workers at health posts.
- Health posts are beginning to organize informal discussions on mental health and drugs and alcohol. At least nine informal sessions have taken place.
- Posts have been established to offer consultation and integrated community care (screening patients and psychosocial support) at the Cuamba rural hospital, and in four of the 10 health posts in the district.
- Improvements have been made to the referral system to make it function more efficiently.
- Monitoring and evaluation of the programme has led to successful problem solving in a number of areas such as: regular registration of patients at the hospital; identifying measures to address mental health problems in the district by project focal points; the need for regular timely supervision of workers involved, particularly at the health posts; ensuring a regular supply of psychotropic drugs to the relevant health posts.

Mozambique-Policy

Project objectives

- To increase the technical capacity of Mozambique in mental health policy-making and planning.
- To assist the Ministry of Health of Mozambique to draft a mental health policy and update and improve its mental health programme.
- To build the capacity of mental health professionals to provide community-based care.

Implementing institutions

- Ministry of Health, Maputo
- Provincial Health Authorities

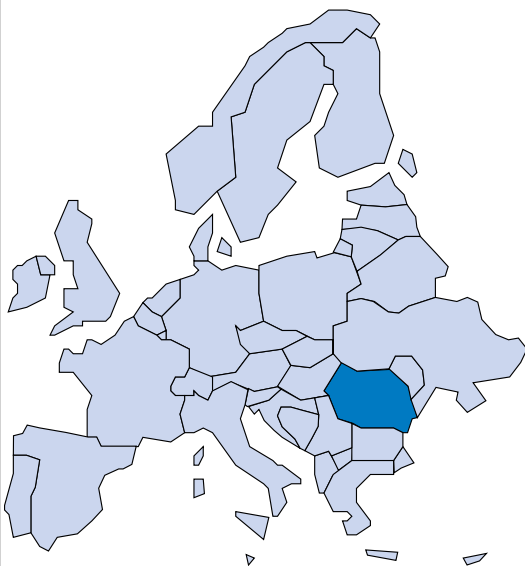
Key results to date

- Training has taken place of mental health professionals in the area of community mental health.
- An initial situational analysis has been made of mental health issues and problems.
- A clear and costed plan-of-action has been drawn up, it will result in the drafting of a policy by June 2002.
- Discussions on the way forward have advanced with the Deputy Minister of Health and senior personnel in the Ministry.
- Discussions have taken place and initial recommendations have been made on training, therapeutic interventions, the supply of psychotropic drugs at all levels of the system, and on intersectoral collaboration.
- Plans have been finalized for a pilot epidemiological study to support the promulgation of the mental health policy.



Mozambique

Romania



Project goal

To improve the quality of life of the mentally ill through their reintegration in the community.

Project objectives

- To set up a psychosocial rehabilitation center.
- To provide patients in the centre with adequate mental health care in keeping with internationally accepted standards.
- To implement rehabilitation programmes, and assist the reintegration of people with mental disorders back into society and in their families.

Key results

- A promotional plan was developed to engage the media, who publicized the centre.
- The first psychosocial centre of this type was established by assessing the needs of adults with psychosocial handicaps, identifying the centre's target group, recruiting and hiring staff, and planning services and activities.
- A programme of activities was implemented for people suffering from mental health problems and their families.
- The creation and development of partnerships between the institutions involved in the project (Armonia Association, Timisoara Psychiatric Clinic, the Timisoara Mental Health Centre, Pro Mente Association in Austria, the Romanian League for Mental Health, the Romanian Health Ministry and WHO), with the subsequent establishment of significant professional relationships.
- National health authorities were involved in the project through the integration of the Armonia Psychosocial Centre in Timisoara (PSC) into the national social health insurance system, and by lobbying the government in order to secure increased social protection.
- A heightening of awareness, and activities to promote the need for mental health reform, including the establishment of a mental health law and the drafting of a mental health plan.

Sri Lanka

Project goal

To encourage a process of deinstitutionalization of psychiatric patients and promote reintegration in the community.

Implementing institutions

- Ministry of Health, Colombo
- Angoda (Teaching) Mental Hospital, Colombo, Western province
- Nivahana Society of Kandy (NGO), Central province

Key results to date

- A strengthening of the network of psychiatric services in the Central and Western provinces by the establishment of new clinics and by the extension of the range of community-based care and support.
- Training of primary health care workers, medical health officers and divisional directors of health services to provide community-based care thus strengthening the integration of mental health in primary health care.
- Raising the level of awareness in the community and among policy-makers and securing their support.
- Decreasing the number of readmissions to psychiatric hospitals (approximately 70% of patients in the Gampaha district).
- Establishing forums for carer groups to express their needs and concerns.
- Establishing rehabilitation facilities in the community.



Sri Lanka

Yemen



Project goal

To improve the mental health of the community by integrating mental health within the primary health care system in Dhola'a Centre near Sana'a.

Project objectives

- To enhance the performance of mental health facilities (outpatient and inpatient units).
- To provide training to general practitioners and primary health care workers.
- To enhance the efficiency of the mental health referral and record-keeping systems (including the development of a mental health information system).
- To provide mental health education to the community.

Key results

- Mental health facilities were enhanced through the training of health workers by a team of mental health professionals and general practitioners; by the referral of mentally ill patients to the inpatient psychiatric unit at Al-Thowra General Hospital; and through the regular provision of essential drugs to the mental health services.
- Training and retraining courses were provided to health workers, general practitioners, and specialists.
- The efficiency of the mental health referral and record-keeping systems was improved to better identify persons suffering from mental illness.
- Health workers provided mental health education to members of the community.

Yemen

November
1998
Cyprus

Eastern Mediterranean countries promise to work towards a new mental health strategy

In November 1998, *Nations for Mental Health* organized the first-ever meeting of Eastern Mediterranean countries concerning mental health. This was an inter-regional meeting, in that it included representatives from countries in the African, Eastern Mediterranean, and European WHO regions: Cyprus, Egypt, Greece, Israel, Italy, Lebanon and the Palestinian Authority.

During the meeting, participants shared information concerning mental health reforms in different countries, and discussed the role of primary health care in reforms.

The meeting resulted in a Declaration that called for more resources for mental health care; recognition of the burden of mental health problems; promotion of concrete initiatives to fight stigma and respond to the needs of disadvantaged groups such as refugees and displaced persons; adequate legislation; and, adequate mental health care systems.

Another important outcome of the meeting was the creation of a permanent Forum on Mental Health of Eastern Mediterranean countries (EMHF). The Forum was structured to disseminate innovative experiences of mental health policy reforms, to create common training activities, and to develop common policies. Under this Forum structure, both Israel and Greece hosted all participating countries to visit their mental health programmes. To this day, Forum members continue to support one another in improving their mental health policies and services.

Excerpt from declaration of the meeting of Eastern Mediterranean countries

In order to facilitate exchanges and international collaboration, the participants have created a permanent Forum on Mental Health for the Eastern Mediterranean countries (EMHF). The Forum will include all Eastern Mediterranean countries willing to establish mutual cooperation on a bilateral or multilateral basis. This collaboration should be under the auspices of the WHO initiative *Nations for Mental Health* and the WHO Regional Offices of Eastern Mediterranean and Europe.



Signed by representatives from Cyprus, Egypt, Greece, Israel, Italy, Lebanon, and the Palestinian Authority

Supporting Governments and Policy-Makers

“ This document is aimed at government ministers, civil servants, government advisers and other policy-makers who are concerned with national health strategy. It summarizes the public health significance of mental health and the main social and economic arguments for tackling mental disorders in a planned strategic way. It sets out the key elements of a strategy, together with a framework for mental health legislation.”

Nations for Mental Health Document WHO/MSA/NAM/97.5

Schizophrenia and Public Health

“ This document addresses important public health issues related to schizophrenia... It is hoped that this important document will help support health ministers, ministry officials, and regional health planners whose task is to deliver and improve mental health policy and services within a strategic context.”

Nations for Mental Health Document WHO/MSA/NAM/97.6

The Effectiveness of Mental Health Services in Primary Care: The View from the Developing World

“ This document reviews and evaluates the effectiveness of mental health programmes in primary health care in developing countries... This document includes a detailed discussion of programmes in developing countries and an historical review of what has been achieved, which will be of great help to policy-makers, planners and practitioners in the health and mental health fields, who are considering implementation of such programmes.”

Nations for Mental Health Document WHO/MSD/MPS/01.1

Community care of schizophrenia in developing countries

In February 1999, *Nations for Mental Health* held an international symposium in Bangalore, India on community care of schizophrenia in developing countries, in collaboration with the National Institute of Mental Health and Neurosciences (NIMHANS). The symposium convened experts and mental health nongovernmental organizations from several countries to discuss interventions for schizophrenia that are integrated at the individual, family and community levels. Participants from Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, and Sri Lanka presented information on their countries' innovations in community-based care for schizophrenia.

Symposium participants identified schizophrenia as a prime cause of disability and a public health priority, particularly because it can be treated effectively. To tackle schizophrenia, participants recommended the integration of mental health into general health care; a focus on the family as a valuable resource in planning and implementation of care programmes; the promotion of advocacy through self-help groups; changing public awareness about mental health by reviewing the current portrayal in the media.

To achieve these recommendations, participants agreed to discuss with media personnel guidelines and measures to present mental health problems in a more positive manner; to develop a consensus statement about the treatment of schizophrenia in particular; to organize professional training programmes to influence practice; and, to give special attention to vulnerable groups such as women, the elderly, persons without the support of families, and the homeless.

February
1999
India



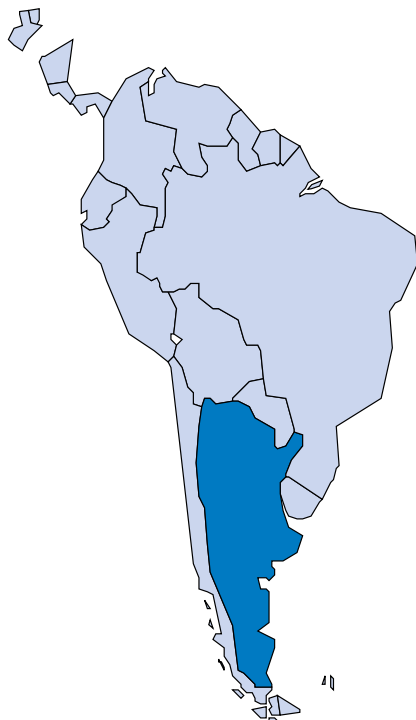
Empowering consumers and families

Interventions that incorporate consumers' and families' perspectives, and that support the action of consumer and family groups with regard to mental health care, will be encouraged and supported.

Nations for Mental Health: an overview of a strategy to improve the mental health of underserved populations

WHO/MSA/NAM/97.3

Argentina



Project goal

To consolidate and extend community mental health services in the Río Negro Province in order to assist with the recovery, treatment, and rehabilitation of people with mental health problems.

Project description

The overall goal of this project was to assist people to earn a living and achieve the kind of rehabilitation that can only be accomplished when one's work has been recognized by society. There were seven businesses run by users of mental health services in Río Negro in 1999. Almost all of the employees of these companies were beneficiaries of mental health services. The project aimed to develop work plans, staff training and education, and to implement evaluation processes to consolidate the work being undertaken by these companies.

Various associations of users, family members and friends were incorporated in community mental health policies. The aim of the project was to strengthen five existing associations and set up five new ones through the organization of training workshops for the associations and awareness training sessions for the community.

Twenty mental health teams, as well as several associations of relatives, took part in the ongoing education provided at provincial working meetings. These meetings were held three times a year and provided specific training on subjects such as: legal aspects of the application of law 2440; principles of community mental health; agreements on diagnostic categories; establishment of a register of activities; and basic gathering and analysis of statistics.

Key results

- The businesses run by mental health service users were confirmed as a valid and effective way of assisting the recovery and rehabilitation of people with mental health problems.
- A number of user and family organizations were reactivated.
- The training and education of health professionals were undertaken.



Globalization and the World

Globalization is the process of increasing interconnectedness and interdependence among countries, cultures, and economies.

It is driven by advances in technology, trade, and communication.

Globalization has led to the spread of ideas, goods, and services across the world.

It has also led to the growth of multinational corporations and global markets.

Globalization has both positive and negative effects on the world.

Positive effects include economic growth, technological advancement, and cultural exchange.

Negative effects include environmental degradation, cultural homogenization, and economic inequality.

Globalization is a complex and multifaceted phenomenon that continues to shape the world.

Understanding globalization is essential for navigating the challenges and opportunities of the 21st century.

Globalization is a double-edged sword, offering both promise and peril.

As we move forward, we must carefully consider the impact of globalization on our world.

Only through thoughtful and responsible action can we ensure a bright future for all.

Globalization is not just a process, it is a choice.

Let us choose wisely and work together to build a better world for everyone.

Promoting mental health

The implementation of strategies to modify or to reduce the impact of risk factors will be encouraged...

WHO/MSA/NAM/97.3

South Africa



Project goal

To implement a mother-infant interaction programme in Khayelitsha, an informal settlement in South Africa, to prevent adverse effects of maternal mood disorder and socio-economic deprivation on children.

Key results

- It was shown that lay community workers could be successfully trained to deliver a mother-infant counselling programme.
- It was also shown, by making a comparison with the control group from an adjacent area, that delivery of these sessions by the community workers was both appreciated by the mothers and of significant benefit to the mother-infant relationship.
- All community workers showed improvement in the manner in which they implemented the intervention protocol.
- Mothers were unanimously positive in their perceptions of the programme. Many requested that the sessions continue for longer, and expressed gratitude to the programme for their increased knowledge about their baby, but also for the fact that their husbands and other children had also become involved with the baby as a result of the visits.
- In comparison to the mothers in the control group, the mothers participating in the sessions as part of this project showed significantly more sensitivity, and the infants were somewhat more responsive. The overall quality of the interaction was more harmonious.
- Early intervention by community workers was shown to be beneficial to mother-infant interaction as demonstrated by and assessed in the videotaped play and feeding sessions. There was also improved physical development, particularly weight-for-age and length-for-age growth.

Mental Health and Work: Impact, Issues and Good Practices

“The document examines the importance of mental health in the workplace in general, and suggests appropriate management for workers with mental health problems. In addition, it takes a practical look at strategies to promote and sustain good mental health while highlighting examples of good practices.”

Document WHO/MSD/MPS/00.2



Focusing on underserved populations

Nations for Mental health is an initiative primarily for underserved populations and therefore includes disadvantaged persons, in addition to those people suffering from mental disorders. Both groups have much in common, including the need to common solutions that address specific situations.

Nations for Mental Health: an overview of a strategy to improve the mental health of underserved populations

WHO/MSA/NAM/97.3

July
1997
Bolivia

Latin American conference on the mental health of indigenous populations

To raise awareness about the mental health of indigenous people, a working group meeting of senior health leaders was held in Bolivia in July 1997. *Nations for Mental Health*, in conjunction with PAHO and with the cooperation of the Bolivian government, organized this event. Some 30 people participated, not only from Bolivia, but also from other countries such as Brazil, Chile, Ecuador, the United States of America, Guatemala, Mexico, Nicaragua and Peru. Participants included mental health professionals, social scientists, and leaders of indigenous peoples. They presented the national programmes of their respective countries, and they met in subgroups to develop proposals for raising awareness on the mental health of indigenous populations.

One important outcome of this conference was a formal publication by *Nations for Mental Health*, entitled *"The Mental Health of Indigenous Peoples: an International Overview."* This publication outlines modern challenges to the mental health of indigenous peoples, and reviews specific cases in the Americas, Australia, New Zealand, the Pacific Islands, Russia and Asia.



1991

1992

1993

1994

FOCUSING ON UNDER-SERVEID POPULATIONS

The Mental Health of Indigenous Populations: an International Overview

“ Dr Cohen’s overview of the Mental Health of Indigenous Peoples inscribes itself in the World Health Organization’s overall thrust to promote mental health, prevent major mental and neurological disorders and ensure the provision of appropriate care, particularly to the vulnerable and underserved.”

Document WHO/MNH/NAM/99.1

A Focus on Women

“ This document describes the background, rationale, and implementation procedures for a range of potential demonstration projects addressing women’s mental health. The purpose of the document is to stimulate discussion and action...”

Document WHO/MSA/NAM/97.4

Gender Differences in the Epidemiology of Affective Disorders and Schizophrenia

“ The incorporation of a gender-related perspective into psychiatric research may have important implications for clinical practice, public health policy and theory... The aim of this work is to report the main epidemiological findings on gender differences in affective disorders and schizophrenia.”

Document WHO/MSA/NAM/97.1

Nations for Mental Health model becomes new vision of mental health department

Following the historic meeting, "Setting the Agenda for Mental Health," WHO designs a new strategy for its Department of Mental Health. This strategy is approved by WHO's Cabinet. Dr Benedetto Saraceno, Programme Manager of *Nations for Mental Health*, is appointed as the Director of the Department of Mental Health.

Dr Saraceno identifies the mission of the newly-formed department: to promote mental health of the population worldwide and to reduce the burden associated with mental disorders. The cornerstones for achieving this goal overlap with those of *Nations for Mental Health*: focus on underserved populations, promotion and protection of human rights, policy and service development, and evidence-based treatment.

1999



2001 and beyond...

WHO declares 2001 as "The Year of Mental Health."

In an unprecedented move, World Health Day, the Ministerial Round Tables of the World Health Assembly, and the World Health Report are devoted to the single theme of mental health during 2001.

April 2001

World Health Day 2001, with the slogan "*Stop exclusion – Dare to care*," raises awareness among the general public about mental health, increases knowledge, and changes negative attitudes. Altogether, 155 countries respond positively to WHO's call for action, and World Health Day events are organized around the world. Millions of people declare that they "dare to care."

a new decade begins

May 2001

WHO puts mental health on the agenda of governments and decision makers at the annual gathering of 191 Member States during the World Health Assembly (WHA). Four ministerial round tables discuss poverty, discrimination, gender, and human rights aspects of mental health. The 132 participating Ministers of Health generally agree that mental health deserves increased attention in their health policies and plans.

2001

October 2001

WHO's Director-General launches the World Health Report 2001, *Mental Health: New Understanding, New Hope*. The report presents the most up-to-date information on the prevalence of mental disorders, their determinants and treatments, the organization and financing of mental health programmes, and combating against stigma and discrimination.

Later in the month, WHO announces a new Mental Health Global Action Programme (mhGAP). This programme provides a clear and coherent strategy for closing the gap between what is urgently needed, and what is currently available to reduce the burden of mental disorders, world wide.

This programme focuses upon forging strategic partnerships to enhance countries' capacity to comprehensively address the stigma and burden of mental disorders. By concentrating on priority conditions, the programme aims to increase governments' awareness and responsiveness to mental health issues; enhance the quality and effectiveness of mental health services; reduce stigma and discrimination; and by doing so, take important steps toward reducing the burden of a range of conditions and enhancing the mental health of the population.

25 October
2001
Belgium

WHO's expanded "Mental Health Global Action Programme"

"Our engagement does not end with the end of this year which we have dedicated to mental health. We have developed a new 'Global Action Programme' or 'GAP'. The name is no coincidence. This five-year programme will focus on helping countries closing the treatment gap. It represents a comprehensive strategy for closing the gap between effective and available mental health services.

The GAP has identified four core strategies: Information, Policy and Service Development, Advocacy, and Research. These four strategies are fundamentally related to one another. Information concerning the magnitude, burden, determinants and treatment of mental disorders leads to enhanced awareness and advocacy against stigma and discrimination. This in turn creates the necessary conditions for the formulation and implementation of integrated policy and services, which in turn serves to generate more advocacy and information for better decisions. Countries' research capacity drives this relationship.

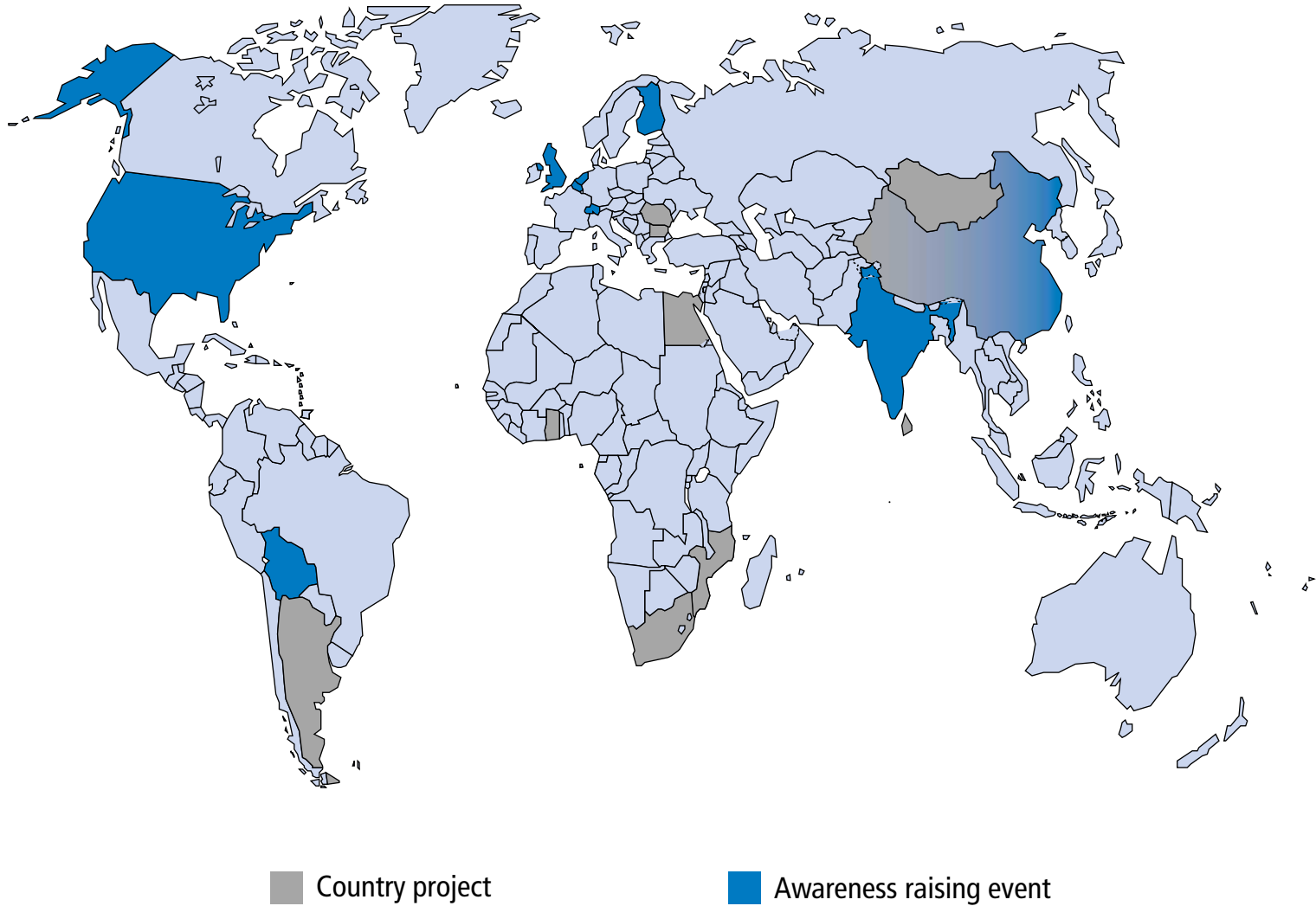
In more ways than one, we make this simple point: we have the means and the scientific knowledge to help people with mental and brain disorders. Governments have been remiss, as has been the public health community. By accident or by design, we are all responsible for this situation. As the world's leading public health agency, WHO has one, and only one option – to ensure that ours will be the last generation that allows shame and stigma to rule over science and reason."

**Dr Gro Harlem Brundtland, announcing WHO's new 5-year mental health programme
Brussels, Belgium, 25 October 2001**

Collectively, the events of 2001 extend the programme of Nations for Mental Health and reinforce an international momentum for change. Through the World Health Day, World Health Assembly, and World Health Report, WHO and its Member States pledge their full and unrestricted commitment to this public health area.

The message is clear and unequivocal: mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies and countries, and must be universally regarded in a new light.

Nations for Mental Health: Country Projects and Awareness-Raising Events



Awareness and Commitment Raising Events of Nations for Mental Health

	Place/date
Meeting of international women leaders for mental health	USA September, 1996
Mental health of indigenous populations	Bolivia July, 1997
Meeting of the international committee of women leaders for mental health: hope for a brighter world	Finland July, 1997
Special meeting of the 44th session of the regional committee for the Eastern Mediterranean	Islamic Republic of Iran October, 1997
First meeting of the Eastern Mediterranean countries on psychiatric reform: towards a new mental health strategy	Cyprus November, 1998
WHO international symposium on community care of schizophrenia in developing countries	India February, 1999
Balancing mental health promotion and mental health care: a joint World Health Organization/ European Commission meeting	Belgium April, 1999
Setting the agenda for mental health	Switzerland April, 1999
China/WHO mental health awareness raising conference	China November, 1999
Placing mental health on the international health agenda	USA April, 2000

Demonstration Projects of Nations for Mental Health

Country	WHO Region	Theme
Argentina	AMRO	<ul style="list-style-type: none"> • socio-economic enterprises for mentally-ill • training health care providers • family and consumer associations
Belize	AMRO	<ul style="list-style-type: none"> • mental health plans • creation of services • training of psychiatric nurses • sensitization of community
China	WPRO	<ul style="list-style-type: none"> • life skills education
Egypt	EMRO	<ul style="list-style-type: none"> • training of primary care providers
Ghana	AFRO	<ul style="list-style-type: none"> • mental health services • sensitization of the community • involvement of community action group
Marshall Islands	WPRO	<ul style="list-style-type: none"> • suicide prevention • training of health care providers
Mongolia	WPRO	<ul style="list-style-type: none"> • psychosocial rehabilitation of long-term psychiatric patients • training of health care providers
Mozambique	AFRO	<ul style="list-style-type: none"> • creation of services • outreach programmes • training of health care providers, key community leaders, and traditional healers • development of national mental health policy
Romania	EURO	<ul style="list-style-type: none"> • creation of a psychosocial rehabilitation centre
Sri Lanka	SEARO	<ul style="list-style-type: none"> • rehabilitation of long-stay psychiatric patients
South Africa	AFRO	<ul style="list-style-type: none"> • mother-infant interaction programme
Yemen	EMRO	<ul style="list-style-type: none"> • mental health services • primary care training

Publications of Nations for Mental Health

Resource type

Gender differences in the epidemiology of affective disorders and schizophrenia	Document	WHO/MSA/NAM/97.1
An overview of a strategy to improve the mental health of underserved populations	Document	WHO/MSA/NAM/97.3
A focus on women	Document	WHO/MSA/NAM/97.4
Supporting governments and policy-makers	Document	WHO/MSA/NAM/97.5
Schizophrenia and public health	Document	WHO/MSA/NAM/97.6
Sriyawathie – rehabilitation of chronic psychiatric patients in Sri Lanka	Video	
Recommendations for evaluation	Document	WHO/MSA/NAM/98.1
The mental health of indigenous populations. An international overview	Document	WHO/MNH/NAM/99.1
Mental health and work: Impact, issues and good practices	Document	WHO/MSD/MPS/00.2
The effectiveness of mental health services in primary care: the view from the developing world	Document	WHO/MSD/MPS/01.1

