



# Behavioral Health: A Global Issue

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The current need for improved behavioral health services has been highlighted in a number of World Bank, Institutes of Medicine, and academic reports. These reports have made it clear that the behavioral health burden of the world's developing and newly independent nations is great and rapidly increasing. Problems such as sedentary occupations, inadequate physical activity, and unsatisfactory diet, as well as tobacco, alcohol, and drug abuse, are an added burden. While morbidity is tending to decrease in developed nations, this is not true for the rest of the world. Furthermore, the social and economic costs of mental disorders continue to grow, with the major sources of debility being depressive disorders, self-inflicted injuries, dementia, and alcohol dependence.

This burden will become even greater in the years to come. For instance, by 2025, 75 percent of all elderly persons with dementia—some 80 million people—will live in low-income societies, places where mental retardation and epilepsy rates are already three to five times higher than in the developed world and where 70-90 percent of patients suffering from epilepsy—a treatable condition for which cost-effective drug therapy is available—do not receive anticonvulsant medications.

## Top Ten Causes of DALYs Worldwide for Both Sexes by 2020

Disease or Injury	DALYs ('000s)
1. Ischemic heart disease	82,325
2. Depression	78,662
3. Road traffic accidents	71,240
4. Stroke	61,392
5. Chronic obstructive pulmonary disease	57,587
6. Lower respiratory infections	42,692
7. Tuberculosis	42,515
8. War	41,315
9. Diarrheal diseases	37,097
10. HIV	36,317

Table 1. The projected disease burden by condition based on disability adjusted life years (DALYs) for both sexes by 2020.

the world (see Table 1).<sup>1</sup> The continuing low priority accorded to mental health is neither justifiable nor tolerable.

A common rationale for neglect is the claim that either treatments do not exist or are too costly. But the opposite is true. Impressive cost-effectiveness data exist for the treatment and prevention of developmental disorders secondary to birth trauma, infections, micronutrient deficiencies, poisoning, and trauma, and for the treatment of epilepsy and the rehabilitation of patients with chronic mental disorders such as schizophrenia. Furthermore, more than one-third of the global burden of illness is preventable, at least in theory, by changing the behaviors that increase the risk for illness—a challenge that will require large-scale social interventions using the media, public educational institutions, and the primary healthcare system.

All of this, coupled with the facts that a 15-fold debt increase in developing countries has taken place in the last 20 years and that 80 percent of the world's people control only 20 percent of the global GNP, requires that we respond to behavioral health needs at an international, as well as national, level. Public mental health will be intricately linked in importance to physical health in the developing world in the years to come.<sup>2</sup>

## Youth and Mental Health in the NIS: An Area in Need

Improvements in the general health of children and youth during the last decade have been a great source of triumph for healthcare professionals, governments, and NGOs. Statistics have shown consistent gains in the health and growth status of children and youth due to improvements in healthcare and education. However, areas of continuing risk exist, primarily in two sectors: infectious disease—such as the risk for HIV and TB—and behavioral health—such as suicide, depression, and substance abuse. The emergence of mental health problems among the young occurs against the backdrop of a growing awareness of behavioral health as a universal public health concern.

### Lack of Access to Diagnosis and Treatment

Today it is estimated that 12-20 percent of children and adolescents worldwide suffer from a diagnosable psychiatric or neuropsychiatric disorder, but only 3-5 percent of these young people receive medical or therapeutic attention for these problems. Additionally, the average age for the onset of depression is currently 27 years, and suicide risk has greatly increased with staggering numbers coming from European countries, particularly the NIS. Estonia, Lithuania, and Russia lead the list with astounding suicide rates ranging from 64 to 74 per 100,000.

The problems of youth are becoming apparent at a time when concern is focused on the health problems of the elderly. This has led to a relative lack of attention in research and development of services for the young, resulting in an

exacerbation of problems in parts of the world that are already underresourced and undercapitalized. The situation is especially bleak in the NIS and CEE with its recent history of vast social transformation and current economic hardship, leading to a developmental inequality between East and West that is the largest in the world.<sup>3</sup>

#### At-Risk Populations

As is the case globally, behavioral health problems are not randomly distributed throughout the population, but are nested in areas and groups at risk. In addition, the experience of mental illness in daily life varies by person over the course of the day, with relatively smaller periods of time than would be expected being spent in a symptomatic state. The fact that mental illness and substance abuse are concentrated in time and place creates opportunities for research and intervention. Some examples of good studies are those carried out by researchers at Jena University in Germany.<sup>4</sup> As in other studies conducted in the West, their studies report that those most vulnerable to mental health problems are found in high-risk populations such as young, uneducated women in the NIS and CEE. The studies also note that while a cultural change in attitude has taken place among the young—from previous notions of collectivism to more individualistic views—this has not held true for the older generation, creating a generation gap of greater than normal proportion.

#### Effects of Life Events

Life events also contribute to behavioral health problems. World-wide migration and traumatic accidents such as Chernobyl, with its fear, stress, and upheaval, have created even more problems for youth in affected areas. Studies from Chernobyl show that young people from these regions have reported demoralization, increased anxiety, decreased feelings of control and self-esteem, and, particularly in Belarus, a feeling of “no future.”<sup>5</sup> Mental health problems in these parts of the world are concentrated in young, uneducated females and in mothers with small children. Women in these categories are four times more likely than the rest of this population—which already is twice as likely—to suffer from a mental disorder.

#### Substance Abuse

Another major area of concern for CEE and NIS youth is alcohol and drug use. Alcohol abuse by relatively young males in Russia, for example, has resulted in mortality rates for that segment of the population dropping to a mean age of less than 50. The mortality rate from alcohol has been shown to be concentrated in the 30- to 34-year-old age group, but is heading upward.<sup>6</sup>

These mortality and morbidity changes are related to lifestyle, alcohol consumption, stress, and lack of adequate healthcare services. Substance abuse is definitely a factor in this equation as evidenced by a Russian economic statistic from 1998. That year, 35 percent of the state’s budget was derived from the vodka tax, indicating approximately a four-gallon annual per capita consumption of hard liquor during that period. Furthermore, the use of opium was also relatively widespread in NIS youth. Focus groups with current drug-using youth show that they were bored and had developed few other interests in their lives. Drugs and their “drug-use identity” were passed from friend to friend and user to user through a cohesive social network.

#### The Need to Increase Intervention and Prevention Strategies

The above are but a few examples of specific areas of risk and the groups associated with them. On the upside, general and specific high-risk group interventions and other prevention strategies are available, many of these having been developed over the last 10 years. NGO and government efforts related to early detection, public education, and advocacy can have an impact on the development of a young person’s behavioral and mental health.

Given these issues, we have much to do. While we have gained momentum, we are falling short of covering the distance necessary to attract the full attention of governments on the issues of behavioral healthcare, particularly for the needs of those suffering from mental disorders and new at-risk groups such as youth. In addition, there is much to do to empower individuals to take charge of their own well-being. One way to approach these global tasks is through coordination with a body like the World Federation for Mental Health (WFMH).

#### A Global Mental Health Partnership

The process of creating mental health partnerships is not easy. We need to understand one another—where we come from, what we represent, and what we are able to share and offer to each other both now and in the future.

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## World Federation for Mental Health Strategic Plan ([www.WFMH.org](http://www.WFMH.org))

**Goal 1: To heighten public awareness, gain understanding, and improve attitudes about mental disorders**

The first goal is to gain understanding and develop realistic attitudes about mental health and disorders. It will be reached when the importance of mental health in the lives of individuals and in the world's societies is reflected in public and private policies and in the allocation of human and financial resources. Worldwide education must reach the lay public, economists, service providers, educators, business leaders, NGOs, relevant teaching institutions, and political and religious leaders.

To create the political will needed to change policies and practices, accurate information must be made widely available about the seriousness, extent, and human and financial costs of mental illness, as well as the advances in treatment and the increasingly promising research programs on mental health promotion and mental illness prevention.

Examples of actions that will help to achieve this goal are the development and promotion of worldwide public awareness campaigns, (e.g., World Mental Health Day); the development of regional campaigns based on specific needs; exploitation of modern technological advances (e.g., expanded use of the Web and Internet); and development of strong links with public awareness organizations (e.g., WHO).

**Goal 2: To promote mental health and optimal functioning**

Mental health promotion consists of experiences and interventions that foster strength and resiliency in individuals, families, and communities. The development of skills, competencies, assets, and attitudes that constitute the characteristics of resiliency result in patients' coping more successfully

with the challenges and stresses of daily life; enhanced protective factors that contribute to health and optimal development; and reduced vulnerability to risk factors that threaten health, development, and well-being. These approaches need to be developed within a bio-psychosocial model of intervention.

Examples of actions that will help to achieve this goal are the promotion of life-long emotional well-being; the creation of educational materials explaining healthy emotional development; the design of school-based programs for conflict resolution, skill development, and peer and family relations; the targeting of mental health promotion messages to pediatric and primary care settings; the promotion of workplace well-being; and an increase in research on resilience, management of life stresses, and healthy mental and emotional development.

**Goal 3: To prevent mental, neurological and psychosocial disorders**

Prevention of mental, neurological, and psychosocial disorders is one of the most urgent public health concerns worldwide. Research increasingly demonstrates that reducing risk factors is an effective approach to preventing some mental disorders. Evidence also shows there is significant potential for developing generic prevention models that can reduce not only a single undesirable outcome, but a spectrum of life-damaging behavioral health problems. Until recently, the application of evidence-based preventive intervention strategies has been largely ignored. Gradually, this is changing, but there remains a large gap between what is reported in scientific literature regarding effectiveness and what is available for local communities to use in practice and policy.

Examples of actions that will help to achieve this goal are the expansion of the

prevention field, including research, training, and services; the dissemination of information about effective prevention practices and programs; the heightening of public awareness of risk factors for mental/emotional disorders; and the promotion of the status of women, especially in terms of educational opportunities and the elimination of sexual exploitation of children.

**Goal 4: To improve mental health care and treatment**

A critical challenge facing mental health policy-makers and service providers worldwide is ensuring that the latest advances in treatment and care for mental disorders are implemented and that affordable mental health services are available to all who need them. While treatments do exist for certain conditions, many nations face difficult financial and organizational challenges in making these treatments available. In addition, mental health systems around the world are undergoing profound changes in the way behavioral health services are organized and financed. There is a need to bring together diverse international groups of health policy makers, users, family members, service providers, and others to share ideas, research findings, and promising practices, and to promote the development of effective service systems.

Examples of actions that will help achieve this goal are advocating for effective, accessible, and appropriate mental health services; promoting the involvement of users and families in policy planning and implementation; providing opportunities for dialogue between service providers, users, family members, and policy-makers; promoting the protection of human rights and dignity for users and their families in the mental health system; and promoting the international sharing of ideas, research findings, and promising practices for effective community mental health services.

This requires an open exchange of information while standing on equal footing. The current overcrowded world of mental health, with various approaches and interventions to similar problems and situations—such as multiple NGOs working in a refugee camp—requires that we prevent “Balkanization” of mental health groups and learn to work together as much as possible.<sup>7</sup> In short, there is much to do to further develop mental health services. We must strengthen mental health NGOs; increase the number of health professionals working toward coherent behavioral health goals; and educate potential advocates in all of the world’s regions, so that they may influence mental health and human rights policy and overcome barriers to mental health partnerships between governments and NGOs.

The World Federation for Mental Health

The mission of the WFMH is to promote—among all people and nations—the highest possible level of behavioral health in its broadest biological, medical, educational, and social sense. The WFMH envisions a world in which mental health is a priority for all people and where public policies and effective programs reflect its crucial importance in the lives of individuals, families, and communities, as well as in the political and economic stability of the world. This includes recognizing the interdependence of mental and physical health within the social environment, as well as implementing serious and effective programs focused on research, training, and services for optimal functioning, prevention of disorders, and care and treatment of those with behavioral health problems. It envisions a world where those who experience mental, neurological, and psychosocial disorders are understood, accepted, respected, and treated equitably in all aspects of community life.

WFMH has four major goals which are to:

- heighten public awareness, gain understanding, and improve attitudes about mental disorders;
- promote mental health and optimal functioning;
- prevent mental, neurological, and psychosocial disorders; and
- improve mental healthcare and treatment.

WFMH is unique because it is not constrained by political or governmental policy; is flexible in its approach; has a grassroots, broad-based, ecumenical membership; has worldwide regional representation; and currently is increasing its organizational strength and improving its scientific base.

One area of increasing partnership is occurring around the themes of advocacy, mental health science development, and healthcare information dissemination. The growing burden on world health because of behavioral health concerns has created

a need for international coordination of scientific and healthcare service delivery information, which remains sensitive to local cultural conditions and resources as well as consumer needs. For more information on these collaborative efforts, please visit the Consortium Center for Public Mental Health Web site ([www.ccpmh.net](http://www.ccpmh.net)) and the Internet Mental Health Network ([www.mentalhealthnet.org](http://www.mentalhealthnet.org)).

WFMH’s newly developed strategic plan (see page 11) includes specific programs in advocacy, prevention, mental health training, women, aging, substance abuse, and refugees. Many opportunities exist for cooperation between partners in behavioral health, including joint programs in mental health promotion and prevention and service development—particularly in developing areas and with uprooted populations. The key issue is to move beyond the statistics that have highlighted mental health problems thus far, undertaking culturally sensitive and effective action, particularly in developing and new states. If we do so, we can work together to overcome barriers to recognition and awareness of behavioral health problems by implementing prevention and service programs and ensuring their sustainability at the country level while focusing on under-served populations.

Epidemiological studies remind us that the lifetime prevalence for a mental disorder is one out of five individuals worldwide and the risk for such disorders is clearly increasing for vulnerable youth. This means nearly all persons at some point in their life will be confronted with their own mental disorder or one within their family or social network. Our mandate is clear: We are not dealing with a marginal problem, something that can be put aside, ignored, or stigmatized. Instead, we must promote a response to a major public health and economic problem, one for which we can point to solutions. The problem is not about them, but about us.

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