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INTRODUCTION

Mental disorders affect nearly 12% of the world's population – approximately 450 million or one out of every four people around the world will experience a mental illness that would benefit from diagnosis and treatment. Mental health and mental illness is a part of every country, culture, age group and socio-economic status. So why haven't mental illnesses, mental health services and the promotion of mental well-being received the attention and funding that other disorders and health issues have over the years? Informed, targeted and constant advocacy with clear and coordinated messages is increasingly needed to make mental health and mental illnesses a priority and to afford those living with mental illness the services and respect deserved.

Mental health awareness and advocacy have been the cornerstones of progress and improvements in the system since some of the first pioneers began to speak out – Dorothea Dix and Elizabeth Packer in the 1800's and Clifford Beers in the 1900's. Since that time, it's become a different world in the treatment of mental illness and the recovery possibilities for consumers/service users and their families.

"Back in 1971, when I began working to improve treatment and services for individuals affected by mental and emotional disorders, few people even spoke about mental "health." Mental health referred only to mental illnesses, and mental illnesses were shrouded in such shame and stigma that those who suffered from them were avoided and forgotten by society. Today much has changed through the efforts of a multi-national mental health advocacy community. A family consumer movement started in the early 1980s; research has given us tremendous knowledge about the brain; and a peer support movement is beginning around the world. We have great reason for hope for those with mental illnesses." Former First Lady Rosalynn Carter.

But where does the responsibility lie? With governments and Ministries of Health? NGO's? Consumer and caregiver organizations? Private hospitals or community centers? Possibly all of these and more! Each of us has a stake in this movement; each of us has a role to play. Every one of us can be an effective advocate for ourselves, our family members and/or people in our communities. When asked about responsibility, HH the Dalai Lama stated, *"Responsibility does not only lie with the leaders of our countries or with those who have been appointed or elected to do a particular job. It lies with each of us individually."*

WFMH Founder and First President, J.R. Rees, stated in the 1961 WFMH book – Mental Health in International Perspective, *"If planning for future and better work is to be done, and if advice is to be available for countries in many parts of the world in planning their policy, then it is the duty of organizations like our own periodically to sit back and consider the way we have come and where we need to go. We must try to find out just how much we may be acquiring a certain rigidity from which we need to free ourselves. Autopsies are essential for the progress of medicine, and for those of us who work primarily in the human sciences, it is just as important to look at our successes and our failures, in order to plan better for future treatment and preventive work."*

And how do we achieve our goals? Advocacy and action are the keys to change. Advocacy is defined as "speaking out for another" or "acting on behalf of others or yourself" and the World Health Organization, in its Advocacy for Mental Health service guidance package, believes advocacy "has been developed to promote the human rights of persons with mental disorders and to reduce stigma and discrimination. It consists of various actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes in populations."

The 2008 World Mental Health Day Campaign will focus on the future of "Making Mental Health

a Global Priority" for all people in all countries. In 2007 the release of **The Lancet** *Series on Global Mental Health* has again brought global attention to the mental health movement around the world. The main components of that series focus on the need for increased resources for mental disorders, treating and preventing mental disorders in low- and middle-income countries, reviewing and possibly changing some of the mental health systems in various countries, and overcoming barriers to improve mental health services in low- and middle-income countries.

The World Federation for Mental Health embraces the philosophy that community well-being flows from individual well-being. Our task, then, is to change the way mental illness is viewed, how it is ranked in importance within healthcare and how illnesses are treated and each person served. Eugene B. Brody, M.D., President, WFMH, 1981-1983 and Secretary General, WFMH, 1983-1999 states this position perfectly: *"We are a community of commitment, with a shared identity which transcends our individual differences. We know that we can accomplish together what we cannot do individually."*

"Our lives begin to end the day we become silent about the things that matter."
– Martin Luther King Jr

MENTAL HEALTH: A GLOBAL PERSPECTIVE FROM THE WORLD HEALTH ORGANIZATION

Dr. Shekhar Saxena

Mental disorders are highly prevalent and cause considerable burden on individuals, families and societies. Human, social, and financial resources are needed to provide access to effective and humane treatment for people with mental disorders. Information on resources is generally scant compared with information on prevalence, type, and burden of mental disorders. World Health Organization (WHO) is active in collecting, compiling and disseminating data on mental health resources and services in the world as a part of its Project Atlas and WHO-AIMS. The Mental Health Atlas 2005 covers all 192 WHO member states and 11 associate members, areas or territories, representing about 99% of the world population[1]. The WHO-AIMS project, developed by WHO for Assessment of Mental Health Systems (AIMS), is used to collect more comprehensive information on the mental health system of a country or region. This instrument has been developed for the specific needs of countries with low and middle incomes[2]. Currently detailed information is available from 42 low and middle income countries.

The information on availability, distribution and use of resources for mental health care gathered through these projects is summarized below. The data shows that resources for mental health are scarce, inequitably distributed and inefficiently used. An outline of WHO's response to the current global needs in the under-resourced health systems is then briefly described.

Mental Health Resources

Resources for mental health include policy and legislation, mental health services, community resources, human resources and funding.

Policy and legislation

Mental health policies and plans for their implementation are essential for coordination of services to improve mental health and reduce the burden of mental disorders. Such policies or plans are present in only two-third of the countries. In low-income countries, this proportion is nearly half.

A mental health policy framework must include legislation for protection of the basic human and civil rights of people with mental disorders. About 78% of countries have legislation in the field of mental health, though there are larger disparities between the income groups of countries, with 93% of high-income countries compared with 74% of low-income countries having specific mental health legislation. Sixteen percent of the laws were enacted before 1960, when the human rights environment was still developing.

Mental health services

A balance of community-based and hospital-based services is the most effective form of comprehensive mental health care. Globally, two-third of countries reported having at least some community care facilities for mental health. Only about half the countries in Africa, Eastern Mediterranean, and Southeast Asia Region provide community-based care.

The ratio between the rate of beds in mental health facilities and the rate of outpatient and day-treatment facilities is a rough indicator of balance between hospital-based and community-based care. The community-based services are inadequate compared to hospital-based services in low income countries as is evident from WHO-AIMS data: in low income countries there are 58 beds per 1 outpatient/day-treatment facility, in lower middle 22 beds per outpatient/day-patient facility and in

upper middle 14 beds per outpatient/facility (figure 1).

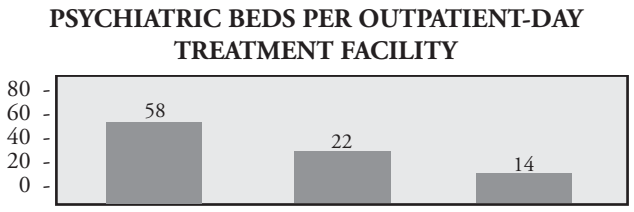

Figure 1: Number of psychiatric beds in mental health facilities per outpatient-day-treatment facility (N=35)
(Source: WHO-AIM, 2008)

A very large or very small number of psychiatric beds indicate that services for people with serious mental disorders are not appropriate since inpatient facilities are essential for managing acute mental disorders. A large number of beds in institutional settings such as mental hospitals, however, reflects the reality that in the majority of countries, custodial care is the standard mode for treatment of serious mental disorders. In 39% of countries there is less than one psychiatric bed per 10,000 population. The median number of beds per 10,000 population in low-, lower middle-, upper middle- and high-income countries is 0.2, 1.6, 7.5 and 7 respectively. In terms of geographic variation in the availability of psychiatric beds, only 0·34 beds (median) are available per 10,000 population in Africa and 0·33 in South-East Asia Regions, with 73% and 83% beds in mental hospitals, respectively.

Community resources

Community resources are vital for providing effective mental health care. These include non-governmental organizations (NGOs); consumer and family associations; traditional, indigenous, and alternative health-care systems; community-based social and rehabilitative services; and informal resources of family, friends, and other social networks.

Approximately 88% of countries have at least one NGO that is active in mental health. Common NGO activities include advocacy, mental health promotion, and prevention of mental disorders, rehabilitation, and direct service provision. However, in most low and middle-income countries the population coverage and the range of services provided by NGOs are not comprehensive. Data from WHO-AIMS suggests that only 46% of low income countries have user and family associations in comparison to 88% of lower-middle income countries, and 100% of upper-middle income countries. Thus people with mental health needs and their families tend to have few opportunities to participate in decision making about treatment; this is true in all countries, but especially in those with low incomes.

Human resources

Health professionals are critical for providing mental health care. Their input is also required for policy advice, administration and for training other personnel. Not only is there a shortage in the number of mental health professionals in the world as a whole, but there is also a wide variation between countries. Low-income countries have a median of 0·05 psychiatrists and 0·16 psychiatric nurses per 100,000 population. Two-thirds of low-income countries have less than one psychiatrist per 100,000 population. Figure 2 (see page 5) illustrates the huge inequities in the distribution of skilled human resources for mental health across the world. The problem is accentuated by large-scale migration, so-called *brain drain* of mental health professionals from low and middle-income countries to countries with higher incomes.

Integration of mental health into the primary care services is the most appropriate way to extend mental health care to the population. However, only 111 (59%) of all countries have facilities to train primary health care providers in mental health care. Even in these countries the facilities are often far from adequate.

Financial resources

About 30% of countries do not have a specified budget for mental health care. Of the 101 countries with a mental health budget, 25% spend less than 1% of the total health budget on mental health.

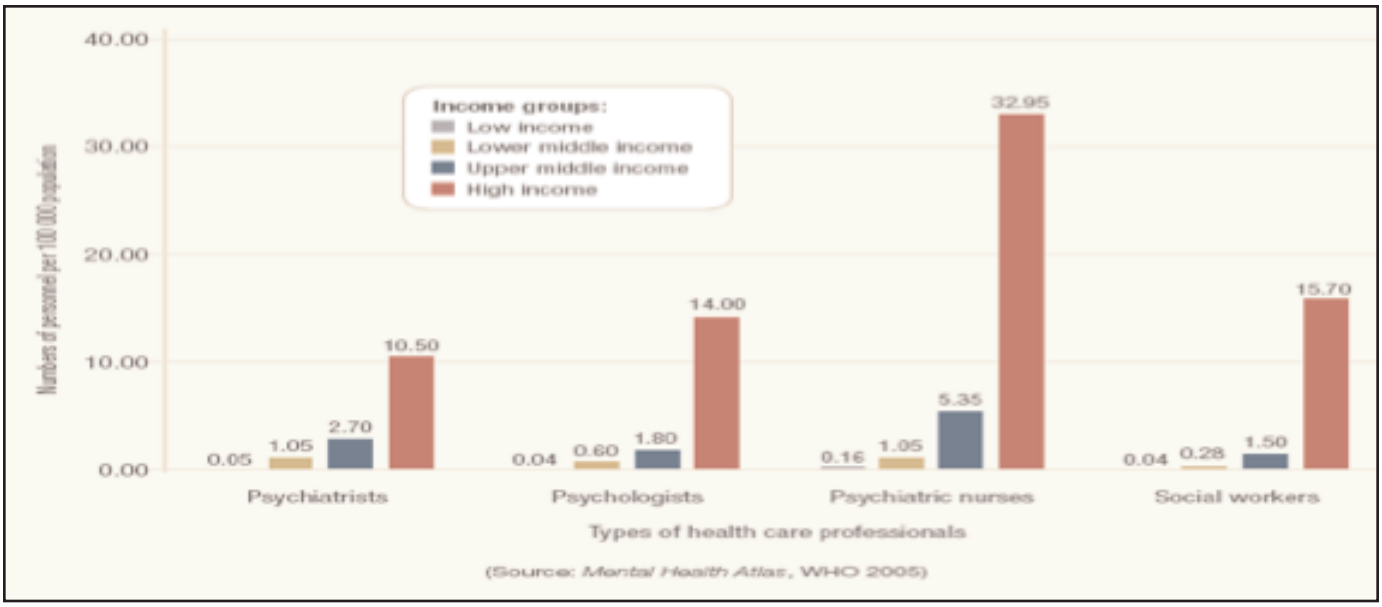

Figure 2: Human resources for mental health care in each income group of countries per 100 000 population

Although most countries assign a low proportion of their health budgets to mental health, for countries with low gross domestic product, this proportion is even smaller (figure 3).

Prepayment financing mechanisms such as social insurance and tax-based arrangements help in redistributing benefits to people with the greatest need and protect poor individuals from a catastrophic expenditure. More than a third of low-income countries rely on out-of-pocket payments as a primary source of income for mental-health care, compared with only 3% of high-income countries. For individuals with mental disorders that need to pay out of pocket for treatment, the financial burden is high. As WHO-AIMS information indicates, on average, antipsychotic medications cost 7.5% of the minimum daily wage in low income countries, 3.5% in lower-middle income countries, and 5.4% in upper-middle income countries.

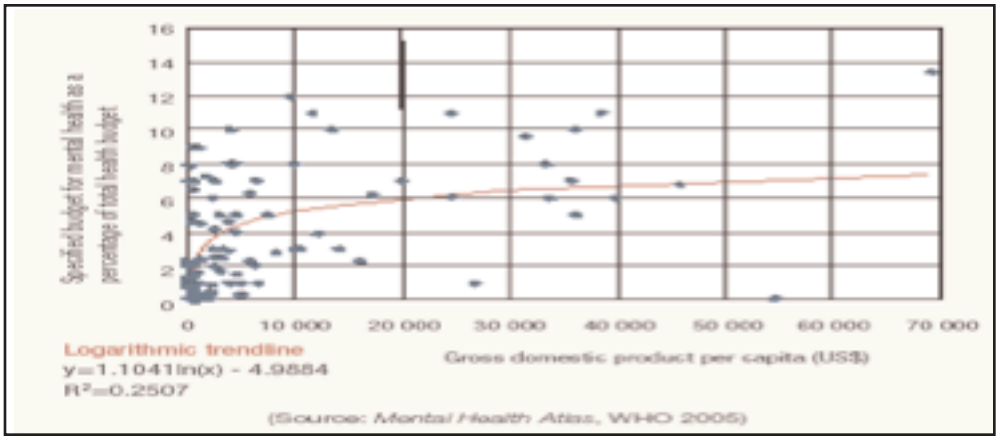

Figure 3: Association between specified budget for mental health as a proportion of total health budget and GDP per capita for 101 countries

Inequitable distribution and inefficient utilization of resources

Not only are the mental health resources scarce worldwide, they are distributed inequitably between different regions of the world. This is evident from the inequitable distribution of human resources within countries, as most mental health professionals are concentrated within urban areas. Data from WHO-AIMS indicates that in low-income countries the number of psychiatrists per 100,000 population, in the largest city, is five times the rate in rural areas. One reason for the inequitable distribution is that mental hospitals are often located in or near the largest city and human resources also are concentrated in mental hospitals. In low-income countries, 36% of all mental health professionals work in mental hospitals, in lower-middle income countries the rate is 51% and in upper-middle income countries the rate is 38%.

The need for mental health care is highest in lower income people, those who are least educated, women, young people, rural communities, and indigenous populations; yet these groups have low access to appropriate services. For example WHO-AIMS reported that in 64% of countries, rural populations were under-represented among users of outpatient services.

An important factor affecting the use of mental health services is stigma and associated discrimination. These barriers to care are present in all societies and affect people with more severe disorders disproportionately [3].

Inefficient use of resources is another obstacle for improving mental health care especially in low and middle-income countries. An example of inefficiency is the substantial investments made in large asylums in many middle-income countries. They are reluctant to replace them with community-based interventions and inpatient facilities in general hospitals, despite evidence that mental hospitals provide inadequate care and that community-based services are more effective [4].

Implications

The most serious consequence of scarcity, inequities in access and inefficiencies in the use of mental health resources is the huge treatment gap— the proportion of those who need but do not receive care. A large multi-country survey supported by WHO showed that 35–50% of serious cases in developed countries and 76–85% in less-developed countries had received no treatment in the previous 12 months [5]. A review of the world literature found treatment gaps to be 32% for schizophrenia, 56% for depression, and as much as 78% for alcohol use disorders[6]. Even for those who receive some treatment, the proportion who does receive effective and humane treatment is small.

Need for action

Many activities have been carried out in recent past to bring mental health on the public health agenda. Some of these have been publication of World Health Report 2001[7], a call for action from Ministers of Health[8] and the passing of a strongly worded resolution by the World Health Assembly [9] and by European Ministers of Health[10]. The recent *Lancet Series on Global Mental Health* [11] specifically addressed mental health issues in countries with low and middle incomes. The series culminated in a call for action to the global health community for scaling up services for mental health care in these countries.

Mental health is now on the global public health agenda but the task is far from complete. Much more effort is required to change policy, practice and service delivery systems. There is a huge gap between what is urgently needed and what is available to reduce the burden of mental disorders worldwide. In order to reduce the gap, WHO has developed the Mental Health Gap Action Programme (mhGAP). The objective of the action programme is to reinforce the commitment of all stakeholders to increase the allocation of financial and human resources for care of mental, neurological and substance use (MNS) disorders and to achieve higher coverage with key interventions especially in the countries with low and lower middle incomes that have large proportions of the global burden of these disorders.

It is aptly titled as "*Scaling up services for mental, neurological and substance use disorders*".[12] The strategies and framework for country action of the programme are summarized below.

mhGAP: Strategies

The programme is grounded on the best available scientific and epidemiological evidence on priority conditions. It provides an example of delivery of an integrated package of interventions, and takes into account existing and possible barriers to scaling up care.

A disease area can be considered a priority if it represents a high burden (in terms of mortality, morbidity, and disability); causes large economic costs; or is associated with violations of human rights. The priority conditions among MNS disorders are depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders due to use of alcohol, disorders due to use of illicit drugs, and mental disorders in children.

The mhGAP provided information on interventions for prevention and management for each of these priority conditions, on the basis of evidence about the effectiveness and feasibility of scaling up these interventions. mhGAP provides a template for an intervention package that will need to be adapted for countries, or regions within countries, on the basis of local context.

The obstacles that hinder the widespread implementation of these interventions must also be considered, together with the options that are available to deal with these. It requires a clear understanding of the type and depth of constraints that affect a country's health system. The constraints could operate at different levels, such as community and household, health-service delivery, health-sector policy, cross-sectoral policies, and environment and context.

mhGAP: Framework for country action

mhGAP provides a framework for scaling up the interventions for MNS disorders, taking into account the various constraints that might exist in the country. Success in implementation of the programme rests, first and foremost, on political commitment at the highest level. One way to achieve this is to bring together a group of key stakeholders with multidisciplinary expertise to guide the process. Situation analysis can help to understand the needs related to MNS disorders and the relevant health care, and thus to guide effective prioritization and phasing of interventions and strengthening of their implementation. Development of a policy and legislative infrastructure is another important area to address MNS disorders and to promote and protect the human rights of people with these disorders.

The next step is to decide how best to deliver the chosen interventions at different levels to ensure high quality and equitable coverage. Adequate human resources are necessary to deliver the intervention package. The major task is to identify the people who will be responsible for the delivery of interventions at each level of service delivery. In many countries especially with low and middle incomes, adequate financial resources are not assigned for care of MNS disorders. Some of the ways to mobilize resources are by increasing the proportion allocated to these conditions in national health budgets; by reallocation of funds from other activities; and from external funding, such as that provided through developmental aid, bilateral and multilateral agencies, and foundations.

What gets measured, gets done summarizes the importance of including monitoring and evaluation in the mhGAP framework. Selection of inputs, processes, outcomes, and impact indicators, together with identification of tools and methods for measurement, are thus an integral part of the process.

The way forward

The essence of mhGAP is to establish productive partnerships; to reinforce commitments with existing partners; to attract and energize new partners; and to accelerate efforts and increase investments towards a reduction of the burden of MNS disorders. Scaling up is a social, political, and institutional process that engages a range of

contributors, interest groups, and organizations. Successful scaling up is the joint responsibility of governments, health professionals, civil society, communities, and families, with support from the international community. An urgent commitment is needed from all partners to respond to this public health need. The time to act is now!

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"Despite the widespread belief that we are powerless in the face of these problems, there is much that can be done. . . . Mobilizing rural populations, empowering people with the skills to understand and care for their mentally ill family members, and supporting people with adequate resources to provide care – all contribute to effective ways of treating mental illness and improving the quality of life in general."

– World Mental Health: Problems & Priorities in Low-Income Countries 1995

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WHAT IS ADVOCACY?

Started as a way to raise awareness and reduce discrimination of persons with mental disorders – Advocacy has continued to be the tool most used to create change in the global mental health movement.

The World Federation for Mental Health has created the 2008 WMHDAY theme, *Making Mental Health a Global Priority: Scaling Up Services through Citizen Advocacy and Action*, to help draw more attention to the need for a stronger advocacy movement with a unified method for action. By working together towards a common goal we can create a world where all people are given equal attention to all bodily aliments and disorders.

Why Advocate? Advocacy is the most effective and least costly tool to create change. You can improve services, assist someone who is unfamiliar with the local system or be the voice for those that are too afraid to speak out, influence laws and policies in your country, and bring more attention and possibly more funding to your cause. If each of us speaks out with the same unified message, we will create a voice strong enough to demand changes. Mental health advocacy will promote human needs and rights and reduce the stigma and discrimination for those in the mental health systems. Every one of us can do something – learn about advocacy and how it can be most effective in your community and be a part of the movement! Professor Shridhar Sharma of the WFMH says, *"People tend to think that one is civilized depending upon how technologically advanced one is, but the degree to which an individual, a society or a country is civilized depends on how we look after those who cannot look after themselves."*

There is no better time than now to act. The evidence is clear - there can be no health without mental health and little will change without continued action and effort. The global message is that each of us must. . . . ***"Make mental health a global priority."*** People-power can sometimes be stronger and more reliable than money.

Implementis, an online resource for mental health advocacy, states that *"it is important to focus on the messages that have the greatest urgency and importance today and to give priority to initiatives that are compatible with existing frameworks.*

10 Key Areas for Action –

1. *We need national ownership for mental health*
2. *The development of local carer/family advocacy groups must be encouraged*
3. *Stigma must be addressed across all of society, not just in care.*
4. *Mental health needs dedicated and sustainable funding*
5. *We must build capacity within existing health and social care*
6. *Social inclusion and improved outcomes won't happen without significant investment in community services*
7. *We need better access and information on treatment options*
8. *Caregiver and patient engagement is essential for optimal care outcomes*
9. *Professional training and partnerships are key*
10. *Better data on severe mental illness is critical for reform"* [1]

"Advocacy is the pursuit of influencing outcomes— including public-policy and resource-allocation decisions within political, economic, and social systems and institutions—that directly affect people's lives. It consists of organized efforts and actions based on the reality of "what is." These organized actions seek to highlight critical issues that have been ignored and submerged, to influence public attitudes, and to enact and implement laws and public policies so that visions

of "what should be" in a just, decent society become a reality. Human rights—political, economic, and social—is an overarching framework for these visions.

Advocacy organizations draw their strength from and are accountable to people—their members, constituents, and/or members of affected groups. Advocacy has purposeful results: to enable social justice advocates to gain access and voice in the decision making of relevant institutions; to change the power relationships between these institutions and the people affected by their decisions, thereby changing the institutions themselves; and to result in a clear improvement in people's lives." [2]

Advocacy Models

Cambridgeshire County Council, UK [3]

Self Advocacy

This is where an individual, or group of people, speaks or acts on their own behalf in pursuit of their own needs and interests - speaking up for yourself. Speaking up may be difficult because of a disability or illness or simply because some people don't take service users seriously or think they are incapable of making decisions.

Citizen Advocacy

This is where someone else speaks up on behalf of the service user or helps them to speak up for themselves. It is based on the idea of a 'valued citizen' (i.e. someone who does not have a problem getting heard), working with a person who is discriminated against. The relationship may develop into friendship or just working together to develop the service users' skills or confidence to manage their own situation. Citizen Advocates usually come from a recognized and coordinated scheme.

Crisis Advocacy

This is where an advocate is found to help with a difficult situation or crisis. The advocate may be someone who is already a Citizen's Advocate.

Peer Advocacy

This is where service users, who have experienced similar problems of not being listened to, may help others to speak up for themselves. A peer advocate is likely to have a very good understanding of what other service users are going through.

Professional Advocacy

This can mean experts in a professional field, such as lawyers, being commissioned to speak up on behalf of an individual service user or group. They may or may not receive payment for acting as an advocate.

Collective Advocacy

This is where a group of people, sometimes from very different backgrounds, campaign on behalf of themselves or others to try and change things. This could be a national organization or a local one focusing on either national or local issues.

Advocacy for Mental Health

World Health Organization [4]

Key points: Concept of mental health advocacy

Advocacy is considered to be one of the 11 areas for action in any mental health policy because of the benefits that are produced for consumers and families.

There are different types of advocacy actions: the raising of awareness, the dissemination of information, education, training, mutual help, counseling, mediating, defending and denouncing.

These actions are aimed at reducing barriers such as: lack of mental health services, stigma associated with mental disorders, violation of patients' rights, absence of promotion, lack of housing and employment.

Reducing these barriers can help by improving policy, laws and services, promoting the rights of persons with mental disorders, promoting mental health and preventing disorders.

Key points: The roles of different groups in advocacy

Consumers have played various roles in advocacy, ranging from influencing policies and legislation to providing concrete help for persons with mental disorders.

The provision of care for persons with mental disorders is a distinctive role for families, particularly in developing countries. In their role as advocates, families share many activities with consumers.

The main contribution of nongovernmental organizations to the advocacy movement involves supporting and empowering consumers and families.

Where care has been shifted from psychiatric hospitals to community services, mental health workers have taken a more active advocacy role.

Ministries of health and, specifically, their mental health sections, can play an important role in advocacy.

The executive branch of government, the legislature, and other sectors outside health can also play a role in mental health advocacy.

Five key barriers that need to be overcome in order to increase mental health services:

- The absence of mental health from the public health agenda and the implications for funding;
- The current organization of mental health services;
- Lack of integration within primary care;
- Inadequate human resources for mental health;
- And lack of public mental health leadership.

Advocacy for Mental Health - Recommendations and Conclusions

World Health Organization [4]

It is not easy to give recommendations that can be applied worldwide because of the diversity of social, economic, cultural and other realities. In order to systematize the information the following recommendations for action are given in accordance with the level of development of the advocacy movement.

6.1 Countries with no advocacy group

1. Set priorities for advocacy actions from the ministry of health, based on interviews with key informants and focus groups.
2. Draw up a brief document showing the priority mental health advocacy issues in the country (e.g. conditions in psychiatric institutions, inaccessible primary care services, discrimination and stigma against people with mental disorders). Support the document the country's policies, legislation, programmes or guidelines relating to these issues.
3. Disseminate the above document throughout the country via the supporting organization for mental health at the levels of health districts, community mental health teams and primary care teams.
4. Identify one or two psychiatric services with the best practices in the country and negotiate a joint demonstration project. This should involve the ministry of health and the psychiatric services. It should have the goal of forming consumer groups and/or family groups with advocacy functions. Technical support and funding are necessary.
5. Identify one or two stakeholder groups interested in the rights of people with mental disorders or in the promotion of mental health and the prevention of mental disorders. Carry out advocacy activities with them cooperatively on a small scale. These small projects can be used as a basis for attracting greater funding and for the expansion of advocacy activities in subsequent years.

6.2 Countries with a few advocacy groups

1. Empower the advocacy groups by providing them with information, training and funding. Focus on consumer organizations.

2. Carry out external evaluation of the advocacy groups, identify best practices among them and demonstrate them to the rest of the country as models.
3. Organize a seminar on mental health advocacy and patients' rights, inviting the advocacy groups and national and international experts on these matters.
4. Lobby the health minister and other health authorities so as to obtain explicit support for advocacy in mental health.
5. Conduct a small campaign, e.g. using radio and leaflets, in order to inform the population about the advocacy groups.

6.3 Countries with several advocacy groups

1. Maintain an updated census of the mental health advocacy groups, and particularly of the consumer groups, in the country. Periodically distribute a directory of these groups.
2. Invite representatives from advocacy groups to participate in some activities at the ministry of health, especially on the formulation, implementation and evaluation of policies and programmes. Try to disseminate this model to all health districts.
3. Co-opt representatives of consumer groups and other advocacy groups on to the visiting board for mental health facilities or any other board that protects the rights of people with mental disorders.
4. Train mental health and primary care teams to work with consumer groups.
5. Conduct an educational campaign on stigma and the rights of people with mental disorders. Try to incorporate issues about the promotion of mental health and the prevention of mental disorders.
6. Help advocacy and consumer groups to form large alliances and coalitions.

The implementation of some of these recommendations can help ministries of health to support advocacy in their countries or regions. The development of an advocacy movement can facilitate the implementation of policies and legislation on mental health. As a result the population is likely to benefit in many ways. The needs of persons with mental disorders will be better understood and their rights will be better protected. They will receive services of improved quality and will participate actively in the planning, development, monitoring and evaluation of the services. Families will be supported in their role as carers and the population at large will have a better understanding of mental health and disorders. Longer-term benefits include the wider promotion of mental health and the development of protective factors for mental health.

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MAKING MENTAL HEALTH A GLOBAL PRIORITY:

Why Consumer, Family Member, Citizen Advocacy and Action Make a Difference in Service and Policy Development

Preston J. Garrison

Even in the technologically advanced and information rich world of the twenty-first century, mental health and mental disorders remain the most misunderstood and poorly treated of all healthcare problems. Historic and pervasive stigma and discrimination about mental illnesses remain as a major barrier to early recognition, treatment and management of this group of disorders that accounts for a substantial percentage of the global burden of disease. While major advances have been made in understanding the causes and treatment of disorders such as major depressive disorder, bipolar disorder, and schizophrenia, and while proven effective medications and therapies are available, only a small minority of those affected receive the care and treatment they need. The World Federation for Mental Health promotes increased, informed grassroots advocacy to make mental health a global priority in an effort to improve national mental health policy and access to quality mental health services worldwide.

Today, 450 million people around the world are experiencing a mental or behavioral disorder or psychological problems such as those associated with alcohol and drug abuse. Many suffer in silence and alone, never receiving any kind of treatment. Between the suffering and the prospect for effective care and treatment stand the barriers of stigma, prejudice, shame and exclusion. Of all the health problems, disorders and diseases that have been a part of the human condition throughout history, none have been as misunderstood, stigmatized or ignored as mental illnesses.

The pervasive stigma that has been associated with mental illnesses – and with people who suffer from them, their families, psychiatric institutions, psychotropic medications --- has been identified as the main obstacle to better mental health care and better quality of life for people with the illnesses, their families, their communities, and the health service professionals who deal with psychiatric disorders (Sartorius & Schulze 2005). That stigma and the resulting discrimination and harm it causes for people with mental illnesses persists, even in the wake of major scientific and clinical advances in understanding and treating these disorders, continues to be one of the most perplexing challenges for the global mental health community. Professor Norman Sartorius describes stigma's impact in this way: "The stigma associated with schizophrenia is particularly harsh. A person diagnosed with the illness will be seen by most of those around him or her as dangerous, lazy, and incompetent to work, unable to be a family member that fulfills his or her social obligations. Different fears and prejudicial judgments may be in the foreground of stigma in different cultural settings; what is common is that the negative opinion will stay stable even after all the symptoms of the disease have disappeared and after it has been possible to show that the individual concerned can work and fulfill his social values as well as his fellow citizens." (Sartorius & Schulze 2005, p. xiv)

What can be done, and what is being done, to improve public understanding and acceptance of mental illnesses and the people who experience them, to improve the care and treatment of these disorders, and to ultimately find the answers that may lead to their prevention?

In 2001, several promising events occurred that gave new hope for a brighter future for the mental health field, for those who have a mental illness,

and for society as a whole. The World Health Organization (WHO) chose *"Stop Exclusion – Dare to Care"* as the theme for its World Health Day to proclaim the message that "There is no justifiable reason for excluding people with a mental illness or brain disorder from our communities – there is room for everyone." (WHO 2001, p. ix) The first ever WHO World Health Report on mental health and mental illnesses released in conjunction with World Health Day 2001, *Mental Health: New Understanding, New Hope*. This resource provided the global mental health sector a landmark blueprint around which to develop an action agenda for improving national public policy, targeting resources to promising areas of intervention, treatment and research, and energizing advocacy to improve services, and reduce stigma and discrimination worldwide.

Dr. Gro Harlem Brundtland, then WHO's Director General, introduced the World Health Report 2001 by observing: "The theme of this report is 'New understanding – new hope." It shows how science and sensibility are combining to break down real and perceived barriers to care and cure in mental health. For there is a new understanding that offers real hope to the mentally ill. Understanding of how genetic, biological, social and environmental factors come together to cause mental and brain illness. Understanding how inseparable mental and physical health really is, and how their influence on each other is complex and profound. And this is just the beginning. We believe that talking about health without mental health is a little like tuning an instrument and leaving a few discordant notes. WHO is making a simple statement: 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" (WHO 2001, p. ix).

In April 2001, then U. S. Surgeon General Dr. David Satcher announced the commemoration of World Health Day in the United States by issuing a major statement on *"Global Mental Health: Its Time Has Come,"* emphasizing that - "Mental health is now recognized as an essential and inseparable part of health." We know that:

- Mental health issues can have a significant impact on the outcomes of a number of medical problems;
- The burden is great in medical, social, and economic terms;
- Effective treatments exist for many mental disorders, and these treatments come in many forms, including medications, psychotherapy, psychosocial services, and rehabilitation;
- People experiencing even the most serious mental disorders can participate in the full range of human endeavor; and
- Special needs exist among groups such as children, elderly people, women, minorities, and others.

What we have also learned is that the stigma associated with mental illness persists and leads to discrimination for those experiencing these disorders. Furthermore, we know that:

- Barriers that include a lack of available, affordable, and culturally and linguistically appropriate services keep many people from receiving the care they need;
- These problems are global, affecting rich and poor countries alike;
- There is a persistent gap between what we know and how practice occurs;
- There are not enough care providers, especially those trained in areas such as children's and geriatric services, and there is a profound shortage of care providers and researchers of any kind in many developing countries;
- In many countries, mental health legislation and policies are nonexistent or outdated; and
- In many countries, mental health care constitutes less than 1% of the overall health budget.

There are a number of ways to improve the situation. *We need improved advocacy for the development of comprehensive health care systems that include mental health in its rightful place as a full and equal partner.* Funding policies and priorities

must reflect the magnitude and burden of mental disorders in health systems. We must pursue neuroscience and health services research, and link research findings to practice

We specifically need to better understand risk factors and causes of mental health problems so we can implement prevention programs. We must continually assess the number and distribution of qualified practitioners and look for ways to form partnerships with international colleagues to increase the number of trained practitioners and researchers in mental health. We must encourage and support research around the world, especially building research capacity in developing countries." (D. Satcher 2001, Global Mental Health: Its Time Has Come)

These major statements, coming from three of the world's leading public health authorities, offered tremendous opportunities for increasing the public's awareness and recognition that mental health is everybody's business and that the climate exists in which major advancement in improving access to effective, high quality services for diagnosing, treating and managing mental illnesses is a realistic hope in countries the world over.

However, much remains to be done if this "new hope" is to be realized. WHO admits in the 2001 World Health Report that: "We do not know how many people are not getting the help they need – help that is available, help that can be obtained at no great cost. . . . Major depression is now the leading cause of disability globally, and ranks fourth in the ten leading causes of the global burden of disease. If projections are correct, within the next 20 years, depression will have the dubious distinction of becoming the second leading contributor to the global disease burden. . . . 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." (WHO 2001, p. x)

A principal challenge facing the mental health advocacy community worldwide – organizations such as the World Federation for Mental Health and national mental health associations located in countries around the world – is to create the necessary public pressure and political will to change national mental health public policy from what has been one of neglect to one which takes into consideration the scientific, clinical and social advances of recent decades. Such a shift in mental health public policy could foreshadow achievement of the "new hope" visualized in the 2001 World Health Report.

To realize such a major paradigm shift in the way mental illnesses are perceived and treated will require new attitudes and new approaches by governments. Governments, as the ultimate stewards of public health, including mental health, must take the lead in addressing the complex task of improving the mental health of the population. They must set priorities among mental health needs, conditions, services, treatments and prevention and promotion strategies, and make choices about their funding. Yet the stewardship function for mental health is poorly developed in many countries.

Five years after the release of the landmark World Health Report on mental health, in far too many countries, unrecognized and untreated mental illness and mental health problems continue to extract personal, social and economic consequences. Too many governments continue to view physical health and mental health in "silos" with little effort being made to effectively integrate services and programs into a meaningful comprehensive healthcare system. And too little funding is being directed to promoting positive mental and physical health and wellness as a strategy to reduce the burden of disease – a burden that costs countries untold billions of dollars.

The continuing gaps between what we know about mental illnesses and mental health problems and what we do about them has again been highlighted and brought to the forefront of attention with the publication, in September 2007, of **The Lancet** *Series on Global Mental Health.* (see

supplemental material section)

From a more personal perspective, for many of the thousands of individuals who experience and live with serious and persistent mental illnesses such as major depressive disorders and schizophrenia, physical healthcare is often inadequate, if not unavailable. The disparity of health insurance coverage for persons having a diagnosed mental disorder further reduces the potential for physical health problems being recognized and cared for. One of the longest major mental health advocacy campaigns in the history of the mental health movement has been the effort of national mental health organizations in the United States, including Mental Health America (MHA), the National Alliance on Mental Illness (NAMI), and many others to achieve passage of federal legislation mandating parity coverage for mental illnesses in private health insurance plans. This effort has been ongoing for more than 20 years, yet its goal remains unrealized and the struggle continues.

As highlighted in the 2004 and 2005 World Mental Health Day global awareness campaigns organized by the World Federation for Mental Health, there are major, and unacceptable, inadequacies worldwide in the physical healthcare available and accessible to people with mental disorders in the community, in psychiatric hospitals and in prisons. (WFMH 2004, 2005)

What will it take to create the political will to raise mental illnesses – which account for eight of the twenty leading causes of years lived with disability among people aged 15- 44 years – to an appropriate level of public health priority? One of the annual goals of World Mental Health Day, and of the World Federation for Mental Health, is to encourage and promote informed grassroots advocacy and action for improvement of services to those with mental and behavioral disorders, to promote mental health and well-being, and to work for the prevention of mental disorders. The importance of this goal is reflected in the selection of the theme for the 2008 World Mental Health Day Campaign – ***"Making Mental Health a Global Priority: Scaling Up Services through Citizen Advocacy and Action."***

The WHO 2001 World Health Report outlined a series of recommendations that can serve as a framework for the sustained advocacy needed in every country to make mental health a high priority in public health:

- *Changing the current fragmented and incomplete mental health systems* to provide for increased mental health treatment in primary care settings
- *Making essential psychiatric medications available* at all levels of healthcare and training healthcare professionals in their proper use and monitoring
- *Expanding the availability and accessibility of community-based mental healthcare*
- *Educating the public* to reduce stigma and the toleration of discrimination against people with mental illnesses
- *Involving and empowering people with mental illnesses and their family members or caregivers* as active participants in the development and decision-making aspects of the treatment and monitoring of their illness
- *Establishing national policies, programmes, and legislation* based on current knowledge and human rights considerations to drive change in planning, funding and practice of mental health service delivery
- Developing human resources by increasing and improving training of mental health professionals in order to reduce the existing lack of adequate numbers of professionals in all mental health disciplines, especially in low- and middle-income countries
- Linking mental health with other sectors such as labour, education, social services, and law in order to broaden the constituency that promotes improved mental health policy and practice
- *Monitoring the mental health of communities* by inclusion of mental health indicators in health information, assessment, and reporting systems
- *Supporting research* into biological and

psychosocial aspects of mental health in order to increase the body of scientific knowledge on which informed advocacy can be grounded.
(WHO 2001, Chapter 5 pp 110-12)

These are worthy goals through which to address the unfinished work of mental health advocates worldwide. Almost any of them could serve as the framework or theme for local, state/provincial, or national education and advocacy campaigns as a part of the 2008 World Mental Health Day campaign.

WFMH encourages mental health associations, professional associations, consumer and family member organizations, and individual citizen advocates to take leadership and incorporate these recommendations into their annual advocacy and policy agendas.

Making mental health a global priority is everybody's business, and is in everybody's self interest. Mental illness and mental health problems are common, affecting 20 –25% of all people at sometime in their life. They are also universal – affecting all countries and societies, and individuals of all ages. What better reason than this do we need to become advocates for better mental health and for the highest quality system of mental healthcare available for all? That's the message of World Mental Health Day 2008 – and that is why knowledgeable, concerted, and continued advocacy by the people most directly affected by these disorders – people living with mental illness, their family members, and their friends, fellow workers and students – is so important to the ultimate success of the global mental health movement.

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An Example of World Mental Health Day Advocacy . . .

An article published on the AMERICAN CHRONICLE website
http://www.americanchronicle.com/articles/50970 ,

February 1, 2008, Shabi Guptha offered a ringing "call to action" for this year's World Mental Health Day campaign. In the article, Guptha writes "Celebrated the10th of October, World Mental Health Day is an international educational campaign which aims to extend knowledge on mental health to unaware people. For the first time in 1992, it was observed by the World Federation for Mental Health as an annual activity.

"For this year's theme, the organizers chose to make mental health issues a global priority -- after all mental health is an international concern. It is known for a fact that not only Americans, Canadians or other highly industrialized citizens experience the problems caused by mental health. Mental disorders do not choose their victims. They occur in all cultures, in all ages and on both sexes.

The sad thing though is that there is too little attention being given in helping people with mental health. We Americans are lucky because our government, our health authorities and many other organizations are trying to mobilize the efforts to assist people with mental health problems. However, even our current efforts are not enough. In many countries though, in fact in almost all countries in the world, mental health is being given too little concern. This is aggravated by lack of funds, by lack of facilities and by lack of nearly all the resources required to advance the causes associated with mental health.

It's time for the world to listen. Through this year's theme, we could eliminate the stigma and discrimination people with mental disorders feel. Through right public information, people who do not suffer with such disorders would understand their suffering counterparts and could help them improve their lives. And through the supply of right information for the unaware public, they could share their lives to those people with mental health disorders.

Enough for the clucking of tongues after a miserable event happened caused by, say, a mentally ill individual. Enough with the daily pains people with mental disorders experience because the public does not have sufficient knowledge on the nature of their disorders. Enough with the unjust treatment to these distressed individuals. They need help, not discrimination. Support not stigma.

Why don´t we listen to the painful sufferings of the mentally ill individuals now and provide them the proper services they need and deserve? World Mental Health Day 2008 sponsors subtly promote the belief that the world would be a better place if only we can understand and help people with psychological disorders."

FROM EXCLUSION TO INCLUSION

The Way Forward to Promoting Social Inclusion of People with Mental Health Problems

Mental Health Europe (MHE) is a European non-governmental organisation, committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, advocacy for social inclusion and the protection of human rights for (ex-)users of mental health services, their families and carers. MHE was set up in 1985 as the European branch of the World Federation for Mental Health, but has been established in its own right in December 1994 as an international not for profit organisation under Belgian legislation. MHE has full members, associate members and individual members, covering all the Member States of the European Union.

What does MHE do?

Lobbies the European institutions to raise the profile of mental health on the European agenda

Develops policy recommendations based on its European projects and based on consultation with its members

Represents a platform for exchange and collaboration among mental health organisations in Europe

Supports its members with information on relevant European policy initiatives and actions

Develops communication strategies and tools such as a monthly newsletter, website, leaflets, press releases, position papers and media relations

MHE's main areas of work

Mental Health and Social Policy

Mental Health Promotion and Prevention of Disorders

Mental Health and Human Rights

Mental Health and Disability

MHE Thematic Committees

European Projects

MHE's work in the field of social inclusion

MHE has a history and plays an important role in raising awareness and in combating the taboos, stigma and prejudices associated with mental illness. Mainstreaming mental health in the field of social inclusion has become one of MHE's principal activities and a major area of concern for people with chronic mental health problems.

In 2000 already, MHE carried out the EU project "Promoting Social Inclusion of People with Mental Health Problems – A Challenge for the European Union," which aimed to raise awareness of the exclusion faced by people with mental health problems, and provided guidelines for policy makers and service providers for promoting social inclusion.

In 2005-2007, MHE implemented the transnational exchange project "Good Practices for Combating Social Exclusion of People with Mental Health Problems." Here the aim was to identify existing best practices that can contribute to tackling the inequalities that people with mental health problems encounter, in access to health and social services, employment, education, training services, housing, transport, leisure as well as the protection of their civil and human rights.

Finally in 2007, MHE carried out its work programme in the field of social inclusion under the

title "From Exclusion to Inclusion: Making Social Inclusion a Reality for People with Mental Health Problems in the European Union" supported by the European Commission Community Action Programme to Combat Social Exclusion 2002-2006. The programme aimed at increasing the capacity and efforts at all levels and among all actors to address the current challenges and needs faced by people with mental health problems who are experiencing social exclusion. One of the outcomes of this work programme is MHE's latest publication "From Exclusion to Inclusion – The Way Forward to Promoting Social Inclusion of People with Mental Health Problems," which is available for download on the MHE website.

Mental health problems and social exclusion

There are varied forms of mental disorders. Some are mild and may just last a few weeks, whereas others are more severe and may last a lifetime; some are not even noticeable, while others are difficult to hide from the social environment. Mental disorders such as depression and schizophrenia place a heavy burden on individuals and communities and that are generally linked with stigma and social exclusion.

More than 27% of adults in Europe are estimated to experience at least one form of mental ill health during one year. Depression disorders and schizophrenia are the most common forms of disabling mental disorders in the European Union. By the year 2020, depression is expected to be the highest ranking cause of disease in the western world.

Mental health problems can be seen as both a cause and a consequence of social exclusion. A range of risk factors influence the development of mental health problems, including socio-economic disadvantage or poverty, unemployment, poor living conditions or homelessness, being a member of a minority group and experiencing racism or discrimination and being a lone parent or a teenage mother. Once mental health problems develop, they may have a negative impact on employability, income, access to adequate housing, opportunities to access services and being part of a social network. Being deprived of many essential elements of life, people with mental illness are often facing serious economic deprivation, social isolation and social exclusion.

Stigma and self-stigmatisation are among the key factors contributing to the social exclusion of people experiencing mental health problems. The link between mental ill health and social exclusion becomes evident in view of three main sources of social disadvantage, unemployment, poverty and homelessness.

Social exclusion is a multidimensional problem, and the different aspects of exclusion will, if they are not dealt with, in most cases increase disability and impede recovery. The main sources of social exclusion and social disadvantage include unemployment, poverty and homelessness. For people with mental health problems, recovery is linked to a great extent to the availability of these social and economic opportunities as well as choices for treatment and support.

National Reports on Social Inclusion

In the field of ***health and social services*** the most prominent issue emanating from all countries covered in this report is that a medical model of psychiatric illness prevails. The focus is almost exclusively on curing the mental illness, without much regard to other social and social inclusion needs. In almost all countries there is a lack of alternative community-based systems for mental health care and psychosocial rehabilitation, and a lack of legislation to support such initiatives.

Another point raised in the majority of national reports was the missing link between the health and social sector, which often results in the absence of a coherent strategy and continuity in the provision of services for people with mental health problems.

The health and social services sector has been described in many cases as lacking the participation of users and families in the decision-making process at the political and care level. Also, there seems to

be a general lack of communication and interaction, between general practitioners and psychiatrists and social workers, and at another level, between state and federal or regional and local authorities.

Need to promote social inclusion of people with mental health problems in health and social services through:

- ***Strengthening communication and interaction between the health and social sector and ensure more integrated actions***
- ***Ensuring involvement and participation of people with mental health problems and their families in policy and decision making***
- ***Complementing the de-institutionalisation process with increased development of alternative solutions for health and social services in the community***

With regard to the area of ***education and training,*** school drop-out due to mental health problems is a major problem in all countries. Pupils or students experiencing a mental illness must usually leave school or university as a result of various factors including intolerance, fear/stigma, and a lack of flexible education programmes or inexperience of teachers to deal with the illness.

In almost all countries, there are no specific education policies which address young people and adults with mental health problems. Existing initiatives for vocational training or rehabilitation programmes aimed at social integration, which are mostly offered by NGOs, face problems of financial sustainability. In some countries there are no programmes for professional education and employment of people with mental health problems at all.

Need to promote social inclusion of people with mental health problems in education and training through:

- ***Promoting early prevention of mental disorders in schools and develop specific education policies targeting pupils with mental health problems***
- ***Creating information and support services in schools and universities supporting students with mental health problems to complete their education***
- ***Increasing (financial) support for NGOs and other providers of vocational training and rehabilitation for people with mental health problems***

In the field of ***employment,*** people with mental health problems are among the largest group of unemployed in all countries, despite a sometimes very strong desire to engage in productive work. The situation is often especially hard for young people who experience mental illness and who are at the beginning of their careers.

In almost all countries, the only secure source of income is through social pensions or disability benefits, which in most cases are very low. The dilemma for people with mental health problems is always the same; once they find employment they loose their disability status and, therefore, their benefits.

In several countries, there are sheltered or adapted jobs, even though there are few, but they do not meet the ultimate goal of re-integration of people with mental health problems in the open labour market.

Need to promote social inclusion of people with mental health problems in employment through:

- ***Raising awareness among employers of the employment potentials of people with mental health problems***
- ***Creating decent job opportunities in sheltered/adapted employment or social firms as well as in the open labour market***

- ***Ensuring a decent minimum income for people with mental health problems as well as a fair regulation of the compatibility between work and social benefits***

In terms of ***housing,*** there are a large number of people with mental health problems who are homeless in all countries. For this group, it is very hard to find affordable and adequate housing; they often lack the financial resources to pay for rent and they also face stigma and discrimination.

In some countries, mostly in the EU-15 Member States, there are some sheltered living opportunities located in community settings which are targeted specifically at people with mental health problems. This is a relatively new concept for most of the newer Member States of the EU. In general, however, these opportunities are rare, they are mostly offered by NGOs and they are often faced with budgetary problems.

Need to promote social inclusion of people with mental health problems in housing through:

- ***Promoting legal regulations promoting housing rights of people with mental health problems and prohibiting discrimination***
- ***Preventing homelessness of people with mental health problems by supporting the development of affordable and adequate housing***
- ***Providing (financial) support to NGOs and other providers of alternative housing solutions like sheltered living opportunities***

In the field of ***transport,*** participation in public transport often forms a barrier for people with mental health problems. In some cases, they decide not to travel (e.g. to therapy, day hospitals or for leisure activities) due to a lack of money, while in other cases they would need a person to assist and accompany them. In some countries, mental health and social services are difficult to reach via public transport, which means that access becomes difficult for people with mental health problems, especially for those people living in rural areas.

For people with mental health problems, there are no special services and no price reductions in most cases. This is only available for people with disabilities, and in some countries people with mental health problems can benefit from it as well if they receive a disability pension.

Need to promote social inclusion of people with mental health problems in transport through:

- ***Providing people with mental health problems, who rely on social assistance, with price reductions and support for access to public transport***
- ***Paying special attention to people living in rural areas with limited access to public transport***

Regarding ***leisure activities*** in the community, in most countries, they are too costly for people with mental health problems to afford them (e.g. cinema, theatre, etc.). In some countries, even the disability status does not provide for discounts in ticket prices or cultural events.

In most countries, leisure activities for people with mental health problems are provided by NGOs and self-help groups. These activities are facing financial pressures, which often lead to a limited service capacity. Moreover, they are very specialised; in order for the leisure activities to be inclusive they should bring together people with mental health problems with other people in society.

Need to promote social inclusion of people with mental health problems in leisure activities through:

- ***Providing concessions and price reductions for social and leisure activities to people with mental health problems who rely on social assistance***

- ***Supporting the establishment and sustainability of self-help groups and social clubs for people with mental health problems as well as initiatives aimed at bringing together people with mental health problems with other people who live in the community***

In view of the safeguarding of the ***civil and human rights*** of people with mental health problems, the situation is very diverse in Europe. In some countries, there is existing legislation referring to the rights of psychiatric patients (including right to information, informed consent, open files, etc.), while in other countries, legislation is missing. In some countries without legal provisions, there are many accounts of involuntary hospitalisation and human rights violations in psychiatric hospitals or social care homes in the form of physical and chemical restraint, physical and emotional coercion and control of a person's private belongings.

In most countries, people with mental health problems lack the knowledge about their rights, and as they are particularly vulnerable it is very difficult for them to defend themselves and to claim their rights. In many countries, there is existing anti-discrimination legislation (for example with regard to access to transport, education or employment); however, the legislation is mostly directed at discrimination on grounds of disability. For people with mental health problems there is mostly no specific legislation guaranteeing their rights.

Need to promote social inclusion of people with mental health problems in civil and human rights through:

- ***Ensuring that people with mental health problems are informed about their rights***
- ***Enforcing the implementation of anti-discrimination legislation in all areas***
- ***Supporting the creation of contact points for legal advice for people with mental health problems***

Other important areas that were repeatedly mentioned regarding their impact on the social inclusion of people with mental health problems include their involvement in policy and decision-making. In all countries, there is a need for good governance mechanisms and practices that allow and encourage an ongoing evaluation by users and their representatives.

Financial aspects of social inclusion concern hospitalisation insurances that do not cover psychiatric illness in some countries, so that people with mental health problems cannot refer to their insurances for hospitalisation costs. Moreover, all countries, without exception are faced with very limited financial budgets for community psychiatric services and supply.

Need to promote social inclusion of people with mental health problems in other important areas:

- ***Ensuring the involvement of people with mental health problems and their families in relevant policy and decision making as well as in ongoing monitoring and evaluation of services***
- ***Seeking partnership with NGOs and other grass-roots providers of services in mental health to ensure adequacy, flexibility and sustainability at the local level***
- ***Providing an adequate financial frame for the development of sustainable community-based mental health services***
- ***Guaranteeing equal treatment for people with mental health problems with regard to insurance coverage***

The situation of particularly ***vulnerable groups*** such as women, children/adolescents; migrants or older people who are faced with several dimensions of stigma, discrimination and social exclusion simultaneously varies in the different countries. However, the group that is mentioned the most in

all countries in terms of being at risk of mental ill health and social exclusion is that of migrants. In all countries, migrants tend to face many problems at the same time such as problems related to access to work, to decent housing, financial and legal security, etc. These problems can be excluding as such and often exacerbate existing mental health problems. In addition, migrants who experience mental health problems often lack access to adequate services that are culturally sensitive and provided at an early stage.

Another group vulnerable to mental illness and social exclusion are women. An observation across many countries is that there is a lack of a gender-based approach to mental health and social services. The impression is that disabled people lose their gender attributes and that they are only regarded as being disabled.

Most existing initiatives targeting vulnerable groups include those focused at children in general and migrant children in particular. A problematic aspect here is the labelling of children or young people as mentally ill, thus increasing the risk of social exclusion. In younger people, a growing problem in some countries is the problem of drug abuse and addiction, which in the presence of psychosis result in a high risk for exclusion.

Older people are reported in all countries to face mental health problems. The cause or consequence of this situation is, in many cases, loneliness. In most countries, there is not enough health and social support for people to stay in their homes, and at the same time there is a growing need for meeting spaces and living in the community.

Recommendations for promoting social inclusion of people with mental health problems in vulnerable groups:

- ***Paying special attention to the mental health and social needs of migrants and invest in culturally sensitive approaches to mental health and social services***
- ***Adopting a gender-based approach in mental health and social support services***
- ***Investing in mental health promotion and early prevention of mental disorders and drug abuse in children and young people***
- ***Creating spaces for meeting others and living in the community for older people and fight social isolation***

General categories of ***good practices*** for improving social inclusion of people with mental health problems that were mentioned in most countries included all socio-psychiatric associations (drop-in centres, counselling, day centres, different forms of housing and rehabilitation, etc.). Necessary principles for the success of inclusive practices are person-centeredness, independence, empowerment and community-orientation. The effectiveness of these initiatives is largely determined by the extent to which people with mental health problems are included in the advisory boards and decision-making processes.

Other good practices that were mentioned in the countries can be classified into three broad categories. The first relates to good practices concerning social activities such as projects addressing the social and training needs of people with mental health problems (music, arts, other skills), buddy/befriending projects connecting people with and without mental illness, but also de-institutionalisation processes that go hand in hand with the development of flexible community-based systems for mental health care, rehabilitation, support and alternative housing opportunities in the community. The second category concerns good practices aiming at the labour market integration of people with mental health problems; for example, through supported employment, rehabilitation initiatives, social firms, work opportunities in the community, in local cafés, etc.). Finally, the third group of good practices includes those aimed at the general population such as anti-stigma campaigns as well as efforts at the policy level to mainstream mentally healthy public

policy and practice in all policies aimed at achieving social justice and closing the opportunities gap.

Recommendations for promoting social inclusion of people with mental health problems in good practices:

- ***Adopting the principles of person-centeredness, independence, empowerment and community orientation***
- ***Investing in social activities in the community as well as in initiatives promoting labour market integration of people with mental health problems***
- ***Fighting stigma and prejudice in society through realistic messages in the media***
- ***Supporting NGOs and other voluntary providers of mental health and social services***

For the period 2006-2008, only 13 out of the 27 **National Action Plans on Social Inclusion** that have been developed as part of the Open Method of Coordination in the field of Social Protection and Social Inclusion make a reference to the social inclusion needs of people with mental health problems. In all these National Action Plans on Social Inclusion, people with mental health problems are either not considered at all, or no distinction is being made between people with mental health problems and people with disability or mental disability – two fundamentally different groups. In almost all countries, there has been no systematic involvement of civil society organisations, in particular mental health associations. And many countries reported about difficulties to identify, contact and talk to the responsible units and officials dealing with the reports in order to become involved in the social inclusion process at the national level.

In several countries, the needs of people with mental health problems fall under the jurisdiction of the Ministries of Health and thus were reflected in the National Strategies for Health and Long-term Care and not in the National Action Plans on Social Inclusion. This has far reaching negative consequences, as this group is being left out of the policy area that integrates and coordinates matters of social inclusion.

In order to make this instrument more effective, most countries agreed that national governments must adopt a serious and coherent approach towards the development of the Report as well as towards the effective implementation of all other instruments related to the Open Method of Coordination such as mutual learning and peer reviews.

Need to promote social inclusion of people with mental health problems in the National Action Plans on Social Inclusion through:

- ***Include people with mental health problems in the framework for the National Action Plans on Social Inclusion in all countries as a separate group from people with other disabilities***
- ***Involve NGOs and other civil society organisations, especially mental health associations, in the discussion, drafting, implementation and monitoring of the National Reports on Strategies for Social Protection and Social Inclusion***
- ***Enforce an integrated approach to tackling the needs of people with mental health problems in all areas of the National Reports, Social Inclusion, Health and Long-term Care and Pensions***
- ***Assume and promote ownership and responsibility for the National Reports as well as for all other OMC related instruments, such as mutual learning and peer reviews***
- ***Ensure an effective implementation of agreed strategies and actions as laid down in the National Reports***

Achieving Social Inclusion

MHE hopes that its recommendations can be helpful, for policy and practice at the European, national and local level, in the promotion of the social inclusion of people with mental health problems. The aim is to work towards a European society in which all people enjoy a high level of mental health, live as full citizens and have access to their human rights and to appropriate services and support when needed, through strengthened cooperation between all relevant actors and better integration of mental health issues into the social inclusion process at all levels.

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"KEEPING CARE COMPLETE":

The Role of Families and Carers of People Living with Mental Illness

Families of people living with serious and persistent mental illnesses such as schizophrenia, schizo-affective disorder, and major depressive disorders have played a crucial, yet often unrecognized and unsupported, role in providing care and support to their affected family member's management of a disorder. In countries where adequate and appropriate mental health services are not available or accessible, the care giving role of families and/or friends is significantly increased and can become overwhelming. While the importance of family carers has gained greater recognition in recent decades in many countries, that recognition has not translated into the development of significant support services and direct assistance from governmental sources, even as the mental health systems in many countries have moved from an institutional to a community-based approach.

As Diane Froggatt writes in the ***Overview to Families as Partners in Mental Health Care: A Guidebook for Implementing Family Work,***[1] published by the World Fellowship for Schizophrenia and Allied Disorders (WFSAD), *"With the introduction of community-based care and the reduction in the number of beds in both psychiatric and general hospitals, there is no doubt that the responsibility for care falls mainly on the family and the person's social network. . . . The fact that many mental health professionals see patients who are estranged or distant from their families is likely to be an indicator of the difficulties families are having holding the family together and providing ongoing support to someone who is unwell and unable to function as previously. Families attempt to care for someone who may:*

- *Have bouts of acute psychoses*
- *Exhibit little motivation for most activities*
- *Be self-absorbed much of the time*
- *Hardly contribute to the household*
- *Have cognitive difficulties giving rise to forgetfulness, misunderstandings, irritability, frustration, and sometimes outright hostility.*

Initially families are completely unprepared to deal with the challenges of this role and need the benefit of professional assistance and resources to help with care and management of the patient, as well as linkages to self-help support. When these are available, there is a two-way exchange of information that can add immeasurably to the clinical team's knowledge base and help the patient's recovery process."[2]

The development of family and carer support groups in local communities, primarily in middle- and high-income countries, over the past two decades has had a very positive effect in helping families deal with the often devastating consequences of a family member's serious and persistent mental illness. The emergence of national family and carer organizations such as the National Alliance on Mental Illness (NAMI), Voz Pro Salud Mental in Mexico, ABRATA in Brazil, and the Mental Illness Fellowship of Australia, as well as international organizations such as WFSAD and EUFAMI, has given a strengthened voice to families and carers of people living with mental illnesses. While a great amount of work remains to be done by the global mental health advocacy movement to expand family and carer support and advocacy efforts to low-income countries, there is increased awareness and attention now being given to the concerns, challenges and needs of families by mental health service agencies and professionals, by

governmental policy and funding agencies, and by the general public.

Professor Norman Sartorius, writing in the Foreword to ***Families as Partners in Mental Health Care,*** states the case for expanding attention to the needs of family carers:

"The participation of families in mental health care is of central importance for its success. The education of families about the mental illness of one of its members can significantly reduce the relapse rate for a severe mental illness such as schizophrenia. It can also reduce the anxiety that families of mentally ill persons experience and help them in the noble effort to provide care to the person who has fallen ill. At the same time, it can help families become partners in care for people with mental illness while maintaining their other vital roles such as transmitting culture and contributing to the growth and stability of communities. The education and psychoeducation of families and their full participation in care can reduce the probability of relapse of illness and shorten the length of morbid episodes.

Although these facts have been well supported by scientific evidence, organizations of families of mentally ill people are still few in numbers and usually receive little, if any, help from governments. What is particularly disturbing is that family organizations – and individual families – often do not receive support from the mental health system and mental health professionals."[3]

The Lancet *Series on Global Mental Health*, published in September 2007, stressed the importance of greater involvement of the role of citizen advocacy in improving and scaling up services, noting *"There is a need to step-up mobilization and recognition of non-formal resources in the community – including community members without formal professional training, and people with mental disorders themselves and their family members – to partake in advocacy and service delivery. Population-wide progress in access to humane mental health care will require substantially more attention to politics, leadership, planning, advocacy, and participation."*[4]

"Keeping Care Complete": A Tool for Family and Carer Advocacy

In 2006, the World Federation for Mental Health, in collaboration with Eli Lilly and Company conducted ***Keeping Care Complete***, an international survey of 982 family caregivers of individuals with schizophrenia, bipolar disorder and schizoaffective disorder to gain the perspectives of family caregivers regarding the challenges and concerns they face, and to learn more about the advocacy issues that might address these concerns. The survey results revealed the devastating consequences of relapse, defined as the worsening of symptoms after apparent recovery, and shed light on a desire among caregivers for doctors to focus on long-term care rather than managing crisis situations.

More than 50 million people suffer from serious mental illnesses worldwide. When all of the parents, siblings, spouses and children connected to these individuals are considered, it is easy to see how far the shadow of serious mental illness is cast. This survey demonstrated that many caregivers have experienced both the chaos of relapse and the relief that comes with stabilization.

Keeping Care Complete was conducted through interviews of caregivers in Australia, Canada, Germany, France, Italy, Spain, the United Kingdom and the United States, and was carried out by an independent market research firm.

Some of the findings resulting from the survey include:

- Caregivers whose family members experienced relapse say that as a result, their loved ones were unable to work, were hospitalized, tried to die by suicide, or were incarcerated. Many of these caregivers also said that their own mental and

physical health as well as their financial situation deteriorated following the relapse.

- Nine in ten of all caregivers agree that efficacy is their primary concern when weighing treatment options for their family member and that an effective medication is needed to control the symptoms of the family member's condition, before overall wellbeing and health can be properly tackled.
- Most caregivers say physicians should focus on long-term management of their loved one's mental illness rather than managing crisis situations: 66 percent of all caregivers said that they are frustrated by a doctor's approach to set very low goals for long-term improvement of the relative's illness.

A primary objective of the ***Keeping Care Complete*** survey project was to obtain information directly from family carers that could be used in public awareness activities and as support for advocacy efforts in working with policy makers to increase the priority for recognition and support of the role of families of individuals living with mental illnesses.

The survey results can be utilized to foster such key advocacy messages as:

- In order for family members to provide support to individuals with severe mental illness and help them become productive citizens, they must have increased support, and must have the chance to be heard.
- Increased awareness of the needs for access to psychiatric services, medications and wellness programs among legislators, medical professionals and the greater public will help alleviate the burden that these devastating illnesses can have on families.

Keeping Care Complete serves as an important tool to help accomplish these goals by providing:

- Mental health professionals, policy makers and the broader public with a clearer picture of caregivers and their efforts, hopes and needs.
- Advocacy associations with better information on how to support caregivers and fight for improved care and access.

Complete survey data and fact sheets on schizophrenia, schizoaffective disorder and bipolar disorder and on caregiver perspective are available at www.wfmh.com. Printed copies of materials packets containing survey results summaries for each of the countries included in the survey are available from WFMH, info@wfmh.com. Also available on the WFMH website is a template PowerPoint presentation that can be customized and used by family and carer organizations in their awareness and advocacy programs and activities.

WFMH commends the World Fellowship for Schizophrenia and Allied Disorders (WFSAD) for the development and publication of ***Families as Partners in Mental Health Care: A Guidebook for Implementing Family Work***, and recommends it to any organization working with families with members living with mental illnesses, or that might be complementing taking on these activities. Information on ordering the publication is available from the WFSAD website at http://www.world-schizophrenia.org/publications/index.html

FACT SHEET
CRITICAL ELEMENTS IN BECOMING AN EFFECTIVE ADVOCATE

Introduction

Family self-help and advocacy organizations for mental health have grown over the past two decades to become a formidable advocacy force internationally. They are accepted in most countries as a legitimate source of advice about their needs, concerns and practical problems faced by families/carers and mental health service users and consumers. Family organizations have also emerged in many countries as an essential sector to work with government and build solutions to mental health issues.[5] Yet, in many parts of the world, family members and carers of people living with mental illnesses are still not accepted by policy makers and professionals as valued sources of information or as informed advocates for improved mental health policies and better services.

Family/carer and consumer/service user mental health organizations often have diverse demands and carry out a range of activities and functions, depending on their size, capacity and resources. Some are small and informally organized groups that lend mutual support to members, while others are formally organized and chartered non-governmental organizations (NGO) with elected and staff leadership. Yet, all carry on similar functions and activities that may include:

- Providing services to people living with mental illness
- Providing education programs to families and carers
- Providing awareness and education programs to mental health professionals and the community
- Serving as sources of information for government departments, politicians, policy makers.[6]

Whatever their size and scope, an important role of family and carer groups and organizations is that of being an informed advocate for the needs and concerns of their members, and for the mental health movement. Being a change agent by speaking out from the unique basis of personal experience, working in partnership with service user/consumer groups and citizen advocacy organizations, and engaging with government agencies and elected government leaders are crucial to achieving the aims of improved public policy and enhanced service systems. The following table, (see pages 30 and 31), prepared by the World Fellowship for Schizophrenia and Allied Disorders, describes a range of critical elements for family and carer organizations to pay attention to as they seek to enhance their capacity to become effective advocates.

References

1. Froggatt, D., Fadden, G., Johnson, D. L., Leggatt, M., and Shankar, R., 2007. *Families as Partners in Mental Health Care,* World Fellowship for Schizophrenia and Allied Disorders, Toronto, Canada.
2. *Ibid,* page 1.
3. Sartorius, MD, PhD, Norman, in Foreword to *Families as Partners in Mental Health Care: A Guidebook for Implementing Family Work,* 2007, World Fellowship for Schizophrenia, page xi.
4. **The Lancet** *Series on Global Mental Health,* September 2007, http://theLancet.com (Quotation from summary of the six articles contained in the Series), prepared by the Institute of Psychiatry, King's College London.
5. Froggatt, D., Fadden, G., Johnson, D. L., Leggatt, M., and Shankar, R., 2007. Families as *Partners in Mental Health Care,* World Fellowship for Schizophrenia and Allied Disorders, Toronto, Canada, Chapter 8, Part 2, pp. 136-37.
6. Froggatt, D., etal. Pp.136-37.

CRITICAL ELEMENTS OF EFFECTIVE ADVOCACY

Critical Elements	Examples of Activities
BECOME INFORMED ***Know your subject; gather information from local, national and international sources.***	Recruit people to your Board who have experience with government or dealing with government departments. Ensure you are well informed about the impact of the mental illness(es) your organization represents. Know your organization's key issues. Use the mental health statistics within you country and compare them with other countries. Identify whether local, regional or national government is responsible for the issue (you want to influence). Identify "champions" or "sympathizers" in government and mental health services and court them. Introduce your organization and what it does to relevant government departments as well as to politicians. Contact and arrange to meet with them on important issues. Use advanced students to assist in sourcing information. Educational institutions often welcome such requests and it gives students issues to investigate as part of their studies while contributing to the education of the public about mental illness.
RAISE AWARENESS ***Inform others about the effects of mental illness.***	Keep your membership informed and ready to lobby.; Produce and disseminate a newsletter that covers your key issues and circulate copies to government. Use real stories; remember members of government sometimes respond to individual stories better than to statistics. Arrange for members who have stories to talk directly to members of government if possible. Respond in a timely manner to requests for submissions/information – this ensures you will be seen as a reliable source of grassroots information.
EDUCATION ***Ensure that accurate information is provided. This is an important way to address stigma.***	Don't assume government members know about mental health. Develop postcards with short facts about mental illness – a useful quick check for busy people. Use stories from carers and comments. Become known to the media and appoint a spokesperson from within your group – informed media stories contribute to educating the public. Educate your communities through a speaker's bureau and include families as speakers. Establish links with research institutions. Family and carer organizations are well placed to contribute to the design, process and dissemination of findings of research because of their close relationship within communities.

Critical Elements	Examples of Activities
NETWORKING ***Establish relationships with significant individuals and organizations to further common issues.***	Identify important organizations and people that would support your group in achieving its aims and approach them to work together. Identify people within your group who have good communication skills and support them to establish and maintain relationships with mental health and other organizations. Acknowledge assistance you get with a thank you. More formal acknowledgement – such as a certificate – is appreciated in some situations.
CAPACITY BUILDING ***Increase your organization's ability to fulfill its role by increasing skills, knowledge and resources.***	Build your organization's resources; use your networks to recruit new members; encourage members to volunteer to assist your group carry out its role. Build your financial base; approach corporations, seek grants from philanthropic societies and make submissions to government for project funds. Provide staff and volunteers with opportunities for continued learning, support and resources to carry out their roles. Participate in research. [Research information is a critical means of supporting good public policy advocacy.]
LOBBYING ***Raise issues with legislators/government to influence formulation of policy.***	Identify and prioritize important issues on which you wish to raise awareness. Prepare key messages in short and digestible formats. Keep government informed. Use local and national media to highlight issues – prepare press releases ready to be used – one issue only. [Make your messages concise and compelling.] Describe both the problem and what needs to be done to improve the situation. Establish your organization as a reliable commentator on mental illness. Use multiple methods to disseminate information, (e.g., press releases to capture media attention for print, radio and television.)
CAMPAIGNING ***Undertake a planned, structured approach to achieve your organization's goals through representation to the public and government.***	Campaigning is similar to lobbying but is directed to a wider audience than government. It is based on well-developed and well-researched issues. Develop a campaign plan for the organization that includes: (1) the purpose; (2) the tasks and timelines; and (3) the outcome you are seeking. This enables a full evaluation of how well you met your targets. Form a core group or committee. Harness the members of your group to participate in your campaign. This is important to give a real "voice" and personalize the issues. Have clear goals and make quite explicit the actions you want taken. If you are able, obtain professional assistance in the development of material to ensure it is presented in a professional way. Evaluate and use results to identify successes and faults for future planning.

This table is contained in Chapter 8, Part 2 of Families as Partners in Mental Health Care: A Guidebook for Implementing Family Work, edited by Diane Froggatt, Gainne Fadden, Dale L. Johnson, Margaret Leggatt, and Radha Shankar, and produced by the World Fellowship for Schizophrenia and Allied Disorders (WFSAD) (2007). Used with permission of WFSAD, with minor adaptation.

INTERNATIONAL ADVOCACY EXAMPLES OF ADVOCACY IN ACTION

Richard C. Hunter WMHD Award Winners

As part of the World Mental Health Day campaign, WFMH selects the annual recipients of the Richard C. Hunter WMHDay Award. Richard C. Hunter, Deputy Secretary General of WFMH from 1983 through 2002, envisioned World Mental Health Day as a global and unified effort to promote greater public awareness and understanding of mental health and mental illness. All organizations and individuals are invited to submit applications for this award. Recipients in the past three years are highlighted below. Additional information is available on the WFMH website: http://www.wfmh.com/00WorldMentalHealthDay.htm.

2006 – Ministry of Health of Saudi Arabia, the Administration for Mental Health and Social Services. Dr. Abdulhameed Abdulla Al-Habeed, M.D. reported that they used the materials in the 2006 packet "Building Awareness: Reducing Risks: Mental Illness and Suicide" to hold an exhibition, organize a symposium, publish pamphlets, contribute articles for the media, present lectures and presentations, and initiate research projects. They believe that hundreds of thousands of individuals were reached by the media, as well as all professional psychiatric colleagues, social workers, psychologists and nurses in the Kingdom. It is believed that the major outcomes of these efforts included an increase in public awareness about mental disorders and the connections to suicidal attempts and suicide; increased awareness of the availability of assistance offered by the health delivery facilities and reduced stigma against mental disabilities.

2005 – Agrawal Neuro Psychiatry Centre, Kota, India. The theme of the 2005 World Mental Health Day, "Mental and Physical Health across the Life Span," was commemorated with a multitude of activities organized by the Agrawal Neuro Psychiatry Centre. Thousands of letters were posted on September 5 to officials of the Rotary International encouraging them to celebrate this special week of 2-10 October. On October 2, a huge mental and physical health camp was organized at Begu City, marked by banners containing the World Mental Health Day campaign theme. Over 1000 individuals benefited from visiting the different specialists at the camp and medications were distributed for free. October 3 was the day of a seminar organized at the Central Jail in Kota where over 500 jail residents heard Dr. M.L. Agrawal and Sant Shri Ramanand Saraswati address the issues of drugs and crime. On October 4, a major rally took place through the streets of the city with the WFMH's theme for 2005 on a tractor trolley. On October 5, Dr. Agrawal addressed a gathering of 200 students 6-12 years old at the Government Girls Secondary School in Kota, followed the next day by a similar presentation for 250 girls at the Government Girls School in Talwandi. Another lecture was presented to the Rotary Club on October 7 with additional presentations and discussions at an old age home "Ashraya" in Kota. October 10 was the day of a huge rally on mental health organized in collaboration with the Innerwheel Club in Kota, with participation of approximately 500 school

children. A full day of activities took place into the evening with many speakers addressing the topic of mental and physical health – which kicks off the year-long community-based educational programs with the involvement of all NGOs.

2004 – Spanish Confederation of Associations of Families and People with Mental Illness (FEAFES). The 177 associations currently in this confederation led different activities on the 2004 World Mental Health Day, under the theme of "The Relationship between Physical and Mental Health: Co-Occurring Disorders." Numerous representatives of location governments and health departments participated in the events as speakers in debates, reading the proclamation and, in some cases, signing agreements to combat discrimination and improve services. Many seminars and conferences were organized and guides were published and distributed for journalists on how to address mental health related issues and for associations on how to deal with the media. Other events included music festivals, theatre plays and painting exhibitions, some presenting prizes for the winners of competitions. Information desks were set up throughout the country and some new services were opened on that special day. The Confederation gave a press conference in Madrid on October 8 and specifically related television and radio programs resulted. Information on recent activities of FEAFES in included in the "Best Practices in Mental Health Advocacy" section of this report.

Examples of Mental Health Advocacy Around the World

In preparation for the 2008 World Mental Health Day campaign, WFMH contacted Voting Member Organizations to share information about the major advocacy, education, or program efforts that serve as landmark accomplishments for each respective organization. It is clear that WFMH members are key to the advocacy movement around the world in a variety of important ways. It is regrettable that space prohibits the inclusion of more organizations but following is a sample of activities and practices.

In Argentina, the **Fundación Contener** had a "Contener in Community Action" program for three years (2004-2006) which granted preceptorship and partial sponsorship to other NGOs working with people who experienced mental disorders as well as to community activities taking place at halfway houses, hostels, community preventive actions for children at risk, etc. in order to assist with vital infrastructural needs. Annual awards were given for best media production against stigma and discrimination, best institutional production in the field of psychosocial rehabilitation, and best legal action in defense of patients' rights. Contener also facilitated donations of medications and Annual Meetings attended by NGOs, advocacy groups, governmental officials, representations from the judiciary and the legislative powers, media, educators, and religious leaders. Contener in Community Action became a model of mutual collaboration for people with mental disorders and the community and funds are currently being sought to continue this important work. For more information, visit their website at www.contener.org.

MIND and others in England and Wales have been working since 2002 on a successful campaign to increase the welfare entitlements of people with mental health problems classified as long-term hospital inpatients. This project arose after discovering that 22,000 people on welfare in hospitals because of mental health legislation were having their welfare severely cut after being in the hospital for a year. The rationale was that since accommodations and meals were provided by the hospital, only a small weekly allowance for personal expenses should be paid. This created great anxiety among the patients, prevented therapeutic activity outside of the hospital, hampered recovery and increased social exclusion; thereby ignoring the reality of service users' lives. Their activities were so

limited by this financial restriction that, on some wards, tobacco, non-prescription drugs, and sex became alternative currencies.

Led by service user groups and individuals, MIND lobbied the Government, parliament and civil servants on this issue for the next three years. The accounts of individual users of their experiences were powerful tools towards this goal. Finally, the Government announced that the rules would be changed as of April 2006 and welfare levels would not be downgraded at all because of a year's hospital stay. As a result, the mental and financial well-being of thousands of people with mental health problems was safeguarded. For more information: www.mind.org.uk/anotherassault.

The Finnish Association for Mental Health, (www.mielenterveysseura.fi) along with the Pohjanmaa Project and STAKES (National Research and Development Centre for Welfare and Health) developed a Mental Health First Aid Training to promote civilians' skills in mental health. The two-part training program consisted of 32 total hours of teaching and detailed tasks intended for all who want to maintain and develop their own coping skills and mental well-being and that of their close friends and relatives, and to learn the five basic steps of mental health first aid. This basic training can be customized for working communities and trainer teaching has been arranged so that there will soon be trainers in every part of the country. The participants in these two courses:

- Ponder their own resources and coping skills
- Improve their own knowledge of mental health, mental disorders and their causes
- Are given tools and encouragement to take care of their own and close ones' mental health
- Obtain skills to discuss difficult issues
- Become aware of drug addiction and the adverse effects of drug use
- Know how to apply mental health first aid steps
- Know how to offer help when necessary and to direct the subject to therapy
- Become equipped to identify their limits.

The Society of Social Psychiatry & Mental Health in Greece (www.otenet.gr) has sought to increase the development of outpatient centers to assist in the social inclusion of individuals who have been released from hospitals through the de-institutionalization of patients in that country. Thus, the Society has developed a series of "Community Sensitization Programs (Psycho-education)" in order for the society at large to support rehabilitation and social inclusion of psychiatric patients. This goal is furthered by the use of Mobile Psychiatric Units that deliver speeches, seminars, publication in the local press and media, production and distribution of relevant print material and the promotion of the organization of volunteer groups throughout the country. The Society has many examples of success due to early detection and treatment that has dramatically increased the well-being and quality of life of the individuals with mental health problems. In addition, the Community Sensitization Program has:

- Improved the relationship of patients and their family members
- Removed much of the prejudice of the local community against people with mental illness
- Prevented many possible crises and relapses from reaching their peak; thereby limiting their intensity
- Aided the treatment of patients in remission at home, rather than in a hospital, thereby having important therapeutic and social benefits.

The Concord Mutual-Aid Club Alliance of Hong Kong (http://www.concord.org.hk/) is a self-help group for persons with mental illness, set up in 1997 by the service users of the New Life Psychiatric Rehabilitation Association in Hong Kong. Concord provides training and personal development programs for members; organizes social gatherings, groups and visits as well as public education programs; explores and promotes mental health-related issues; and advocates for the rights of persons with mental illness. They have joined with other self-help organizations and NGOs to form

The Alliance for Promoting Mental Health Policy in 2006 to advocate for the need to formulate a mental health policy and to develop a long term plan on service delivery such as housing, employment and social support for people with mental illness. In addition, Concord joined efforts with members of the Legislative Council to pressure the Government to keep these issues on the Government agenda and to raise the public's concern and support for these issues. The organization is funded by the Social Welfare Department of Hong Kong as well as private donations.

The Spanish Confederation of Associations of Families and People with Mental Illness (FEAFES) (http://www.feafes.com/Feafes/Home) has accomplished a major goal held since its creation – a national Plan on Mental Health that would unify and give answers to the needs of people with mental illness and their families, following the closure of large psychiatric hospitals. FEAFES was represented on the experts committee in charge of writing the Strategy on Mental Health for the Quality Plan of the National Health System in Spain which was adopted by the inter-territorial council in December 2006. This process proved to be a major challenge where FEAFES had to maintain its initiative and dialogue under sometimes difficult circumstances; however, finally, the families and users remain an active part in the elaboration of the strategy as well as in the follow-up and evaluation. This document outlines the mental health situation in Spain and prioritizes six strategic tasks for the future:

- Promotion of mental health
- Prevention of mental illness and combating stigma
- Attention to mental disorders
- Internal and external coordination of the institutions involved
- Training of health professionals
- Research on mental health and information systems on mental health.

Silver Ribbon of Singapore (http://www.silverribbonsingapore.com/) organizes at least two mental health events monthly. In addition, they have managed some major advocacy projects: they organized the first stamp out stigma graphic competition ever held in Singapore; launched the first wellness studio to promote positive living in Singapore; promoted positive mental health among migrants and initiated World Mental Health Day at the top two universities in the country: National University of Singapore and Nanyang Technological University. Results of these events are as follows:

- Students working on these events increased their knowledge of mental health issues.
- The wellness studio worked with many individuals and detected a number of people who needed treatment but had not received it.
- More organizations are working on mental health events with Silver Ribbon.

T**he Mental Health Users Network of Zambia (MHUNZA)** is a consumer movement officially registered in 2002 to provide a forum for consumers to exchange ideas, information and views on their welfare and offer mutual support. The vision of this movement is a society free of stigma and discrimination against people with mental illness and the mission is to protect and promote the rights of persons with mental illness, improve their well-being and minimize their vulnerability to HIV infection. One such program was a sensitization effort in November 2007 where health talks were conducted at the psychiatric hospital with 386 out-patients over a period of 10 working days. After this time, a rural home visit program was undertaken for the purpose of discussions with caregivers. The results of these interviews showed that much more education is needed, as well as employment to decrease poverty in the regions visited. The Users were eager to work and willing to discuss their personal situations in order to keep from being isolated. A pilot project has emerged in Zambia involving 20 persons with

mental health problems in an affirmative rehabilitation activity to facilitate the process of social and economic functions through skills training and counseling. (http://www.idealist.org/en/org/103682-236).

The success of the **World Fellowship for Schizophrenia and Allied Disorders (WFSAD)** (http://www.world-schizophrenia.org/) is seen in the success of the family advocacy and self-help groups around the world. The success is evident in the recognition of the professionals, governments and world bodies of the importance of families, the acknowledgement that families can and are contributing to the treatment of their relatives. Twenty-five years ago, WFSAD was formed to spread the family movement around the world and, since that time, there has been development of family organizations in Uganda, Kenya and Ethiopia, India, Malaysia, Philippines, Argentina, Columbia and Bolivia. WFSAD believes that the campaign still has a long way to go, however. There are still many countries that do not have policies and services in place, and fewer than 10% of families get the support they need. One third of the world's people live in nations which invest less than 1% of total health budgets in mental health, while 13% of the burden of illness comes from mental illness.

In the meantime, WFSAD is furthering its "Reason to Hope" project which provides up-to-date information about each of the major mental illnesses, their symptoms, prognosis and treatment; skills to be an effective caregiver; and tools for self-care. This project follows the training the trainer model, building the capacity of family leaders around the world, providing an encyclopedic resource for families that is ready to use and allowing greater reach and dissemination of the training materials. So far, WFSAD has trained 10 trainers in East Africa and 23 trainers from round the world. Since then, East African trainers have trained 10 more instructors and provided training for 89 family members in seven countries. WFSAD also has plans to train instructors in South America, South East Asia and West Africa.

Section V

SCALING UP SERVICES FOR PEOPLE WITH MENTAL DISORDERS – A CALL TO ACTION FOR CITIZENS AND CIVIL SOCIETY

Professor Vikram Patel

The Lancet Series on Global Mental Health

Mental disorders affect at least one in ten people in the world. They affect people across the life-span, from childhood to old age. They cause great suffering and, despite the fact that many mental disorders can be treated, most persons who are sick do not receive even basic mental health care. Although the majority of persons with mental disorders live in low and middle income countries, the vast majority of global mental heath care resources are located in high income countries. The human rights of people with mental disorders have been routinely compromised and denied. This crisis received its first major policy attention as the theme of the World Health Day in 1959, but mental health then remained a dormant global health concern for decades. Recently, there has been a considerable enhancement in the profile of global mental health with the publication of a number of major evidence-based reports.

The Global Burden of Disease report in 1993 was the first to highlight the considerable global burden of mental disorders in comparison with other diseases using uniform measures. The World Mental Health report in 1995 emphasized the strong relationships between mental health and social factors such as violence and poverty. The Institute of Medicine report in 2001 highlighted the burden and responses to specific mental and neurological disorders in developing countries. The WHO World Health Report in 2001 was the most significant of all, being the first time the World Health Organization (WHO) had devoted its annual report to mental health. Each of these initiatives and reports has increased awareness about global mental health. Yet, mental health remains a peripheral issue in global health and does not figure in any major global health initiatives since 2001.

Thus, over four decades since the WHO first identified mental health as a global health priority, and six years since the last major report, the vast majority of people with mental disorders still do not receive evidence-based care, i.e., care which we know is effective and affordable. Worse, a number of persons continue to experience appalling abuses of human rights, often under the guise of mental hospital care. Families are, for most people with mental disorders, the only providers of care, support and shelter. Without this care, the situation for people with mental disorders would be even more desperate than it already is; yet, there is virtually no acknowledgement of this role, nor any practical support for families.

It became clear that there was a need to put global mental health back in the spotlight of global health, and that **The Lancet** medical journal offered the medium of the world's most influential medical journal to do so. **The Lancet** Series on Global Mental Health focuses on scientific evidence to make a sound basis for advocacy. The Series was developed independently of any single institution through a process which involved a number of individual mental health leaders from diverse regions of the world. Ultimately, the Series has prepared an evidence-based, consistent call for action for global advocacy.

The Lancet Series comprises a total of six articles and eight commentaries. The key principles which form the basis for the Series are: that the focus is on mental disorders (rather than mental health)

because there is more robust international evidence on the cross-cultural validity of major categories of mental disorders and their management; on research published since the 2001 WHO World Health Report; and on research from low- and middle-income countries where 85% of the global population lives and where the treatment gaps are largest. The Series was published after a global launch in London on September 3, 2007.

Key Messages of the Series:

- Mental disorders are so intimately linked with other health concerns that there can be no health without mental health. Examples of such concerns are heart disease, diabetes, HIV infection, maternal and child health, and injuries and accidents.
- Mental disorders affect people in all societies, and disproportionately affect the poor, and those who are disadvantaged and vulnerable.
- Mental disorders are, even in the poorest countries of the world, a leading cause of disability and loss of economic productivity, and are associated with an increased risk of dying prematurely.
- Global mental health resources are characterised by three features: scarcity in all countries (when compared to their burden), but more marked in the poorest countries; inequity in their distribution between rich and poor communities and between urban and rural areas; and inefficiency in their allocation, with the lion's share being spent on psychiatric hospitals and institutional care rather than community care.
- There is evidence that low-cost treatments (both drug and psychosocial) are feasible, affordable and effective for many mental disorders in developing countries. These treatments can be delivered by community or general health workers with adequate training and supervision.
- Despite this evidence, in many countries the treatment gap, i.e. the gap between those who need treatment and those who actually receive it, exceeds 50% even for the most severe disorders.
- This grotesque lack of access to affordable and effective care, and the continuing abuse of human rights of people with mental disorders, stains the conscience of the global health community.
- Despite the overwhelming evidence of suffering, solutions and lack of access, most new global health initiatives completely ignore mental health.
- A number of barriers can be identified which challenge the scaling up of services for people with mental disorders. The lack of a coherent and consensual advocacy message for a global call to action for all stakeholders is a major barrier.

The Call for Action

The Lancet Series calls for action to scale up an evidence-based package of services for people with mental disorders combined with a commitment to protect the human rights of those affected by mental disorders.

Implementing the call: what citizens and civil society can do

The Lancet Series provides information on four critical questions required to facilitate the scaling up. First, it estimates the financial and human resources for the scaling up at $2 per person per year in low-income countries and $3-4 in lower-middle-income countries--modest amounts compared to scaling-up requirements for other major contributors to the global disease burden. Second, it identifies indicators to monitor progress that countries make in achieving mental health goals. It proposes a series of core and secondary indicators, many of which are already routinely collected in many countries. Third, it identifies specific research priorities to strengthen the evidence base in global mental health, most of which focus on interventions and health systems. Finally, it discusses possible methods to overcome the barriers to attaining the goals set out in our call.

We call for citizens, civil society, human rights groups and NGOs to implement this call for action through the following strategies:

- Become mobilized to advocate for an improved national mental health policy and plan which provides effective interventions and human rights protection;
- Network with other user and health movements to support the implementation of the improved national mental health plan;
- Demand state recognition of and support for the crucial role played by families in caring for people with mental disorders;
- Strengthen family support networks and service development;
- Facilitate the provision of social supports (housing, work, social networks) for people with mental disorders, building on local resources and adding external resources as needed;
- Facilitate livelihoods and interventions for the inclusion of people with mental disorders in their local communities;
- Develop school mental health programs which include both mental health promotion and interventions for early detection of and inclusion of children with mental disorders;
- Monitor and protect the human rights of people with mental disorders;
- Advocate for the rights of those with severe mental disorders--in particular, persons living in mental hospitals--and for mechanisms to protect those rights.

World Mental Health Day 2008 provides a great opportunity to use the information and data provided in **The Lancet** *Series on Global Mental Health* to inform policy makers about the unmet needs of people with mental disorders and to promote increased public awareness and understanding. We encourage you and your organization to spread the word and help to make mental health care a major priority in your community, your country, and throughout the world.

The Movement for Global Mental Health

There is a need for a renewed movement for global mental health. The Movement for Global Mental Health has been launched with the goal of promoting the implementation of the call for action of **The Lancet** Series on Global Mental Health. As the name suggests, the scope of the movement will be global, but the focus is on low and middle income countries where the treatment gaps are the largest.

The Movement aims to achieve its mission through a number of core strategies. We plan to develop a global advocacy campaign to demand that the morally and scientifically indefensible denial of care for people with mental disorders be immediately addressed. We plan to promote research which seeks to develop affordable and effective ways of delivering mental health care in less well resourced settings. We plan to build partnerships by networking different stakeholder groups who share our vision. We plan to build capacity of a variety of stakeholder groups, from mental health professionals to users and families, to be effective agents of change. Lastly, we plan to keep a close watch on the progress of countries in scaling up mental health care and protecting the human rights of people with mental disorders.

These strategies will be implemented by a network of individuals committed to the call - the network which will build the movement. Institutions such as the World Federation for Mental Health will be invaluable partners of the movement. You can join the Movement for Global Mental Health today.

This Call to Action represents a unique opportunity to stir the global health community, which includes mental health professionals, governments, global health donors, public health professionals and civil society, to take action to

improve care for people with mental disorders worldwide. Change in public health only comes about if three core elements are present: a knowledge base, strategies to implement what we know and the political will to carry these out. **The Lancet** series has presented the knowledge base and the strategies. Now we need political will and solidarity, above all from civil society and the global health community, to put this knowledge to use. The time to act is now.

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MAKING MENTAL HEALTH A PUBLIC PRIORITY

Thank you for your interest in planning and conducting events to commemorate World Mental Health Day 2008 – the sixteenth annual global mental health awareness campaign organized by the World Federation for Mental Health. Every year since 1992, local, regional and national non-governmental organizations and governmental agencies in countries throughout the world have participated in commemorating World Mental Health Day. For those who will plan activities for the first time this year, know that you are joining a growing worldwide public awareness and education effort that can collectively improve the public's understanding and acceptance of our shared goals to improve mental health services, promote positive mental health practices across the life span, and reduce the still prevalent stigma and discrimination associated with mental health and mental illnesses.

WFMH is happy to be able to offer you some "tips", suggestions and sample material that may be of help in making your 2008 World Mental Health Day campaign a great success.

Connect with local organizations and support groups to work collaboratively – WFMH has joined with a group of international mental health leaders as part of a "Global Movement for Mental Health" consortium in an effort to take maximum advantage of the information contained in the 2007 **The Lancet** *Series on Global Mental Health* . This year's World Mental Health Day focus is on promoting concerted citizen advocacy to enhance and improve availability and access to mental health services. We encourage you to develop your network by building collaborative strategies around the World Mental Health Day theme.

Plan and Conduct a "Citizen's March for World Mental Health Day" – In a number of communities around the world, mental health advocates, consumers, family members and professionals join together to carry out a "citizen's march" to kick off World Mental Health Day. Often the "march" will end with a rally or other public "kick-off" event, either in a park or public plaza. The purpose of these "marches and rallies" is to call the general public's attention to the fact that the theme for World Mental Health Day addresses an important public and personal issue. When planning a public "march" or "rally," be sure to check with your local government authorities regarding necessary permits and security requirements, and to seek their support and cooperation.

Schedule and hold a Media Conference to promote the World Mental Health Day theme – When carefully planned and organized, local media conferences can help increase reporting and publicity for your World Mental Health Day events. When planning a media conference, it is important to have a "news hook" beyond just the event itself. If you can locate a well-known celebrity or public figure who has some personal or family experience with mental illness or suicide, and who is willing to discuss their experiences, the chance of attracting good media coverage will increase. You may wish to seek out a state or national government health official who would be willing and available to speak to, and be interviewed by, the media on topics relating to mental health care and policies related to the World Mental Health Day theme.

Contact Local or Country Offices of WFMH's World Mental Health Day Sponsors to seek their support – WFMH is fortunate to have attracted a number of continuing corporate sponsors that help make World Mental Health Day possible through funding for the campaign materials development and production. Their support allows WFMH to distribute the WMHDay packets to over 8000 organizations worldwide without charge. Many of these companies have local and country offices around the world. There are also probably other companies, local foundations or charities, and

private or government agencies that could assist you in your efforts. Don't be afraid to ask, and to say "thanks" for their support of World Mental Health Day.

Organize and hold a "Mental Health Fair" on World Mental Health Day – Health Fairs are very popular public events, and aren't very costly to organize. Find a suitable meeting room, invite health and social service organizations in your community to reserve a table where they can display and distribute educational materials, and promote your event to the community. These events offer great opportunities to conduct "depression awareness and screening" programs (recruit local mental health professionals to work with you on this), distribute flyers (such as those included in this year's WMHDay packet that can be easily reproduced), and to recruit new members and volunteers for your organization.

Prepare and have a World Mental Health Day Proclamation or Resolution released by a government official – In a number of countries, the nation's President, Prime Minister, or Minister of Health sign and release an official Proclamation or Resolution declaring October 10 as World Mental Health Day in the country. This is great promotion for the Day and the theme. Local, state, and provincial organizations can also use this strategy to promote their events by getting a mayor, governor, of head of the city council to sign and release a proclamation (such as the sample included in this year's packet). It is an important way to build awareness of the issues and support for your organization's ongoing work.

Consider starting a coalition of organizations and agencies as the basis for forming a local coalition that would promote improved service availability and access in your community and country: Almost every community in today's world would benefit from additional mental health services and greater attention to the promotion of positive mental health and the prevention of mental disorders that take such a great human and economic toll. The 2007 Lancet Series on Global Mental Health and the 2008 World Mental Health Day campaign materials provide strong evidence and background information for mounting local and national awareness and advocacy campaigns to encourage governments to do more. Bringing together other mental health organizations to develop shared messages and to issue a joint "call to action" for better mental health services would make your World Mental Health Day celebration a major catalyst for positive change.

Too often, people living with mental illnesses and their families feel they are alone in their efforts. Since mental health services are often one of the lowest priorities for governments, starting and sponsoring a local coalition on encourage positive action to improve and make quality mental health services more readily available is an important opportunity for mental health associations and other advocacy organizations. Start by identifying the various mental health organizations and groups that are active in your community and invite them to a meeting to talk about the mental health needs of their constituencies – and see what develops from there.

Remember, "It is not how much you can do to help others that matters – it is that you do something!!"

GENERAL MEDIA RELEASE FOR WORLD MENTAL HEALTH DAY 2008

FOR IMMEDIATE RELEASE

16th Annual World Mental Health Day Global Awareness Campaign to Highlight Need for Services Improvement

The 2008 World Mental Health Day campaign will focus on ***"Making Mental Health A Global Priority – Scaling Up Services through Citizen Advocacy and Action."*** This year's theme will address the continuing need to "make mental health issues a global priority", and to stress the all too-often neglected fact that mental health is an international concern. Mental disorders do not choose their victims; they occur in all cultures and at all stages of the life span.

The World Federation for Mental Health (WFMH) established World Mental Health Day in 1992; it is the only annual global awareness campaign to focus attention on specific aspects of mental health and mental disorders, and is now commemorated in over 100 countries on October 10 through local, regional and national World Mental Health Day commemorative events and programs.

The September 2007 release of **The Lancet** ***Series on Global Mental Health*** served to highlight the sad fact that there is still too little attention being given to helping people with mental health problems and to promoting mental well-being. World Mental Health Day 2008 will highlight the information and messages contained in **The Lancet** ***Series*** and will encourage renewed attention to the need for well-informed mental health public policy advocacy at all levels in countries throughout the world to address:

- the existing gaps in mental health services
- the persistent stigma and discrimination that serves as a barrier to accessing services
- the inequitable levels of funding by most governments for mental health services and wellness promotion
- the need to better integrate mental health into the general public health system.

WMHDAY 2008 will highlight the present needs of people with mental disorders and poor mental health, the development of effective methodologies and treatment options that can lead to recovery, and the management of mental disorders. Advocacy is the key to improving mental health policies and practices, increasing access to services, and reducing persisting stigma surrounding mental illnesses. The aim of this year's campaign is to generate a sense of urgency and to fuel advocacy efforts both locally and globally so that change can take place. WFMH believes that the result of vigorous and concerted global advocacy will be scaled up services for those who need and would benefit from them – no matter where they live or their economic or family circumstances.

It's time for the world to listen and to act to improve mental health services and ready access to services by those experiencing serious mental health problems and disorders such as schizophrenia, anxiety disorders, bipolar disorder, and depression! That will be the central message of World Mental Health Day 2008!

GENERAL WORLD MENTAL HEALTH DAY MEDIA RELEASE – CAN BE ADAPTED FOR LOCALIZED USE BY ADDING ADDITIONAL INFORMATION ABOUT WMDAY EVENTS, QUOTES FROM MENTAL HEALTH LEADERS OR EXPERTS IN THE AREA, ETC.

SAMPLE MEDIA RELEASE TO ANNOUNCE WMHDAY PLANS

FOR IMMEDIATE RELEASE

Date

_____ (Organization) Plans Celeration of World Mental Helth Day on October 10

The _____ (organization) _____ has announced its plans for the commemoration of the 2008 World Mental Health Day global awareness campaign in _____ (Town/City) _____ on October 10. The 2008 campaign will focus on ***"Making Mental Health A Global Priority – Scaling Up Services through Citizen Advocacy and Action."*** This year's theme addresses the continuing need to "make mental health issues a global priority", and to stress the all too-often neglected fact that mental health is a universal concern. Mental disorders do not choose their victims; they occur in all cultures and at all stages of the life span.

The _____ (organization) _____ will join non-governmental mental health organizations, professional associations, governmental agencies, schools, and mental health service agencies in more than 100 countries to commemorate the 16th annual World Mental Health Day campaign on October 10 in an effort to increase the public's understanding of mental illnesses, encourage the reduction of stigma and discrimination against people living with a mental illness, and promote positive emotional wellness and good mental health strategies. Activities that are planned for World Mental Health Day in _____ (Town/City) _____ include:

- (list) give time and location

_____ (Name) _____, (title with organization) of the _____ (organization) _____, said "We are pleased to join other mental health organizations and dedicated citizen volunteers from around the world to support World Mental Health Day. Mental illnesses and the people living with them continue to be misunderstood and too often victims of stigma and discrimination by their fellow citizens. In general, the public is unaware that mental illnesses such as major depressive disorders are among the most common health problems worldwide and contribute greatly to the global burden of disease through lost work, medical costs, disrupted family situations, etc... This year's World Mental Health Day theme is intended to create a global "call to action" for citizen education and advocacy that will promote the development and funding of adequate and appropriate mental health services in all countries around the world. The _____ (organization) _____ is pleased to do its part in informing and educating the citizens of _____ (town/country/nation) _____ about these important matters. We encourage our fellow citizens to join us at the events listed above and to become part of our efforts to make mental health a priority in _____ (town/city) _____ and throughout the world."

The World Federation for Mental Health (WFMH) established World Mental Health Day in 1992. It is the only annual global awareness campaign to focus attention on specific aspects of mental health and mental disorders, and is now commemorated in over 100 countries on October 10 through local, regional and national World Mental Health Day commemorative events and programs.

SAMPLE MEDIA RELEASE FOR ADAPTATION IN ANNOUNCING PLANS OF YOUR ORGANIZATION TO COMMEMORATE WORLD MENTAL HEALTH DAY. CAN BE USED AS A TEMPLATE BY FILLING IN NAMES, EVENTS, AND SPOKESPERSON, OR AS A GUIDELINE FOR DRAFTING YOUR OWN MESSAGE.

WORLD MENTAL HEALTH DAY 2008 SAMPLE PROCLAMATION

WHEREAS, over 450 million individuals around the world are living with a mental illness that could benefit from early diagnosis and appropriate and adequate treatment and support;

WHEREAS, fewer than one-half of those who could benefit from early diagnosis and treatment for a mental illness receive any treatment or care at all;

WHEREAS, mental illness such as anxiety disorders, major depressive disorder, bipolar disorder, and schizophrenia are leading causes of poor work performance, family disruption, and even suicide, and contribute greatly to the global burden of disease;

WHEREAS, these startling health statistics and the human toll they represent are often given little attention or concern by the general public, the general healthcare system, and elected and appointed public policy makers, resulting in inadequate priority being given these disorders;

AND WHEREAS, the World Federation for Mental Health has designated the theme for World Mental Health Day 2008 as "Making Mental Health a Global Priority: Scaling Up Services through Citizen Advocacy and Action," and urges increased effort and action intended to improve mental health services and ready access to services by those experiencing serious mental health problems and disorders.

THEREFORE, I, _____, _____ (TITLE) _____ OF THE _____ (TOWN/CITY/COUNTRY AGENCY, ORGANIZATION, MINISTRY) _____ DO HEREBY PROCLAIM 10 OCTOBER 2008 AS WORLD MENTAL HEALTH DAY IN _____ (TOWN/CITY/COUNTRY) _____ and urge all governmental and non-governmental mental health organizations and agencies to work in concert with elected and appointed public officials to increase public awareness about, and acceptance of, mental illnesses and the people living with these disorders; promote improved public policies and Improve services for the diagnosis, treatment, and support for those in need of them; and to reduce the persistent stigma and discrimination that too often serve as barriers for people seeking services and supports available to them.

I FURTHER URGE ALL CITIZENS TO join and support the local, state/provincial, and national non-governmental organizations that are working to make mental health a priority in our communities across _____ (country) _____. Together, we will all make a difference and promote mentally healthy communities and citizens!

Signed _____

Title _____

Ministry/Office/Agency _____

Date _____

(SEAL)

SAMPLE PROCLAMATION FOR WORLD MENTAL HEALTH DAY 2008 FOR SIGNING BY A PUBLIC OFFICIAL OR MAJOR COMMUNITY/PROVINCIAL/NATIONAL FIGURE. CAN BE LOCALIZED AND USED AS IS, OR UTILIZED AS A GUIDELINE FOR DEVELOPING YOUR OWN PROCLAMATION. WHEN SIGNED, SHOULD BE DISTRIBUTED TO LOCAL MEDIA OUTLETS ALONG WITH AN ACCOMPANYING MEDIA RELEASE (SEE SAMPLE)

SAMPLE MEDIA RELEASE TO ANNOUNCE SIGNING OF WORLD MENTAL HEALTH DAY PROCLAMATION

FOR IMMEDIATE RELEASE

OCTOBER 10, 2008

_____ MAYOR (OR OTHER OFFICIAL) OF _____
(town, city ,or country) _____ PROCLAIMS OCTOBER 10
WORLD MENTAL HEALTH DAY IN _____ (locale) _____.

The (official's title/position/office), the Honorable _____ (name) _____, has designated October 10 as World Mental Health Day 2008 in _____ (locale) _____ through the signing of a Proclamation issued by (legislative body, office, department).

The Proclamation signing ceremony was organized by _____ organizing organization or agency _____, and was attended by (members of the organization, public officials, community leaders, and private citizens, etc.).

The Proclamation urges all non-governmental organizations and governmental agencies to work co-operatively with elected and appointed public policy makers and officials to improve mental health services and ready access to services by those experiencing serious mental health problems and disorders such as schizophrenia, anxiety disorders, bipolar disorder, and depression. It also stressed the need for all members of the community to increase their understanding of mental disorders, and to help reduce the stigma and discrimination that persists around mental illnesses and the people who live with them.

The theme for World Mental Health Day 2008 is ***"Making Mental Health a Global Priority – Scaling up Services through Citizen Advocacy and Action"***, and addresses the continuing need to "make mental health issues a global priority", and to stress the all too-often neglected fact that mental health is an international concern. World Mental Health Day has been organized annually by the World Federation for Mental Health since 1992, and is the only global awareness campaign focusing on mental health and mental disorders.

SAMPLE MEDIA RELEASE TO ACCOMPANY SENDING THE SIGNED PROCLAMATION TO LOCAL MEDIA OUTLETS. THIS RELEASE CAN BE ADAPTED, WITH MORE LOCAL INFORMATION ABOUT WMHDay COMMEMORATIVE EVENTS, ETC.

SAMPLE RADIO PUBLIC SERVICE ANNOUNCEMENTS

(10 Seconds)

"OCTOBER 10 IS WORLD MENTAL HEALTH DAY. JOIN ____ (organization) ____ AND HELP MAKE MENTAL HEALTH A PRIORITY IN _____ (Town/City) _____

(10 Seconds)

"MENTAL HEALTH IS EVERYBODY'S BUSINESS. JOIN THE _____ (organization) _____ IN CELEBRATING WORLD MENTAL HEALTH DAY ON OCTOBER 10."

(10 Seconds)

"TODAY IS WORLD MENTAL HEALTH DAY, AND IT'S TIME TO MAKE MENTAL HEALTH A PRIORITY IN _____ (town/city) _____ AND AROUND THE WORLD. JOIN THE _____ (organization) _____ AND MAKE A DIFFERENCE!"

(30 Seconds)

"DID YOU KNOW THAT DEPRESSION IS ONE OF THE MOST PREVALENT HEALTH PROBLEMS WORLDWIDE, AND A LEADING CAUSE OF POOR JOB PERFORMANCE, FAMILY DISRUPTION, AND EVEN SUICIDE? YET, THE MAJORITY OF THOSE EXPERIENCING A DEPRESSIVE ILLNESS RECEIVE NO DIAGNOSIS OR TREATMENT. OCTOBER 10 IS WORLD MENTAL HEALTH DAY. JOIN THE _____ (organization) _____ AND HELP CHANGE THE WORLD BY MAKING MENTAL HEALTH A PRIORITY IN _____ (town/city) _____ AND AROUND THE WORLD."

(30 SEC0NDS)

"TODAY IS WORLD MENTAL HEALTH DAY IN _____ (town/city) _____ AND IN OVER 100 COUNTRIES AROUND THE WORLD. THIS YEAR'S CAMPAIGN SENDS THE MESSAGE THAT IT'S TIME FOR CITIZENS AND THEIR LEADERS TO WORK TO IMPROVE MENTAL HEALTH SERVICES AND READY ACCESS TO THEM BY THOSE EXPERIENCING SERIOUS MENTAL HEALTH PROBLEMS AND DISORDERS SUCH AS SCHIZOPHRENIA, ANXIETY DISORDERS, BIPOLAR DISORDER, AND DEPRESSION! JOIN YOUR LOCAL MENTAL HEALTH ORGANIZATIONS AND HELP MAKE MENTAL HEALTH A GLOBAL PRIORITY."

SAMPLE RADIO PUBLIC SERVICE ANNOUNCEMENTS
THAT CAN BE LOCALIZED AND USED, OR TO SERVE AS GUIDLELNES
FOR PREPARING YOUR OWN RADIO PSA's.