THE CARTER CENTER

Waging Peace Fighting Disease Building Hope

Why mental health and why now?

- Global Burden of Disease Report (1996). WHO, World Bank and Harvard
- Surgeon General's Report on Mental Health (1999)
- The IOM Report of Neuropsychiatric, Psychiatric and Developmental Disorders: Meeting the challenges in the Developing World (2001)
- World Health Report 2001. Mental Health: New Understanding, New Hope
- World Violence Report, WHO (2002)

Growing international consensus on several points

- The magnitude and burden of these disorders was greater than imagined
- Cost effective treatments are available
- Most people who need care do not receive it
- All countries, regardless of their resources, need to do something (WHR 2001, slide)

Magnitude:

- **19.3% lifetime prevalence any affective disorder (11.3% x 1 year).**
- **17.1% lifetime prevalence of major depression (10.3% x 1 year). Kessler, NCS, 1994.**
- **In primary care, as many as 25% of patients experiencing a mental disorder. Ustun and Sartorius, 1995.**
- **As many as 50-70% of attendees to primary care have at least a mental health "problem." Surgeon General's Report on Mental Health, 1999.**
- **Over 75% of decedents from suicide had contact with their primary care provider within the year prior to death. Across all age ranges, Approximately 50% of decedents had contact with their primary care provider within one month of suicide. Luoma, et al, 2002.**

Burden:

- Over use of medical services: "psychologically distressed patients more likely to be 'high utilizers', a group that accounts for 90% of health care utilization."
- Major depression was present in 24% of high utilizing patients and 64% of these patients had a lifetime history of depression. Katon, et al, 1990.
- Costs of depression estimated at $43.7 billion in 1990, $12.4 billion for direct costs, $7.5 billion to mortality from depression related suicide, and $23.8 billion due to morbidity costs associated with depression in the workplace. Greenburg, et al 1993.

DALY

Disability-**A**djusted **L**ife **Y**ear

"DALYs for a disease are the sum of the years of life lost due to premature mortality (YLL) in the population and the years lost due to disability (YLD) for incident cases of the health condition."

The World Health Report 2001

Leading causes of DALYs

Both sexes, all ages

1	Lower respiratory infections	6.4
2	Perinatal conditions	6.2
3	HIV/AIDS	6.1
4	Unipolar depressive disorders	4.4
5	Diarrheal diseases	4.2
6	Ischaemic heart disease	3.8
7	Cerebrovascular disease	3.1
8	Road traffic accidents	2.8
9	Malaria	2.7
10	Tuberculosis	2.4
11	Chronic obstructive pulmonary disease	2.3
12	Congenital abnormalities	2.2
13	Measles	1.9
14	Iron-Deficiency anemia	1.8
15	Hearing loss, adult onset	1.7
16	Falls	1.3
17	Self-inflicted injuries	1.3
18	Alcohol use disorders	1.3
19	Protein-energy malnutrition	1.1
20	Osteoarthritis	1.1

Global Burden of Disease, 2000

Leading Causes of DALYs

Both sexes, 15-44 years

1	HIV/AIDS	13.0
2	Unipolar depressive disorders	8.6
3	Road traffic accidents	4.9
4	Tuberculosis	3.9
5	Alcohol use disorders	3.0
6	Self-inflicted injuries	2.7
7	Iron-deficiency anemia	2.6
8	Schizophrenia	2.6
9	Bipolar affective disorder	2.5
10	Violence	2.3
11	Hearing loss, adult onset	2.0
12	Chronic obstructive pulmonary disease	1.5
13	Ischaemic heart disease	1.5
14	Cerebrovascular disease	1.4
15	Falls	1.3
16	Obstructed labor	1.3
17	Abortion	1.2
18	Osteoarthritis	1.2
19	War	1.2
20	Panic disorder	1.2

Global Burden of Disease, 2000

Source: WHO – World Health Report 2001

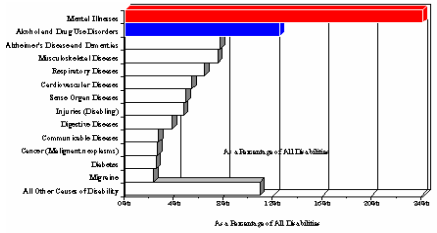
Disease Burden by Illness - DALY
United States, Canada and Western Europe, 2000
All Ages

	Percent of total DALYs
Cardiovascular diseases	17.0
Mental Illness*	**14.8**
Malignant neoplasms (cancer)	14.4
All Injuries	7.3
Alcohol and Drug Use Disorders	7.2
All respiratory diseases	5.4
Digestive diseases	4.2
Musculoskeletal diseases	4.2

****Includes self-inflected injuries***

Cause of Disability

United States, Canada and Western Europe, 2000



*Measures of disability are based on the number of years of "healthy" life lost with less than full health for each incident of disease, illness or condition. SOURCE: World Health Organization (2001)

Causes of Disability
United States, Canada and Western Europe, 2000
All Ages

	Percent of total YLDs
Unipolar Depression	17.1
Alcohol and Drug Use Disorders	12.5
Bipolar Affective Disorder	2.1
Schizophrenia	2.1
Other Neuropsychiatric Conditions	2.0
Insomnia (primary)	1.1
Panic Disorder	1.1
Obsessive Compulsive Disorder	0.9
Post Traumatic Stress Disorder	0.7
Self-Inflicted Injuries	0.2
Mental Illness Total	**39.8**

Source: WHO – World Health Report 2001

Under Recognition:

✶Repeated studies suggest 30-50% of depressed patients are not recognized

Diabetes: An example

✶Depression increases frequency of poor out comes among those suffering from diabetes

✶ When co-occurring results can include: poor compliance with treatment recommendations, increased symptoms, and increased likelihood of lethal complication. Culpepper, 2002

✶In a study of Medicare claims data involving over 200,000 older subjects, researchers found that people with diabetes and depression "seek treatment for more services and and when admitted spend more time in impatient facilities than claimants without major depression." Finklestein, et al, 2002

Medical Illness Prevalence	Prevalence and Impact of Depression
Hypertension	3 times morbid risk
Coronary artery disease	40% increased risk of cardiac events
Post-myocardial infarction	33% at 3 months; Mortality 4 to 6 x
Post-Stroke	20% to 25%
Arthritis	40% to 60% increased morbid risk

Psychiatric Annals, 2002

Type of Violence	Number	Rate per 100 000 Population	Proportion of total (%)
Homicide	520 000	8.8	31.3
Suicide	**815 000**	**14.5**	**49.1**
War-related	310 000	5.2	18.6
Total	1 659 000	28.8	100.0

WHO, 2002

Barriers

- Stigma as a persistent and global issue
- Institutional barriers: funding, insurance schemes
- Lack of public information on effectiveness
- Quality of Services: challenge of research to practice

Minimum actions required for mental health care, Based on overall recommendations

Ten overall recommendations	Scenario A: Low level of resources	Scenario B: Medium level of resources	Scenario C: High level of resources
1) Provide treatment in primary care	• Recognize mental health as a component of primary health care • Include the recognition and treatment of common mental disorders in training curricula of all health personnel • Provide refresher training to primary care physicians (at least 50% coverage in 5 years)	• Develop locally relevant training materials • Provide refresher training to primary care physicians (100% coverage in 5 years)	• Improve effectiveness of management of mental disorders in primary health care • Improve referral patterns
2) Make psychotropic drugs available	•Ensure availability of 5 essential drugs in all health care settings	• Ensure availability of all essential psychotropic drugs in all health care settings	• Provide easier access to newer psychotropic drugs under public or private treatment plans
3) Give care in the community	• Move people with mental disorders out of prisons • Downsize mental hospitals and improve care within them • Develop general hospital psychiatric units • Provide community care facilities (at least 20% coverage)	• Close down custodial mental hospitals • Initiate pilot projects on integration of mental health care with general health care • Provide community care facilities (at least 50% coverage)	• Close down remaining custodial mental hospitals • Develop alternative residential facilities • Provide community care facilities (100% coverage) •Give individualized care in the community to people with serious mental disorders
4) Educate the public	• Promote public campaigns against stigma and discrimination • Support nongovernmental organizations and mental health initiatives	• Use the mass media to promote mental health, foster positive attitudes, and help prevent disorders	• Launch public campaigns for the recognition and treatment of common mental disorders
5) Involve communities, families and consumers	• Support the formation of self-help groups • Fund schemes for nongovernmental organizations and mental health initiatives	• Ensure representation of communities, families, and consumers in services and policy-making	• Foster advocacy initiatives

Minimum actions required for mental health care, Based on overall recommendations

Ten overall recommendations	**Scenario A: Low level of resources**	**Scenario B: Medium level of resources**	**Scenario C: High level of resources**
6) Establish national polices, programs and legislation	• Revise legislation based on current knowledge and unman rights considerations • Formulate mental health programs and policy • Increase the budget for mental health care	• Create drug and alcohol policies at national and sub national levels • Increase the budget for mental health care	• Ensure fairness in health care financing, including insurance
7) Develop human resources	•Train psychiatrists and psychiatric nurses	• Create national training centers for psychiatrists, psychiatric nurses, psychologists and psychiatric social workers	•Train specialists in advanced treatment skills
8) Link with other sectors	• Initiate school and workplace mental health programs • Encourage the activities of nongovernmental organizations	• Strengthen school and workplace mental health programs	•Provide special facilities in schools and the workplace for mentally disordered people • Initiate evidence-based mental health promotion programs in collaboration wit other sectors
9) Monitor community mental health	•Include mental disorders in basic health information systems • Survey high-risk population groups	Institute surveillance for specific disorders in the community (e.g. depression	•Develop advanced mental health monitoring systems • Monitor effectiveness of preventive programs
10) Support more research	• Conduct studies in primary health care settings on the prevalence, course, outcome and impact of mental disorders in the community	• Institute effectiveness and cost-effectiveness studies for management of common mental disorders in primary health care	•Extend research on the causes of metal disorders • Carry out research on service delivery • Investigate evidence on the prevention of mental disorders