

The Lancet's Series on Global Mental Health: 1 year on

Vikram Patel, Preston Garrison, Jair de Jesus Mari, Harry Minas, Martin Prince, Shekhar Saxena, on behalf of the advisory group of the Movement for Global Mental Health

Lancet 2008; 372: 1354–57

See [Editorial](#) page 1274

Department of Epidemiology & Population Health, London School of Hygiene & Tropical Medicine, UK and Sangath Centre, Porvorim, Goa, India (Prof V Patel PhD); World Federation for Mental Health, Springfield, VA, USA (P Garrison BA); Universidade Federal de São Paulo, Department of Psychiatry, Brazil (Prof J d J Mari PhD); Centre for International Mental Health, University of Melbourne, Australia (H Minas FRANCP); Centre for Public Mental Health, Institute of Psychiatry, London, UK (Prof M Prince MD); and Department of Mental Health & Substance Abuse, World Health Organization (S Saxena MD)

Correspondence to: Prof Vikram Patel, Sangath Centre, Porvorim, Goa, India 403521 vikram.patel@lshtm.ac.uk

A little over a year ago, *The Lancet* published a Series of five articles on Global Mental Health that documented the current evidence for global mental health, with a focus on low-income and middle-income countries.^{1–5} The final paper in the Series made a call to scale up evidence-based packages of services for people with mental disorders with a commitment to the protection of human rights.⁶ The Series and the call to action that concluded it has received support from leaders in world health (panel 1). 1 year on, we take stock of the effect of this Series, focusing on implementation of the call for action. Although 1 year is a short time to see substantial outcomes, and definitively attributing events to the Series is impossible, our objective is to discern the commitment of stakeholders and the general direction they are taking since publication. We consulted the members of an advisory group set up soon after the Series was published to track major events. Only events that explicitly cited or were based on *The Lancet's* Series were counted. We have organised our findings in four broad themes: the effect on global advocacy; the effect on global-health programmes; the effect on policies, resources, and professional societies; and the launch of a new Movement for Global Mental Health.

Raising awareness of mental health is key to improving policies and practices, increasing access to services, and reducing persistent stigma. The World Federation for Mental Health established World Mental Health Day in 1992, and coordinates and promotes its commemoration on Oct 10 every year. The only annual global awareness campaign focusing specific attention on mental health and mental disorders, World Mental Health Day is now marked in over 100 countries through public awareness and education events. The theme in 2008 is “Making Mental Health A Global Priority—Scaling Up Services through Citizen Advocacy and Action”. World Mental Health Day, 2008, uses the information and messages contained in *The Lancet's* Series to encourage renewed attention to the need for well-informed mental-health public policy advocacy at all levels in countries throughout the world. The aim of this year's campaign is to generate a sense of urgency and to fuel advocacy efforts locally and globally to scale up services for people living with mental disorders. The central message of World Mental Health Day, 2008, is clear: “It is time for governments throughout the world to listen and act to improve mental health services and increase availability and access to services by those experiencing serious mental health problems and disorders such as schizophrenia, anxiety disorders, bipolar disorder, and depression.” The specific focus on civil society calls upon citizens, human-rights groups, and non-governmental organisations to implement the call for action through several interlinked strategies (panel 2).⁸

WHO has recently developed the Mental Health Gap Action Programme to address the large treatment gap for mental, neurological, and substance-use (MNS) disorders.⁹ The programme provides health planners, policy makers, and donors with clear and coherent activities and programmes for scaling up care for MNS disorders. The objectives of the programme are to reinforce the commitment of all stakeholders to increase the allocation of financial and human resources for care of MNS disorders and to achieve higher coverage with key interventions, especially in countries with low and low-middle incomes that have large proportions of the global burden attributable to these disorders. The Mental Health Gap Action Programme provides criteria to identify the countries that have a high burden of MNS disorders and a high resource gap. This programme is grounded on the best available evidence about MNS disorders that have been identified as priorities; it promotes the delivery of an integrated package of interventions and takes into account existing and possible barriers to scaling up care. Priority

Panel 1: Support from leaders of global health organisations

- “The *Lancet* Movement on Global Mental Health is being very successful in: a) emphasizing the multiple interrelations between mental disorders and other health conditions and the practical implications of this comorbidity; b) mobilizing the interest of national authorities and other stakeholders about such issues as decentralization of resources and implementation of community care; c) giving visibility to some exemplary experiences of mental health care in various regions of the world; d) promoting the development of a consensus in the mental health field about some basic messages to be delivered consistently worldwide. The WPA will be delighted to contribute to these efforts.” Mario Maj, President, World Psychiatric Association
- “Evidence can also bring attention to neglected health problems. As one recent example, WHO worked closely with *The Lancet* to generate evidence and formulate a call for action to increase coverage of mental health services in low- and middle-income countries. The data, published in September, generated broad media coverage. This is an important step towards correcting a bleak situation: mental health services are being starved of both human and financial resources.” Dr Margaret Chan, WHO Director General⁷
- “Mental disorder is a hugely neglected problem in the developing countries. It is wonderful that *The Lancet* has collaborated with a remarkable group of scholars and practitioners to work out what steps need to be taken to remedy the neglect. The results of their work and the attention they are generating are already having a significant impact. I am sure this continuing work will succeed in making a big difference to the lives of some of the most deprived people in the world.” Professor Amartya Sen, Nobel Laureate

disorders are identified on the basis that they represent a high burden (in terms of mortality, morbidity, and disability), cause large economic costs, or are associated with violations of human rights. These priority 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 and adolescents. The Mental Health Gap Action Programme package consists of interventions for prevention and management for each of these priority disorders, for which there is evidence for the effectiveness and feasibility of scaling up. The programme 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 essence of the programme is to establish productive partnerships, to reinforce commitments with existing partners, to attract and energise new partners, and to accelerate efforts and increase investments that will produce a reduction of the burden of MNS disorders. Successful scaling up is the joint responsibility of governments, health professionals, civil society, communities, and families, with support from the international community. The Mental Health Gap Action Programme will be formally launched by the WHO Director General on Oct 9, 2008.

Since the launch of *The Lancet's Series* in London in September, 2007, there have been country-level launches in Australia, Brazil, Chile, and the USA, and a launch in India will take place later in 2008. All these events were attended by policy makers, consumer representatives, and mental-health professionals, and received wide media coverage. Presentations and symposia have been held in many countries, aimed to educate policy makers, academics, mental-health professionals, non-governmental organisations, health students, and the media about the key messages of the Series. The Series has been profiled in a wide range of other publications, including journal articles,¹⁰ professional society documents,¹¹ and public science websites.¹² The papers in the Series are used as core teaching materials in existing teaching programmes (for example, courses on international mental health run by the University of Melbourne, Australia, and King's College London and the London School of Hygiene & Tropical Medicine in the UK) and new courses specifically geared to the call for action (for example, the Leadership in Mental Health Course in India¹³). Several new research projects have been funded with the aim of generating evidence to scale up evidence-based services for people with mental disorders. Research from low-income and middle-income countries commonly has low visibility because of publication in non-indexed journals; the World Psychiatric Association has therefore appointed a task force and approved a seed grant to offer support to a group of mental-health journal editors from low-income and middle-income

Panel 2: Strategies for civil society to scale up services for people living with mental disorders⁸

- Become mobilised to advocate for an improved national mental-health policy and plan that 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 programmes that 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, people living in mental hospitals—and for mechanisms to protect those rights
- Join the Movement for Global Mental Health

For the World Federation for Mental Health see www.wfmh.org

countries to identify the steps needed for indexing in the main indexed databases.

The Lancet's Series has been effectively used to support proposals for the development of National Taskforces on Community Mental Health System Development in Vietnam and in Indonesia. The National Taskforce on Community Mental Health System Development in Vietnam was established in February, 2008, in a workshop convened by WHO Vietnam, and hosted by the Research and Training Centre for Community Development, Hanoi, with technical support from the Centre for International Mental Health, University of Melbourne. There are two broad objectives. First, to contribute to the establishment of strategies on national mental-health care for the period 2011–15 (the current National Mental Health Plan ends in 2010) by providing scientific evidence for the development of community policies of mental-health care, especially those related to mothers and children. And second, to encourage the Government of Vietnam to increase the budget for mental-health care to US\$2·00 per person each year, as recommended in the call for action in *The Lancet's Series*,⁶ by implementation of a community system of mental-health care and development of policies and service systems on the basis of scientific evidence.

Panel 3: Priority actions proposed by the advisory group of the Movement for Global Mental Health

- 1 A global advocacy campaign to demand that the morally and scientifically indefensible denial of effective care to people with mental disorders and the blatant violations of human rights be immediately addressed
- 2 Documentation and development of delivery systems for mental-health care, including packages of care for specific disorders and comprehensive programmes of mental-health care for specific groups of people
- 3 Promotion of research to develop and assess affordable and effective ways of delivering mental-health care in resource-poor settings
- 4 Building of the capacity of various stakeholder groups, from mental-health professionals to users and families, to be more effective advocates and agents for change
- 5 Monitoring of progress of countries in scaling up mental-health care and protecting the human rights of people with mental disorders

The National Taskforce on Community Mental Health System Development in Indonesia was established by the Directorate of Mental Health of the Indonesian Ministry of Health, in June, 2008, with technical support from the Centre for International Mental Health, University of Melbourne, and financial support from AusAID, Christian Blind Mission, and the University of Melbourne (US\$485 000 for 1 year). The taskforce will strengthen the capacity of Indonesia's Ministry of Health to plan, implement, manage, and assess mental-health systems at provincial and district levels, and to develop effective and equitable community-focused mental-health services. Four taskforce working groups will receive training, mentoring, and technical support from the Centre for International Mental Health and will produce proposals for the consideration of government on mental-health legislation, policy, and financing; community mental-health workforce; integrated hospital and community-focused mental-health services; and ethics, human rights, and advocacy. These proposals will be presented and discussed at the seventh International Mental Health System Development Conference in Indonesia in mid-2009, and then presented to the Ministry of Health with a well articulated case for investment in mental-health services.

In January 2008, the Brazilian Ministry of Health created the Support Teams for Family Health Teams (NASF- Núcleos de Apoio a Saúde da Família). The purpose is to strengthen the link between mental-health care and primary care by integrating family-physician teams and mental-health teams and by providing specialised supervision to primary health-care teams. Moreover, there is a commitment to increase substantially the number of psychiatric beds in general hospitals for the admission of those with acute and severe episodes of

mental illness. The Chinese National Strategy Plan for Mental Health System Development from 2008 to 2015 was issued in January this year. The plan requires local governments to strengthen capacity of existing systems for providing mental-health care through the integration of psychiatric services in hospitals with community health care and development of community-based rehabilitation services.

The call for action that concluded *The Lancet's Series*⁶ is succinct; however, its implementation will require a radical transformation in global health policy and practice. Change will be incremental, not revolutionary, but will require new and sustained commitment, new investment, and fundamental changes in the way in which care is delivered. Simply issuing the call was never going to be enough. Governments have a particularly important part to play, but many other stakeholders need to get engaged with the problems and work together to advocate, plan for, and implement change. The voices of those most affected—the users of mental-health services and their families—must be heard. Mental-health professionals, technical experts, academics, and policy makers need to show solidarity and work collaboratively. The mental-health community as a whole needs to act with national, regional, and international leaders in public health to ensure the inclusion of mental health on the global public-health policy agenda, and the effective integration of mental-health care into every level of general health care. Hence, the Movement for Global Mental Health, launched today through its website.

The Movement for Global Mental Health was initiated after the launch of *The Lancet's Series*. The advisory group that led the development of the Series was expanded to ensure greater representation of users, women, and civil society representatives, particularly from low-income and middle-income countries. In the past year, this group has collaborated to define the concept of the movement and its goals. The advisory group has proposed a set of priority actions (panel 3).

The advisory group will help to coordinate the campaign, promote the growth of the network and its interactivity, and facilitate the priority actions. Much of this will be achieved through the movement's website, which will evolve into a participatory and interactive medium, with materials, resources, and news and views, all intended to increase the volume and range of activities. The movement will host a Global Mental Health Summit on Sept 2, 2009 (alongside the WFMH World Mental Health Congress, Sept 2–6, 2009) in Athens to take stock of progress.

The movement is not an organisation. It has no constitution, no office, no board of governors, and no budgets. Anybody and any organisation can join the movement; all that is required is support for the specific goals of scaling up services for and protecting the human rights of people living with mental disorders.⁶

The network of individuals and organisations committed to these goals will be at the heart of the movement. Through the shared values and coordinated actions that harness the enormous motivation and creativity of the diverse stakeholders for mental health, the movement will seek to achieve its goals. Ultimately, we hope that substantial progress in scaling up services for people with mental disorders will take its place alongside progress in HIV/AIDS treatment and maternal and child survival as one of the great public-health successes of our times.

Conflict of interest statement

We declare that we have no conflict of interest.

Acknowledgments

The *Lancet's* Series on global mental health was supported by a grant from the John T and Catherine D MacArthur Foundation. VP is supported by a Wellcome Trust Senior Clinical Research Fellowship. The full list of members of the advisory group of the Movement for Global Mental Health can be found at www.globalmentalhealth.org.

References

- 1 Prince M, Patel V, Saxena S, et al. No health without mental health. *Lancet* 2007; **370**: 859–77.
- 2 Patel V, Araya R, Chatterjee S, et al. Treatment and prevention of mental disorders in low-income and middle-income countries. *Lancet* 2007; **370**: 991–1005.
- 3 Saxena S, Thornicroft G, Knapp M, Whiteford H. Resources for mental health: scarcity, inequity, and inefficiency. *Lancet* 2007; **370**: 878–89.
- 4 Jacob KS, Sharan P, Mirza I, et al. Mental health systems in countries: where are we now? *Lancet* 2007; **370**: 1061–77.
- 5 Saraceno B, van Ommeren M, Batniji R, et al. Barriers to improvement of mental health services in low-income and middle-income countries. *Lancet* 2007; **370**: 1164–74.
- 6 Lancet Global Mental Health Group. Scaling up services for mental disorders—a call for action. *Lancet* 2007; **370**: 1241–52.
- 7 Chan M. Opening remarks at the Fourth Global Meeting of Heads of WHO Country Offices. http://www.who.int/dg/speeches/2007/20071112_geneva (accessed Sept 25, 2008).
- 8 Patel V. Scaling up services for people with mental disorders—a call to action for citizens and civil society. <http://www.wfmh.org/PDF/English%20WMHDay%202008.pdf> (accessed Sept 26, 2008).
- 9 World Health Organization. Mental Health Gap Action Programme: scaling up care for mental, neurological, and substance use disorders. Geneva: WHO, 2008.
- 10 Patel V, Sartorius N. From science to action: the *Lancet* Series on Global Mental Health. *Curr Opin Psychiatry* 2008; **21**: 109–13.
- 11 Patel V. Global mental health—a call to action. <http://www.worldpsychiatricassociation.org/publications/wpa-news/news32007.pdf> (accessed Sept 26, 2008).
- 12 Steffens M. Experts highlight 'lack of interest' in mental health. <http://www.scidev.net/en/news/experts-highlight-lack-of-interest-in-mental-hea.html> (accessed Sept 26, 2008).
- 13 Sangath. Leadership in mental health course. <http://www.sangath.com/sangath/node/95> (accessed Sept 25, 2008).