Necessity of globally implementing the comprehensive mental health action plan: World Health Organization

Sir,
For decades, mental well-being has been acknowledged as an integral component of health. In fact, a sound state of mental health can enable people to realize their potential, successfully deal with the stresses of life, work in a productive manner and thus contribute to the welfare of society. Realizing the global impact of mental illnesses, its influence on other health dimensions and quality of life, the World Health Organization called for the need of a comprehensive, multi-sectoral response from health and allied sectors.

Subsequently, in 2013 a comprehensive mental health action plan 2013–2020 was launched after consulting with stakeholders (viz., policy makers, specialists, health professionals, family members of a mentally-ill person, etc.,) to ensure promotion of mental health, prevention and prompt treatment of mental illnesses, and provision of rehabilitation and care services. This action plan was proposed with four basic objectives, namely to strengthen effective leadership activities in mental health; to ensure the provision of holistic, integrated mental health/social care services in community settings; to implement strategies for promotion and prevention of mental health; and to strengthen information systems, evidence and research in the area of mental health.

However, the recent estimates present quite a dismal picture as almost one out of every ten people globally have some mental illness, whereas only 1% of health personnel are working in the field of mental health. It means that a large number of people who are actually suffering from mental illnesses are devoid of appropriate and adequate mental health care services. It is quite alarming as close to 50% of the world’s population are residing in those nations, which have <1 psychiatrist per 0.1 million individuals. To this, a wide disparity has been observed with regards to the service users/patients/persons’ country of residence, as the estimated number of mental health workers in high-income nations is 1 mental health worker per 2000 persons, in contrast to the estimates of <1/0.1 million individuals in low-middle income nations such as Armenia, Bhutan, Bolivia, India, etc.

In addition, it was revealed that the global spending on mental health per person is quite low and variable, with low and middle-income countries spending less than US$ 2 per capita per year, in contrast to the high-income nations which are spending more than US$ 50. On subsequent analysis of the financial expenditure, it was observed that a major proportion of spent money was on mental health hospitals, which caters to the need for a very small percentage of people who actually need attention. Moreover, issues pertaining to the poor awareness among the general population, lack of trained and competent health personnel and absent/irregular supply of basic medicines to treat mental illnesses, especially in rural and remote settings have complicated the problem of delivery of mental health care services.

On a positive note, some of the nations have started to show progress by creating policies/plans (two-third of the nations), and laws (50% of the nations) for mental health. However, shortcomings like incomplete
adherence to the international human rights, minimal involvement of persons with mental illnesses or their family members while drafting these policies, and weak implementation in various settings, have been identified with most of these policies/laws. Thus, despite progress in the field of mental health, yet we have failed to move ahead at the right pace in certain areas or population groups.[3,4,6]

To conclude, in the modern era, all the policy makers are aware of the importance of mental well-being, but the world has a long way to go to achieve it. It is the need of the hour to strengthen the existing policies and work in an integrated manner to ensure the uniform expansion of mental health services.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

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References

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