

Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level

The Executive Board,

Having considered the report on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level,¹

RECOMMENDS to the Sixty-fifth World Health Assembly the adoption of the following resolution:

The Sixty-fifth World Health Assembly,

Having considered the report on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level;

Recalling resolution WHA55.10, which, inter alia, urged Member States to increase investments in mental health, both within countries and in bilateral and multilateral cooperation, as an integral component of the well-being of populations;

Recalling further United Nations General Assembly resolution 65/95, which recognized that mental health problems are of major importance to all societies and are significant contributors to the burden of disease and the loss of quality of life, and have huge economic and social costs, and which also welcomed the WHO report on mental health and development² that highlighted the lack of appropriate attention to mental health and made the case for governments and development actors to reach out to people with mental disorders in the design of strategies and programmes that include those people in education, employment, health, social protection and poverty reduction policies;

Noting the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19–20 September, 2011), at which it was recognized that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global noncommunicable

¹ Document EB130/9.

² Funk M et al (Eds). *Mental health and development: targeting people with mental health conditions as a vulnerable group*. Geneva, World Health Organization, 2010.

disease burden, necessitating provision of equitable access to effective programmes and health-care interventions;

Recognizing that mental disorders can lead to disabilities, as reflected in the United Nations Convention on the Rights of Persons with Disabilities, which also notes that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others, and that the *World report on disability*¹ charts the steps that are required to improve the participation and inclusion of people with disabilities, including persons with mental disabilities;

Recognizing also that mental disorders fall within a wider spectrum that also includes neurological and substance-use disorders which also cause substantial disability and require a coordinated response from health and social sectors;

Concerned that millions of people worldwide are affected by mental disorders, that in 2004, mental disorders accounted for 13% of the global burden of disease, defined as premature death combined with years lived with disability, and that, when taking into consideration only the disability component of the burden of disease calculation, mental disorders account for 25.3% and 33.5% of all years lived with a disability in low- and middle-income countries, respectively;

Concerned also that exposure to humanitarian emergencies is a potent risk factor for mental health problems and psychological trauma and that social structures and ongoing formal and informal care of persons with severe, pre-existing, mental disorders are disrupted;

Recognizing further that the treatment gap for mental disorders is high all over the world, that between 76% and 85% of people in low- and middle-income countries with severe mental disorders receive no treatment for their mental health conditions, and that the corresponding figures for high-income countries are also high – between 35% and 50%;²

Recognizing in addition that a number of mental disorders can be prevented and that mental health can be promoted in the health sector and in sectors outside health;

Concerned that persons with mental disorders are often stigmatized and underlining the need for health authorities to work with relevant groups to change attitudes to mental disorders;

Noting also that there is increasing evidence on the effectiveness and cost-effectiveness of interventions to promote mental health and prevent mental disorders, particularly in children and adolescents;

Noting further that mental disorders are often associated with noncommunicable diseases and a range of other priority health issues, including HIV/AIDS, maternal and child health, and violence and injuries, and that mental disorders often coexist with other medical and social factors, such as poverty, substance abuse and the harmful use of alcohol, and, in the case of women and children, greater exposure to domestic violence and abuse;

¹ World Health Organization, The World Bank, *World Report on Disability*. Geneva, World Health Organization, 2011.

² Demyttenaere K et al (2004). *Journal of the American Medical Association*, 291:2581–90.

Recognizing that certain populations live in a situation that makes them particularly vulnerable to developing mental disorders, and the consequences thereof;

Recognizing that the social and economic impact of mental disorders, including mental disabilities, is diverse and far-reaching;

Taking into account the work already carried out by WHO on mental health, particularly through the mental health Gap Action Programme,

1. URGES Member States:¹

(1) according to national priorities and within their specific contexts, to develop comprehensive policies and strategies that address the promotion of mental health, prevention of mental disorders, and early identification, care, support, treatment and recovery of persons with mental disorders;

(2) to include in policy and strategy development the need to promote human rights, tackle stigma, empower service users, address poverty and homelessness, tackle major modifiable risks, and as appropriate, promote public awareness, create opportunities for generating income, provide housing and education, provide health-care service and community based interventions, including deinstitutionalized care;

(3) to develop, as appropriate, surveillance frameworks that include risk factors as well as social determinants of health to analyse and evaluate trends regarding mental disorders;

(4) to give appropriate priority and streamlining to mental health, including the promotion of mental health, the prevention of mental disorders, and care, support and treatment in programmes addressing health and development and to allocate appropriate resources in this regard;

(5) to collaborate with WHO in the development of a comprehensive mental health action plan;

2. REQUESTS the Director-General:

(1) to strengthen advocacy, and develop a comprehensive mental health action plan with measurable outcomes, based on an assessment of vulnerabilities and risks, in consultation with and for consideration by Member States, covering services, policies, legislation, plans, strategies and programmes to provide treatment, facilitate recovery and prevent mental disorders, promote mental health and empower persons with mental disorders to live a full and productive life in the community;

(2) to include in the comprehensive mental health action plan, provisions to address:

(a) assessment of vulnerabilities and risks as a basis for developing the mental health action plan;

¹ And, where applicable, regional economic integration organizations.

- (b) protection, promotion and respect for the rights of persons with mental disorders including the need to avoid stigmatization of persons with mental disorders;
 - (c) equitable access to affordable, quality and comprehensive health services that integrate mental health into all levels of the health-care system;
 - (d) development of competent, sensitive, adequate human resources to provide mental health services equitably;
 - (e) the promotion of equitable access to quality health care including psychosocial interventions and medication and addressing physical health-care needs;
 - (f) enhanced initiatives, including in policy, to promote mental health and prevent mental disorders;
 - (g) access to educational and social services, including health care, schooling, housing, secure employment and participation in income-generation programmes;
 - (h) involvement of civil society organizations, persons with mental disorders, families and caregivers in voicing their opinions and contributing to decision-making processes;
 - (i) the design and provision of mental health and psychosocial support systems that will enable community resilience and will help people to cope during humanitarian emergencies;
 - (j) participation of people with mental disorders in family and community life and civic affairs;
 - (k) mechanisms to involve the education, employment and other relevant sectors in Member States in the implementation of the mental health action plan;
 - (l) to build upon the work already done and avoid duplication of action;
- (3) to collaborate with Member States, and as appropriate, with international, regional and national nongovernmental organizations, international development partners and technical agency partners in the development of the mental health action plan;
- (4) to work with Member States and technical agencies to promote academic exchange, through which to contribute to policy-making in mental health;
- (5) to submit the comprehensive mental health action plan, through the Executive Board at its 132nd session, for consideration by the Sixty-sixth World Health Assembly.

Tenth meeting, 20 January 2012
EB130/SR/10

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