

AFR/RC49/9

**Regional Strategy
for
Mental Health
2000 - 2010**



**World Health Organization
Regional Office for Africa
Harare, Zimbabwe**

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Mental Health





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EXECUTIVE SUMMARY

1. Mental health and the prevention and control of substance abuse are not treated as priority areas in a majority of the countries of the WHO African Region. These countries do not have national mental health policies; there is a shortage of specialized personnel, which is compounded by the constant brain drain. Widespread civil strife and the resulting violence and its consequences are a common occurrence on the African continent. All these factors called for the formulation of a regional strategy for mental health and the prevention and control of substance abuse.
2. In line with the WHO definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, and taking into consideration the various resolutions of the World Health Assembly, the WHO Regional Committee for Africa and the United Nations General Assembly inviting Member States to consider mental health and psychosocial issues as important aspects of health, this document proposes a strategy for mental health, including the prevention and control of substance abuse in the African Region, for the period 2000-2010. The strategy is expected to contribute to the development of national programmes in Member States with the involvement of governments and partners.
3. This document was reviewed and adopted by the Regional Committee at its forty-ninth session. Furthermore, by resolution AFR/RC49/R3 which is presented as an annex to this document, the Committee gave the necessary orientations for the implementation of this strategy.



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INTRODUCTION

1. Mental health is an essential and integral part of health as stated in the Constitution of the World Health Organization. Just as health is not merely the absence of disease, mental health is also not simply the absence of mental disorder or illness but represents a positive state of mental well-being.
2. Mental health can be defined as total balance of the individual personality, considered from the biological and psychosocial points of view. Mental disorders are illnesses characterized by abnormalities in emotional, cognitive or behavioural spheres. It is unfortunate that in its current usage the term 'mental health' is identified with mental disorders only. Prevention, treatment and rehabilitation of mental disorders are, however, part of the broader field of mental health.
3. Alcohol and tobacco abuse and drug-related problems are becoming major public health concerns for most countries in the African Region. Improvement of the quality of life of the general public, through the prevention and control of mental, neurological and psychosocial disorders and the promotion of healthy behaviours and lifestyles and mental well-being are the goals of national programmes for mental health and the prevention of substance abuse.
4. The regional strategy for mental health and the prevention and control of substance abuse for the period 2000-2010, as set forth below, is a tool for assisting Member States and their partners to identify priorities and develop and implement programmes at various levels of the health system, with particular emphasis on what can be done at district and community levels.

JUSTIFICATION AND POLICY BASIS

5. Considering that previous approaches to mental health in the African Region have failed to identify priority areas and appropriate strategies to address them, decision-makers are unaware of the mental health needs of their countries and there is a need for advocacy to address those needs. The status of mental health as an essential component of individual and community health has been stressed in various resolutions adopted by the World Health Assembly, the WHO Regional Committee for Africa, the United Nations General Assembly and the United Nations Drug Control Programme¹. There is, therefore, an urgent need to review existing strategies and develop a comprehensive strategic framework for mental health and the prevention and control of substance abuse in the countries of the African Region.

SITUATION ANALYSIS

Magnitude of the problem

6. Populations in the African Region are beset by numerous mental and neurological disorders that are a major cause of disability. There is a lack of reliable information systems in most countries. However, some of the basic global figures are available and are given below.
7. It has been estimated that over 12.5% of the global burden of disease is caused by mental and neurological disorders, which might be also true for the African Region. In addition to the disability caused by these disorders, the problem is made worse by the social handicap brought about by the stigma attached to them. Some of the common mental conditions are discussed below.

¹ AFR/RC38/R1(1988) - Prevention and Treatment of mental and neurological disorders
AFR/RC40/R9(1990) - on community mental health care based on the district health system approach in Africa
AFR/RC44/R14(1994) - on accelerating the development of mental health in the African Region
UN General Assembly Resolution 46/119(1991) - on protection of persons with mental illness and the need for improvement of mental health care
United Nations Declaration and Guiding Principles of Drug Demand Reduction (March 1998)

Common mental disorders: These occur at a rate of 20-30% among the population, and up to 40% among those who attend general outpatient clinics. Unfortunately, these are not appropriately diagnosed by health workers and scarce resources are often wasted on laboratory investigation and inappropriate medication.

Depression: Major depression occurs in about 3% of the population, with attendant risks of suicide. It is often not properly diagnosed by primary health care workers and is therefore not treated appropriately in most cases. Factors contributing to depression include genetics, socioeconomic problems and insecurity that are so common in the African Region.

Schizophrenia: It is estimated that 1% of the total population suffer from schizophrenia. This condition leads to serious disability and puts a considerable burden on the families and communities of the affected persons.

Epilepsy: The global prevalence of epilepsy is estimated to be between 0.5 and 1.0%, but according to reports from some African countries, the rate could be much higher. Inadequate care at childbirth, malnutrition, malaria and parasitic diseases may be the cause of the high rate of epilepsy in Africa. Furthermore, the disease is still highly stigmatized, particularly because it is often considered infectious, leading to the social isolation of the sufferer. Simple and inexpensive anti-convulsion treatment can be very effective in preventing seizures.

Children's mental health problems: Half the population of the Region is made up of children below the age of 15 years. It is estimated that, of those aged 0-9 years, about 3% suffer from a mental disorder. Many children suffer from poor psychosocial development because of neglect by their mothers and other caretakers. This neglect may be due to the lack of social support for the mother or to post-natal

depression, which can lead to poor emotional and cognitive development of the child in later life. Brain damage is one of the main causes of serious mental retardation.

Organic mental disorders: Dementia is a chronic disorder that occurs more frequently among elderly people. In Africa, the population of elderly people is still low, with only 3-4% of the total population aged above 65 years. Other brain syndromes which usually follow an infection or trauma of the central nervous system are, however, common in the African Region.

Post-traumatic stress disorders: Many countries in the African Region are engulfed in conflicts and civil strife with their attendant adverse impact on the mental health and well-being of the affected populations.

Psychoactive substance use and abuse: Alcohol, tobacco and drug-related problems are becoming an increasing concern in the Region. Many of the countries in Africa are used as transit points for illicit drug trade, and these drugs are finding their way into local populations, adding to the indigenous problems associated with cannabis consumption.

Tobacco: As the demand for tobacco faces gloomy prospects in many countries in the North, there is growing pressure to increase tobacco sales in the developing world where tobacco use is indeed growing rapidly and children are starting to smoke at a very early age. Member States will have to adopt the Tobacco-free Initiative as a means of achieving a tobacco-free status.

Alcohol: There is an increased demand for home-brewed beer or locally distilled liquor. In most countries there are no national policies on alcohol or tobacco. Consequently, their advertising, distribution and sale are largely uncontrolled.



8. Increasing poverty, natural disasters, wars and other forms of violence and social unrest are major causes of growing psychosocial problems which include alcohol and drug abuse, prostitution, street children, child abuse, domestic violence.
9. HIV infection has added considerably to the psychosocial problems already being experienced in many countries of the Region, creating a need for extra support and counselling for those affected and care for their surviving family members, especially children.
10. Many risk behaviours and social problems are the result of people's lack of mental maturity, self-esteem and self-confidence. Strong cultural beliefs about the causes and management of mental disorders in the Region also explain the non-utilization of conventional health services as a first choice.

Mental, neurological and psychosocial health services

11. In most countries of the African Region, mental health programmes are limited to curative health care of poor quality, usually provided in decrepit hospitals located far away from residential areas. These conditions create a serious problem of access to and acceptability of the treatment. Hence, dropout rates are very high, and follow-up treatment as an outpatient is seriously hampered. In those countries where some services are provided, these are mainly for adults with major psychiatric disorders, the needs of children not being catered for.

Weaknesses and strengths

12. Major constraints to the development of mental health programmes at country level are: lack of awareness of the magnitude of the problem; lack of reliable information systems; insufficient human and financial resources, among others².

² About 70-80% of the population in the Region lives in rural areas where access to health care is difficult or is not available. There is lack of essential drugs for the treatment of the most common neurological and mental disorders. Many countries in the Region have no mental health legislation. Where it exists, it is outdated.

13. A number of countries have, however, made progress in reducing their reliance on big psychiatric institutions. These countries have begun decentralizing mental health and integrating it into primary health care at the community level, based on the district health system approach, in accordance with Regional Committee resolution AFR/RC40/R9. Strong community and family ties in African societies have helped immensely in supporting patients by strengthening community-based care. There is a growing number of mental health training institutions in the Region which take into account the African realities. These institutions are being used for the training of both nationals and persons from other African countries, often under WHO fellowships. In addition to these, there are a number of innovative mental health activities taking place in the Region, which are unfortunately not documented.

THE REGIONAL STRATEGY

Aim

14. The aim of the strategy for mental health and the prevention and control of substance abuse is to help prevent and control mental, neurological and psychosocial disorders, thus contributing to the improvement of the quality of life of the populations. This can be achieved through the formulation and strengthening of national mental health policies and the development and implementation of programmes in all the Member States in the African Region.
15. While adopting and implementing the regional strategy, all Member States should integrate mental health and the prevention of substance abuse into their national health services. This will lead to:
 - (i) a reduction in the incidence and prevalence of specific mental and neurological disorders (epilepsy, depression, mental retardation and psychosocial disorders due to man-made disasters) and other prevalent conditions;

- (ii) equitable access to cost-effective mental, neurological and psychosocial care;
- (iii) progress in the adoption of healthy lifestyles; and
- (iv) improvement in the quality of life.

Objectives

16. The objectives of the strategy are:

- (i) to promote mental health and prevent mental, neurological and psychosocial disorders and drug abuse-related problems;
- (ii) to reduce disability associated with neurological, mental and psychosocial disorders through community-based rehabilitation;
- (iii) to reduce the use of psychoactive substances (alcohol, tobacco and other drugs);
- (iv) to change people's negative perceptions of mental and neurological disorders; and
- (v) to formulate or review existing legislation in support of mental health and the prevention and control of substance abuse.

Guiding principles

17. The guiding principles for the implementation of the strategy are:

- (i) integration of issues related to mental health and the prevention and control of substance abuse in the national health sector reforms agenda, particularly with regard to organization, legislation and financing;

- (ii) promotion of mental health and provision of health care, targeting especially the vulnerable and high-risk groups; and
- (iii) prevention of substance abuse (tobacco, alcohol and other psychoactive substances), especially among young people.

Expected outcomes

18. *By the end of 2010:*

- (i) All Member States will have formulated national mental health policies and strategies;
- (ii) All countries in the Region will have established national programmes and action plans for the implementation of activities on mental health and the prevention and control of substance abuse, according to their priorities;
- (iii) Community-based psychosocial rehabilitation programmes will have been established, implemented and evaluated in countries in post-war situations;
- (iv) All Member States will have formulated or reviewed existing legislation in support of mental health and the prevention and control of substance abuse.

Priority interventions

- 19. The priority interventions listed below are based on various elements which the countries may select from and focus on according to the availability of resources and their different settings.
- 20. *Policy formulation and programme development.* Policies on mental health and the prevention and control of substance abuse should be formulated in all Member States. Specific programmes and action plans should be drawn up for implementation, taking into account

country priorities. Integration of mental health in general health services through a reliable health information system, decentralization, multisectoral collaboration and community participation should all be encouraged. Equitable access can be provided through the integration of mental health into primary health care. To achieve this, members of the primary health care team need to maintain close links with the specialist services so that they can receive regular support for their work. Services provided should be adapted to the economic, technological and cultural contexts of countries in the African Region.

21. *Capacity-building.* Appropriate policies for human resources development should be drawn up according to country priorities. Training of staff should be considered a priority and encouragement must be given to the integration of modules on mental health and the prevention of substance abuse into the training courses of general health workers (e.g. doctors, nurses, social workers, and medical assistants). The involvement of communities is recommended. They can be sensitized through short-duration workshops using locally-adapted teaching aids and participatory methods. Training *needs* and *possibilities* should be assessed and the use of national training institutions and WHO collaborating centres should be encouraged.
22. *Advocacy and social mobilization.* Social marketing of the importance of mental health and the prevention and control of substance abuse is an important element in the implementation of the strategy.
23. *Information and education.* Programmes for the promotion of mental health and the prevention of mental, neurological and psychosocial disorders can benefit from the appropriate use of information provided to individuals, families and communities. The information materials should be developed with the involvement of the target populations, taking into account their cultural background.

24. *Research.* A research culture should be developed within national programmes for mental health and the prevention and control of substance abuse. Priority areas of research should be identified in Member States and research findings should be widely disseminated and used for appropriate reprogramming.
25. *Partnerships and collaboration.* Collaboration among ministries of health and other government departments as well as professional associations³, family groups, consumer groups, NGOs, community and religious leaders, traditional healers' associations, women and youth organizations, training institutions and other UN agencies should be encouraged.
26. Technical cooperation among countries of the Region and with WHO collaborating centres and other programmes of the Regional Office must be strengthened. Good communication and coordination would be needed to ensure better results from these partnerships.

IMPLEMENTATION FRAMEWORK

Country level

27. Member States of the African Region should address the problems related to mental health and the prevention and control of substance abuse as a priority within their national health policies and health development plans. National programmes should reflect the need for the promotion of mental health as well as the prevention and control of substance abuse (i.e. the abuse of tobacco, alcohol and other psychoactive substances). They should form an integral part of essential health care. A community-based approach must be encouraged, as set out in Regional Committee document AFR/RC40/10 Rev.1 (1990). A focal point should be designated in the Ministry of Health to manage the mental health programme.

³ The World Federation for Mental Health, the World Psychiatric Association, the World Association for Psychosocial Rehabilitation, the International League Against Epilepsy and others.

Role of WHO

28. WHO can play a key role in supporting and sustaining effective action to address the issue of mental health and the prevention and control of substance abuse in Member States. Funds should be allocated from WHO country budgets for the implementation of the programme. At the regional level WHO will provide technical support to Member States in the following areas:
- (i) development of national programmes for mental health and the prevention and control of substance abuse;
 - (ii) intercountry technical cooperation;
 - (iii) integration of mental health and the prevention and control of substance abuse into the general health care system, using the community-based approach;
 - (iv) strengthening of cooperation with WHO collaborating centres in the Region in research and training;
 - (v) resource mobilization for the strengthening of national capacities;
 - (vi) integration of different aspects of mental health and substance abuse issues into the health information system; and
 - (vii) needs assessment and programme evaluation.

Human resources

29. Training of adequate numbers of staff to provide services in the areas of mental health and substance abuse should be made an integral part of human resources development policies in Member States. WHO, at the regional level, will facilitate the identification and training of experts who can assist countries with programming, monitoring and evaluation.

Financial resources

30. Ministries of health and social affairs should be encouraged to allocate funds from national sources as well as from WHO country budgets for the mental health programme. Other cost-sharing initiatives must also be explored. Mobilization of external resources is also important and WHO has an important role to play in the formulation of guidelines which can be adapted by Member States to their specific circumstances.

Drugs and equipment

31. The availability of essential psychotropic drugs needs to be ensured according to the prescribing capacity of health professionals at different levels of the health care system. Each level of the mental health care system should have the equipment necessary for and appropriate to that level for the treatment of neuropsychiatric disorders.

Infrastructure and services

32. Mental health care should be delivered as part of general health care services such as health centres. The custodial type of care in old and big psychiatric hospitals must be discouraged. Hospitalization of persons with mental, neurological or psychosocial problems should be resorted to only when other alternatives of family and community care are not sufficient. The length of stay in hospitals must be reduced to the minimum and to what is absolutely necessary, and after-care services (day centres and sheltered accommodation) should be created when possible.

Monitoring and evaluation

33. After the adoption and launch of the regional strategy, the development of activities at country level will be monitored and evaluated within the stipulated time frame of 2000-2010. Member

States will be invited to establish specific programmes according to their priorities and available resources. WHO's contribution to the implementation of the strategy will be incorporated in the WHO regular programme budget.

34. Monitoring and evaluation indicators will be formulated to assess the implementation of the strategy. Periodic reviews and evaluations will be undertaken and regular country reports will be produced and analysed to update the regional mental health programme profile.

CONCLUSION

35. The promotion of mental health, the prevention and treatment of mental, neurological and psychosocial disorders and the prevention and control of substance abuse are challenges for all the countries of the African Region.
36. This document sets out a strategy for the promotion of mental health and healthy lifestyles, the prevention of mental, neurological and psychosocial disorders and the treatment and rehabilitation of people suffering from those problems, in order to contribute to the improvement of the quality of life of the people. It is an important approach which involves governments and their partners in the field of mental health and the prevention and control of substance abuse.

ANNEX

REGIONAL COMMITTEE RESOLUTION AFR/RC49/R3 ON THE REGIONAL STRATEGY FOR MENTAL HEALTH

The Regional Committee,

Aware of the magnitude and the public health importance of mental, neurological and psychosocial problems which have been aggravated by the stigma attached to them;

Concerned about the growing poverty, the increasing frequency of natural disasters, and the escalation of wars and other forms of violence and social disruption, which are causing growing psychosocial problems such as alcohol and drug abuse, prostitution, the phenomenon of street children, child abuse and domestic violence;

Recalling World Health Assembly resolutions WHA28.81 (1975) on the assessment of problems relating to alcohol abuse, WHA30.45 (1977) on the creation of the African Mental Health Action Group, Regional Committee resolution AFR/RC40/R9 (1990) which called on Member States to implement community mental health care based on the district health system approach, and AFR/RC44/R14 (1994) on accelerating the development of mental health in the African Region;

Appreciating the efforts already made by Member States and their partners to improve the mental health of their people and prevent and control substance abuse;

Recognizing the need to review existing approaches in this area and develop a comprehensive strategic framework for mental health and the prevention and control of substance abuse in the countries of the African Region;

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Having carefully examined the report of the Regional Director as contained in document AFR/RC49/9, which sets forth WHO's regional strategy for mental health;

1. APPROVES the proposed strategy aimed at strengthening the capacity of Member States to improve the quality of life of their people by promoting healthy lifestyles, and preventing and controlling mental, neurological and psychosocial disorders;
2. REQUESTS Member States:
 - (i) to take into account mental health concerns in their national health policies and strategies; recognize the need for the multisectoral approach and integrate mental health into their general health services, particularly at the district level, with adequate community participation;
 - (ii) to establish or update national programmes and plans of action for the implementation of activities on mental health and the prevention and control of substance abuse, according to their priorities;
 - (iii) to promote mental health and healthy behaviour using the commemoration of the World Mental Health Day (10 October);
 - (iv) to formulate or review legislation in support of mental health and the prevention and control of substance abuse;
 - (v) to designate a focal point in the ministry of health to manage the mental health programme thus established;
 - (vi) to provide financial resources for the implementation of the related activities and consider introducing cost-sharing schemes where appropriate;

- (vii) to intensify capacity-building, taking into account the mental health dimension, when drawing up national human resources development plans and to use regional health training institutions;
- (viii) to ensure that a research culture is built into their national programmes;
- (ix) to undertake community-based psychosocial rehabilitation interventions, targeting vulnerable and high-risk groups, especially displaced persons, refugees, victims of landmines, health workers, and people with chronic mental and neurological conditions as well as people living with HIV/AIDS;

3. REQUESTS the Regional Director:

- (i) to provide technical support to Member States for the development of national policies and programmes on mental health and the prevention and control of substance abuse as well as elaboration or revision of mental health legislation;
- (ii) to take appropriate measures to enhance WHO's capacity to provide timely and effective technical support, at regional and country levels, to national programmes on mental health and the prevention and control of substance abuse;
- (iii) to increase support for the training of health professionals in mental health at different levels of the health system and promote the use of traditional medicine within the context of African realities;

- (iv) to facilitate the mobilization of additional resources for the implementation of the mental health strategy in Member States;
- (v) to elaborate operational plans for the implementation of the regional strategy for the period 2000-2001;
- (vi) to report to the 51st session of the Regional Committee on the progress made in the implementation of the regional strategy for mental health.

