A Framework for Mental Health Policy, Legislation and Service Development: Addressing Needs and Improving Services

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The global burden of mental disorders is enormous. Approximately 450 million people suffer from some kind of mental or neurological disorder at any given moment. These conditions included unipolar depressive disorders, bipolar affective disorder, schizophrenia, epilepsy, alcohol and selected drug use disorders, Alzheimer's and other dementias, post traumatic stress disorder, obsessive and compulsive disorder, panic disorder, and primary insomnia. Together, it is estimated that these disorders account for 13% of the disability-adjusted life years (DALYs) worldwide. Even in Africa, the WHO region for which mental disorders constitute the smallest percentage of the burden of disease, it is estimated that about 5% of all DALYs are due to mental disorders. Among the 15-44 age group, the most productive segment of the population, mental disorders account for 6 of the 20 leading causes of disability worldwide.[1]

In addition, there is very high comorbidity between mental and physical disorders, including both infectious and

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non-communicable diseases. For example, there is substantial evidence for significant comorbidity between schizophrenia and HIV/AIDS.[2] Furthermore, a study undertaken in the USA has shown that people with severe mental disorders are approximately 20 times more likely to be infected with HIV than is the general population.[3] Globally, alcohol causes 3.2% of all deaths, or 1.8 million deaths annually, and about half of these deaths are the direct result of injuries caused by hazardous and harmful drinking.[4] Furthermore, the link between alcohol abuse and sexual risk behavior has serious implications for the health of populations, particularly since the advent of HIV.[5] Depression predicts the occurrence of physical diseases such as heart disease and people with depression are three times more likely not to comply with medical regimens than people with depression.[1,6]

However, these statistics do not give a complete picture of the impact of mental disorders. Indeed, mental illness and poverty are inexorably linked. Poverty is one of the most important risk factors for developing a mental disorder. At the same time, the costs of treatment and the impact on the economic productivity of people with mental disorders and those who care for them (often close family members) means that mental ill-health often further exacerbates poverty. Thus, mental ill-health and poverty reinforce each other in a vicious cycle.[7,8]

Some of the most serious consequences of mental illness are difficult to quantify. These include the effects of stigma and discrimination. People with mental disorders are often perceived as being dangerous, violent, unintelligent, or incapable of participating in decisions about their care and treatment.[9] These beliefs lead to discrimination in employment, education, housing, and other domains. They also make people with mental disorders particularly vulnerable to serious human rights abuses, such as arbitrary detention and even torture. For example, in some countries, people with mental disorders are tied to trees or logs on the outskirts of their communities, where they are left semi-naked or in rags, are regularly beaten, and are given very little food.[10] In other countries people with mental disorders are locked away in large psychiatric institutions for weeks, months, even years at a time, often facing inhumane and degrading living conditions and harmful treatment practices.[11]

It is difficult to express the harm caused by these kinds of situations in terms of numbers or statistics. However, the vulnerability of people with mental disorders to these kinds of abuses provides one of the strongest motivations for reforming national mental health policies and service organizations.[12]

The World Health Organization's "Mental Health Policy Project: Addressing Needs, Improving Services," is working at a global level to address the burden of mental illness and improve the human rights of people with mental disorders. It is doing so by working with national governments to develop and implement progressive mental health policies, action plans, services, programs, and legislation. Indeed, coordinated government efforts to organize mental health services in the most effective way and protect the human rights of people with mental disorders can substantially mitigate the harm caused by mental disorders to individuals and societ-

ies.[12] Yet 48% of countries completely lack explicit mental health policies and 22% do not have any specific legislation that deals with mental health.[13] Even in countries that have put mental health policies and laws in place, many have emphasized protecting society from the mostly-imagined dangers posed by people with mental disorders, rather than providing effective mental health services or protecting human rights.

This paper will first discuss the normative framework that WHO has developed in the area of national mental health policies. It will then describe the resources that are available to help countries apply this framework to their own situations. It will conclude with a brief discussion of some of the early country-level work undertaken through the Mental Health Policy Project: Addressing Needs, Improving Services.

The WHO Normative Framework in Mental Health Policy and Service Development

Every country is unique, and it is not the role of WHO to prescribe specific policies or laws that can be applied everywhere. Nonetheless, it is possible to lay out general principles for how mental health systems should be organized in order to effectively and efficiently promote mental health. WHO also has an important role in highlighting the obligation of governments to promote and protect the rights of people with mental health disorders in accordance with international human rights law and to provide guidance on how to ensure that mental healthcare systems are consistent with these standards and norms. These two general goals of this project – to help countries organize their mental health services effectively and live up to their human rights obligations – are complimentary to each other. In fact, human rights violations are themselves harmful to mental health. Furthermore, certain ineffective mental health policies and practices can themselves constitute human rights violations. Thus, as Lawrence Gostin observes, the betterment of a population's mental health and protection of the human rights of people in that population are mutually reinforcing policy goals.[14]

Organization of Services

The vast majority of communities throughout the world lack formal mental health services. Thus, most people with treatable mental disorders do not have access to medical care for their conditions. Even when people with mental disorders are able to find their way into the healthcare system, they often end up in large, isolated mental health institutions far from where they live.[15] Indeed, 68% of all psychiatric beds worldwide are found in such impersonal institutions, leading to many negative consequences.[13]

First, when people are required to travel long distances to receive mental health care, they are much less likely to seek treatment because the associated costs – in terms of time, travel expenses, lost jobs, and disruption of day-to-day life and activities – are greater. Thus, mental health care in large institutions tends to be significantly less accessible than it is when services are more diffuse. People with relatively minor men-

tal disorders are especially unlikely to seek out any sort of care when the only option involves becoming an inpatient far from home.

A related problem with large institutions is the fact that they reinforce the existing stigma associated with mental disorders. The segregation of an already marginalized group serves to reinforce negative stereotypes and leads to an increase in discrimination and low self-esteem. This is problematic from both a human rights and a medical perspective. Discrimination and poor self-worth can in themselves hinder recovery from mental illness.[16] In addition, that people in psychiatric institutions are often far away from their families and friends can also hinder their recovery, as social support, especially from close family members, is often a critical element in a person's recovery from a mental disorder.[17]

Large institutions also tend to put less emphasis on rehabilitation than do other types of services. Rather, the primary objective is often custodial – to keep people with mental disorders away from the rest of society.[15] Even health staff with the best intentions cannot do much to help someone recover from a mental disorder when they have hundreds of people to care for on a day-to-day basis.

The lack of accessibility, the reinforcing of stigma and discrimination, and the emphasis on custodial rather than rehabilitative care all constitute human rights violations. Article 12 of the International Convention on Economic, Social and Cultural Rights establishes the right to the highest attainable standard of both physical and mental health. This has been interpreted to mean that mental health facilities must be reasonably accessible and of good quality.[18] The United Nations' Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care prohibit discrimination on the basis of mental illness and establish that "the treatment of every patient shall be directed towards preserving and enhancing personal autonomy."[19] Yet psychiatric institutions around the world continue to provide 'treatment and care' that can only be described as inhumane and degrading. Patients are sometimes subject to horrific physical or sexual abuse. Some are secluded for long periods of time with no human contact or are forced to spend hours or even days alone in caged beds or tied down to beds with restraints. Others lack proper clothes, clean water, healthy food, and proper toilet facilities.[20] For all of these reasons, WHO recommends that countries work to end their reliance on large institutions for mental health care and ultimately shut down such institutions.

Thus, one of the primary goals of WHO is to support countries in moving away from the institutional model of care towards a system that provides mental health care in the community, through primary health care, general hospital settings, and community services. This form of mental health care is desirable for several reasons.[15] First, mental health care becomes more accessible to more people when it is made available locally. Second, it allows people with mental disorders to receive treatment for their ailments with as little disruption to their lives as possible. When people are able to continue living in their communities, they are more able to maintain family relationships, friendships, and jobs. Continuing to live a relatively normal life while receiving treatment for mental dis-

orders has mental health benefits in itself. Third, the provision of mental health care in the community reduces the stigma surrounding mental disorders; when health systems address mental health problems in the same way they address other health problems, mental disorders become less stigmatizing.

Community and hospital-based services work best when they are coordinated with each other and with primary health care services, which should serve as the first point of contact within the formal mental health system. Many people with mental disorders are already attending primary healthcare services for other medical conditions. Thus, when those providing primary health care are able to identify and provide basic treatment for mental disorders, many more people are going to receive treatment. Furthermore, as mentioned above, there is significant comorbidity between mental disorders and various chronic and infectious diseases, so treatment is facilitated when a holistic approach is taken. Thus, WHO recommends that as countries close down large institutions, they also work to improve the quality and capacity of community and primary healthcare services.[15]

Of course, just as a certain percentage of people with physical health problems need more intensive care than an out-patient unit in a primary care setting can provide, so too will there be a number of people with mental disorders who need more intensive care than can easily be provided through primary care services. Having psychiatric services available in general hospitals or in community mental health facilities can meet the needs of most of these people. Again, this has the benefit of reducing stigma surrounding mental disorders, as people with mental disorders are treated in an analogous way to those with physical disorders. The goal of this type of treatment must be to decrease the disability of patients as quickly as possible so they can return to their normal lives. Finally, there will be a small percentage of people who may need long-term mental health care. However, it is cruel, unnecessary, and expensive to keep them in dedicated mental health institutions. Rather, they should be accommodated in small, protected facilities as close as possible to their communities and family members.

WHO's Organization of Services pyramid (Figure 1) illustrates the ideal structure for a mental health system.[15] Notice that the base of this pyramid is "Self-Care," followed by "Informal Care." This simply reflects the reality that most mental disorders are and will continue to be dealt with outside of the medical system. However, receiving treatment within the primary care setting is more effective, less expensive, and more respectful of human rights than other forms of care in most cases.

It is very challenging for countries that currently have mental health systems based around a few large institutions to develop one in which mental health care is available in primary care settings and general hospitals. For one thing, it requires additional resources.[21] Additional facilities need to be built, medical supplies and medicines needs to be bought, and, most importantly, human resources need to be developed. This means redistributing mental health specialists and training general practitioners to be able to provide basic mental health care. The education system for health care professionals needs to change in order to better reflect modern standards for mental

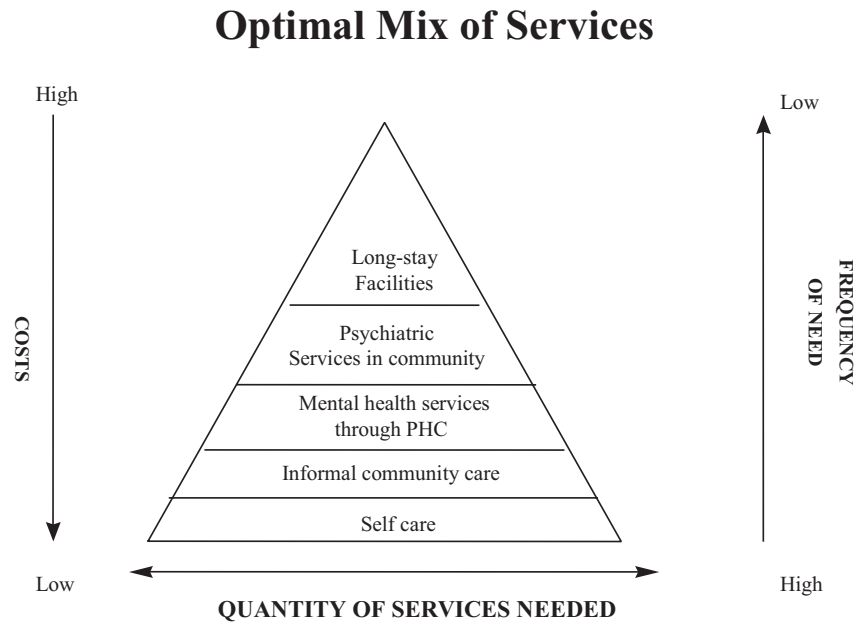

Figure 1: Organization of Mental Health Services, WHO

health care and service organization.[22]

Just as important as an investment of resources is the development of a detailed policy document and action plan.[23] One of the dangers of deinstitutionalization – and something that did happen in some developed countries as they closed down institutions in the 1970s and 1980s – is that new community facilities will not spring up to replace them. Thus, it is important that the training of primary health care and community care providers and the development of new facilities be coordinated with the shutting down of institutions.

Mental Health Policy and Legislation

In addition to reorganizing services, a solid policy and legislative framework with clearly defined the roles and responsibilities for different players in the mental healthcare system, including healthcare professionals and government officials, must be developed. Because of the special vulnerability of people with mental disorders to human rights violations, one of the main objectives of any mental health policy or law must be to respect, protect, and promote human rights. Mental health legislation can be a particularly powerful tool for promoting the fundamental, but often neglected, rights of people with mental disorders. These include: the right to access quality health care; the rights to confidentiality and information about one's own care; the right to consent to or to refuse treatment and admission in mental health facilities; freedom from cruel, inhuman and degrading treatment; freedom from discrimination; and the enjoyment of basic, social,

economic and cultural, as well as civil and political, rights. WHO has recently published a Resource Book on Mental Health, Human Rights and Legislation which describes in detail how countries can use law to promote these rights and encourage the development of a more ideal organization of services.[11]

One of the most basic things a government can do to fulfil its obligations to people with mental disorders is to promote access to mental health care. Available policy tools and potential laws include setting aside the resources necessary for establishing a community-based system and calling directly for the establishment of non-medical rehabilitative programs and social support organizations. Other possible solutions include providing support and resources to mental health service users and developing family advocacy organizations. Legislation, in particular, can mandate parity between mental and physical health. While such a law might not have an immediate effect, it can be used as a tool for those trying to push various governmental entities to take action to improve mental health services.

Legislation can also safeguard against inappropriate breaches of patient confidentiality (which are especially common in relation to people with mental disorders) and establish an explicit right for patients to information about their own condition and treatment. Often, it is unfairly presumed that people with mental disorders cannot competently make decisions about their own care. Therefore, health workers feel that it is necessary to share information about the patient with others who can use that information to make decisions on the patient's behalf. Similarly, it is felt that there is no need to share information with the patient, because he or she may not be capable of acting on it appropriately. Law can help protect the rights to confidentiality and access to information by establishing penalties for those who deliberately violate them. Of course, situations in which these rights are genuinely in conflict with the safety of the patient or another person will arise. Legislation can establish procedures for dealing with these specific cases and can also guarantee that people with mental disorders and their representatives have the right to appeal such decisions in front of a neutral party, such as a judge.

Another consequence of the common presumption that people with mental disorders are not able to make decisions about their own care is that they are often admitted to mental health care facilities or administered treatment without their consent. Legislation can promote voluntary admission and treatment, for example by narrowly defining the circumstances under which a person can be admitted or treated without their consent. However, there are sometimes exceptional circumstances when it will not be possible to fully adjudicate whether a person who refuses treatment should receive it against his or her wishes. For example, if someone is threatening to commit suicide, it would be appropriate for a police officer or a health care professional to take action to prevent that from happening without a hearing. In such situations, laws can clearly define what types of emergencies would make such an intervention appropriate and can also place a time limit on how long a person may be involuntarily detained or treated before they are entitled to a hearing.

People with mental disorders are more

vulnerable than most other people to cruel and inhumane treatment. This is especially true in psychiatric institutions. Although WHO is calling for the eventual closure of all large, dedicated mental health institutions, it recognizes that this cannot happen without first establishing community based alternatives. Nevertheless, in the meantime, legislation can establish penalties for abuses in all kinds of mental health facilities. Banning the abusive use of seclusion and restraint is especially important in the mental health context. Furthermore, legislation should prohibit involuntary administration of especially invasive or irreversible procedures such as psychosurgery or Electro Convulsive Therapy. Even when such procedures are administered voluntarily, they are dangerous enough that they should be subject to strict government regulation.

Finally, legislation can protect people with mental disorders from discrimination and can guarantee that they are entitled to basic civil and political rights. For example, having a mental disorder should not be sufficient grounds for dismissal from a job or for denying someone housing. Nor should it be grounds for refusing people the rights to vote, marry, or have children.

When a country's mental health services are well organized (i.e. community-based care is available and mental health care is well integrated into the general health care system) and there exists a legislative and policy framework that promotes the human rights of people with mental disorders, the country is better off in a number of related ways:

- The mental health of the country's population is improved;
- There is less suffering for people with mental disorders and their families;
- The rights of people with mental disorders are promoted and respected;
- In light of the links between mental and physical disorders, it is likely that the improved mental health of the population leads to improved physical health;
- Providing people with mental health care in their community enables them and their families to lead full and productive lives in society and thus contribute to the country's economy;
- Finally, a well organized mental health service goes some way to fulfilling a number of important international human rights obligations required of governments.

The next section will briefly discuss some of the resources that WHO has available to help countries implement its mental health policy and legislative framework in order to achieve these goals.

The Mental Health Policy and Service Development Project

The WHO's Mental Health Policy and Service Develop Project, initiated in 2001, has seen the development of four major resources available to countries wishing to reform their mental health systems. These are (1) the Mental Health Policy and Service Guidance Package, (2) the International Network of Experts, (3) the Training Program and (4) direct support to countries.[23]

The Mental Health Policy and Service Guidance Package is composed of 13 modules that cover every aspect of developing a country's mental health system (see box 1). It is designed to be used by policy makers and planners in order to develop a comprehensive strategy for improving the quality and availability of mental health care in the country in a manner that is consistent with human rights standards. As well as providing advice to policy makers, it can also be used by mental health users and family groups as an advocacy tool to help them influence governments to initiate reform. Taken together, each module of the Guidance Package provides a blueprint for going from a system based on institutional care to one in which mental health services are fully integrated into general healthcare services, especially community based primary care services. The Guidance Package is complemented by the Resource Book on Mental Health, Human Rights and Legislation which provides detailed guidance on what should go into a law in order to develop effective mental health services and protect human rights.

WHO has also cultivated an international group of experts in mental health law, policy, and service development. This group includes about 80 members from countries all over the world. WHO facilitates constant communication among the members of the international expert group through an interactive web board and regular updates on mental health policy reform projects throughout the world.

Each member of this group has been trained to facilitate workshops designed for country-level policy makers and mental health stakeholders. These workshops help to apply the general principles laid out in the modules of the Guidance Package to particular national or regional contexts. Workshops can cover a broad range of issues such as mental health policy, planning, legislation, or they can focus on specific aspects of mental health systems

Box 1: The modules of the Mental Health Policy and Service Guidance Package Include:

- Mental Health Context
- Mental Health Policy, Plans and Programmes
- Organization of Services for Mental Health
- Mental Health Financing
- Mental Health Legislation and Human Rights
- Advocacy for Mental Health
- Quality Improvement for Mental Health
- Planning and Budgeting to Deliver Services for Mental Health
- Improving Access and Use of Psychotropic Medicines
- Mental Health Information Systems
- Human Resources and Training for Mental Health
- Child and Adolescent Mental Health
- Research and Evaluation of Mental Health Policy and Services
- Workplaces Mental Health Polices and Programmes

requiring improvement, such as the development of information systems, quality improvement, access, and use of psychotropic drugs, etc. Ultimately, the goal of each workshop is to develop a draft plan of action for how to proceed in improving a country's mental health system.

An important element of this training program is to make sure that all key stakeholders within the country are included in formulating policies, plans, and laws. In particular, it is vital to ensure that both mental health service users and family representatives are involved in these activities. Both interest groups are directly impacted by changes to the mental healthcare system but are too often sidelined in mental health reform processes. These people offer crucial perspectives on how services should be organized and delivered. In countries where no such organizations exist, the government can play a pivotal role in helping mental health service users and family members to find each other, organize, and establish themselves into advocacy groups.[25]

Finally, WHO offers direct ongoing technical support and consultation to countries participating in this project. As well as offering workshops, WHO staff and members of the WHO network of experts review and provide feedback on draft national policies, plans, and laws and provide guidance to countries on strategies for their effective implementation. This technical support is already underway in many countries.

Ghana is one of the first countries in which all of the project's resources were used to support mental health legal reform. Once the Ghanaian government had established a drafting committee for the legislation, WHO facilitated several conferences that examined the standing Ghanaian mental health law and helped formulate a new one. After several reviews by WHO and members of its network, the new draft law is expected to be submitted to parliament in 2006. Following its enactment, WHO expects to assist the Ghanaian Ministry of Health throughout the law's initial implementation phase.

Latvia is another country that has been assisted by the Mental Health Policy and Service Development project. Work in Latvia has thus far focussed on developing a new comprehensive mental health policy. A task force to formulate the policy has been established and an analysis of the mental health situation in Latvia has been undertaken. Workshops were organized in Latvia in which WHO country staff and experts worked with members of the task force to examine the WHO framework on Mental Health, Policy, Plans and Programs; to discuss the goals and areas for action for the new national policy; and to draft the policy and action plan. Consultations with stakeholders (including mental health experts, the Ministries of Health and of Education and Welfare, State agencies for mental health and health promotion, NGOs, consumer and family organizations, and human rights organizations) on the draft policy were held, and feedback was also obtained from WHO and the WHO international group of experts in order to finalize the mental health policy draft. The Policy Document is currently waiting approval from the Secretary of State, and a mental health action plan to implement the policy is being drafted.

In the Western Pacific Region, WHO is in the process of establishing a Mental

Health Network of Pacific Island Nations. In broad terms, the aim of the Network is to provide Pacific Island nations with a forum to enable countries to work together and with strategic partners on a range of initiatives to improve mental health services, policy, planning, and legislation in their countries and in the region. The Network will also allow countries to draw on their collective experiences, knowledge, resources, and efforts and will provide an opportunity to maximize available resources, particularly through a reduction in unnecessary duplication and fragmentation of activities and greater co-operation and collaboration. The Network will help build sustainable national and regional capability and capacity in relation to mental health.

Together, network countries will identify issues and priorities that are of mutual concern. They will then develop and implement plans of action to address these. While collectively developed to allow for cooperation and co-ordination of activity, these plans will be responsive to the circumstances of individual nations. These plans will outline proposed initiatives, programs, activities, and processes of implementation, as well as incorporate timelines and identify resource and other needs. WHO will act as the Network's Secretariat and will provide guidance, advice, and training, as required, on priority areas identified by the Network countries.

In 2005, the Mental Health Policy Project was also initiated in three countries in Central America: El Salvador, Guatemala, and Nicaragua. The main objectives in these nations are to assess mental health services and systems; develop or update national mental health policies, plans, and legislation; and to develop a pilot project on community-based mental health services.

As a first step, El Salvador, Guatemala, and Nicaragua participated in a sub-regional workshop to receive training on policy, planning, service organization and legislation. The representatives of the three countries also presented their proposals regarding the development of a local community based service. Subsequently, the sub-regional workshop was replicated at national levels in order to train the national actors directly involved in the reform process. Countries were also provided with ongoing support and monitoring by WHO staff and experts of the international network.

To evaluate progress made and to promote sharing of experiences, an intermediate sub-regional workshop is being organized during which each country will present the results of the needs assessment, as well as the policy, plan, and legislation drafts developed so far. In addition, each country will visit the services that are being developed in the other two countries and the well-developed community services in Andalusia, Spain. In June 2006, relevant authorities will attend a national workshop in each country, in which the proposals of policy, plan, and legislation will be presented, discussed and approved.

Conclusion

With a solid normative framework for mental health policy, planning, legislation, and service development firmly in place, WHO is able to provide countries with concrete and sustainable support to

improve national mental health systems. The projects described above, though by no means the only activities underway, illustrate the kind of support that WHO is providing countries in different regions of the world. WHO's long-term vision in the area of mental health is for mental health to be placed higher on the agenda of all countries; for attitudes of both governments and the general public towards mental illness to change; for the human rights of people with mental disorders to be respected, promoted and protected; and ultimately, for an improvement in the lives of people with mental disorders all over the world.

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