

DEVELOPMENT DEPENDS ON MENTAL HEALTH

We know that nutrition, education and disease-control help overcome poverty. Slowly, we're realizing the importance of mental health, too.

 by Abdallah Daar



Abdallah Daar is member of the UN Secretary-General's Scientific Advisory Board and chairs the Grand Challenges Canada Scientific Advisory Board. He was born in Tanzania and worked for many years in Oman. In Canada, he is a professor of clinical public health and global health at the Dalla Lana School of Public Health and of surgery at the University of Toronto. He is a Fellow of the Royal Society of Canada and the Canadian Academy of Health Sciences. He was elected a Fellow of TWAS in 2007.

In 2001, the World Health Organization (WHO) focused its World Health Report on mental health, launching the optimistic, ambitious message, “new understanding, new hope”. Fourteen years later, however, little has changed, and there’s a continuing need for urgent action.

Still, things are moving. The global community is waking up to the cost of mental disorders, and medical science is more aware than ever that mental illnesses can be managed. Prevention is possible, and treatment doesn’t cost that much; people can recover and get on with their lives. At the global level, WHO is providing superb leadership in this area.

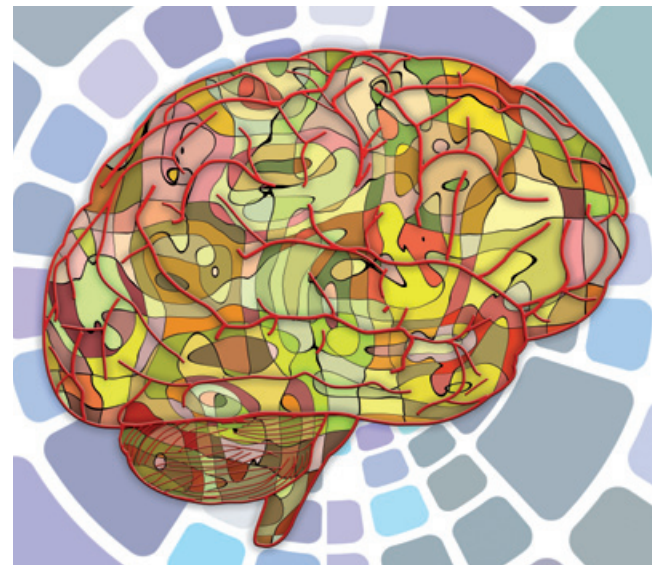
But effective action must be based on clear knowledge of what mental health is – and what it is not. Mental health issues are made worse by poverty – by poor housing, malnutrition, a lack of services. All of those are more prevalent in developing countries.

There is a vicious cycle. On the one hand, poor mental health interferes with socio-economic development, and on the other hand the lack of development contributes to mental disorders. Nations that experience political instability face an increase in poverty and stress, and poor social services and medical care.

What we need is to convert good will into good practice, setting priorities and accepting

that we cannot solve all the problems at once. In Africa, where in general less than 1% of the already small health budgets are spent on mental health care, more attention is given to such areas as physical health, education, food and national security.

Governments are primarily responsible for health, and they should be at the forefront of interventions because there is no health without mental health. Depression, epilepsy, severe anxiety states, schizophrenia are relatively common conditions. And substance abuse, which leads to violence – particularly against women – is right behind.



To achieve success, political leadership and national strategic plans are essential.

Many nations are now becoming aware of this need, and have already signed on WHO’s comprehensive Mental Health Action Plan. The next thing to do is to elaborate a national strategic plan to support community-based prevention and care, plus empowerment of patient groups. There is also a desperate need to address the human rights of people suffering from mental health disorders.

Mental health is included in the new Sustainable Development Goals, with specific targets for 2030. We can do much to improve the situation, especially in developing countries. A year ago, Ebola was terrible epidemic; today it appears largely manageable. The same could happen with mental illness. ■