



Community Mental Health

Putting policy into practice globally

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practice globally

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Foreword

The development of community mental health care is currently ongoing, or at least planned, in many countries worldwide. The World Psychiatric Association (WPA) supports this process, aimed at allowing persons with mental disorders to have services available as close as possible to their locality, to be treated in the least restrictive environment, and to maintain their links within the community. We expect the implementation of community mental health care to improve patients' clinical outcomes, subjective quality of life, and satisfaction with care.

Experience has shown that the steps to be followed, the obstacles to be removed, and the mistakes to be avoided in the implementation of community mental health care are remarkably similar worldwide. The WPA decided therefore to establish a task force with the mandate to produce guidance on those issues, intended for psychiatrists, other mental health professionals, and policy makers of all countries of the world. This task force, led by Graham Thornicroft and including experts from all continents, completed the guidance in early 2010. The text was published in the June 2010 issue of *World Psychiatry*, the official journal of the WPA [1], and was posted on the Association's Web site. The guidance has since been translated into several languages, and all the translations have been uploaded on to the same Web site. The document is being extremely well received by the WPA Member Societies (i.e. national psychiatric societies) and by the psychiatric community, and there are already indications that it is being perused by administrators and policy makers from several countries.

Although the steps, obstacles, and mistakes to avoid in the implementation of community mental health care are very

similar worldwide, there are regional and national differences, depending on a variety of factors, including the availability of human and financial resources, the level of priority assigned to mental health care by local administrators, and the attitudes of the general population towards mental disorders. It was therefore felt necessary to complement the WPA guidance with documents that delineate the mental health scenario in the various regions of the world and to provide specific recommendations for the development of community mental health services in those regions. A series of papers focusing on the implementation of community mental health care in Africa, Australasia and South Pacific, Europe, North America, Latin America and Caribbean, South Asia, and East and South-East Asia was therefore commissioned and is being published in *World Psychiatry*.

The present volume represents an extension of that series, providing an overview of mental health policies, plans, and programs, a summary of relevant research efforts, a critical appraisal of community mental health service components, and a discussion of the key challenges, obstacles, and lessons learned in the various regions of the world, followed by some recommendations for the future, based on evidence and experience.

We believe that this book represents a very useful resource for all mental health professionals and for all policy makers involved in the mental health field. They will find here not only a picture of the current situation (which can be found, although in bits and pieces, elsewhere) and an outline of the principles of community mental health care (also available in many international documents), but also (and this is unique) a distillate of the experience of several professionals who have been active in community mental health care for decades and are willing to share what they have learned with their colleagues worldwide. The book is

recommended to residents in psychiatry and trainees in other mental health professions, who will find it a treasure trove of information and ideas not generally available in textbooks or manuals used in their training.

*Professor Mario Maj
President of the World Psychiatric Association*

Reference

[1] Thornicroft G, Alem A, Dos Santos RA, et al. WPA guidance on steps, obstacles and mistakes to avoid in the implementation of community mental health care. *World Psychiatry* 2010;9:67-77.

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SECTION 1

Introduction

CHAPTER 1

Global mental health: the context

Introduction

Mental health problems are common, with over 25% of people worldwide developing one or more mental disorders at some point in their life [1]. They make an important contribution to the global burden of disease, as measured by disability-adjusted life years (DALYs). In 2004, for example, neuropsychiatric disorders accounted for 13.1% of all DALYs worldwide, with unipolar depressive disorder alone contributing 4.3% towards total DALYs. In addition, 2.1% of total deaths worldwide were directly attributed to neuropsychiatric disorders. Suicide contributed a further 1.4% towards total deaths, with 86% of all suicides being committed in low- and middle-income countries (LAMICs) each year [2]. A systematic review of psychological autopsy studies of suicide reported a median prevalence of mental disorder in suicide completers of 91% [3]. Life expectancy is up to 20 years lower in people with mental health problems than in those without, due to their higher levels of physical illnesses and far poorer health care [4]. Mental health problems therefore place a substantial burden on individuals and their families worldwide, in terms of both diminished quality of life and reduced life expectancy. The provision of any (let alone high-quality) mental health care is vital in reducing this burden [5].

It is in this context that the aim of this book is to present guidance on the steps, obstacles and mistakes to be avoided in the implementation of community mental health care, and to make realistic and achievable recommendations for the development and implementation of community-oriented mental health care worldwide over the next 10 years. We intend that this guidance will be of practical use to the whole range of mental health and public health practitioners at all levels, including policy makers, commissioners, funders, nongovernmental organizations (NGOs), service users and carers. Although a global approach has been taken, the focus is mainly upon LAMICs, as this is where challenges are most severe and most pronounced.

What is community-oriented mental health care?

How can we understand and define community-oriented mental health care? Historically speaking, in the more economically developed countries, mental health service provision has been divided into three periods [6]:

- 1.** The rise of the asylum (from around 1880 to 1955), which was defined by the construction of large asylums that were far removed from the populations they served.
- 2.** The decline of the asylum or “deinstitutionalization” (after around 1955), characterized by a rise in community-based mental health services that were closer to the populations they served.
- 3.** The reform of mental health services according to an evidence-based approach, balancing and integrating elements of both community and hospital services [6–8].

One particular approach that can be useful is the “Balanced Care Model”. This is the view that there is no

Bhutan
India
Maldives
Nepal
Pakistan
Sri Lanka

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prevalence of mental disorders
regional description

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hospital/community care balance
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 - mental health in primary care
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 - challenges for community mental health care
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 - acute inpatient care

 - community mental health teams (CMHTs)

 - long-term community-based residential care

 - outpatient/ambulatory clinics

 - work and occupation

- people with mental disorders

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 - consultation liaison model

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 - alternative types of long-stay community residential care

 - specialized community mental health teams (CMHTs)

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see also North America

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Uzbekistan

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mental health in primary care

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Viet Nam

hospital/community care balance

mental health policies and legislation

population, GDP and mental health spending

work and occupation services