第12回世界精神医学会横浜大会
精従懇特別フォーラム「精神保健福祉の変革」

シンポジウムIV（日本の精神保健改革にむけた提言）

1. Developing a National Strategy for Mental Health

Helen HERRMAN

University of Melbourne and St Vincent's Mental Health Service

Thank you for the invitation to contribute to the important discussion of mental health care reform in Japan. I am honoured to do so. I am aware of the role of the Federation and its constituent Associations, in discussing and supporting change. I have learned a little of the history of psychiatry, and mental health policy in Japan. However I offer my contribution from an international perspective. I had the opportunity to work with the World Health Organization in its Western Pacific Region while the regional strategy on mental health was developed in 2001.

Japan is among the 37 countries and areas of the Western Pacific Region of the World Health Organization to pledge unanimous support for a strategy on mental health—the first of its kind in the Region. The strategy is part of a WHO-led effort to start collective action on mental health. The strategy marks the beginning of a commitment to promote mental health as much as physical health. Its recommendations are consistent with the World Health Report 2001, '*Mental Health : New Understanding, New Hope*', released globally in October 2001.

The strategy will help guide the Western Pacific countries in drafting policy on the rights of people with mental illness to competent and humane treatment and care. It will also support countries to plan health services for people living with mental disorders. In addition, the strategy will help countries to identify and consider the impact on community mental health of such issues as conflict and the number of internally displaced persons, mass migration from overpopulated urban centres with inadequate health and social services, and the increasing number of people over the age of 65.

The countries in the region are diverse. As well as Japan, there is for instance China (1.3 billion population), Australia (19 million) and Kiribati (80,000 population). However in most countries in the region, and most parts of the world, mental health has been neglected. Both globally and regionally, WHO has significantly increased the attention it pays to mental health.

I shall now describe the strategy[1] : the background, the case for action, the goals, and the key elements. I believe this provides a critical framework for considering and supporting the reform of the mental health care system in Japan.

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1) World Health Organization, Western Pacific Regional Office, The Regional Strategy for Mental Health, 2002.

1. BACKGROUND

The terms mental health, mental illness, brain disorder and mental disorder have been used in different ways. Professor Norman Sartorius has defined mental health, in terms of three features: first, the equilibrium found within an individual—the ability to think and learn, and the ability to understand and live with emotions; second, the harmonious relationships with others who are close; and third, the tolerance and selfless support offered to society and its members[2]. The inseparable links between mental and physical health have been demonstrated.

Mental illness or mental disorders are terms that refer to morbid states that are characterised by the incapacity to function in the personal and social roles usual for others of the same age and sex in the same culture. These disorders reflect a disorder of brain function and often of the function of other physiological functions, for example the immune and digestive systems. The most serious and frequent of the disorders are depression and related disorders, schizophrenia and other psychoses, dementia, and alcohol and other substance abuse and dependence. Intellectual disability and epilepsy are sometimes included as mental disorders and sometimes not. In both, disorders of brain function and disorders of behaviour are often present and WHO and many national health agencies traditionally expect mental health programmes to deal with these disorders.

Mental health programmes are expected to deal with the prevention and treatment of these disorders. They are also expected to make a major contribution to the promotion of mental health and to the use of mental health skills and knowledge in general health care. The latter means that they should facilitate the use of knowledge and skills stemming from mental health and behavioural sciences to deal with problems such as staff burnout, improved doctor-patient relationships, and enhanced compliance with advice concerning health.

2. THE CASE FOR ACTION

There are several pressing reasons for countries to begin to act now to promote mental health and deal with mental disorders[3].

2.1 **Our knowledge has increased** so that we understand today how large is the burden of mental and neurological disorders for all countries, developed and developing, and how it goes hand in hand with poverty and physical illness.

There is a growing recognition of the disability, lost productivity and death caused by mental disorders. In the Western Pacific Region, mental and neurological disorders represent 15% of the total disease burden, based on disability-adjusted life years (DALYs)[4].

Mental disorders are common in all countries, although there are differences in the types of prevalent disorders by gender and age group. For instance, alcohol abuse is more common in men

2) Sartorius N. "Universal strategies for the prevention of mental illness and the promotion of mental health". In: Jenkins R, Ustun TB, eds. *Preventing Mental Illness: Mental Health Promotion in Primary Care*. Chichester, UK, John Wiley, 1998: 61-67.
3) Sartorius N personal communication.

than in women. Depression is more common in women in most countries. In all countries, mental disorders are linked to poverty—the rates of mental disorders are higher in people who experience relative social disadvantage[5]. Several common disorders typically have their onset in young people, including depression, substance abuse and epilepsy, as well as schizophrenia and related psychotic disorders. However, no age group is spared: there is a high prevalence of mental disorders among children and adolescents as well as among adults and the elderly. Mental disorders always affect as well the lives of those close to the individual.

The economic costs of mental disorders are high. Direct costs include costs of health and social services, but there are also other costs, including lost employment and productivity, the impact on the productivity and social function of families, and premature death.

Suicide is an important public health problem closely linked to mental health. In several countries of the Region suicide is a major cause of mortality. Approximately 390,000 deaths were reported from suicide in the Region in 1999[6] and it is estimated that at least 1 million people in the Region attempt suicide each year. People living with mental disorders and those abusing alcohol and drugs are at increased risk of attempted or completed suicide. People suffering social and economic stresses, including indigenous populations, are also at risk.

2.2 Change of the human and social environment

Changes in the human and social environment are affecting mental health adversely, and increasing the risk of mental disorders. Globalisation, disasters, armed conflict and violence, migration of people, unemployment, work stress, unwanted pregnancies and family disruption are all affecting people in the Region. This is reflected in more dissatisfaction, more crime, more intolerance and more discrimination against those who are different.

These factors are associated with increased rates of mental disorders including depression, anxiety, alcohol and substance abuse, and a decline in overall mental health. People become more likely to develop illness, and less able to cope with its effects individually and in the family. Social support that has maintained people in the community is failing. The world and its tasks are becoming more complex. People with marginal capacity cannot function in it.

The impact of these factors also makes it harder to gain access to health services because of cost, distribution, or stigma. Communities need to be supported by strong and effective health services if they are to play an increasing role in improving mental health[7].

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4) *World Health Report 2000*. Geneva, WHO: Statistical Annex.
5) Desjarlais et al, *World Mental Health*, OUP, Oxford, 1995.
6) *World Health Report 2000, op cit*, Ref. 4.
7) Desjarlais et al, *op cit*, Ref 4.

2.3 Population changes

Population growth and increased survival at all life stages also mean that more people in developing as well as developed countries are reaching the age groups at risk for mental disorders. This includes adolescents and young adults, the age groups at risk for schizophrenia and the common mental disorders such as depression, and substance abuse. It also includes older people, at risk for dementia.

2.4 The emergence of new mental disorders

The emergence of new mental disorders includes the behaviour disorders of youth, the mental health consequences of HIV infections (7-10% of all those with AIDS will end their life with years of dementia), the spread of food-borne viral diseases, and the abuse of new drugs.

2.5 Mental and neurological disorders are likely to increase in the years to come

There is every indication that the absolute and relative numbers of mental and neurological disorders will increase in the years to come. The above factors contribute to this ; and in addition, changed patterns of substance abuse, and the successes of medicine leading to survival of people who would previously have died, for instance those with brain injury.

2.6 Effective ways to treat and prevent mental and neurological disorders and to promote mental health

Perhaps most important of all the reasons for the new pressure to develop mental health programmes, today we have the means to treat and prevent mental and neurological disorders and the associated disabilities, and to promote mental health.

There are new and effective treatment techniques, including psychological and social treatments, for most mental disorders[8]. These include anti-depressant, anti-psychotic and anti-convulsant medicines, short-term cognitive and other psychotherapies, and family support and education, and psychosocial rehabilitation for people living with schizophrenia and related disorders. Primary and general health care services can competently deal with the majority of mental disorders. We have discovered the powerful role that families can play in dealing with mental disorders if properly instructed and supported.

We also know that primary prevention including avoidance of nutritional deficiencies and brain trauma in early life could result in a significant reduction in the incidence of a number of the disorders. We have evidence that mental health promotion efforts are effective and have low cost.

3. THE REGIONAL STRATEGY FOR MENTAL HEALTH[9]

The regional strategy for mental health is designed to provide general principles and guidance for countries formulating policies and programmes on mental health. The strategy places mental health in the context of public health and incorporates approaches to mental health promotion, and

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8) Desjarlais et al, *op cit*, Ref 2 ; World Health Report, *op cit*, Ref 4.

9) *Op cit,* Ref 1.

the prevention and treatment of mental disorders. The three basic goals are :

- to reduce the human, social and economic burden produced by mental and neurological disorders[10] including intellectual disability and substance abuse ;
- to promote mental health ; and
- to give appropriate attention to psychosocial aspects of health care and the improvement of quality of life.

Six key elements will be used to achieve these goals.

3.1 Advocacy : provide information and advice about mental health, and mobilize regional resources for services and health promotion

In most countries, mental health is poorly understood and little valued, and the limited mental health programmes available continue to use an obsolete approach, isolated from other health and social services, and uninspired by modern public health. A shift in perspective and the wider adoption of new concepts are needed.

To this end, advocacy should be directed at increasing awareness of decision-makers and the general public on the importance of mental health. Furthermore, policy-makers, programme planners and implementers have to be convinced that mental health is part of public health and that new approaches are required to mental health promotion and to the prevention and treatment of mental disorders. The stigma and discrimination affecting those with mental disorders and their families must be reduced.

3.2 Providing health services : enhancing services to people with mental disorders and their families

In this region as elsewhere, only a minority of people with treatable mental disorders receive treatment. This is because the stigma of mental illness discourages many people from seeking treatment, because services are scarce and poorly distributed in many countries and because material and human resources for mental health programmes are often lacking. Poor access to effective treatments, including treatment for depression and psychosis is common across the Region, contributing to avoidable disability, much of it in young people and persisting into later life.

The integration of services into general health care, and links to other sectors in the community, will enable (1) the early recognition and treatment of mental health problems and mental disorders, and (2) continuity of care close to home, family and employment for people with persistent disabilities.

Therefore, access to appropriate care requires :

- treatment and care of mental and neurological disorders in the primary health care network,

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10) Including epilepsy and dementia, but not cerebrovascular disorder (stroke), which in the WHO divisions is included in cardiovascular disorders.

supported by specialist mental health services,

- and links to (1) social services, housing, employment and disability support; and (2) the wider community, including self-help groups, family and natural support groups, traditional healers and other community agents and leaders, including teachers, police and the religious community.

3.2.1 *Improving the integration of primary health care and provision of effective interventions*

In half of the countries and areas in the Region, less than 1% of the health budget is spent on mental and neurological disorders[11]. Priority needs to be given to providing resources for essential medicines, and for treatments and support of care (often through links with other government and nongovernment sectors), including psychosocial rehabilitation and employment support.

Integrating mental health care and primary care should become a priority in all countries. A recent global WHO study[12] demonstrated that 20% of all consumers at the primary care level have some mental disorder, and that most of these patients do not receive appropriate treatment for the mental disorder. Especially in countries where resources are limited, this integration is an essential element for the development of mental health care, including the treatment and prevention of disorders.

When it comes to specialist mental health services, WHO supports the replacement of asylums by other forms of service, a process known as 'deinstitutionalisation'. Large isolated asylums perpetuate the separation and stigmatisation of people with mental disorders, and their professional and family carers. They cannot provide modern services close to where people live, and in the least restrictive environment possible. Modern mental health care includes community-based treatment, rehabilitation and disability support, including treatment in primary health and general hospital settings, and support for families.

People living with persistent disabilities related to psychotic and other disorders have a particular need for community-based or residential psychosocial rehabilitation, disability and employment support, and support for their families. In addition there needs to be limited provision of secure hospital accommodation with a rehabilitative environment for a small minority of people with complex and persistent disabilities for whom care and treatment in a less restrictive environment is not appropriate.

There is often a gap in coordination between various government and nongovernmental agencies providing services and assistance. The lack of coordination between sectors is also an important reason for the widespread failure to provide services and support to the most needy with multiple problems, such as those who are members of disadvantaged and minority groups.

People with mental illness and their families often consult traditional healers and traditional leaders. It is important in any country to assess to what extent they can be helpful to people with

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11) WHO Mental Health 'Atlas' Project, 2001.

12) Ustun, TB, Sartorius, N (eds). *Mental Illness in General Health Care: An International Study.* Chichester, Wiley, 1995.

mental illness and use this knowledge to develop mutual understanding and a system of referral between traditional and modern medicine.

3.2.2 *Reorienting and training relevant personnel in mental health skills*

The health workforce in most countries needs support to develop the attitudes, skills and knowledge needed for modern mental health care.

Mental health professionals also need continuing education, support and supervision, and their conditions of work that support the delivery of appropriate standards of personal care. This will contribute to the prevention of professional burnout and their better performance.

3.2.3 *Support for consumers and families and their inclusion in treatment and policy-making*

Governments need to promote development of family and consumer self-help and advocacy associations. These have an important role in assisting individuals and families, and can help to involve consumers and families in policy-making and service management. These groups should be supported by education, moral recognition and material assistance.

The role of consumers and family carers as participants in policy-making and service management is receiving support in some countries. This is an important development in the process of ensuring the responsiveness, humanizing and standards of care in services, and will be supported by WHO.

3.2.4 *Addressing the psychosocial aspects of health care*

In general, mental health programmes should facilitate the use of mental health skills and knowledge in general health care provision, for example to improve compliance with treatment prescription and doctor-patient relationships. The needs of people living with HIV/AIDS and their families, for instance, will be best met when clinicians in general health services consult and liase with mental health professionals, or are trained in principles of mental health care.

Research and evaluation of health service outcomes should consider the measurement of disability and quality of life as well as physical and mental symptoms of disease.

3.3 Mental health promotion

Mental health promotion and effective preventive measures for illness and suicide, can be achieved when policy-makers in the education, welfare, housing, employment and health sectors make decisions which improve rather than compromise the population's mental health. Decisions in all these sectors can result in improved social connection; less discrimination on grounds of race, age, gender or health; and improved economic participation[13]. Intersectoral action can achieve public health programmes designed to prevent epilepsy and intellectual disability associated with brain damage from trauma, infection and malnutrition. Mental health professionals and services have an important advocacy role in facilitating intersectoral action and working with decision-

13) Victorian Health Promotion Foundation 1999.

makers. They also have a direct role in identifying and intervening in primary care with groups at risk of depression and alcohol abuse.

Addressing the needs of vulnerable populations can make a significant contribution to mental health promotion as well as to the prevention of mental illness and suicide. Governments, in consultation with other partners and organizations, can consider investing in programmes for selected 'at risk' groups (e.g. young people, elderly people, rural populations, indigenous populations, and displaced or immigrant communities). Such groups may often be identified with defined settings (such as schools and workplaces) and sectors (such as transport and environment). Settings approaches to health promotion coordinate activities between several sectors over a sustained period, with a view to achieving results in such areas as improved social connection, and reduced discrimination and violence. Specific examples include: providing support to families to improve nurturing of children and to reduce the chances of child neglect and abuse; examining the culture of bullying in schools; investigating the use and conditions of labour; and care of older persons.

To strengthen the evidence base and to stimulate work on mental health promotion in the countries it is proposed:

- to develop programmes showing that mental health can be promoted through social interventions. To support this, the evidence linking mental health with its critical determinants, including social support, educational experiences, employment and working conditions, and freedom from violence, abuse and discrimination will be collated with particular regard to the situation in the region;
- to develop and use appropriate indicators of mental health (and associated aspects of function and quality of life) and its determinants where needed.
- To develop specific guidelines concerning the promotion of mental health in different socio-cultural settings.

3.4 Policy and legislation

Several countries in the Region have no mental health policy. National legislation, policies and plans of action for the promotion of mental health and the prevention and treatment of mental disorders will either have to be developed where none exist or reviewed to ensure that they are consistent with current principles and approaches.

In particular, legislation regulating compulsory or voluntary treatment of people with mental disorders is lacking in several countries, and in need of review in many others. The appropriate legal protection for individuals with mental disorders needs to be ensured. Laws that respect the rights of individuals with mental disorders to dignified and effective care, and policies that ensure access to these services, are needed.

The policies and plans related to health care should emphasize the integration of mental health care into mainstream health services, and should consider the links between traditional healers and community leaders and the health system. An important issue that needs to be addressed while

formulating policies and plans is the financing of mental health care. Monitoring standards of care is not yet widespread in the Region, although in some countries there are emerging efforts to apply specific criteria within accreditation of general health services. The regular monitoring of service standards needs to be included in national or regional policies.

3.5 Encouraging the development of a research culture and capacity

It is important that countries improve their capacity to undertake quantitative and qualitative research and evaluation relevant to service standards and improvement, and to mental health promotion.

Improvements in mental health depend, to a large extent, on a culture of research and evaluation. Countries need research capacity in both qualitative and quantitative disciplines. They also need management capacity, to gather and use evidence and to effect continuing changes in practice and tradition.

Reliable information about mental health and disorders is lacking in many countries in the Region. Priority public health-oriented research such as collection of basic planning information through national mental health surveys needs support. More needs to be done to assess the costs of mental disorders and to investigate cost-effective approaches to the management of disorders in developing countries. The development and use of appropriate approaches to evaluating mental health promotion programmes and interventions are also needed. Indicators of the social determinants of mental health, quality of life and disability, as well as measures of illness, need to be developed.

To date, universities, researchers, mental health service providers and communities interested in mental health determinants and outcomes have had limited interaction with each other. Efforts have to be made to facilitate interaction among these various groups.

3.6 Suicide prevention

Suicide prevention is a specific issue that draws on all five of the strategies described in this document. Although suicide prevention is often considered under the heading of service provision, in fact achieving reductions in numbers of suicides in any country will require analysis of the situation and formulation and implementation of a programme directed to specific problems. It will involve :

- improving the treatment of mental disorders ;
- introducing and monitoring a broad approach to mental health promotion, including for instance attention to employment, social connection and rapid change in traditional ways of life ;
- population approaches to alcohol and drug abuse, including demand reduction and harm reduction strategies ;
- controlling the means of suicide, such as access to agricultural poisons, and control of domestic gas supplies and car exhausts ; and

- the mental health care and protection from self-harm of prisoners.

4. CONCLUSION

Each country will need to set clear priorities and take action in these areas in order to effect change and improvement in mental health in the years ahead. Professionals and advocates in mental health will need to team up with and engage colleagues in general health and public health. The next steps include governments, professionals and advocates working together to:

- analyse the mental health of the population and develop policies, legislation and programmes that reflect emerging perspectives;
- overcome public fear and ignorance;
- develop the technology needed for prevention, treatment and rehabilitation programmes suitable for the social and cultural conditions and differences in the country;
- integrate mental health care into general health care;
- reorient services from hospital-based to community mental health care;
- develop a culture of research and evaluation.
- ensure that mental health promotion is added to general health promotion programmes.

All of this will call for continued management of change over the years ahead, and recognising that programmes are developed with a long-term perspective. The opportunities also exist to share expertise and experience among countries in the region. The movement for change in Japan is already advocating change in these directions. There is the chance now for changes in Japan to illuminate, and to gain strength from the international consensus.