



WFMH

World Federation for Mental Health

12940 Harbor Drive, Suite 101
Woodbridge VA 22192-2930

Secretary General: Vijay Ganju
e-mail: vganju@wfmh.com

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Letter to Health Ministers from the Secretary General, World Federation for Mental Health, Urging Inclusion of Mental Illnesses and Disorders in the United Nations General Assembly High-Level Meeting on Non-Communicable Diseases in September, 2011

Dear Health Minister,

We are seeking your help to include mental illnesses and disorders in the global agenda for non-communicable diseases. This letter is to seek your support in ensuring that mental illnesses and disorders are explicitly included under the rubric of non-communicable diseases in the United Nations Summit on Non-Communicable Diseases that will take place in September, 2011. There are several upcoming international meetings leading up to the summit, including the World Health Organization meeting of health ministers at the end of April in Moscow, and these are opportunities to advocate for such inclusion. We are trying to identify a coalition of health ministers who will support the position for such inclusion, and invite you to participate in this group. We are coordinating with a broad and diverse group of organizations across the world, and would like to work with this coalition to support such an initiative.

In the current draft of the outcome Declaration to be considered at the Moscow meeting, there is language that suggests that chronic mental disorders will be addressed as a byproduct of the attention given to the other four major non-communicable diseases. We believe that this is neither logical nor realistic and could result in a sense of pernicious complacency. In fact, we believe the reverse to be more valid: Addressing mental illnesses and disorders will help both address and alleviate the impact of non-communicable diseases.

The arguments against the inclusion of mental illnesses and disorders are specious and outdated. We know that mental illnesses are physical illnesses, biological in origin, that have a huge impact on a large proportion of the population in terms of health, productivity, economic development, and quality of life. The arguments that inclusion of

mental illnesses will be too costly or will undermine the NCD agenda related to cancer, diabetes, cardiovascular disease, and respiratory diseases ignore the latest research on evidence-based cost-effective interventions and the emerging bi-directional relationships between mental illnesses and the other NCDs. We cannot allow such antiquated thinking to compromise the opportunity to make a huge leap forward on behalf of persons with mental illnesses and disorders, and on behalf of persons at risk of the other NCDs.

The global burden of mental illnesses is well-documented. Unipolar depressive disorders alone account for 4.4% of the global disease burden (65 million disability adjusted life years --DALYs-- lost in total), in the same range as the total burden attributable to ischaemic heart disease, diarrhoeal diseases, or the combined impact of asthma and chronic obstructive pulmonary disease (Chisholm et al., 2004). Mental, neurological, and substance use disorders make a substantial contribution to the global burden of disease. Neuropsychiatric conditions account for 14% of the global burden of disease. Among non-communicable diseases, they account for 28% of the DALYs -- more than cardiovascular diseases or cancers. However it is estimated that the real contribution of mental disorders to the global burden of disease is even higher, largely due to complex interactions and co-morbidity of physical and mental illness.

There are cost-effective, evidence-based interventions for mental illnesses and disorders. Over the last two or three decades, the science related to treatments for mental illnesses and disorders has made tremendous leaps. The exciting aspect is that this knowledge base is not just limited to interventions in high-income countries. The WHO mhGAP programme has identified evidence-based interventions for low- and middle-income countries for specific conditions (depression, epilepsy, psychosis, bipolar disorders, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, and self-harm/suicide).

This is a good place to start. We recognize that all the problems that come under the rubric of “mental illnesses and disorders” cannot be addressed simultaneously. Each country will have its specific priorities. However, ***all*** countries can make progress along the lines proposed by the WHO mhGAP programme. We believe that this will have a huge impact on overall health and development around the globe.

The relationship between mental illnesses and the four other major NCDs is bi-directional. The relationship between mental illnesses and the other four major NCDs is complex but, at the heart of it, the science suggests that it is bi-directional. That is, persons with mental illness are more prone to physical non-communicable diseases, and vice versa. We also know that the presence of mental illness has an impact on treatment adherence and exacerbates physical health problems and results in negative health outcomes. The bottom line is that the four NCDs cannot be adequately addressed without addressing issues of mental illnesses and disorders, both as a risk factor as well as a consequence of NCDs such as cancers, diabetes, cardiovascular diseases and respiratory diseases.

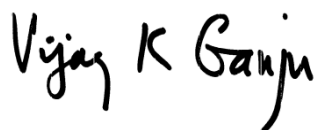
There is no health without mental health. We know that positive mental health is linked to a range of development outcomes, including better health status, enhanced productivity and outcomes, better interpersonal relationships, better parenting, and improved quality of life. Poor mental health leads to homelessness, poor educational and health outcomes, and high unemployment rates culminating in higher rates of poverty. Sadly, we also know that -- while mental health is integral to achieving social, economic and health goals -- it continues to get short shrift.

The time has come for us to recognize that mental illness, too, is a non-communicable disease, not just in association with physical diseases such as diabetes and cancers, but as a problem that is pervasive and highly prevalent, a non-communicable disease that is growing in numbers affected, a non-communicable disease for which effective treatments and interventions exist. If development is the goal, and if social justice and human rights are goals, and if cost-effectiveness and good health outcomes are goals, mental health must be addressed, not as an afterthought or footnote, not as an area to be subscribed to verbally but not in action, but frontally, and boldly, and with commitment. Our plea is that mental health must be included explicitly and independently as a key component of the discussions and recommendations related to non-communicable diseases.

Actions that Health Ministers can take: The position we urge you to adopt and promote is as follows:

1. The mental illnesses and disorders that WHO has identified for which evidence-based, cost-effective interventions exist (depression, epilepsy, psychosis, bipolar disorders, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, and self-harm/suicide) should be included as an explicit component of non-communicable diseases in the Moscow declaration.
2. At a minimum, all countries should move forward with the implementation of the mhGAP interventions. Progress should be monitored by indicators developed by WHO for this purpose.
3. The bi-directional relationship between mental illnesses and the other NCDs should be specifically recognized. Such recognition will explicitly address both the risk factors and consequences of NCDs such as cancers, diabetes, cardiovascular diseases, and respiratory diseases.
4. Please let us know (vganju@wfmh.com) if you are willing to join our efforts. We commit ourselves to work with you to make this happen. Thank you.

Sincerely,



Vijay Ganju
Secretary General & CEO, World Federation for Mental Health