Chapter 1
Introduction to the Book: Global Mental Health: Promotion and Prevention

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1.1 Introduction

Why is it necessary to write a whole book about Global Mental Health? Or to conclude, why is it necessary beside all other existing books (Springer 2016; Elsevier 2016)? Because the treatment of people with mental illness worldwide is until today not sufficient, in all countries; there is a significant gap between the prevalence of mental disorders and the number of people in all countries receiving adequate treatment and care (Mental Health Foundation UK 2015; WHO 2008).

To clarify, global health (Koplan et al. 2009) is an area on health and achieving health for all people around the globe. Global mental health is the transformation to the domains of mental ill-health (Patel and Prince 2010).

Kleinman summarized that mental health needs have to be much more a global humanitarian and development priority and a priority in every country in the world and that in the past a moral failure of communities in all parts of the world existed (Kleinman 2009; WHO 2016a).

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S. Bährer-Kohler and F.J. Carod-Artal (eds.), *Global Mental Health*,
DOI 10.1007/978-3-319-59123-0_1

1.2 Keypoints and Current Status

Estimated 1 in 4 people around the globe will be affected by mental or neurological disorders at some point in their whole lives (WHO 2001), and it is estimated that mental diseases will grow all over the globe (WHO 2016a).

In a current publication, WHO stated that there are tens of millions of people in the world who live in extremely difficult circumstances, conditions, and suffer emotionally (WHO 2016b). Data of the WHO Mental Health Survey underlines that mental disorders are widespread, disabling, and often go untreated, and that the prevalence of any mental disorders (96% CI—Confidence Interval/constructed at a confidence level) are, e.g., in France 18.4%, Ukraine 20.5%, and in the United States of America 26.4% (WHO 2008, p. 23; WHO 2004).

More specifically depression and/or anxiety disorders increased between 1990 and 2013; the number of people suffering from these diseases increased by nearly 50%, from 416 million to 615 million humans (WHO 2016a).

Estimated is that about 10% of the world's population is affected, and mental disorders account for about 30% of the global nonfatal disease burden (WHO 2016a).

Mental health across lifespan is influenced by several factors. For example, around the globe about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression (WHO 2016e).

It is important to take stock of and to push *Global Mental Health Engagement*, and to improve *Mental Health and Mental Health Care Quality*.

- For example, with mental health laws/mental health legislations. People with mental illness, especially with severe mental illness have to be better protected, with better mental health laws, like the Chinese citizens from possible abuses of compulsory psychiatric treatment and unnecessary hospitalization (Yeung 2012).
- For example, with inclusion of ethics and neuroethics, as an international endeavor, means to integrate areas of neuroscience, psychiatry, neurology, and bioethics, including functional brain imaging and neurogenetic screenings (Stein and Giordano 2015; Lombera and Illes 2009).
- For example, with more mental health services. Not only in the UK mental health services can have long waiting times and in some regions of the UK exist a lack of specialist services (Mental Health Foundation UK 2015, p. 7). In China the lack of provision of mental health care for vulnerable groups seems serious (Qian 2012). In Nepal, mental health services are only located and concentrated in the big cities, with an average of 0.22 psychiatrists and 0.06 psychologists per 100,000 population (Luitel et al. 2015). In 1976, the Ministry of Health in Sudan adopted a primary healthcare strategy for the future (Abdelgadir 2012). Nevertheless in 2009 were two mental hospitals available in Sudan with a total of 0.86 beds per 100,000 population (WHO 2009, p. 11). The Ministry of Health of Costa Rica developed a Mental Health Policy for the years 2013–2020. Mental disorders in Costa Rica are generally treated by psychiatrists who work in only two specialized psychiatric hospitals (Contreras et al. 2014). In Peru existed for documented 29,496,120 million people only 3 mental hospitals with

all together 1067 beds (Mental Health Atlas-Peru 2011). In India the population is about 1,214,464,312, they have in 2011 43 mental hospitals with only 17,835 beds in mental hospitals, the rate per 100,000 population, for these beds, is 1.469 (Mental Health Atlas-India 2011). Data about the health professionals working in the mental health sector in India and a rate per 100,000 is documented for social workers with only 0.033.

- For example, with enough mental health professionals, well trained, educated, with skilled health workers. Mental health professionals have an important role to play in improving especially the evidence on prevention and promotion in mental health settings (Saxena et al. 2006).

  There is a need for mental health professionals, and a need to reduce the lack of education and training opportunities in mental health care. The median rate of psychiatrists in low-income countries is only.05 per 100,000 population, versus 8.59 psychiatrists per 100,000 population in high-income countries and in the average .42 psychiatric nurses per 100,000 population in low-income countries versus 29.15 nurses per 100,000 population in HICs—high-income countries are documented (WHO 2011 in Fricchione et al. 2012).

  Based on the Mental Health Atlas 2005 in Africa the median numbers of psychiatrists can vary, but the average per 100.000 population in WHO regions is estimated by 0.04 in Africa, in Americas 2.00, 0.32 in Western Pacific, and Eastern Mediterranean 0.95 (WHO 2008 p.36).

  In Liberia 1 in 5 Liberians suffer a mild to moderate mental disorder, according to WHO estimates, yet this country has only one registered psychiatrist (WHO 2016c) for a population of approximately 4.4. million people (Auswärtiges Amt 2016). Likewise, the same situation is documented for the Chad and Eritrea, both affected by serious conflicts, and both countries have only one psychiatrist for their populations of 9 million and 4 million, respectively. In addition, similarly in Afghanistan (with a population of 25 million), Rwanda (8.5 million), and Togo (5 million) each country had two psychiatrists (Fricchione et al. 2012).

  In every community mental health team, it is necessary to enhance the resilience and capacity (Marie et al. 2016).

  Also grass roots workers need to acquire relevant knowledge and skills to recognize, refer, and support people experiencing mental disorders in their own communities and settings (Amstrong et al. 2011).

  A concrete example for not being understaffed, Hynan et al. recommended that NICUs (neonatal intensive care units) with 20 or more beds shall have at least one full-time masters' level social worker and one full-time or part-time doctoral level psychologist embedded in the NICU staff (Hynan et al. 2015).

  It is always important to train mental health professionals, e.g., in the cultural context (Ponterotto and Austin 2005) and within other areas like counseling competencies (Sheu and Lent 2007), general psychiatric training as an integral part of the global health agenda should be globally recognized and is e.g., articulated and published in the *Lancet* series on global mental health.

- For example, with better access to and treatment in general: The WHO Mental health action plan 2013–2020 documented that between 76 and 85% of people with severe mental disorders receive no treatment for their disorder in low-income and middle-income countries; in high-income countries the rate is between 35 and 50% (WHO 2013, p. 8).
- For example, with better financial investments. The WHO underlined that the current investment in mental health services is far lower than what is needed (WHO 2016a). For example, in the UK, the estimated costs of mental health problems are estimated between £70 and £100 billion each year and account for about 4.5% of GDP (Davies 2013). The WHO's Mental Health Atlas 2011 provides data in detail about the scarcity of resources within countries to meet mental health needs. The annual spending in average on mental health is less than US$ 2 per person and less than US$ 0.25 per person in low-income countries (WHO 2013, p. 8).
- For example, with better awareness, knowledge to reduce ignorance, misbelief, and negative attitudes (Parikh et al. 2016). Further effort is required to educate, e.g., the public (Sorsdahl and Stein 2010), the individual, stakeholders, politicians, decision-makers, but as well multipliers like teachers (Parikh et al. 2016), who have a unique position of transmitting knowledge and perpetuating it, e.g., about stigma and mental diseases or mental health prevention and promotion. It is required to develop programs and actions to fight stigma and discrimination against people living with mental disorders (Jouet et al. 2014); with the integration or the use of mass media and other social media (Clement et al. 2013), which may reduce prejudice.

1.3 Conception of the Book

From the beginning, it was clear for the editors to involve colleagues from all over the globe, to participate in the book project, to support the aims. This is one possibility, that professionals like us can do. To give the topic substance, faces, to announce missing issues and best practices, and to avoid that wheels have to be created again. We have to be multiplicators and actors in our field, to transmit knowledge, experiences. and perpetuating it.

The conception of each chapter in the book is similar. Brief and with takeaway messages at the end. These contain references to topical additional scientific literature, projects, networks and they should support the readership of the book to step forward and to intensive areas, focus areas.

1.3.1 Potential reader groups

Potential reader groups are professors, lectures, teachers, trainers at institutions, colleges, universities, etc., they will be multipliers today and in the future. They can transform knowledge, our experiences, which will be presented in this book.

But also organizations, associations which are involved in the area and field, often confronted with influences, far away from their influences like social and environmental crises, global trade and politics, and major epidemics, which are making public health a pressing global concern (Kickbusch et al. 2013).

And other colleagues who are working at the front, like primary care workers, mental health workers, and public health workers.

1.3.2 This book is written

This book is written to be useful and not be forgotten in a library et al.

So long people need mental health treatment in developed countries and other countries, but they, for e.g.,

- have no access
- cannot reach mental health services, because they do not exist in their community, and country
- cannot pay for the necessary treatment or no health& social insurance will cover it, so long we will need many books like this book, and we will need e.g., engagement, actions, and sustainable networks.

One of the most important issues in this field is to be engaged to avoid stigmatization. By the people themselves, in the family, in the society, and within responsible institutions.

People who are facing a mental disease need support. And especially the support of us professionals. More than a half-dozen professionals are working in the field, often interdisciplinary (Grohol 2016).

And very important is that we produce visions. *What would we like* to achieve or accomplish for the future in mental health issues. We need short-term engagement and long-term engagements and actions (Collins et al. 2011). We need awareness, knowledge, and we need mental health promotion largely with intersectoral strategies. The WHO factsheet (2016d) Mental health: strengthening our response is so often cited and used in many publications around the world (Steen and Thomas 2016), e.g., in the curriculum guide for qualifying social work education (Anderson and Sapey 2011). Implemented in the factsheet are ways that are specific to promote mental health all over the globe, with

- early childhood interventions (e.g., integrating home visits for pregnant women, and pre-school psychosocial activities);
- support to children (e.g., with skills building programs);
- socioeconomic empowerment of women (e.g., improving information about and access to education);
- broad support for elderly populations (e.g., with community and day centers for the aged); and others (WHO 2016d).

1.4 Take Away Messages

- Mental diseases will grow (WHO 2016a), often seriously impairing in many countries throughout the world (Kessler et al. 2009).
- One in four people around the globe will be affected by mental or neurological disorders at some point in their whole lives (WHO 2001).
- Between 76 and 85% of people with mental disorders receive no treatment for their disorder in low-income and middle-income countries; in high-income countries the rate is between 35 and 50% (WHO 2013, p.8).
- The current investment in mental health services is far lower than what is needed (WHO 2016a).
- Short-term and long-term engagements all over the globe are necessary.

1.5 Conclusion

I hope that this book will help to push and to convince stakeholders, decision-makers like the ministries of health to take more a leadership role together with WHO, with international, national, and regional partners, including civil societies and the individuals. At the end, everybody and we professionals are requested to be engaged for a better Global Mental Health (Bährer-Kohler 2016).

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