- strengthening human resources
- strengthening the capacity to produce, evaluate and use information about mental health.

Primary healthcare has become a key component of a comprehensive mental health strategy, with the aim of reducing the huge treatment gap between need and delivery for mental health problems in the region. Most people with mental disorders cannot access care, and others who do not need access to specialised care are subject to overmedicalisation of their suffering, which can be counterproductive. We are aware that most people would benefit from comprehensive assistance provided by a community health team and a good social support network, and that is what we are struggling to achieve within the next few years.

References

PAHO (2009) *Strategy and Plan of Action on Mental Health. 49*. Directing Council of PAHO, 61. Session of the WHO Regional Committee for the Americas, from September 28 to October 2, 2009 (Document CD49/11 and Resolution CD49. R17). Pan American Health Organization. Available at http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=3653&Itemid= (English version) and http://new.paho.org/hq/dmdocuments/2009/CD49-11-e.pdf (Spanish version) (accessed 10 December 2012).

PAHO (2010) *Panama Consensus*. Pan American Health Organization. Available at http://new.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=1167&Itemid=353&lang=en (accessed 10 December 2012).

PAHO (2012) WHO-AIMS sub-regional and country reports available on the PAHO website, at http://new.paho.org/hq/index.php?option=com_content&task=view&id=445&Itemid=1106 % 20 &lang=en (accessed 10 December 2012).

Rodríguez, J. (ed.) (2009) *Salud Mental en la Comunidad*. Serie PALTEX para Ejecutores de Programas de Salud No. 49 OPS/OMS. Pan American Health Organization.

Rodriguez, J., Kohn, R. & Aguilar-Gaxiola, S. (2009a) Prevalence and burden of mental disorders in the adult population of Latin America and the Caribbean. In *Epidemiology of Mental Disorders in Latin America and the Caribbean*, pp. 19–32. Scientific and Technical Publication No. 632. Pan American Health Organization.

Rodriguez, J., Kohn, R. & Aguilar-Gaxiola, S. (2009b) Use of mental health services and the treatment gap in Latin America and the Caribbean. In *Epidemiology of Mental Disorders in Latin America and the Caribbean*, pp. 300–315. Scientific and Technical Publication No. 632. Pan American Health Organization.

WHO (2008) *Mental Health Gap Action Programme (mhGAP)*. World Health Organization. Available at http://www.who.int/mental_health/mhgap/en/ (accessed 10 December 2012).

WHO (2011) *Mental Health Atlas 2011*. World Health Organization. Available at http://www.who.int/mental_health/publications/mental_health_atlas_2011/en/index.html (accessed 10 December 2012).

STRATEGIC DEVELOPMENTS IN THE DELIVERY OF PSYCHIATRIC SERVICES WORLDWIDE

THEMATIC PAPER

Together to make a difference in mental health in the Western Pacific Region

Xiangdong Wang

Team Leader, Mental Health and Injury Prevention, WHO Western Pacific Regional Office, email wangx@wpro.who.int

Mental disorders are among the leading causes of disease burden in the Western Pacific Region of the World Health Organization (WHO). Networking and partnership have been identified as the major components of key strategies to address challenges in meeting mental health needs in the region. This article provides a brief review of relevant initiatives collaboratively developed by the WHO, member states in the region and other partners.

Mental disorders are among the leading causes of disease burden worldwide. Depressive disorders alone are responsible for 5.73% of the global burden of disease in the Western Pacific Region of the World Health Organization (WHO). About a third of all suicides in the world are reported from the region. At the population level, there are common factors that have a negative impact on mental health in many member states. These include disaster proneness, rapid population ageing and dramatic changes in social norms and values that have accompanied globalisation and substantial socioeconomic development. It has been a consensus of health ministers that mental health issues, if not addressed appropriately and immediately, will continue to grow. They will have an adverse effect on the health of people in the region and on overall socioeconomic development as well.

The Committee for the Western Pacific Region, at its 52nd session in September 2001, endorsed the Regional Strategy for Mental Health (WHO Regional Office for the Western Pacific, 2002). Over the past decade, encouraging progress has been achieved in specific areas identified by the Regional Strategy. These include: advocacy; policy and legislation; service provision; mental health promotion; development of a research culture and capacity; and suicide prevention. The following account provides a brief review of initiatives that aim to foster development, and the strengthening and sustaining of networks and partnerships that aim to support services for mental health in the region.

WHO Pacific Islands Mental Health Network (PIMHNet)

At a meeting of ministers for health for the Pacific Island countries (PICs), held in March 2005 in Apia, Samoa, the idea of a mental health network was discussed as a means of overcoming geographical and resource constraints in the field of mental health. Following extensive consultations, and after successful bidding for funds from the New Zealand Aid Programme (with the objective of establishing and operating a network) the WHO Pacific Islands Mental Health Network (PIMHNet) was officially launched during the health ministers' meeting at Port Vila, Vanuatu 2007 (Hughes, 2009). There are now 19 countries participating in the network.

Through the PIMHNet, most PICs have developed or drafted a national mental health policy or plan. Various training initiatives have been established. Training is now provided to address former human resource constraints, including a 1-year postgraduate diploma in mental health established at Fiji National University, fellowship programmes on community mental health and depression provided by WHO collaborating centres in Australia and the Republic of Korea, technical support visits to countries by mental health professionals, and national workshops. Health and legal professionals from various PICs have received support to study mental health legislation. The relocation of the PIMHNet secretariat to the WHO South Pacific Division of Pacific Technical Support in 2011 brought better opportunities for networking and the provision of timely technical support to PICs due to the central location of the office in Suva, Fiji.

Partnership for suicide prevention

The WHO START (Suicide Trends in At-Risk Countries and Territories) project was launched in March 2006 with support from the Australian Institute for Suicide Research and Prevention, which is a WHO Collaborating Centre for Research and Training in Suicide Prevention. Originally a regional project, START was recently extended to all areas of the world. The START project was specifically developed to increase awareness about the prevalence of suicide. It aimed to provide a low-cost intervention for those who have engaged in suicidal behaviours; and to ascertain information on the presence of both risk and protective factors for suicidal behaviours. The project seeks to build capacity in low-income contexts by creating partnerships with researchers in areas of the world with established suicide research and prevention activities (De Leo *et al*, 2013). Participating countries are supported through training and other academic events, including country support missions by WHO consultants, to establish baselines, to monitor suicidal behaviours and to implement prevention strategies.

Recognising the unique role of engaging media attention to promote suicide prevention, the WHO initiated a project entitled Media and the Prevention of Suicide (MAPS). The project includes: a systematic review of literature related to the evaluation of media-centred suicide prevention interventions; identifying and forging links with partner organisations and technical advisors in the media, and the government and non-governmental sectors; and developing resources to facilitate consultations and discussions, most importantly with media professionals. Eight consultation meetings with various media were organised in China, Hong Kong (China), Japan, Korea, the Philippines and Vietnam. Through a participatory and consultative approach, the media community now contributes to the development of media-based suicide prevention programmes.

Promotion of integrated mental health services and care

Integrated high-quality services contribute not only to the early recognition and treatment of mental health problems but also to the improvement of health outcomes and well-being in general, providing support to various clinical and community populations.

In accordance with resolutions WPR/RC54.R2 and WPR/RC55.R1, the Regional Office for the Western Pacific has embarked on the People at the Centre of Care Initiative as a biregional effort with the Regional Office for South-East Asia to pursue a more people-centred and rights-based approach to healthcare. The WHO's governing body in the Western Pacific Region in 2007 endorsed the resolution People-Centred Health Care: A Policy Framework. The need to harmonise mind and body and the need to meet the psychosocial needs of health service users in all settings were highlighted in the resolution. There is also a related policy framework. Subsequently, the Regional Office launched a popular publication entitled *People at the Centre of Health Care: Harmonizing Mind and Body, People and Systems* (WHO Regional Office for the Western Pacific, 2007a,b).

Natural disasters and other emergency situations cause significant psychological and social suffering in affected populations. Since 2003, the WHO has been working closely with China, Japan, Mongolia and the Philippines to improve and integrate mental health services, and to provide psychosocial support, for disaster preparedness,

response and rehabilitation. Disasters provide a unique opportunity for public and policy makers to recognise and address the broader mental health and psychosocial needs of community and health workers and humanitarian workers. A WHO regional forum on disaster-related mental health, hosted by the Institute of Mental Health at Peking University, was recently organised in Beijing. The main purpose of the forum was to address post-disaster mental health needs and to promote an integrated multidisciplinary approach to provide protection and promotion of psychosocial well-being for disaster-affected populations, including disaster responders.

Continuous efforts are being made in the region to link mental health with other health programmes, such as those relating to non-communicable diseases, maternal health, child and adolescent health, ageing, 'healthy city and healthy islands' initiatives, and health system development. More efforts are needed to ensure that mental health issues are incorporated into general health policies and plans. There should be a review and monitoring mechanism to determine whether mental health issues are being addressed by all the health system building blocks: service delivery, health workforce, information, medicines, financing and governance.

In May 2013, the 66th World Health Assembly adopted a resolution on the Global Comprehensive Mental Health Action Plan 2013–20. To support implementation of a global plan with a view to addressing the unique challenges faced by member states in the region, the WHO will work with those states in the following ways. It will monitor, analyse and disseminate information on regional trends, examine the consequences and risk factors associated with suicide and mental disorders, and help to develop national policies, as well as support legislation and programmes that contribute to global targets. There will be unique challenges in member states, but the framework aims to support multidisciplinary and multisectoral programmes to improve the ability of health and social systems in member states to prevent and manage suicide and mental disorders, and to strengthen regional and subregional networks and partnerships.

References

De Leo, D., Milner, A., Fleischmann, A., *et al* (2013) The WHO/START study: promoting suicide prevention for a diverse range of cultural contexts. *Crisis*, **34**, 156–163.

Hughes, F. (2009) Mental health in the Pacific: the role of the Pacific Island Mental Health Network. *Pacific Health Dialog*, **15**, 177–180.

WHO Regional Office for the Western Pacific (2002) *Regional Strategy for Mental Health*. WHO Regional Office for the Western Pacific.

WHO Regional Office for the Western Pacific (2007a) *People-Centred Health Care: A Policy Framework*. WHO Regional Office for the Western Pacific.

WHO Regional Office for the Western Pacific (2007b) *People at the Centre of Health Care: Harmonizing Mind and Body, People and Systems*. WHO Regional Office for the Western Pacific.

Mental health law profiles

George Ikkos

Consultant Psychiatrist in Liaison Psychiatry, Royal National Orthopaedic Hospital, London, UK, email ikkos@doctors.org.uk

The Eastern Mediterranean has a profoundly rich but troubled history. The histories of Greece and Turkey have been closely entwined over many centuries. Both have undergone major social changes, with the economic development of Turkey being a particularly welcome phenomenon in the past 10–20 years, while Greece, after a period of unprecedented growth and prosperity, is currently undergoing a destructive economic crisis, with adverse consequences for mental health and increasing rates of suicide.

On the evidence of the two papers published here, social and economic development in these countries has been associated with initiatives in law to safeguard the rights of people with a mental illness, with Greece having adopted relevant legislation to conform with United Nations and European Union standards, and Turkey, a nation aspiring to join the European Union, being on the brink of doing so. However, the routine use of emergency orders and the lack of due process in practice in Greece, even in times of plenty, are both worrying and reprehensible, and the hope must be that in both Greece and Turkey safeguards to ensure implementation of the spirit of the law will be seen as a priority and be put in place, and resources allocated to make this possible, irrespective of economic conditions.