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Mental Health and Substance Abuse, including Alcohol in the South-East Asia Region of WHO

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1. INTRODUCTION

Historically, disease burden has been based on mortality statistics. However, these statistics underestimate the burden from non-fatal conditions such as neuropsychiatric disorders, which include both mental and neurological diseases. These conditions have been ignored for long as they are absent from 'cause of death' lists. When disease burden measurement includes time lived with disability, several of the neuropsychiatric disorders become leading causes of disease burden worldwide.

Globally, some 400 million people suffer from mental and neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse. A large proportion of these people are in the WHO South-East Asia Region. As reported in the Global Burden of Disease, five out of the ten most disabling disorders in the world are psychiatric in nature. To highlight this important concern, the World Health Organization has devoted 2001 to creating awareness about mental health. The theme for this year's World Health Day focused on mental health, the World Health Assembly discussed the issue of mental health in four round table meetings during its sessions in May 2001 and the World Health Report 2001 will be devoted to mental health.

In the South-East Asia Region, there are many myths and beliefs which are a barrier to the treatment of the mentally ill. Psychotic illnesses are considered a "curse from Gods" or manifestations of evil spirits or punishment for sins in the past life. Generally, people do not sympathize with a mentally ill person, because they impart a character value to the patient, and believe that the person lacks the will power to pull himself or herself up and is just not making an effort. Many times patients are ignored, isolated or taken to sorcerers and faith healers and treated with rituals rather than with appropriate medications.

The fact is, mental ill health causes much suffering, disability and death. Some patients are unable to work, some suffer overwhelming fears, others grapple with constant negative thoughts, and may turn to alcohol. In some

cases, the patient is driven to suicide. It also gravely burdens families and communities. As Dr Gro Harlem Brundtland, WHO Director-General says, "Many of them suffer silently, and beyond the suffering and beyond the absence of care lie the frontiers of stigma, shame, exclusion and, more often than we care to know, death".

There are several reasons for the emergence of mental and neurological disorders as important causes of morbidity. There is a complex interaction between several factors which cause mental and neurological disorders. The reasons could be genetic, biological, psychological and sociocultural. Links have been found between some mental disorders and adverse social conditions such as poverty, unemployment, illiteracy, homelessness and gender discrimination. In some illnesses, brain imaging has revealed underlying structural defects. Depression is associated with changes in brain chemicals; genes have been linked to some cases of schizophrenia and Alzheimer's disease; and alcohol dependence is now linked both to the social environment and to genes. A major biological cause of mental retardation is the lack of iodine, which is vital to the growth and development of a human being.

Recently, WHO has developed a new global policy and strategy for work in the area of mental health. Launched by Dr Gro Harlem Brundtland in November 1999, the policy emphasizes three priority areas of work:

- (1) Advocacy to raise the profile of mental health and fight discrimination;
- (2) Policy to integrate mental health into the general health sector, and
- (3) Effective interventions for treatment, prevention and their dissemination. The WHO Regional Office for South-East Asia is totally committed to promoting this policy.

In the past, mental health programmes in the countries of the South-East Asia Region have generally concentrated on hospital-based psychiatry. However, there is increasing awareness in these countries of the need to shift the emphasis to community-based mental health programmes. The WHO Regional Office is concentrating on supporting Member Countries in the

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