

## Editorial

# Mental health: the aspiration to reality gap

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Investment in mental health not only saves lives but also protects those with mental illness from the catastrophic financial consequences of poor mental health. Yet for most people with mental illness access to mental health services and treatment remains an aspiration, and not the reality. The aspiration is the ideal standard that mental health service users require; the reality is what they truly get. The difference between aspiration and reality is the 'aspiration to reality gap'.

In 2008, the report *Integration of Mental Health into Primary Care: a global perspective*,<sup>1</sup> jointly produced by Wonca (World Organization of Family Doctors) and the World Health Organization (WHO), provided compelling evidence that demonstrated the benefits of investing in primary care and collaboration between service users, families, primary care organisations and governments to significantly improve the mental and physical health of those affected by mental illness. Whilst there are examples of good models of integration in all countries, globally few service delivery models are based on this evidence.

The United Nations (UN) General Assembly on Non-Communicable Diseases (NCDs), taking place in New York on 19-20 September 2011, provides an opportunity at a governmental and political level to narrow the aspiration to reality gap for those who are living with mental health problems.

We believe that mental health should also be on the agenda, with the other NCDs, taking into account the strong link between mental health and all the Millennium Development Goals (MDGs). People with mental disorders are among the poorest of the poor, and require targeted attention if MDG 1, to eradicate extreme poverty, is to be met.

Children with mental and neurological disorders are often the ones who repeat classes, drop out of school, or become difficult to manage students, interfering with achievement of MDG 2, to achieve universal primary education. Up to 18% of children

globally may have mental disorders. A recent epidemiological survey of children and adolescents in Oman found a mental illness prevalence rate of around 17%,<sup>2</sup> similar to the 17% rate found by surveys of mental disorders in children carried out in Ethiopia and South Africa.<sup>3,4</sup>

While globally access to mental health services in general is poor, access to children's mental health services is particularly constrained. Only 159 per 100 000 population of children and adolescents with mental health problems accessed services compared with 664 per 100 000 adults.<sup>5</sup> Additionally, existing child health programmes often exclude consideration of mental health. Yet provision of appropriate care to children affected by mental problems is critical if we are to meet MDGs 1 and 4, the reduction of child mortality and poverty.

MDG 3 promotes gender equality and the empowerment of women. Violence and abuse against women have severe mental health consequences; addressing this is critical to achieving MDG 3. MDG 5 aims to improve maternal health; efforts have focused on the reproductive health functions of women, yet depression, the commonest mental disorder globally, is much more common in women than in men. The mental health of women also impacts on the health, nutritional and educational outcomes of their children, hence impacting on MDGs 1, 2 and 4.

There are many mental health consequences of HIV/AIDS which link to MDG 6, to combat HIV/AIDS, malaria and other diseases. Better mental health can help improve the management of communicable disease, potentially reducing the risk of further transmission. MDG 7, to ensure environmental sustainability, is also relevant to mental health as poor people living in slums are also at increased risk for alcohol and drug abuse.

It is thus clear that integrating mental health into development efforts can help accelerate achievement of the MDGs. This issue of *Mental Health in Family Medicine* is dedicated to promoting access to

good mental health globally and highlights some of the barriers that we need to overcome to make this aspiration a reality.

Jenkins *et al*<sup>6</sup> describe the core conceptual issues, highlighting the need for good public policy to help promote mental health and prevent mental disorders as part of a primary care-led health system. It also notes the need for inter-sectoral collaboration and actions to support this objective.

Jenkins *et al*<sup>7</sup> look at the social, economic, human rights and political challenges to mental health and highlights how debt and poverty continue to disproportionately affect the poor both financially, emotionally and inter-generationally. It considers how an improved global architecture for mental health might be built, looking at the role of major international stakeholders, as well as addressing the asymmetry between external donor and government priorities.

Jenkins *et al*<sup>8</sup> specifically addresses those actions that nations and other international agencies can take to narrow the aspiration to reality gap in mental health, including the importance of better human resource planning to address the endemic shortage in mental healthcare professionals in many low income countries. Jenkins *et al*<sup>9</sup> specifically addresses system strengthening, with better integration of mental health alongside physical health problems, as a way to achieve the noble objective of narrowing the aspiration to reality gap of achieving the best environments for good mental health globally.

Whether you are a mental health service user, carer, family member, commissioner of mental health services, advocate or provider of mental health services, the first UN General Assembly on NCDs should provide a focus for a true global alliance to advocate for mental health and wellbeing. MDG 8 aims to develop a global partnership for development. The UN Summit provides us with an opportunity to pool our resources to highlight the need for investment in mental health. Promoting integration and better collaboration between different national and international actors, both in terms of addressing physical and mental co-morbidities, as well as working across all sectors, including housing, education, development and the environment, can increase the chance that aspiration meets reality.

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