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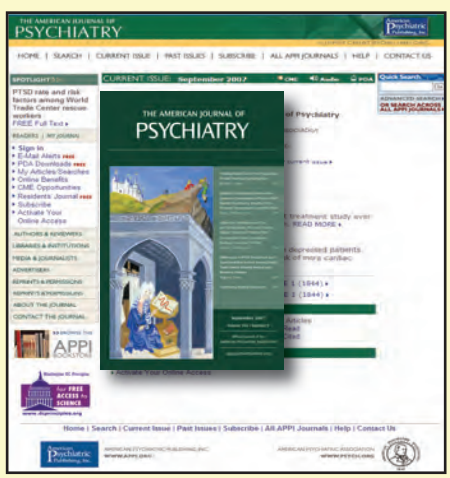

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Residents' Journal

October 2008: Volume 3, Issue 10

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Global Mental Health: An International Perspective on Local Challenges

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Department of Psychiatry, New York University School of Medicine

The World Health Organization (WHO) will formally launch the Mental Health Gap Action Programme on Oct. 9, 2008, providing an action plan to "scale up services for mental, neurological and substance use disorders for countries especially with low and lower middle incomes…[by] building partnerships for collective action and…[reinforcing] the commitment of governments, international organizations and other stakeholders" (1). It is thus an appropriate moment to consider what it means to express an interest in global mental health, particularly in the midst of residency training.

First, it signals an appreciation for the impact mental health has on communities and economies throughout the world. Neuropsychiatric disorders account for 12%–14% of the global burden of disease—second only to infectious disorders (23%), and more than AIDS, tuberculosis, and malaria combined (10%) (2). Estimates by WHO in 2002 suggest that 154 million people globally suffer from depression, while 25 million suffer from schizophrenia, 91 million from alcohol use disorders, and 15 million from drug use disorders. Another 50 million suffer from epilepsy and 24 million from Alzheimer's disease and other dementias (which accounts for many of the patients among the neuropsychiatric designation in these estimates.) About 877,000 people die by suicide worldwide every year (3).

WHO highlights that "mental illnesses affect and are affected by chronic conditions such as cancer, heart and cardiovascular diseases, diabetes and HIV/AIDS. Untreated, they bring about unhealthy behavior, noncompliance with prescribed medical regimens, diminished immune functioning, and poor prognosis" (3). Put another way, there is "no health without mental health" (4). As physicians, we face the challenge of treating patients as people, addressing their mental health needs in the context of their overall health. This interplay between medical and mental health care has also been emphasized in reports by Doctors Without Borders/Médecins Sans Frontières: "The integration of both physical and mental health messages in the communities [leads] to a better understanding of health and the relationship between physical and mental aspects in the community" (5). A convincing model for various levels of psychosocial integration in primary health care settings has also been outlined and implemented in many operational programs (5).

The treatment gap between need and care is significant. As part of WHO's call for action, a recent *Lancet* Global Health Network series was introduced focusing on global mental health, noting that "every year up to 30% of the population worldwide will suffer from some form of mental disorder, and at least two-thirds of those receive inadequate or no treatment, even in countries with the best resources" (6).

The Same and Not the Same

Global mental health programs have received serious international attention over the past decade. One of the starting points was the WHO International Consortium in Psychiatric Epidemiology in 1998, which shortly thereafter launched the WHO World Mental Health Survey Initiative. Also, Project Atlas was launched in 2000 to map mental health resources around the world, and its findings were published in the "Mental Health Atlas 2001" and again in 2005. These efforts document the variability in resources available both within and throughout the international community. The seeming absence of progress subsequent to the publication of these reports highlights the formidable challenges of translating policy statements into programmatic realities.

Moreover, recent studies have taken the veneer off the notion that there is necessarily a better

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For free listing of your organization's official annual or regional meeting, please send us the following information: sponsor, location, inclusive dates, type and number of continuing education credits (if available), and the name, address, and telephone number of the person or group to contact for more information. In order for an event to appear in our listing, all notices and changes must be received at least 6 months in advance of the meeting and should be addressed to:

Calendar, American Journal of Psychiatry, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901, jblair@psych.org (e-mail).

Because of space limitations, only listings of meetings of the greatest interest to Journal readers will be included.

NOVEMBER

November 14–17, Annual Conference of the International Society for the Study of Trauma and Dissociation, Chicago. Contact: Heidi Walker, Executive Director; hwalker@amg-inc.com (e-mail), isst-d.org (web site).

FEBRUARY 2009

February 18–22, Annual Meeting of the American Neuropsychiatric Association (ANPA), San Antonio, TX. Contact: ANPA office; (614) 447-2077 (tel), (614) 263-4366 (fax), anpa@osu.edu (e-mail), www.anpaonline.org (web site).

February 25–March 1, American College of Psychiatrists Annual Meeting, Tucson, AZ. Contact: 122 South Michigan Avenue, Suite 1360, Chicago, IL 60603; (312) 662-1020 (tel), (312) 662-1025 (fax), angel@ACPsych.org (e-mail).

MARCH

March 5–8, 22nd Annual Meeting of the American Association for Geriatric Psychiatry, Honolulu. Contact: AAGP, 7910 Woodmont Ave., Ste. 1050, Bethesda, MD 20814-3004; (301) 654-7850 (tel), (301) 654-4137 (fax), www.aagpmeeting.org (web site).

March 27–29, 3rd International Conference of The International Society of Interpersonal Psychotherapy (ISIPT), New York City, NY. Contact: 2009 ISIPT Planning Committee; hv2009@columbia.edu (e-mail).

APRIL

April 22–26, Annual Meeting and Scientific Sessions of the Society of Behavioral Medicine, Montreal, Quebec. Contact: Society of Behavioral Medicine, (414) 918-3156 (tel), (414) 276-3349 (fax), info@sbm.org (e-mail).

MAY

May 15–17, 5th International Conference on Alzheimer's Disease and Related Disorders in the Middle East, Limassol, Cyprus. Contact: Conference Secretariat; 1-773-784-8134 (tel), 1-773-782-6747 (tel), 1-208-575-5453 (fax), meetings@worldeventsforum.com (e-mail), www.worldeventsforum.com/alz.htm (web site).

May 16–21, 162nd Annual Meeting of the American Psychiatric Association, San Francisco, CA. Contact: Cathy Nash, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7822.

JUNE

June 16–20, 2nd Thematic Conference on Legal and Forensic Psychiatry, Madrid, Spain. Contact: World Psychiatric Association, Alfredo Calcedo Barba, forensicpsychiatry2009@gmail.com.

AUGUST

August 27–30, Canadian Psychiatric Association 59th Annual Meeting, St. Johns, Newfoundland, Canada. Contact: 260-441 MacLaren Street, Ottawa, ON K2P 2H3, Canada; (800) 267-1555 (tel), (613) 234-9857 (fax), conferene@cpa-apc.org (e-mail). www.cpa-apc.org (web site).

OCTOBER

October 8–11, 61st Institute on Psychiatric Services, American Psychiatric Association, New York, NY. Contact: Jill Gruber, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7815.

October 27–November 1, 56th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Honolulu, HI. Contact: AACAP, 3615 Wisconsin Avenue, N.W., Washington, DC 20016-3007; (202) 966-7300 (tel), (202) 966-2891 (fax), meetings@aacap.org (e-mail), www.aacap.org (web site).

MAY 2010

May 22–27, 163rd Annual Meeting of the American Psychiatric Association, New Orleans, LA. Contact: Cathy Nash, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7822.

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OCTOBER

Oct 14–17, 57th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Boston, MA. Contact: AACAP, 3615 Wisconsin Avenue, N.W., Washington, DC 20016-3007; (202) 966-7300 (tel), (202) 966-2891 (fax), meetings@aacap.org (e-mail), www.aacap.org (web site).

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