World Health Organization

Topic B: Implementation of programs that protect and acknowledge mental health.
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INTRODUCTION

Mental health involves emotional, psychological and social health, it affects our daily life, from how we think to how we act. It is defined as the state of well-being in which every person realizes his or her own potential, can confront with the normal stresses of life, can work productively and efficiently, and is also able to make a contribution to community (according to WHO). Mental problems are costly and prevalent in populations. Everybody has to take care of mental health, just like physical health. Mental health problems affect around one in four people in any given year, of all ages. They range from common problems, such as depression and anxiety, to non very common problems such as schizophrenia and bipolar disorder. Both type of problems have the same importance, as they affect people all around the world.

One in four people, mainly adults, will experience mental illness at some point each year in United Kingdom. Including anxiety, depression and alcohol dependence. Three in four mental illnesses start in childhood. 50% of mental health problems in adults start at 15 years. 75% of young people with mental illness are not receiving treatment. This problem affects almost every person with a mental illness because the average of waiting for effective treatment is 10 years, approximately after showing first symptoms. In the United Kingdom, suicide is the first killer in young people, most of them presenting beginnings of a mental

illness. This also impact the life expectancy of people, such as people who have mental illness die ten or twenty years earlier than general population.

HISTORICAL BACKGROUND

The first information we can find about mental problems were in the sacred literature. In the fifth century, mental health was attributed to the humoralist theory. Galeano Medicine father classified the Loura in mania and melancholia. At the end of the Roman Empire, the first hospitals were created. In the 5th century, Hippocrates was a pioneer in treating mental health in people with techniques not rooted in religion or superstition, he focused on changing a mentally ill patient's environment or occupation, or administering certain substances as medications. In Middle Age the idea of Diabolical possessions with respect on mental health. At that time, the continue of failures of cranial trepanations and other treatments. In the Renaissance mental health takes a turn due to the input of discards of dualism. In the eighteenth century representative figures of Psychiatry such as Pinel were the pioneers that started the human treatment to patients who had mental problems. In that same Century Vincenzo Chiarugi incorporated the psychological component to mental health. In 1860, Morphine was included. Psychopharmacology was included in the Twentieth Century. The first psychotropic drugs were the chlorpromazine and the iproniazid as these affected directly the Nervous System. In ancient Egypt, India, Greece, mental illness was categorized as religious and personal problems.

On July 1947 the first mental research was granted in the United States, entitled "Basic Nature of the Learning Process"

1955: The Mental Health Study Act of 1955 [Public Law 84-182] called for "an objective, thorough, nationwide analysis and reevaluation of the human and economic problems of mental health." The resulting Joint Commission on Mental Illness and Health issued a report, Action for Mental Health, that was researched and published under the sponsorship of 36 organizations making up the Commission.

1972—The Drug Abuse Office and Treatment Act established a National Institute on Drug Abuse within NIMH.

1999—The NIMH Neuroscience Center/Neuropsychiatric Research Hospital was relocated from St. Elizabeth's Hospital in Washington, DC to the NIH Campus in Bethesda, MD, in response to the recommendations of the 1996 review of the NIMH Research Program by the IRP Planning Committee.

2004—The Treatment of Adolescent Depression Study (TADS), one of NIMH's 4 large-scale practical clinical trials, informed important first phase results. The clinical trial of 439 teenagers with major depression found a combination of medication and psychotherapy to be the most effective treatment over the course of the 12-week study. The study compared cognitive-behavioral therapy with fluoxetine, currently the only antidepressant approved by the FDA for use in children and adolescents.

2010—NIMH launched the Research Domain Criteria aimed at developing, for research purposes, new ways of classifying mental disorders based on behavior and dimensions, also neurobiological measures. RDoC attempts to bring modern research approaches in genetics, neuroscience, and behavioral science to the problems of mental illness, studied independently from the classification systems by which patients are currently grouped.

2011—The Grand Challenges in Global Mental Health initiative, led and funded by NIMH, assembled the largest ever international Delphi panel—over 400 participants representing work conducted in 60 countries—to determine priorities for research relevant to mental, neurological, and substance use disorders.

CURRENT RELEVANCE

Mental health issues are constantly increasing according to the world situation. Since 2012 when the notable increase of use in the smartphones showed up, the therapists began to notice a fast rise in the number of people with any type of mental health problem. Nowadays psychologists establish that it is easier for a teenager to acquire any type of mental disorder due to the constant exposure of social media and internet access. It is estimated that people that spend more time in the network, are more likely to present symptoms of depression and low self esteem, driving a lot of people to have suicidal and aggressive thoughts. Depression is the leading cause of years

lost due to disability worldwide. Mental health problems, including alcohol abuse, are among the ten leading causes of disability in both developed and developing countries. Persons with mental and psychosocial disabilities often have to face discrimination, and high levels of physical and sexual abuse, happening in a sort of settings, including prisons, hospitals and homes. According to a survey done by the United Nations World Health Organization that took place in the year of 2016, China is the first country affected when it comes to most population with mental issues, India is positioned in the second place, United states in third, Russia, Brazil, Indonesia, Pakistan, Bangladesh, Nigeria and Germany position among the ten countries with more cases of mental diseases. One of the biggest issue when it comes to this topic is that a lot of patients that suffer any type of mental disorder, don't receive the enough support in order to overcome the disease. In the year of 2014 the World Health Organization established an investigation that showed that more than 45% of the world's total population lived in a country with no more than one therapist in order to serve 100,000 people. Also in the year of 2011 59.6% of the patients with any kind of metal disbalanced such as depression, bipolar disorder and anxiety reported being receiving special medical treatment. Unfortunately these kind of diseases not only affect the person that suffers from it, it is demonstrated that it also affects other factors such as education, employment, physical health and relationships in society. Almost one million people die due to suicide every year, and it is the third leading cause of death among young people. Even Though there are a lot of missundestoodments about mental illness, it has been established that cultural and social networks can actually be really helpful to expand the knowledge about these topics and being able to have more access to care.

INTERNATIONAL ACTIONS

What international organizations such as governmental foundations or intergovernmental departaments have been or are doing between countries not directly associated with the United Nations to combat this problem and give a brief description of what they do to combat this

Look for government programs, governmental protocols or multilateral actions between countries independently of the UN that seek to counteract the problem

South–south learning. The Programme for Improving Mental Health Care (PRIME) is a consortium of research institutions and ministries of health funded by the UK government. PRIME aims to scale up mental-health services in Ethiopia, India, Nepal, South Africa and Uganda by integrating these into primary care. Together, these countries have developed locally relevant mental-health plans informed by community advisory boards that include district health administrators, service users, traditional healers and police. The consortium observes cross-country differences and similarities in the evolving mental-health-care systems.

North–north learning. The Arctic Council, an intergovernmental center for the circumpolar states, has emerged as an avenue for launching collaborative efforts to reduce suicide rates in those countries. Young Alaska Native men experience the highest rates of suicide of any demographic group in the United States. Similarly high rates also occur among some indigenous Arctic communities in Canada, Greenland and Russia. Local responders can benefit from what has been learned and shown to be effective elsewhere.

South–north learning. BasicNeeds is a global mental-health charity, established in the year 2000 in Britain, that facilitates access to employment and mental-health care for people with mental illness. The organization refined a model for helping people into care and work and to defend their problems in African and Asian countries, including Ghana, Tanzania, Nepal, China and Vietnam.

This kind of translation of practices is just beginning. Technology is increasingly allowing innovators to make their ideas and projects public. One venue for sharing ideas is the Mental Health Innovation Network (MHIN), funded by Grand Challenges Canada and managed by a research team at the London School for Hygiene & Tropical Medicine and the WHO's Department of Mental Health and Substance Abuse.

UN ACTIONS

WHO and the UN are in charge of acknowledge mental health. Thanks to them, for the first time leaders all around the world are recognizing the prevention, treatments and promotion of mental well-being. Also, the abuse of substances is now taken into account. The inclusion of mental health and substance abuse in the Sustainable Development Agenda, adopted at the United Nations General Assembly in September 2015, is likely to have a positive impact on communities and countries where millions of people will receive much needed help. Specific data establishes that 3 of the 17 Sustainable Development Goals focuses on mental health, healthy lives and promoting well-being for all kind of people, such as it is a human right. World leaders have committed the prevention and also the treatment of various kind of diseases, such as behavioural, developmental and neurological disorders. These goals will drive the global agenda for years to come. Persons with mental and psychosocial disabilities are a big proportion of the population all round the world. Millions and millions of people have mental health conditions, that is why UN members are willing to use recommendations to vote on the final goals, and this is going to make a huge impact, because it will frame their development policies and decisions on investment for the next years for 450 million of people. The World Health Organization (WHO) has produced practical treatment guidelines for the use in primary care in developing countries specifically, based on the best evidence of what works. Today´s available treatments for mental health problems are becoming really powerful for WHO. Another goals in 2001 were agreed by UN. These are called Millennium Development Goals (MDGs), also acknowledging mental health. A report of the High Commissioner of the Human Rights Council adopted resolution on mental health and human rights, this report recommends a number of policy shifts that support the realization of the human rights of populations with mental health problems including the inclusion of these in policy and the recognition of autonomy. These changes cover measures to improve the quality of mental health service delivery, to put an end to involuntary treatment and institutionalization and to create a policy environment that emphasize on the human rights of persons with mental health conditions and psychosocial disabilities.

POINTS TO DISCUSS

Process that happens to have a mental disorder and why is called like that.

Organizations that seek to help in this problem

Government and private

Non-profit institutions to support this problem

Rates of people with mental problems and how to decrease with social programs

Surveys of people in a "normal" state and with mental problems

Comparisons

Medical insurance

Methods that guarantee an optimal and effective result

Best method

Tests that check the mental state of a person.

Differences between disorder and mental problem

Government actions and laws towards this type of people

How technological advances have influenced these problems

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