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THE MENTAL HEALTH PROGRAMME OF THE WORLD HEALTH ORGANIZATION

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The Mental Health Programme of the World Health Organization deals with important public health issues. Its objectives include the prevention and management of the vast numbers of mental, neurological and psychological disorders and the alleviation of the social economic problems which they cause as well as of the human suffering they engender. The programme also aims to make a contribution to general health and overall development programmes of countries by producing and providing knowledge about the role of psychosocial factors in these programmes.

To achieve this collaborative, projects in some 80 WHO Member States have been launched. These are built on committment for joint action of WHO and the countries, for intersectorial approaches to health and to principles of humanism as the basis of development.

The issues covered by the programme are not only of relevance to the present; the future promises to be bleak unless appropriate attention is given now to the promotion of the value of mental life and psychosocial functioning and resolve action to prevent problems — or where this is impossible reduce the consequences of such problems.

El Programa de Salud Mental de la Organización Mundial de la Salud

El programa de Salud Mental de la Organización Mundial de la Salud se ocupa de importantes temas de salud pública. Sus objetivos incluyen la prevención y manejo de un vasto número de trastornos mentales, neurológicos y psicológicos y el alivio de los problemas socioeconómicos que causan así como del sufrimiento humano que engendran.

El Programa también intenta contribuir a la salud general y a los programas de desarrollo global de los países produciendo y proveyendo información sobre el rol de los factores psicosociales en estos programas. Para lograr colaborativamente estos objetivos, diversos proyectos en 80 Estados Miembros de la OMS han sido iniciados. Ellos se basan en el compromiso para una acción conjunta entre la OMS y los países, de enfoque intersectorial a la salud y sobre principios de humanismo como las bases del desarrollo.

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Los temas cubiertos por el Programa no son tan sólo de relevancia para el presente; el futuro promete ser obscuro, a menos que se dé una adecuada atención a la promoción del valor de la salud mental y del funcionamiento psicosocial y se decidan acciones para prevenir problemas o donde ésto sea imposible, reducir sus consecuencias.

Introducción

The WHO Constitution specified "fostering of activities in the field of mental health" as one of the explicit functions of the Organization The other constitutional functions also presupposes an input from the Mental Health Programme. Furthermore, a series of resolutions and decisions of the WHO governing bodies have specifically identified actions which Member States and the Organization should undertake in this area of health care. Two of these, adopted relatively recently were of particular importance for planning and implementing the Mental Health Programme as a whole. In the resolution WHA 28.84, the World Health Assembly stated that mental disorders are a major public health problem; that use of mental health knowledge and skills can improve health care in general; and that sociocultural factors can be harnessed to promote mental health. The Assembly urged Member States to strengthen mental health programmes as a component of general health services and of public health programmes and consider mental health as an important concern in social and economic planning.

In the second resolution WHA 30.45 the Assembly confirmed the urgency of action which should be taken immediately if "irreversible damage to social and productive aspects of individuals and communities is to be prevented" and requested the Director-General of WHO to make technical cooperation between countries in the field of mental health, a special focus of WHO action.

These two resolutions provide the framework for the programme by declaring urgency of action because of the enormity and the rapid growth of problems; by insisting on the programme's broad scope and multisectorial approaches; and by stressing technical cooperation on mental health as a special focus of work. Several other recent resolutions emphasized need for action on specific problems, e.g. drug dependence (WHA 33.27), alcohol problems (WHA 36.12).

These resolutions of the governing bodies as well as the many statements which governments made over the past few years, reflect a new awareness of mental health problems which has pervaded most countries in the world. It is not difficult to understand why this is so.

Size and nature of the problems with which the programme deals

Rapid social change resulting from economic development, industrialization, and urbanization, had profound effects on the structure of communities, the functioning of families, and the psychological well-being of individuals (1). In many places it eroded traditional psychosocial support systems and thus reduced the capacity of individuals, families and communities to cope with distress, disease and disability. Often accompanied by social disorganization, it exacerbated problems such as juvenile delinquency, violence and accidents at work and in traffic.

Psychosocial factors have also been increasingly recognized as determinants of success in health and social actions. It has become accepted that programmes aiming at prevention of diseases and the promotion of health and well-being must be based on an understanding of the culture, traditions, beliefs and patterns of family interaction. No less important was the admission that the structure and function of health services is significantly influenced by psychosocial factors such as the motivation of health workers and perceptions of disease.

The devastating spread of alcohol and drug problems, seriously harming health and socioeconomic productivity of individuals, communities and nations has been another source of growing concern of governments.

In an increasing number of countries persons diagnosed as "alcoholics" fill as much as one-third or even more of all hospital beds; heavier drinking among women and young people is being reported along with family breakdown; liver cirrhosis ranks among the five leading causes of death between ages 25 and 64 years in a number of developed countries; in many Member States, alcohol-related traffic accidents account for up to 50% of road fatalities; and within industry, heavy drinkers show high rates of absenteeism and low productivity on the job. All social classes are usually affected and serious alcohol problems often strike highly trained personnel called upon to play a major role in national development.

Health problems related to drug abuse are in a large number of countries a major public health and political concern witnessed *inter alia* by a number of UN Resolutions (e.g. 32/124, International cooperation in treatment and rehabilitation and 34/177, International cooperation in drug abuse and control). The damage to health and social productivity as well as the fact that the abuse often concerns adolescents and young people further heightens awareness of problems and strengthens requests for action.

The resources and expertise of any one country are rarely enough

1. Gobal Review of Mental Health, pp. 153-168 and 220-222 of the Sixth Report of the World Health Situation, Part 1, WHO, Geneva, 1980.

to deal with all needs in the field of drug dependence. Also, some countries share common drug abuse problems and, for geographical or cultural reasons, form natural groups for cooperative action. Examples of such natural groups are the opium-producing countries of Asia and the Middle East, the khat-using countries of the Arabian Peninsula and East Africa, and coca-using countries of Latin America.

A serious problem in many countries is the uncontrolled use of psychotropic drugs with dependence liability. The work on prevention of such drug abuse is often hampered by insufficient awareness of the existence of problems related to the irrational use of psychotropic drugs by the inadequacy of methods and by the lack of mechanisms to prevent or remedy harm done by such drugs.

At least 40 million people in the world suffer from severe mental illness (such as schizophrenia and severe depression) and at least twice as many are seriously disabled by mental retardation, dementia and other disorders of the nervous system. There is no known human group or community –hatever its level of development– which is free of severe mental disease. Estimates vary as to the number of people affected by less severe but nevertheless incapacitating mental disorders; none, however, are lower than 200 million. Mental disorders make up a substantial proportion of all morbidity seen in the general health services of both developing and developed countries, among both adults and children. Their numbers are likely to grow in the years to come. Mortality due to acute infectious diseases declines and therefore, more people survive throughout the entire period of high risk for disease inception.

Apart from this general demographic reason for an increasing mental morbidity, the incidence of specific disorders may rise or fall depending on the rate of occurrence and spread of particular biological and environmental etiological factors in different parts of the world. Thus, a growing rate of accidents results in dramatic increases of toxic or traumatic organic brain syndromes with their accompaying behaviour disturbances. Where infectious and parasitic diseases are prevalent, the occurrence of acute and chronic psychoses due to cerebral involvement can be expected. Stress, in its various forms, is ubiquitous and contributes to the occurrence of a range of dysfunctional behavioural responses, such as anxiety states, depression and psychosomatic disorders which affect millions of people. Suicide according to recent estimates causes as many as 100, 000 deaths a year in Europe alone.

Neurological disorders are a major cause of death and of long-term disability in all age groups in all parts of the world. Epilepsy affects two to five of every thousand inhabitants of the industrialized countries. These numbers may be three to five times higher in some devel-

opping countries. Cerebrovascular disorders are also referred to as one of the frequent causes of disability in all countries. Infectious disorders of the nervous system (viral and bacterial) are still very frequent and often have disabling neurological sequelae even if properly treated. Traumatic peripheral nerve diseases are increasing due to traffic and labour accidents. Neurological disorders linked to aging increase with the increase of life expectancy.

Of the 400 million disabled people in the world, no less than two out of every five are incapacitated by metal or neurological disease, or by the sequelae of alcohol or drug dependence. The psychosocial dimension, however, is also present in disability which has physical illness or accidents as a primary cause; this dimension is often crucial for the rehabilitation and resocialization of the disabled person in the community.

Scope and objectives of the programme

This situation led to the formulation of a mental health programme of WHO in a considerably broader fashion than was previously the case. Expansion of focus also enhanced the need for selectivity in supporting activities. The selection of what to undertake is a complex process involving a variety of mechanisms and the consideration of many sources of information. These included members of the WHO Expert Advisory Panels which are composed of leading specialists from some 70 countries; the WHO designated collaborating centres located in outstanding institutions in different parts of the world; results of scientific investigations; stated wishes of the countries which are members of WHO either individually or collectively through WHO governing bodies (e.g. the World Health Assembly); and of the work of other UN agencies with a charge relevant to the promotion of health (e.g. the UN Commission on Narcotic Drugs).

On the basis of information obtained from these sources, the three major objectives were defined for the programme :

I To increase the effectiveness of general health care through appropriate utilization of mental health skills and knowledge; and develop strategies for intervention based on an increased awareness of the psychosocial aspects of social action and change.

II To prevent and control problems related to alchol and drug abuse; and develop appropriate technologies for the treatment and management of problems when they do arise.

III To plan and develop appropriate technologies for the prevention and treatment of specific mental and neurological disorders.

These three objectives are approached through a series of activities carried out in cooperation with governments. These activities are shown in Table 1 and described below :

TABLE 1

OBJECTIVES	*ACTIVITIES*
Objective 1: To increase the effectiveness of general health care through appropriate utilization of mental health skills and knowledge and increase awarenesss of decision makers and the public about aspects of socioeconomic action and change.	Promotion of healthy psychosocial development (PRO). Prevention of health damage in groups at high psychosocial risk (RIS). Development of methods to assess psychosocial aspects of health care and to plan and evaluate interventions (PSY). Identification of untoward psychosocial consequences of social change and design of appropriate strategies for their prevention (CHA).
Objective 2: To prevent and control problems related to alcohol and drug abuse; and develop appropriate technologies for the treatment and management of such problems when they do arise.	Prevention and control of problems related to alcohol and drug abuse (PAD). Treatment and management of drug and alcohol abuse and consequent health problems (DAT).
Objective 3: To develop technology for the prevention and treatment of specific mental and neurological disorders.	Promotion and support of national and regional mental health policy formulation (POL). Prevention and treatment of neurological disorders (NEU). Disability prevention and rehabilitation (DIS).
OVERALL SUPPORT TO PROGRAMME DEVELOPMENT	Promotion and support of national and regional mental health policy formulation (POL). Global support to mental health programmes at national level (NAT). Development of techniques of evaluation of mental health programmes and policies (EVA).

1. *Promotion and support of national and regional mental health policy formulation (POL)*

Collaboration with countries and the development of their national health policies has been a central concern of WHO since its inception. In more recent years, the priority given to this work has increased even further and a significant amount of WHO's resources is being used for it.

During the 1970's the main concerns of the mental health programmes in this area were: (i) to increase the decision maker's awareness of the magnitude and nature of mental, neurological and psychosocial disorders; (ii) to provide countries with evidence about

effective measures that can be taken to combat such problems; and (iii) to explore mechanisms which could facilitate the formulation and evaluation of national and regional mental health programmes.

Mental health coordinating groups which have been established at national, regional and global level were one such mechanism. These multidisciplinary and multisectorial groups help governments and WHO to shape its programme and evaluate it. To facilitate their work, and other efforts directed to the formulation of national mental programmes, the Organization has developed methods for monitoring mental health needs and produced several substantive review of problems relevant to the mental health programme and policy formulation (e.g. of the legislation concerning the mentally ill). Ways to ensure that knowledge about methods available to help in programme implementation reach those concerned (e. g. on techniques for the treatment of mental disorder suitable for use at PHC level) have also been sought.

Mechanisms for direct technical cooperation in mental health programmes between countries with similar problems have been put into operation. A good example of this kind of arrangement is the establishment of the African Mental Health Action Group (AMHAG). The Group is now composed of 11 countries and two liberation movements. Top level health decision makers — ministers of health, permanent secretaries of health ministries, directors of health services, meet annually to review the situation in their countries, hear about measures taken and about their success in the promotion of mental health. Technical workshops, country mission, training and other activities are undertaken in close collaboration between countries. WHO serves as a technical secretariat for this work. Other groups of countries are likely to follow this model which has proven to be effective.

Over the next five years the main objective of work in this programme area will be to develop materials needed in policy formulation and programme planning and to train those concerned in skills necessary for this purpose. This will be pursued in collaboration with national mental health coordinating groups. New models of technical cooperation among developing countries in the field of mental health will also be sought and assesed. The AMHAG model of collaboration will continue to be used and improved.

2. *Global support to mental health programmes at national level (NAT)*

In 1979, the World Health Assembly agreed on a Global Strategy to achieve Health for All. The strategy relies on the establishment of health infraestructure —starting with primary care— which will facilitate the development of health programmes that reach the

whole population. National and regional strategies specifying activities and approaches have also been developed by Member States and WHO's programmes have been restructured so as to support efforts which countries make to formulate, implement and evaluate their programmes.

Activities aiming to promote mental health and control mental, neurological and psychosocial disorders are becoming an integral part of national health strategies. They are based on a number of tenets now widely accepted in Member States. These include the involvement of all the relevant social sectors and disciplines in mental health programme formulation and implementation; emphasis on the inclusion of mental health components into primary health care; the need for research and action concerning psychosocial factors which affect health and health care delivery; and the need to promote the value of mental health and mental functioning.

To support national mental health programme development and to facilitate technical cooperation among its Member States, WHO has established a network of officially designated collaborating centres. Such centres strengthen the national health system infrastructure, function as a resource nationally and internationally, participate in high priority research both benefiting from and contributing to training and research facilities and manpower resources in other countries. The scope of their work varies. Some work in specialized fields such as neurosciences, drug and alcohol abuse, psychopharmacology or biological research in psychiatry. Others have a broader focus and deal with a variety of subjects relevant to different parts of the mental health programme.

By the end of 1984, 58 officially designated WHO collaborating centres existed in all regions. But, strong working relationships have also been established without a formal designation with many other research and training institutions, particularly in countries that have participated in WHO collaborative projects. Such "field research centres" form part of the WHO collaborative network and frequently become formally designated if successful working relations extend over a period of several years and the centre accepts an international as well as a national research and training commitment.

Another focus of work in this programme area has been the development of a "common language". WHO's efforts have for many years concentrated on the collection, digestion and distribution of information relevant to health. In recent years this task has grown in importance and changed in nature. Emphasis has been placed on obtaining and validating information. This requires a whole series of prerequisites:

First, a common language must be in existence allowing the professional, the researcher the decision maker and the politician to

understand each other. WHO has approached this task through a series of projects. The most extensive among them is aimed to improve the relevant sections of the International Classification of Diseases (chapter on mental and neurological diseases, on disability, parts dealing with reason for care, etc.,). Linked to this are the development of glossaries that allow better collection and presentation of data relevant to mental health programmes, efforts to define diagnostic procedures suitable for use in the mental health field and studies aiming to produce adequate instruments for the assesment of the mental health status of individuals, their attitudes and behaviour. An important component of a common language are generally accepted indicators. Projects aiming to develop indicators required for the monitoring and evaluation of national mental health programmes and indicators of changes of psychosocial factors influencing general health programmes have also therefore been included in the programme.

Transfer of information about the promotion of mental health and control of diseases is a major task and WHO has attempted to develop a special network of centres which will help in this task. These centres will deal with a relatively limited part of the field (e.g. mental health of the elderly or information and mental health).

Finally, training and manpower development have been identified as major concerns of national mental health programmes in many countries, particularly in the developing world. A series of pertinent projects have been carried out focussing on mental health training of general health personnel; public health training for mental health workers; training in specific mental health topics, e. g., in neurosciences, in rational use of psychopharmacological drugs, or in drug dependence and alcohol-related problems; and on mental health training for community agents. These efforts are likely to continue occupying much attention of mental health programmes at country level.

3. *Development of techniques of evaluation of mental health programmes and policies (EVA)*

The broader scope of mental health programmes and the explosive growth of techniques of diagnosis, treatment and prevention of mental and neurological and psychosocial problems made it imperative for WHO to stimulate and coordinate the development of techiques of evaluative research in the field covered by the mental health programmes and to support the conduct of such research. Its main foci are the evaluation effectiveness of methods of treatment, of types of services and of organizational models of care for the mentally and neurologically ill and for those affected by psychosocial problems.

Though declared as a foremost

priority in many mental health programmes, the prevention of mental disorders and the promotion of psychosocial development are still the most neglected aspects of mental health programmes in many countries. A number of techniques are now available for the prevention of certain types of mental disorders. These are being applied to an insufficient extent, in spite of their proven effectiveness. At the same time, however, a variety of new techniques are being proposed and often extravagant claims are made about their effectiveness in the prevention of disorders, the promotion of psychosocial development, improvement of quality of life, and so forth. WHO can and does bring together outstanding experts and assemble information from all parts of the world which allows it to assess the value of some of such proposed intervention, and to make recommendations to countries about specific ways in which such techniques could be assessed. These recommendations are not only relevant to the assessment of the value of new measures: they are as important and as applicable in the evaluation of well established techniques for which scientific evidence of effectiveness is either unavailable or obsolete.

4. *Promotion of healthy psychosocial development (PRO)*

Promotion of mental health and healthy psychosocial development are among the prime objetives of the Organization and recommendation number 5 of the Alma Ata Conference on Primary Health Care specifically includes the promotion of mental health as an essential element of primary health care (2).

Promotion of mental health is clearly different from the effort to improve the management of mental disorders and their prevention. It is concerned with the increase of value which people give to optimal development and functioning of the human brain and mind. Once the value of mental life has been promoted the motivation for action to control disorder an enhance capacity must follow. Clearly, work in this area must be carried out in particularly close collaboration with other sectors of health and social services such as education.

WHO's unique position in international health care provides it with the possibility to be a powerful advocate of the need to give higher value to mental health and to support the development of programmes which propose to change people's attitudes in this respect.

Several parallel activities have been undertaken in this area. Thus, for example, methods which allow the assessment of quality of life in people suffering from chronic physical disease (and later possibly expanding to cover other situations) are being developed and critical reviews of literature and of experience in countries sometimes through small scale con-

2. Primary Health Care, WHO, 1978.

sultations of outstanding scientists have been undertaken. These deal with issues such as the non-specific aspects of treatment and the use of media in promoting mental health.

The continuation of WHO's work on child mental health will also provide an opportunity to help countries in their effort to promote psychosocial development. In this respect particularly close collaboration is established with other relevant WHO programmes, e.g., those dealing with maternal and child health. Several lines of action are pursued. A systematic analysis of different situations known to affect a child's development (e.g., placement in day-care centers) will be carried out to make them promotive of child mental health; sensory deficits present a major obstacle to normal development and a project will be launched to measure the gain in psychosocial growth following the correction of such deficits (e.g., vision) so as to obtain material which will help decision makers in their decisions about priorities. A review of laws relevant to child growth and development has been undertaken to formulate guidelines for countries' efforts to make legislation contributing to health promotion.

5. *Prevention of health damage in groups at high psychosocial risk*

In every community a number of people or groups of individuals are at a particularly high risk of suffering from mental disorder or from other forms of psychosocial maladjustment which are clinically less severe but nevertheless incapacitating — either because of their heightened vulnerability (e.g. the elderly) or because of the situation in which they live.

The population groups who are at risk may vary from one society to another but some segments appear to be consistently reported as subjects of mental health concern. These include the very old, the uprooted migrants, the children of broken homes or mentally disturbed parents, the single women head of a family, the chronically ill, and the socioeconomically underprivileged adolescent.

The mental health programme addressed specific aspects of the risk problem. It convened a scientific working group on stress, lifestyle and the prevention of disease and undertook to develop methods for the assessment of psychosocial factors in relation to health care. The protection of mental health in the industrial environment was approached jointly with the occupational health programme. An international symposium on the psychosocial and biological risks to the offspring of severely mentally ill parents has been held. Problems arising in the elderly under stress (e.g. bereavement) are being assessed in different cultural settings aiming to develop interventions which may help to prevent untoward consequences of such stress.

The future WHO activities of this programme area are oriented

towards action aiming to diminish risks to groups that are reported by a large number of countries to be specially vulnerable; the refugees, the adolescents, the elderly and those under the stress of physical disease. The research needs in these areas have already been reviewed by scientific working groups; the resulting recommendations have provided a framework for research which will take place in this area to complement policy formulation and training activities planned.

6. *Development of methods to assess psychosocial aspects of health care and to plan and evaluate interventions (PSY)*

A significant proportion of the people who present themselves to health workers do so because they have psychological and social problems. Even when they present a physical problem, there may be a psychological or social problem which has caused or precipitated the physical problem, or which may in fact be affecting its course and outcome. Added to this, most physical conditions cause some psychological and social problems for a patient, as also may their treatment. The concentration by health workers on a patient's physical problem to the exclusion of his needs in the wider domain, bring down criticism on the present system that it fails to deal with the "whole person" and dehumanises the patient.

The psychological and social factors that influence health and human development, are only problems when they have a negative effect, being perceived as such by the patients ,their family or health workers. Some psychosocial factors can have a positive influence upon health, and their enhancement can lead to the promotion of health. Thus certain normal behaviours or beliefs held within some populations may be beneficial for the health of that population or can be used in the enhancement of health. The challenge for the health system is to discover ways which will allow it to harness the energy of communities and use this potential in fighting disease and improving quality of life.

In the period of the 6th General Programme of Work the focus of the Organization's activities in this area has been the effort to increase the awareness of countries of the importance of psychosocial factors for health.

The emphasis in the decade which follows will be on the development or adaptation of techniques for work in this field, preparation of materials which will facilitate their use and their application under carefully evaluated conditions. The focus will be on a relatively small number of topics including methods for the assessment of psychosocial factors related to contacts with primary health care and to functioning of health care (e.g., motivation for preventive work, attitudes to disease, relation of health agents with patients and their families, etc.); the conduct

of community preventive trials of psychosocial problems by lifestyle modification (e.g. through media campaigns); and on the promotion and development of programmes to humanize health care (e.g., by revision of medical training to counteract over-reliance on medical technology).

7. *Identification of untoward psychosocial consequences of social change and design of appropriate strategies for their prevention (CHA)*

Social change, both planned and unanticipated, can be a source of improved well-being as well as of stress and strain. Most of the factors leading to such change operate on a macrosocial level and result from global, regional or national development and political and economic processes. As such, they are beyond the control of the health care system, although the latter is the recipient of many of the untoward side effects and casualties of their operation. The degradation of the natural and man-made environment as a result of aggressive industrialization, the chaotic processes of urbanization and abandonment of the rural areas in many parts of the world, the introduction of new technologies which change the entire lifestyle of large segments of the population, and the insecurity experienced by many people in the face of economic uncertainty and increased threat to the very survival of millions of people, pose new psychosocial problems for which no adequate diagnostic labels exist and no ready-made management strategies are available.

The study of these problems and the development of preventive and management approaches which could be incorporated into public health strategies is one of the tasks that WHO can undertake in this area. For example, WHO can review the evidence and provide epidemiological estimates of the frequency, distribution and outcome of problems such as stress and adjustment reactions, alcohol and drug abuse, attempted suicide and other known consequence of situations of social crisis and uncertainty. Another task for WHO will be to analyse and present this information in such a way that it would effectively reach those layers in the social and political estructure where decision are made or actions are taken which influence the processes leading to adverse health consequences. There is evidently no way to deal with this area in a comprehensive manner and a small number of topics has therefore been selected for attention in the period of the 7th General Programme of Work. The topics were selected taking into account previous work of WHO (e.g., on uprooting and mental health legislation), direct expressions of interest of Member States and WHO governing bodies, and the availabilities of centres and individuals willing to work with WHO on these matters.

8. *Prevention and control of problems related to alcohol and drug abuse (PAD)*

The prevention of abuse of alcohol and other drugs requires effective national and sub-national policies as well as programmes which deal with the health problems associated with their availability, consumption and abuse. Both policies and programmes can best be formulated and evaluated if a reliable data base about the size and nature of the problems and their changes is established.

A large amount of information has already been gathered on national policies related to alcohol and drug abuse through extensive and intensive studies carried out in the period covered by the 6th General Programme of Work (1979-1984). Epidemiological data about the problems have also been brought together and published as well as legislative provisions in a number of countries.

Information related to the implementation of WHO's obligations under the 1961 Convention on Psychotropic Substance (amended protocol) and the 1971 Convention, has also assembled a series of case studies of countries in different parts of the world. This provided the basis for a series of activities aiming to prevent abuse of alcohol and drugs, or where this is impossible to limit problems related to alcohol and drug abuse.

At the same time, research on the factors that lead to alcohol and drug dependence has also been initiated. Such research has been undertaken in WHO collaborating centres. Some of these centres as well as others will also be involved in the study of effects of the increasing abuse of the combination of alcohol and other drugs and the problems arising from the abuse of "innovative drugs".

The continued assessment of the dependence liability of psychoactive substances, public health and social problems associated with their use and assessment of their therapeutic usefulness and benefit/risk ratio will be another task in which the WHO Collaborating institutions may participate.

A recent international study on alcohol control experiences has indicated that data on the role of alcohol in family, work and crime spheres was especially inadequate, incomplete or extremely difficult to obtain. Efforts will be made to identify measures that can be taken to prevent and control alcohol problems in the employment and family settings. The effectiveness of policies and legislation in reducing alcohol problems in these settings will be reviewed.

The rational use of psychoactive drugs will be promoted through cooperation between governments, members of health professions (e. g. through professional associations), medical schools, and the pharmaceutical industry. Information on the health consecuences of alcohol and drug consumption and possibilities for preventive action needs to be distributed actively and widely to stimulate and facilitate

national efforts to reduce demand and prevent problems.

9. *Treatment and management of drug and alcohol abuse and consequent health problems (DAT)*

In most countries of the world, there is a trend towards increased frequency and severity of alcohol and drug related problems, (including alcohol and drug dependence).

The difficulties in achieving positive treatment outcomes with persons who have developed serious alcohol or drug-related problems is widely acknowledged. Future activities in the area of treatment and management of alcohol and drug problems will therefore focus on the early detection of alcohol and drug problems, on simple methods of intervention for use at the primary health care level and on training about alcohol and drug problems for health personnel. In addition, because of the social complexities involved with alcohol and drug abuse, experiences and methods for assessing and revising national legislation on treatment and management of alcohol and drug dependence will be analyzed and disseminated.

Simultaneous to efforts to improve methods for early detection of problems, work on the development of methods for management of drug and alcohol problems will be necessary. It is of utmost interest to determine which of these techniques is effective in what kind of settings; such knowledge will have to be prepared in a form suitable for use by PHC workers and could help to expand the capacity of health services to treat alcohol problems at the primary health care level.

Activities related to the early detection of alcohol and drug problems and to their treatment and management in primary health care settings will rely on the existing networks of collaborating centres and investigators that will be carrying out the research to test and evaluate the various methods and materials.

10. *Assessment, prevention and treatment of mental disorders (EP)*

Impressed by the enormity of the people of mental illness, the burden it imposes upon communities and the resources it takes up within existing medical services, WHO has concentrated much of its previous efforts on work related to the mental disorders. In particular much work was devoted to the study of schizophrenia and depressive illnesses. A network of collaborating centres working in this field has been established and continues to contribute to the work.

Subsequently, interest and investment shifted towards work on ways to treat mental disorders at primary health care level. Flowcharts, manuals and other material suitable for the education and in-service training of various categories of health personnel were draft-

ed and field tested. In future years two rather distinct but complementary approaches will be considered: one focusing on the emergency intervention and maintenance treatment of major mental disorders and another with emphasis on the much more frequent, sometimes less disabling, disorders which usually present to general health workers.

Projects within this area will also encompass the continued emphasis on the promotion of the teaching of psychiatry to general medical students, to trainee family physicians, and to nurses in basis training.

Within the field of suicide and mental handicap, the role of WHO will continue to concentrate on information transfer and on stimulation of work at national level.

11. *Prevention and treatment of neurological disorders (NEU)*

Neurological disorders are a major cause of death and of long-term disability in all age groups in all parts of the world. Several of the neurological disorders can be prevented, others can be treated and controlled. But there are still neurological disorders where treatment and control are still difficult and new approaches to basic and clinical estudies are to be sought.

Epilepsy is a syndrome of different aetiological origins which affect 2-5 per thousand of the population in industrialized countries, but this percentage may be three to five times more in some developing countries. Cerebrovascular disorders are also referred to as one of the highest causes of disabilities in all countries. Infectious disorders of the nervous system (viral and bacterial) are still very frequent and are responsible for disabling sequelae if not properly treated and when associated with malnutrition. Traumatic peripheral nerve diseases are increasing due to traffic and labour accidents. Motor neuron disorders, especially ALS, MS and those linked to genetic traits, are very difficult to control and manage. The active participation in the activities of the programme of the 13 WHO Collaborating Centres for Research and Training in Neurosciences have been of crucial importance in the past: It is expected that those institutions will continue to facilitate programme development.

The work so far has enabled the Organization to make reliable estimates of the magnitudes of problems linked with neurological disorders, of resources that could be mobilized to deal with them and of prospects for research. Previous work has also contributed to the increased awareness of these problems at country and international level. For the future years emphasis will be on training activities, and on the development of material for the instruction of non-specialists. In addittion research will be stimulated in coordination with topics such as the development of effective and innovative methods for the control of cerebrovascular disease; development of

epilepsy control programmes; studies on neuroplasticity and repair in CNS both with regard to neuronal molecular biology and with its clinical correlates with a view to designing new approaches for the control of the regenerative process; studies on central nervous system trauma, a significant and growing cause of serious disability.

12. *Disability prevention and rehabilitation (DIS)*

Disability associated with mental and neurological disorders ranks among the most widespread and severe public health problems, although its dimensions, causes and adverse effects on the quality of life of populations are not always in the forefront of the attention of decision-makers.

There is every reason to expect that the prevalence of disability associated with mental disorders, neurological conditions and certain chronic physical diseases will grow, precisely as result of the sucess of new treatments which reduce the fatality rate and control the acute symptoms but do not prevent chronic impairments. Since primary prevention for the majority of the severe mental disorders will not be feasible within the next decades, while effective new treatments for acute conditions and phases of disease will be more widely applied — especially in the developing countries — it would be realistic to invest significantly more effort and resource into research and practical measures focusing on the prevention, reduction and management of disability.

In the mental health field, there is no lack of experimental and operational research into these issues, and the last decade has witnessed some bold steps on a societal scale to improve the lot of the chronically ill.

WHO will therefore attempt to take a leadership role in the promotion of a new, rational approach to the social and public health problems of disability. On the one hand, WHO will continue the development, standardization and dissemination of methods and instruments for the assessment and monitoring of impairments and disabilities and for the evaluation of effectiveness of measures aimed at reducing them. On the other hand, WHO will undertake an advocacy role in stimulating Member States to review critically the current state of disability prevention, to assess needs and to develop programmes for the implementation of appropriate strategies and measures.

Collaboration in implementing the programme

The nature of issues with which the mental health programme has to deal is such that close linkage of the programme with other health and social activities is essential for programme success. At community level, linkages are to be established between various agencies dealing with mental, neurological, and psychosocial problems (e.g. those

linked to the abuse of alcohol taking). Medical and social services, educational, correctional public health, economic agencies and others must be involved. At national level, inter-ministerial coordination is being promoted and national coordinating groups are important mechanisms for promoting these concepts. Regional and global coordinating multidisciplinary groups in mental health facilitate the dialogue among those who deal with problems of mental health concern.

There are close working relationship between the Mental Health Programme and a number of UN agencies and non-governmental organizations. However, there is still considerable potential for the strengthening of this collaboration, particularly at country level where the involvement of organizations like the United Nations Development Programme, the United Nations Children's Fund, and the United Nations Education, Scientific and Cultural Organization, in implementing country programmes in the field of mental health may have to be sought more actively.

In the past the collaboration between WHO and non-governmental organizations was often characterized by those organizations' readiness to facilitate the dissemination of information generated by WHO. However, a more active role of NGO's is possible: Some of these organizations are in the position to organize joint workshops with WHO, others can help and participate in the development of position papers and in the performance of advocacy role on certain issues.

The possibilities of further developing collaboration with professional groups in the fields of behavioural science (such as psychology, anthropology and sociology) and national professional associations are also being explored.

Health promotion, the incorporation and consideration of psychosocial factors in health and social development programmes, by definition, are multisectorial tasks. Therefore, close collaboration in programme formulation and implementation is required and is being established between the mental health programme and other WHO programmes, particularly the programmes on General Health Protection and Promotion and on Protection and Promotion of the Health of Specific Population Groups.

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