

## NO HEALTH WITHOUT MENTAL HEALTH: WHO ACTION PLAN BY 2020

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### Abstract:

Mental health matters and it is a fundamental component and an integral part of well being. According to WHO definition “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Mental health problems cover as many symptoms of disability as physical ill health. These problems may be extremely perilous like neurotic and psychotic disorders, such as schizophrenia and obsessive compulsive disorders, or may be as common and familiar as depression and anxiety. There are various socio-economic factors that affect mental health. These factors need to be addressed appropriately through comprehensive strategies for promotion, prevent, treatment and recovering in a whole-of-government approach. In this research paper the action plan developed by WHO is well discussed which recognizes the indispensable role of mental health in achieving health. But still we have to go long way to achieve appropriate mental health for all people.

### Key words:

Mental health, common mental disorders, treatment, WHO action plan.

### Introduction:

Mental health is an integral part of health and well being. It is also well documented in the definition of health by WHO that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Promoting Mental Health, WHO, 2004). Globally, the prevalence of depression increased by 18% from 2005 to 2015, which means there are 322 million people with depression in the world. Nearly half of these people live in the South-East Asia Region and Western Pacific Region which includes India and China with larger population (Mental Health Atlas, WHO, 2011). The fifty-sixth World Health Assembly adopted resolution to resolve the global burden of mental health problems. To resolve this problem, there is a need of a multi-sectoral, coordinated and comprehensive approach. These approaches and services are expected from the health and social sectors, with an emphasis on promotion, prevention, treatment, rehabilitation, care and recovery. It also proposes key indicators and targets, useful for evaluating various levels and achievements of implementations, process and its impact. It also clears the actions for Member States, the Secretariat and International, National and regional level partners (World Economic Forum, 2011). In this research paper “mental

disorders” denotes a range of mental and behavioural disorders like depression, bipolar affective disorder, schizophrenia, anxiety disorders, dementia, substance use disorders, intellectual disabilities and many more. These problems may be extremely perilous like neurotic and psychotic disorders, such as schizophrenia and obsessive compulsive disorders, or may be as common and familiar as depression and anxiety. But these common and run-of-the-mill disquiets need more attention, as they affect notable proportions of employs in the workplace.

### **What is mental health?**

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community (WHO, 2004).

### **Determinants of mental health problems:**

Determinants of mental health problems can be immense. It may start with individual level then can run up to group, social, political, environmental, national and global level. For example individual attributes can be emotions/feelings, behaviours, thoughts, exposure to adversity, accidents, interactions, reactions for some situations, partner/spouse and many more. Like-wise other social, political, environmental factors may be national policies, protection, security, workplace environment, living area, education, social support and many more.

Mental health issues can be significantly higher in certain groups in our society like people with chronic diseases, children exposed to violence, substance use, discrimination, poverty, indigenous populations, transgender people, prisoners, natural disasters, financial crisis. People who is suffering with mental disorders experiences disproportionately higher rates of disability and mortality. For example, a person who suffers with depression and schizophrenia have a 40% to 60% greater chance of dying prematurely than the general population.

### **Vulnerable groups in our society:**

Certain groups of people in our society have an elevated risk of developing mental disorders. The reasons for this vulnerability can be various like societal factors and/or environmental factors. These factors are based on their socio-economic status, social supports and living condition (Mental health and development report, WHO, 2010). Following are the few examples which are vulnerable group of people in our society:

- Discrimination
- Violence and abuse
- Taboos in society
- Less access to health services

- Exposure to disasters and disability
- Less and no access to education
- Exclusion from society
- Less income and employment opportunities
- Lack of political rights

### **Common mental disorders in India**

Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. According to report published in The Times of India, 2017, around 56 million Indians suffer from depression and 38 million Indians suffer from anxiety disorders. In total it makes 7.5% Indians who suffers from major or minor mental disorders. According to survey done by the National Institute of Mental Health and Neurosciences (NIMHANS) in Bengaluru, the incidence of depression is roughly one in every 20 Indians or 5% of the population (Iyer, M, The times of India, 2017). The common mental disorders may be as follows:

1. Anxiety:

Anxiety is a normal process in one's life in which person is worried about modest things like health, money and family issues. But people with anxiety disorders feel extremely worried or feel nervous and respond to certain situations with fear and dread, even when there is little or no reason to worry about. Anxiety disorders include generalized anxiety disorder, panic disorder, social anxiety disorders and specific phobias.

2. Mood disorders:

These disorders, also called affective disorders, involve persistent feelings of sadness or periods of feeling overly happy, or fluctuations from extreme happiness to extreme sadness. The most common mood disorders are depression, bipolar disorder, cyclothymic disorder.

3. Psychotic disorder:

Psychotic disorders involve distorted awareness and thinking. The most common example of this disorder is schizophrenia which is a long-term mental disorder of a type involving a breakdown in the relations between thought, emotion and behaviour. It leads to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation.

The most common problems associated with psychotic disorders are

- a. Hallucinations where the experience of images or sounds that are not real, such as hearing voices.
- b. Delusions in which where false fixed beliefs that the ill person accepts as true, despite evidence to the contrary.

4. Eating disorders:

It is characterized by the range of psychological disorders like extreme emotions, attitudes and behaviour which characterized by abnormal or disturbed eating habits. The most common eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder.

5. Impulse control and addiction disorders:

People suffering with these problems begin to ignore responsibilities and relationships. They are unable to resist urges, or impulses, to perform acts that could be harmful to themselves or others. Pyromania (starting fires), kleptomania (stealing), and compulsive gambling are examples of impulse control disorders. Alcohol and drug are common objects of addictions.

6. Personality disorders:

It is a long-term pattern of behavior and inner experience that differs significantly from what is expected. This pattern in behavior generally begins in late adolescence and early adulthood, causing distress or problems in routine functioning like in work, school or relationships. The most common examples of personality disorders are antisocial personality disorders, obsessive-compulsive personality disorders and paranoid personality disorders.

7. Post-traumatic stress disorder (PTSD):

PTSD is a condition that can develop following a traumatic and/or terrifying event, such as a sexual or physical assault, the unexpected death of a loved one, or a natural disaster. People with PTSD often have lasting and frightening thoughts and memories of the event, and tend to be emotionally numb.

**Signs and symptoms of various mental disorders:**

According to latest report from World Health Organization (WHO), the symptoms of mental disorders are initially remains common and unnoticed like sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration (Mental health and development, WHO, 2010). Most common symptoms are as follows:

- Unnecessary worries about routine things

- Facing more trouble controlling their worries or feelings of nervousness
- Feel restless and problem in relaxing
- Lack of concentration
- Be easily startled
- Have trouble falling asleep or staying asleep
- Feel easily tired or tired all the time
- Have headaches, muscle aches, stomach aches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Be irritable or feel “on edge”
- Sweat a lot, feel light-headed or out of breath
- Need to go to the washroom quite often

Children and teens also often worry excessively about:

- Their performance, such as in school or in sports
- Catastrophes, such as earthquakes or war

Adults are often highly nervous about everyday circumstances, such as:

- Job security or performance
- Health
- Finances
- The health and well-being of their children
- Being late
- Completing household chores and other responsibilities

#### **WHO Action Plans WHO 2013-2020:**

The action plan has the following objectives (Mental health action plan 2013-2020. WHO, 2013):

1. to strengthen effective leadership and governance for mental health;
2. to provide comprehensive, integrated and responsive mental health and social care services in community-based settings;
3. to implement strategies for promotion and prevention in mental health;
4. to strengthen information systems, evidence and research for mental health.

The vision of the action plan is a world in which mental health is valued, promoted and protected, mental disorders are prevented and persons affected by these disorders are able to exercise the full range of human rights and to access high quality, culturally-appropriate health and social care in a timely way to promote recovery, in order to attain the highest possible level of health and participate fully in society and at work, free from stigmatization and discrimination. Its overall goal is to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders.

The action plan relies on six cross-cutting principles and approaches (Mental health action plan 2013-2020. WHO, 2013):

1. Universal health coverage:

Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation and following the principle of equity, persons with mental disorders should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health.

2. Human rights:

Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.

3. Evidence-based practice:

Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and/or best practice, taking cultural considerations and economic status into account.

4. Life course approach:

Policies, plans and services for mental health need to be taken into account of health and social needs at all stages of the life including infancy, childhood, adolescence, adulthood and older age.

5. Multisectoral approach:

A comprehensive and coordinated response for mental health requires partnership with multiple public sectors such as health, education, employment, judicial, housing, social and other relevant sectors as well as the private sector, as appropriate to the country situation.

**6. Empowerment of persons with mental disorders and psychosocial disabilities:**

Persons with mental disorders and psychosocial disabilities should be empowered and involved in mental health advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.

**Treatment:**

According to WHO report "In countries of all income levels, people who are depressed are often not correctly diagnosed, and others who do not have the disorder are too often misdiagnosed and prescribed anti-depressants,". Further Added in WHO report, although there are known, effective treatments for mental disorders, fewer than half of those affected in the world receive such treatments. Barriers to effective care include lack of resources, dearth of trained health-care providers, and social stigma associated with mental disorders. Inaccurate assessment is another barrier to effective care. India, for instance, has less than 4,000 psychiatrists to treat its mentally ill people (Mental Health policy, plans and programmes. WHO 2005).

Any mental disorder requires healthy treatment like any other chronic diseases. There are many conditions that can be effectively treated with the help of following therapies (Mental Illness Basics [https://www.medicinenet.com/mental\\_illness/article](https://www.medicinenet.com/mental_illness/article)):

- Effective medication
- Therapy individually or in group
- Behavior modification and cognitive- behavior therapy
- Traditional alternative therapies, like massage, water therapy, meditation
- Creative therapies, such as art therapy, music therapy, or play therapy
- Hypnotherapy

**Conclusion:**

Mental health is mandatory and fundamental right to everyone. But these problems are increasing as part of the health problems the world over. Like many other chronic illnesses, mental disorders also require appropriate treatment. At international level also the importance of mental health is increasing, which is reflected by the WHO focus on mental health as the theme for the World Health Day (2001), World Health Assembly (2001) and World Health Report (2001). At the national level, mental health policy is framed

and implemented with many national level programmes integrated with primary health care. Fortunately, much progress has been made in the last two decades in treating mental illnesses. Still a lot of work remains to be done and there is a need to strengthen actions related to sturdy mental health so that effective treatment is available to all those people, whose problems goes undetected and they continue to suffer for long. The WHO framework provided in this action plan needs to be adapted at regional level in order to take into account region-specific situations. There is no blueprint action plan that fits all countries, as countries are at different stages in developing and implementing a comprehensive response in the area of mental health.

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