Regional Director’s Message on World Mental Health Day:
10 October 2015

Mental, neurological and substance use disorders are common all over the world, affecting every community and age group and across all income countries. While 14% of the global burden of disease is attributed to these disorders, most of the people affected, almost 75% in many low-income countries, do not have access to treatment they need.

World Mental Health Day, observed on 10 October, is the annual global celebration of mental health education, awareness and advocacy. This day is an opportunity for all stakeholders to reflect on where we are and what we need to do to make mental health care a reality for people around the world.

Mental Health Day themes revolve around pressing mental health issues. The theme of this year, 'Dignity in Mental Health', addresses one of the most daunting challenges in mental health. WHO remains committed to raise awareness to ensure that people with mental health conditions live life with dignity, which is a fundamental human right.

Together we need to ensure that mental health strategies, actions and interventions for treatment, prevention and promotion are compliant with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.

In the WHO South-East Asia Region, eight countries have stand-alone mental health policies and plans. This is a commendable achievement, but in the last five years, we have fallen behind compared with other WHO Regions in updating these policies and plans. Only three Member States have an updated policy/plan in line with the human rights instrument. Six countries in the Region have stand-alone mental health laws out of which only two countries have updated their laws in the last five years. WHO Regional Office for South-East Asia has taken steps to support Member States in developing/updating their mental health policies and plans.

Public expenditures on mental health are scarce in low- and middle-income countries (less than US$2 per capita). A large proportion of these funds go to inpatient care, especially in mental hospitals. WHO strategy has been to promote a shift from long-stay mental hospitals, which is in itself stigmatizing, to care in community-based settings. Community-based mental health programmes,
which are based on the integration of mental health services with primary health care, have been
developed and piloted in the Region. Impact evaluation showed that these programmes were not
only instrumental in reducing the treatment gap of mental and neurological disorders, but were
more acceptable and dignified. The treatment gap for mental and neurological disorders in low-
and middle-income countries is between 76% and 85%; the corresponding range for high-income
countries is between 35% and 50%.

WHO SEARO is supporting Member States to implement the comprehensive mental health action
plan 2013-2020. The framework provided in this action plan has been adapted at the regional level
taking into account regional challenges. At all stages of implementing the plan, dignity in mental
health remains a high priority.

Dignity in mental health means steps are taken to safeguard the well-being of people with
mental health conditions, thus liberating them from the shackles of self-stigma, low confidence,
low self-esteem, withdrawal and social isolation. To break the barrier of prejudice and insensitivity,
dignity and mental health have to go hand-in-hand. We will achieve dignity for mental health when
communities, families and individuals have the confidence to seek help for mental health without
fear and inhibition.

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