Foreword

On 7 April every year, the anniversary of the founding of the World Health Organization (WHO) is marked by highlighting a health topic of global concern. Globally, more than 300 million people suffer from depression; for the WHO South-East Asia Region, the figure is 86 million. World Health Day 2017 focuses on depression, a disorder that can affect all people and is a risk factor for suicide. In response to the World Health Day campaign slogan “Let’s talk”, experts from across the region were invited to inform and expand the dialogue on depression and suicide through papers in this issue of the WHO South-East Asia Journal of Public Health.

Approaches to prevention and care of depression have undergone a paradigm shift in recent years. A cornerstone of this strategy has been expanding delivery of care from psychiatric facilities to the community level, in parallel with increasing the capacity of primary health-care systems to provide integrated care. This issue illustrates how new paradigms of care and prevention for depression and suicide are being adopted across the region.

An article from Sri Lanka describes progress over more than a decade in implementing a comprehensive community-based decentralized mental health system. The tsunami of 2004 catalysed commitment to this reconfiguration of services. Provision of mental health care at the primary health-care level in tsunami-affected areas was subsequently extended to districts outside the tsunami zone.

A report from Nepal describes the mental health response to the 2015 earthquake; the critical role of emergency community-based care; and the value of integration of mental health into primary health care. The authors emphasize that it is essential that the momentum for positive change resulting from such tragedies is sustained.

Integrating mental health services at the primary health-care level is crucial to narrowing the treatment gap for mental disorders. This is illustrated in a paper from Thailand on work done in establishing a comprehensive service for depression. This system, by using community-level screening and assessment together with diagnosis and treatment by general practitioners, has increased accessibility to standard care from 5.1% of those with depressive disorders in 2009 to 48.5% in 2016. Central to the approach was the development of culturally appropriate screening and assessment tools in local dialects.

The theme of locally appropriate identification tools to facilitate case detection, symptom monitoring and triage is explored in a paper from India. This article notes that existing tools developed in, and therefore culturally appropriate to, high-income countries, may have limited relevance in communities in South-East Asia. The paper describes ongoing work to develop a depression identification instrument in Bangla, Hindi and Nepali for use in primary care.

The prevalence of depression in patients with physical noncommunicable diseases such as cancer, diabetes mellitus, stroke or cardiovascular disease is 2–4-fold higher than in the general population. A paper in this issue reviews the policy pathways to tackle this dual burden via collaborative care at the primary health-care level. Integration reaps rewards not only in care but also in prevention, since lifestyle modifications, such as regular physical activity and avoidance of alcohol, can provide effective measures for primary prevention of noncommunicable diseases and depression, separately and in combination.

Depression and alcohol-use disorders frequently coexist and the presence of one augments the adverse consequences of the other. A review of the literature in this issue highlights the need for research to assess interventions for patients with this dual diagnosis in the WHO South-East Asia Region, since most evidence to date comes from high-income settings. Focusing on harmful use of alcohol is also critical, given its significant role in suicide.

The high prevalence of suicide in the WHO South-East Asia Region is a serious public health problem requiring urgent action. Women are a particularly vulnerable population, for a variety of social and cultural reasons, and pesticide ingestion is a common method of suicide. Suicides can be prevented by use of timely, evidence-based and often low-cost interventions, such as reducing easy access to pesticides. A paper from Nepal highlights the need for a specific, long-term national suicide-prevention strategy. An article from Bhutan reviews the national policy and governance approaches taken in formulating that country’s recently launched national suicide-prevention strategy, and highlights lessons learnt.

I hope that the rich range of content in this issue of the journal will promote the role of mental health in achieving health for all, by providing information and inspiration to continue to embrace new paradigms in prevention and care for mental disorders.

Dr Poonam Khetrapal Singh
World Health Organization
Regional Director for South-East Asia