The Lancet's Series on Global Mental Health: 1 year on

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A little over a year ago, *The Lancet* published a Series of five articles on Global Mental Health that documented the current evidence for global mental health, with a focus on low-income and middle-income countries. The final paper in the Series made a call to scale up evidence-based packages of services for people with mental disorders with a commitment to the protection of human rights. The Series and the call to action that concluded it has received support from leaders in world health (panel 1). 1 year on, we take stock of the effect of this Series, focusing on implementation of the call for action. Although 1 year is a short time to see substantial outcomes, and definitively attributing events to the Series is impossible, our objective is to discern the commitment of stakeholders and the general direction they are taking since publication. We consulted the members of an advisory group set up soon after the Series was published to track major events. Only events that explicitly cited or were based on *The Lancet's* Series were counted. We have organised our findings in four broad themes: the effect on global advocacy; the effect on global-health programmes; the effect on policies, resources, and professional societies; and the launch of a new Movement for Global Mental Health.

Raising awareness of mental health is key to improving policies and practices, increasing access to services, and reducing persistent stigma. The World Federation for Mental Health established World Mental Health Day in 1992, and coordinates and promotes its commemoration on Oct 10 every year. The only annual global awareness campaign focusing specific attention on mental health and mental disorders, World Mental Health Day is now marked in over 100 countries through public awareness and education events. The theme in 2008 is "Making Mental Health A Global Priority—Scaling Up Services through Citizen Advocacy and Action". World Mental Health Day, 2008, uses the information and messages contained in *The Lancet*'s Series to encourage renewed attention to the need for well-informed mental-health public policy advocacy at all levels in countries throughout the world. The aim

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of this year's campaign is to generate a sense of urgency and to fuel advocacy efforts locally and globally to scale up services for people living with mental disorders. The central message of World Mental Health Day, 2008, is clear: "It is time for governments throughout the world to listen and act to improve mental health services and increase availability and access to services by those experiencing serious mental health problems and disorders such as schizophrenia, anxiety disorders, bipolar disorder, and depression." The specific focus on civil society calls upon citizens, human-rights groups, and non-governmental organisations to implement the call for action through several interlinked strategies (panel 2).

WHO has recently developed the Mental Health Gap Action Programme to address the large treatment gap for mental, neurological, and substance-use (MNS) disorders. The programme provides health planners, policy makers, and donors with clear and coherent activities and programmes for scaling up care for MNS disorders. The objectives of the programme are to reinforce the commitment of all stakeholders to increase the allocation of financial and human resources for care of MNS disorders and to achieve higher coverage with key interventions, especially in countries with low and low-middle incomes that have large proportions of the global burden attributable to these disorders. The Mental Health Gap Action Programme provides criteria to identify the countries that have a high burden of MNS disorders and a high resource gap. This programme is grounded on the best available evidence about MNS disorders that have been identified as priorities; it promotes the delivery of an integrated package of interventions and takes into account existing and possible barriers to scaling up care. Priority disorders are identified on the basis that they represent a high burden (in terms of mortality, morbidity, and disability), cause large economic costs, or are associated with violations of human rights. These priority disorders are depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders due to use of alcohol, disorders due to use of illicit drugs, and mental disorders in children and adolescents. The Mental Health Gap Action Programme package consists of interventions for prevention and management for each of these priority disorders, for which there is evidence for the effectiveness and feasibility of scaling up. The programme provides a template for an intervention package that will need to be adapted for countries, or regions within countries, on the basis of local context. The essence of the programme is to establish productive partnerships, to reinforce commitments with existing partners, to attract and energise new partners, and to accelerate efforts and increase investments that will produce a reduction of the burden of MNS disorders. Successful scaling up is the joint responsibility of governments, health professionals, civil society, communities, and families, with support from the international community. The Mental Health Gap Action Programme will be formally launched by the WHO Director General on Oct 9, 2008.

Since the launch of *The Lancet's* Series in London in September, 2007, there have been country-level launches in Australia, Brazil, Chile, and the USA, and a launch in India will take place later in 2008. All these events were attended by policy makers, consumer representatives, and mental-health professionals, and received wide media coverage. Presentations and symposia have been held in many countries, aimed to educate policy makers, academics, mental-health professionals, non-governmental organisations, health students, and the media about the key messages of the Series. The Series has been profiled in a wide range of other publications, including journal articles, professional society documents, and public science websites. The papers in the Series are used as core teaching materials in existing teaching programmes (for example, courses on international mental health run by the University of Melbourne, Australia, and King's College London and the London School of Hygiene & Tropical Medicine in the UK) and new courses specifically geared to the call for action (for example, the Leadership in Mental Health Course in India). Several new research projects have been funded with the aim of generating evidence to scale up evidence-based services for people with mental disorders. Research from low-income and middle-income countries commonly has low visibility because of publication in non-indexed journals; the World Psychiatric Association has therefore

appointed a task force and approved a seed grant to offer support to a group of mental-health journal editors from low-income and middle-income countries to identify the steps needed for indexing in the main indexed databases.

The Lancet's Series has been effectively used to support proposals for the development of National Taskforces on Community Mental Health System Development in Vietnam and in Indonesia. The National Taskforce on Community Mental Health System Development in Vietnam was established in February, 2008, in a workshop convened by WHO Vietnam, and hosted by the Research and Training Centre for Community Development, Hanoi, with technical support from the Centre for International Mental Health, University of Melbourne. There are two broad objectives. First, to contribute to the establishment of strategies on national mental-health care for the period 2011–15 (the current National Mental Health Plan ends in 2010) by providing scientific evidence for the development of community policies of mental-health care, especially those related to mothers and children. And second, to encourage the Government of Vietnam to increase the budget for mental-health care to US$2·00 per person each year, as recommended in the call for action in *The Lancet's* Series, by implementation of a community system of mental-health care and development of policies and service systems on the basis of scientific evidence.

The National Taskforce on Community Mental Health System Development in Indonesia was established by the Directorate of Mental Health of the Indonesian Ministry of Health, in June, 2008, with technical support from the Centre for International Mental Health, University of Melbourne, and financial support from AusAID, Christian Blind Mission, and the University of Melbourne (US$485 000 for 1 year). The taskforce will strengthen the capacity of Indonesia's Ministry of Health to plan, implement, manage, and assess mental-health systems at provincial and district levels, and to develop effective and equitable community-focused mental-health services. Four taskforce working groups will receive training, mentoring, and technical support from the Centre for International Mental Health and will produce proposals for the consideration of government on mental-health legislation, policy, and financing; community mental-health workforce; integrated hospital and community-focused mental-health services; and ethics, human rights, and advocacy. These proposals will be presented and discussed at the seventh International Mental Health System Development Conference in Indonesia in mid-2009, and then presented to the Ministry of Health with a well articulated case for investment in mental-health services.

In January 2008, the Brazilian Ministry of Health created the Support Teams for Family Health Teams (NASF- Núcleos de Apoio a Saúde da Família). The purpose is to strengthen the link between mental-health care and primary care by integrating family-physician teams and mental-health teams and by providing specialised supervision to primary health-care teams. Moreover, there is a commitment to increase substantially the number of psychiatric beds in general hospitals for the admission of those with acute and severe episodes of mental illness. The Chinese National Strategy Plan for Mental Health System Development from 2008 to 2015 was issued in January this year. The plan requires local governments to strengthen capacity of existing systems for providing mental-health care through the integration of psychiatric services in hospitals with community health care and development of community-based rehabilitation services.

The call for action that concluded *The Lancet's* Series is succinct; however, its implementation will require a radical transformation in global health policy and practice. Change will be incremental, not revolutionary, but will require new and sustained commitment, new investment, and fundamental changes in the way in which care is delivered. Simply issuing the call was never going to be enough. Governments have a particularly important part to play, but many other stakeholders need to get engaged with the problems and work together to advocate,

plan for, and implement change. The voices of those most affected—the users of mental-health services and their families—must be heard. Mental-health professionals, technical experts, academics, and policy makers need to show solidarity and work collaboratively. The mental-health community as a whole needs to act with national, regional, and international leaders in public health to ensure the inclusion of mental health on the global public-health policy agenda, and the effective integration of mental-health care into every level of general health care. Hence, the Movement for Global Mental Health, launched today through its website.

The Movement for Global Mental Health was initiated after the launch of *The Lancet's* Series. The advisory group that led the development of the Series was expanded to ensure greater representation of users, women, and civil society representatives, particularly from low-income and middle-income countries. In the past year, this group has collaborated to define the concept of the movement and its goals. The advisory group has proposed a set of priority actions (panel 3).

The advisory group will help to coordinate the campaign, promote the growth of the network and its interactivity, and facilitate the priority actions. Much of this will be achieved through the movement's website, which will evolve into a participatory and interactive medium, with materials, resources, and news and views, all intended to increase the volume and range of activities. The movement will host a Global Mental Health Summit on Sept 2, 2009 (alongside the WFMH World Mental Health Congress, Sept 2–6, 2009) in Athens to take stock of progress.

The movement is not an organisation. It has no constitution, no office, no board of governors, and no budgets. Anybody and any organisation can join the movement; all that is required is support for the specific goals of scaling up services for and protecting the human rights of people living with mental disorders. The network of individuals and organisations committed to these goals will be at the heart of the movement. Through the shared values and coordinated actions that harness the enormous motivation and creativity of the diverse stakeholders for mental health, the movement will seek to achieve its goals. Ultimately, we hope that substantial progress in scaling up services for people with mental disorders will take its place alongside progress in HIV/AIDS treatment and maternal and child survival as one of the great public-health successes of our times.

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Conflict of interest statement

We declare that we have no conflict of interest.

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