



The 20th Anniversary of The World Mental Health Day 2012

World Federation for Mental Health

The year 2012 marked the 20th anniversary of the World Mental Health Day, a global campaign initiated by the World Federation for Mental Health (WFMH) to promote mental health and arouse public awareness of mental illness. With the consent of Ms. Deborah Wan, BBS, JP, President of the World Federation for Mental Health, we have extracted some articles from the 2012 World Mental Health Day Packet, which give us an overview of the history and development of the World Mental Health Day.

Foreword

Deborah Wan

President, World Federation for Mental Health

After World Mental Health Day was initiated by the World Federation for Mental Health in 1992 many countries adopted it as a means of promoting mental health.

Every year a theme is chosen and educational materials are produced by WFMH for distribution. This year, the 20th anniversary, we have chosen DEPRESSION as the main theme. Depression can affect anyone and it is one of the most widespread illnesses, often co-existing with other serious illnesses. According to the World Health Organization, unipolar depressive disorders were ranked as the third leading cause of the global burden

of disease in 2004 and will move into the first place by 2030.

The 2012 Depression package is intended to provide information about depression as a treatable illness, and to spread the message that recovery is possible and achievable. The information will be useful both in developed countries and in middle- to low-income countries that need basic information for their national and local publicity campaigns. Among the developed countries, the current economic downturn has resulted in increased unemployment, increased debts and increased insecurity resulting also in an increasing

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incidence of depression among the population. For middle- to low-income countries, public education on mental health is often inadequate due to limited resources. We hope this material will be useful for mental health promotion in these countries.

World Mental Health Day 2012 aims to encourage governments and civil society around the world to address depression as a widespread illness that affects individuals, their families and their peers, and to recognize that it is a treatable condition. People should be alert to the early signs of depressive disorder – it can affect anyone, from young people to seniors. It is now estimated that 350 million people globally are affected by depression, and

this alarming figure is a wakeup call for us to address this global non-communicable disease.

World Mental Health Day is the signature project of the World Federation for Mental Health and its yearly information package is used in many different ways. The text can be translated for use by local organizations.

As President of the World Federation of Mental Health, I appeal to all of you to see that depression is included in your own country's health agenda. I also express my appreciation to all those involved in preparing and supporting the 2012 World Mental Health Day and applaud their energetic efforts in supporting the global agenda on depression.

A Salute to Richard Hunter (1914-2004)

L. Patt Franciosi, PhD

Chair, World Mental Health Day
WFMH President 2003-2005

On this 20th Anniversary of World Mental Health Day we salute the founder of the event, Richard Hunter. He would have been very proud to see how wide the reach of the Day is now. He was a man with a dream that mental health concerns would be recognized as an integral part of overall health, and who felt that the mission of WFMH was to seek parity for mental health alongside physical health. He brought passion to the crusade to improve the care of people with mental illnesses, and each year without knowing it the organizers of national and local World Mental Health Day activities carry forward his vision.

Dick trained as a lawyer in the state of Minnesota, USA. His career changed direction when he registered for alternative service as a conscientious objector during World War II, having declined to serve in the armed forces. He was assigned to work as an attendant in a psychiatric hospital and spent three years at

institutions in North Carolina and New Jersey. Those years forged his deep commitment to the need to improve standards of care. He was also moved by the writings of Clifford Beers (1876-1943), who experienced severe mental illness and in recovery led a movement in the United States to reform the conditions he had experienced in mental hospitals.

After the war Dick Hunter joined the staff of the National Mental Health Foundation and later became a senior staff member of the National Mental Health Association (now Mental Health America). On his retirement, Dick was recruited as the Deputy Secretary General of the WFMH, serving in that capacity as a volunteer from 1983 until 2002, a central figure in the Federation's worldwide network. He continued to work at his office as an advisor to the Federation until a few weeks before his death in 2004.

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It was Dick who promoted the idea in 1992 that mental health deserved an annual "Day," like similar observances for other causes. He saw that an international World Mental Health Day could be, in his own words, "a focal point around which global mental health advocacy could gain maximum public attention." When the suggestion came up that the World Federation for Mental Health should sponsor an international telecast, he saw a valuable opportunity. A broadcast received in many countries could become a central feature of a wider celebration linking activities not only for advocacy but for much needed public education.

He selected October 10 as the annual observance day and developed the concept of an annual theme, with the Federation assembling a packet of information that could be sent to participating organizations to allow them to follow the theme in their own way, holding local events within their own budgets. It was a practical way to spread mental health advocacy, drawing attention to the needs of people with mental

illnesses and to the importance of mental health. Almost immediately some national authorities joined in, organizing large countrywide campaigns for public education. At every level the idea of participating in an international activity had resonance among those who believed that care and concern for those with mental disorders should have higher priority.

Over the years the United Nations, the World Health Organization, the Pan American Health Organization and the International Labour Organization have recognized World Mental Health Day. Events have been held in numerous cities and countries around the globe.

The World Federation for Mental Health honors Richard Hunter on this 20th Anniversary of World Mental Health Day for his conviction that advocacy would be strengthened if concerns were shared internationally, bringing people together to continue to work for improvements in care and recognition of the importance of mental health.

World Mental Health Day - 20 Years on

Prof. Max Abbott

WFMH President 1991-1993
Pro Vice-Chancellor and Dean, Faculty of Health & Environmental Sciences,
AUT University (North Shore), New Zealand

World Mental Health Day was established in 1992 thanks to the work of Richard (Dick) Hunter, the Deputy Secretary General of the World Federation for Mental Health. After a period of planning the Federation proclaimed 10 October as World Mental Health Day and Dick looked for ways to build support for it. He saw the value of working with a television producer, Richard Leighton, to make a global telecast the central feature of worldwide activities. The World Health Organization

agreed to become a co-sponsor, and the project was also supported by the Carter Center when former U.S. First Lady Rosalynn Carter agreed to become honorary chair of the event.

The immediate goal of the project was to draw attention to mental health as a cause common to all people across national, cultural, political and socioeconomic boundaries. The longer term goal was to establish parity

for mental health with physical health in national health priorities and services. The first Day was a great success. A two-hour telecast was broadcast to 127 countries by the U.S. Information Agency WorldNet satellite network. A number of Federation officers and mental health leaders assembled in a television studio in Tallahassee, Florida in the United States for the program. Similar groups gathered in studios in other locations around the world to watch and, from some sites, to participate directly in the telecast. This was before the Internet era, and at the time it was a cutting edge use of telecommunications technology.

I was the President of the World Federation for Mental Health at the time, and as co-chair of that first World Mental Health Day participated in the telecast from a television studio in Auckland, New Zealand. We were one of the sites that fed in commentary and I remain grateful to colleagues who joined me during the very early hours of that morning. In New Zealand our Minister of Health made a formal announcement in recognition of the Day and local Federation members accompanied Joan Bolger, the wife of the Prime Minister, on a visit to community mental health facilities. Local Mental Health Associations and other NGOs organised events in other parts of the country.

The Federation's Secretariat received reports from about 40 countries that first year describing a wide range of activities to promote mental health causes. It was pleasing to see that the Day had clearly focused official and public attention in so many parts of the world, including countries where mental health was very low on political agendas and poorly resourced.

Global telecasts were also a feature of the 1993 and 1994 World Mental Health Days, but they were very expensive enterprises and there was insufficient funding to sustain them after 1994. In subsequent years emphasis was

placed on the preparation and distribution of planning kits, with background information focusing on each Day's particular theme, and resources to assist with local activities. Translations from English to other languages expanded. Over time Internet distribution and the production of DVDs augmented and then largely replaced the physical distribution of the printed planning kits through the post.

Federation staff, Board members and members (international and national NGOs, affiliate organisations and individuals) all played vital roles in enlarging the reach of the program. In some countries World Mental Health Day soon expanded into a Mental Health Week or Month, with significant government and NGO engagement. The Day's growing importance in advocacy and public education was further recognized when the Secretary General of the United Nations began to release an annual message for 10 October on the year's theme.

Event organizers were encouraged from the start to send reports about their activities to the WFMH Secretariat. In addition to narrative descriptions, photographs and examples of local materials were submitted. There were many reports from the industrialized world, but staff was amazed to receive photos of marches in Kathmandu, billboard messages in Ulaan Baator, meetings in Sudan, elephants and camels carrying banners in India... As the use of the Internet grew so did reporting about World Mental Health Day events around the world. Last year there was a lot of traffic on Facebook and Twitter.

Looking back over general trends in the field in the past two decades it is clear that there have been substantial changes in the place of mental health at global, national and local levels. High quality epidemiological research has helped quantify the extent and impact of mental health disorders on individuals, families and societies. They are now ranked at or near the top of public health challenges and

priorities by the World Health Organization and an increasing number of its member states. There have been advances in human rights, reduction of stigma, and empowerment of service users. To a growing extent the large asylums and mental hospitals of past ages are being replaced by community mental health and support services. Increasingly, mental health services are becoming stronger and better integrated into primary health settings. Treatments are becoming more effective and readily available.

This said, there are vast differences in standards of available services between and, often, within countries. Appalling ignorance, neglect and abuse run alongside enlightened understanding and supportive treatment and care. Some countries have not made basic steps forward. Advances in other places

have been reversed or are under challenge as economies struggle or shrink and governments seek to reduce public expenditure.

World Mental Health Day remains an important vehicle to advance mental health objectives worldwide and press for continued improvements in care. It illustrates the ways in which the World Federation for Mental Health works to promote advocacy at a global level and facilitate engagement with governments as well as with local communities by way of its NGO network and outreach. It provides a time for mental health advocates to reflect on what has been accomplished and celebrate, a time to take stock of what still needs to be done and to develop plans and strategies, and a time to feel part of an international family with common concerns and ambitions.

Call to Action

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One of the annual goals of World Mental Health Day is to encourage and promote informed advocacy and action for the improvement of services to those with mental and behavioral disorders, to promote mental health and wellbeing, and to prevent mental disorders.

Recommendations are stated here as a reminder of the unfinished work of mental health advocates worldwide. WFMH encourages mental health associations, professional associations, consumer and family organizations, and individual citizen advocates to consider how they can incorporate these recommendations into their annual advocacy and policy agendas.

- Provide Treatment in Primary Care: The management and treatment of mental disorders in primary care is a fundamental step that would enable the largest number of people to get easier and faster access to services. Many are already seeking

help at this level. In order for this model to be successful, however, general health personnel need to be trained in the essential skills of mental health care. Mental health should be included in training curricula, with refresher courses to improve the effectiveness of the management of mental disorders in general health services.

- Make Psychotropic Medications Available: Essential psychotropic medications should be provided and made constantly available at all levels of health care. Such medicines often provide the first-line treatment, especially in situations where psychosocial interventions and highly skilled professionals are unavailable.
- Give Care in the Community: Community care has a better effect than institutional treatment on the outcome and quality of life of individuals with chronic mental

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disorders. Shifting patients from mental hospitals to care in the community is also cost-effective and respects human rights. This shift towards community care requires health workers and rehabilitation services to be available at community level, along with the provision of crisis support, protected housing, and sheltered employment.

- **Educate the Public:** Public education and awareness campaigns on mental health should be launched in all countries. Well-planned public awareness and education campaigns can reduce stigma and discrimination, increase the use of mental health services, and bring mental health and physical health care closer to each other.
- **Involve Communities, Families and Consumers:** Communities, families and consumers should be included in the development and decision-making of policies, programs and services. Interventions should take account of age, sex, culture and social conditions, so as to meet the needs of people with mental disorders and their families.
- **Establish National Policies, Programs and Legislation:** Mental health policy, programs and legislation are necessary steps for significant and sustained action. These should be based on current knowledge and human rights considerations. Mental health reforms should be part of the larger health system reforms and health insurance schemes should not discriminate against persons with mental disorders, in order to give wider access to treatment and to reduce burdens of care.
- **Develop Human Resources:** Most developing countries need to increase and improve training of mental health professionals, who will provide specialized care as well as support the primary health care programs. Most developing countries lack an adequate number of such specialists to staff mental health services. Once trained, these professionals should be encouraged to remain in their country in positions that make the best use of their skills.
- **Link with Other Sectors:** Sectors other than health, such as education, labor, welfare, and law, and nongovernmental organizations should be involved in improving the mental health of communities. Nongovernmental organizations should be much more proactive, with better-defined roles, and should be encouraged to give greater support to local initiatives.
- **Monitor Community Mental Health:** The mental health of communities should be monitored by including mental health indicators in health information and reporting systems. The indices should include both the numbers of individuals with mental disorders and the quality of their care, as well as some more general measures of the mental health of communities. Monitoring is necessary to assess the effectiveness of mental health prevention and treatment programs, and it also strengthens arguments for the provision of more resources. New indicators for the mental health of communities are necessary.
- **Support More Research:** More research into biological and psychological aspects of mental health is needed in order to increase the understanding of mental disorders and to develop more effective interventions. Such research should be carried out on a wide international basis to understand variations across communities and to learn more about factors that influence the cause, course, and outcome of mental disorders. Building research capacity in developing countries is an urgent need.