The year 2001 is going to be very crucial for mental health all over the world. The World Health Organisation, for the first time in its history, has decided to specially focus on mental health activities during 2001. The World Health Day, which is celebrated all over the world on 7th of April, will this year have its theme as mental health. The World Health Assembly which meets in the month of May, in Geneva, every year and is attended by the top representatives of ministries of health of all countries, will be discussing in detail the problems of mental health. The World Health Report, which is published every year in the month of June, will be specially focussed on mental health during 2001. It is a matter of pride to record that the Chief Editor of this landmark World Health Report 2001, is an Indian colleague Dr. R. Srinivasa Murthy.

Why this sudden interest in mental health by the WHO? In fact, the interest in mental health is not sudden by the WHO; it has been there since its very inception but the recent evidence for the importance of mental health has been so striking that the present leadership in the WHO decided to give it a priority focus during the year 2001, the first year of the new century. The new emerging evidence is in the shape of total burden of neuropsychiatric disorders in the society, the new researches leading to better understanding of etiology of mental disorders and new cost-effective methods of management of mental disorders. The biggest stumbling block in our acceptance of mental disorders as priority conditions in health is, of course, the old prejudice against mental illnesses which exists as much in the medical profession as it exists in the lay public outside the profession.

Health burden of mental disorders: With the dramatic increase in the life expectancy in recent years, the health dynamics has undergone major changes. The communicable diseases are being rapidly replaced by non-communicable diseases as major causes of death and disability, all over the world. For too long, health professionals have been preoccupied with mortality statistics which tells us only how people die. It is equally important to know how people live and how the total burden of diseases, both of death and disability, is shared by the society. During the last ten years, a new measure "Disability Adjusted Life Year" or "DALY" has been evolved with the support of the World Bank, the World Health Organisation and Harvard Medical School. DALY quantifies not only the number of deaths but also the impact of premature death and disability on a population, combining them into a single unit of measurement of overall burden of disease. With this shift in perspective, some of the major killers - such as malaria and tuberculosis - still remain prominent but mental illness suddenly bulks very large indeed. It may not in itself be fatal but it causes extensive disability in rich and poor countries alike, and is increasing (Brundeland, 2000). For example, mental disorders (9.7%) rank almost as high as cardiovascular diseases (10.5%) in the total burden of diseases (World Health Report, 1999). The global burden of disease study thus reveals the true magnitude of the long underestimated impact of mental health problems.

The future projections of global DALY's in the year 2020 show even greater impact of non-communicable diseases and mental disorders (Table). Mental disorders are projected to increase to 15% of the global disease burden and unipolar
major depression could become the second leading cause in the disease burden after ischemic heart disease. The Global Burden of Disease Study has therefore been an eye opening (and mind opening) for public health (Ustun, 1999). The newer developments in neurosciences: The last two decades have seen some very exciting developments in the field of neurosciences. The human genome has been meticulously worked out and it is becoming clearer how multiple genes acting together along with environmental factors are responsible for many of the well known mental disorders. The modern brain imaging can now show how changes occur in different parts of the brain in response to our thinking, feelings and behaviour and how certain neural circuits fail to function in different disease conditions. Our knowledge of the role of neurotransmitters in health and disease has enormously increased. Psychopharmacology is one of the most rapidly growing areas in pharmacology and we have in the market, almost every year, a large number of antianxiety, antidepressants, antipsychotic, and anti-epileptic drugs. With these developments many people are now arguing that mental disorders are disorders of the brain (Andreasen, 1997) and for all practical purposes these illnesses should be viewed no differently from other medical illnesses like diabetes and hypertension (Ustun, 2000).

There are now many well proven interventions available for treating mental disorders. Good and cost-effective drug treatments are available for various kinds of depressive disorders, psychotic disorders including schizophrenia, anxiety and panic disorders, obsessive and phobic disorders, alcohol and drug dependence and so on. Psychological treatments like cognitive behavioural techniques or interpersonal therapy are effective in many more conditions. In fact, treatments for most of the mental disorders are now better studied and more efficacious than those for many other chronic human ailments (Ustun, 1999). The sad part is that in spite of all these advances, most of the efficacious treatments that exist are still not available in most of the world. Furthermore for most of the patients there is a long delay between the onset of mental illness and the availability of effective treatment, especially in developing countries.

For psychiatrists in India, it is not enough to congratulate the WHO and welcome the bold initiative taken by it to push forward the mental health agenda in its programmes across the world. A great new opportunity has been opened for mental health. With this WHO move, the whole health profession would be sensitised to the mental health needs. There would be greater awareness in the society who would now demand better services for the mentally ill and more positive steps for the promotion of mental health and prevention of neuropsychiatric disorders. The psychiatrists in India must respond to this challenge.

The first and foremost task is to use this opportunity to reduce the isolation of psychiatry, both in the medical profession and in the community. Psychiatrists must open the communication channels with all the health professionals and with all the governmental and non-governmental agencies working for mental health. Mental health must move into the
mainstream of all health programmes. To achieve this we must have the support of the larger fraternity of medical profession. The last fifty years in independent India have seen tremendous progress in the field of postgraduate education in psychiatry but our record in undergraduate psychiatric training is indeed dismal. This issue must now be taken up more vigorously in the changing positive attitude towards mental health in the country. It is a good news that our neighbouring country Sri Lanka, has recently introduced eight weeks' training in psychiatry and a separate examination in the final year, as part of the undergraduate medical curriculum.

In fact, psychiatric training is necessary not only for undergraduate medical years but also postgraduate training programmes particularly in specialties like internal medicine, neurology, neurosurgery, pediatrics, obstetrics, gynaecology, community medicine etc. Similarly, essentials of psychiatry and mental health must be included in the curricula of all categories of health workers. At present nursing education in India is perhaps the only health training programme where one finds good representation of principles of human psychology and mental health.

The challenges within the profession: At the same time when we are trying to spread the message of mental health in other medical disciplines and in the community, it is important to look into the challenges within the psychiatric profession. It is true that we have made great progress in psychiatry in India during the first fifty years of independence. Compared to a handful of psychiatrists at the time of independence, we have now over three thousand psychiatrists in the country. Still the benefits of modern psychiatry are not within the reach of majority of our population especially living in villages, small towns or the big city slums. Private sector psychiatry has greatly progressed but its services are available mainly to the affluent middle class. Most of the mentally ill in India still turn to the public health psychiatric services which unfortunately are badly organised and poorly staffed and funded. For the last many years public health is not getting adequate share of government support. This trend needs to be reversed.

The second major challenge in front of the profession is how to make psychiatry more relevant to the social and cultural needs of our country. The present day medicine and psychiatry have not evolved in a vacuum but in a particular historical social context which was largely European. It leaves many countries of Asia and Africa at somewhat of a disadvantage. Perhaps, few other cultures have looked at human mind and its functions more intensely than has been done in India in the past but Indian philosophical thoughts hardly find any place in modern day psychology and psychiatry. Similarly, the European and American models of the long-term care of the seriously mentally ill have hardly been very successful in their own countries but they are indiscriminately being applied in countries of Asia and Africa which differ so much socially and culturally. Modern science and technology have offered us tremendous opportunities to solve our health problems but we must not become just agents and sales persons of the new technology but must use it to solve our own priority problems identified by us. In short, WHO's initiative in the year 2001 has brought new challenges and opportunities for psychiatrists in India. It is up to us now how we respond to it.

NARENDRA N. WIG

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NARENDRA N. WIG MD(Medicine). DPM(End). DPM(Scot). FAMS. FRC Psych. Professor Emeritus. Postgraduate Institute of Medical Education & Research. Chandigarh.