WAHO Statement on World Mental Health Day

Bobo-Dioulasso, **October 10, 2020** - On this day, the West African Health Organization (WAHO) joins Member States and development partners to celebrate World Mental Health Day, under the theme "Investing in Mental Health".

What is it all about?

According to WHO, "Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community¹." Mental health encompasses the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people with these disorders. To this end, we can understand that it is one of the key conditions for achieving a state of complete health. In November 2019, WHO indicated that mental disorders includes: depression (264 million people worldwide), bipolar affective disorders (45 million people worldwide), schizophrenia and other psychoses (20 million people worldwide), dementia (50 million people worldwide), and intellectual and developmental disabilities, including autism². The burden of mental disorders continues to grow and to have a strong impact on health and major social, economic and human rights consequences in all countries of the world.

What does this mean for our healthcare systems?

It is clear that despite the efforts made by our Member States, Mental Health remains one of the most marginalized aspects of our health systems; while its scope is growing in our societies due to the consequences of wars, terrorism, substance abuse, natural disasters and major health events such as pandemics (Ebola and COVID-19).

Indeed, in low- and middle-income countries, 76% to 85% of people suffering from mental disorders are not treated for this pathology³. In communities, there are harmful and inhumane practices inflicted on people suffering from mental disorders by relatives, for reasons of superstition or ignorance. The response of health systems is often characterized by the poor quality of health structures and health care provided to people with mental disorders.

In West Africa, the ratio is one or two psychiatrists to the general population in some countries⁴. In addition, the same source indicates that there is a critical shortage of clinical psychologists, social workers and occupational therapists. The vast majority of our populations do not have access to mental health services.

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For more information on WAHO, please visit https://www.wahooas.org/ https://www.facebook.com/ooaswaho

Press contact: wahooas@wahooas.org

¹ WHO. Mental health: Strengthening our response (Fact Sheet). Recovered fromhttp://www. who. int/mediacentre/factsheets/fs220/e n; 2016

² Mental disorders – Key facts, WHO, November 2019, https://www.who.int/news-room/fact-sheets/detail/mental-disorders

³ Wang and al., 2017, The Lancet, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61414-7/fulltext

⁴ Atlas MH Resources 2001, WHO; https://www.who.int/mental_health/publications/mh_atlas_profiles_2001/en/

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Worse, psychotropic drugs are often unavailable, thus prompting populations to frequently resort to traditional and spiritual healers with questionable or even harmful practices⁵. Individuals and their families already suffering from mental illness also bear the economic burden of treatment seeking, stigma, discrimination and social exclusion.

The lack of political will to address this scourge is compounded by the lack of qualified human resources for the management of mental disorders at all levels of the health pyramid, the inadequacy of basic health infrastructures, and the lack of involvement and awareness of families and communities for the adequate care of people suffering from mental disorders. As a result, there is a lack of adequate funding and the absence of an integrated multisectoral approach to support mental health.

This situation was further exacerbated in the context of the COVID-19 pandemic, not only by the reduction or even cessation of essential services for the routine care of the mentally ill, but also and above all by the direct and indirect effects of this same pandemic on populations and caregivers. Fears of potential infection, disruption of social supports, and concern about the loss of livelihoods and close relatives contribute to the substantial increase in mental disorders reported through webinars organized by WHO/Afro, WAHO and others during this crisis.

WAHO's Actions

Mental Health is one of WAHO's regional priorities. This is why WAHO has focused on 4 priority areas of intervention⁶, including (i) improving mental health policies, legislation, regulatory and financing mechanisms; (ii) access to quality, integrated, holistic and affordable mental health services; (iii) strengthening national and regional capacity in mental health care, research and information systems; and, (iv) improving governance, leadership, coordination and regional collaboration in mental health.

Within this framework, WAHO has carried out a number of interventions with regional added value, including the development of a harmonized regional psychiatry program for the training of mental health specialists, logistical support for mental health services in member states, and the development of an ECOWAS Regional Pharmaceutical Plan (which advocates for better access to quality local medicines, including those related to mental health). WAHO is increasing collaborative efforts with development partners and CSOs in the region that have led to progress in mental health governance, such as the development of policies, legislation and projects in the region.

The need to invest in Mental Health!

While continuing its efforts to support Mental Health, WAHO urges ECOWAS Member States and invites its technical and financial partners to become more involved in the promotion and funding of Mental Health.

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Press contact: wahooas@wahooas.org

⁵ Esan and al., GMH Reforms, 2014;

https://www.researchgate.net/publication/265255393_Global_Mental_Health_Reforms_Mental_Health_Care_in_Anglophone_West_Africa
⁶ Regional Strategic Plan for Mental Health for 2018-2025

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This should be translated into concrete actions according to the sub-regional and national context, in particular:

- Developing and/or updating national mental health strategies as well as related laws and regulatory mechanisms;
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- Develop health infrastructures and technologies for the care of people with mental disorders at all levels, from the community to the national level;
- Train and recruit health personnel to be dedicated to mental health by covering the entire health pyramid;
- Involve all key stakeholders in the prevention and treatment of mental disorders, in particular the communities themselves, Civil Society Organizations (CSOs), the private medical sector, NGOs and professional associations, traditional practitioners, the media, etc.;
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- Promote research, monitoring/evaluation and learning in mental health in order to improve evidence-based decision-making.

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