

Pan American Health Organization

PAHO/ACMR/21/7
Original:

TWENTY-FIRST MEETING OF THE
PAHO ADVISORY COMMITTEE ON MEDICAL RESEARCH

Caracas, Venezuela
29-30 April 1982

13706

INDEXED

REPORT OF THE
ACMR SUBCOMMITTEE ON MENTAL HEALTH AND
NEUROPSYCHIATRIC RESEARCH

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the Pan American Health Organization. Authors alone are responsible for views expressed in signed papers.

REPORT OF THE
ACMR SUBCOMMITTEE ON MENTAL HEALTH AND
NEUROPSYCHIATRIC RESEARCH

Dr. David A. Hamburg, Chairman
Dr. Fang Chi
Dr. Arthur Kleinman
Dr. Carlos Leon
Dr. O. B. Osuntokun
Dr. Erik Stromgren
Dr. N. N. Wig

September 1980

Consultants

Dr. Sune Bergstrom
Dr. Leon Eisenberg
Dr. John Evans
Dr. Neal Miller

Secretariat

Dr. Norman Sartorius
Dr. Rene Gonzalez

The WHO Global Advisory Committee on Medical Research last year pointed out the three major themes of research activity bearing upon the attainment of health for all (HFA). First, disease-oriented biomedical research programs can find new ways of preventing and treating diseases that constitute major components of the burden of illness, particularly in developing countries. Recent progress toward preparation of a vaccine for malaria and also for protection against rota virus infections that cause so much childhood diarrhea, provide excellent examples of biomedical research pertinent to HFA.

Such advances must be delivered efficiently to everyone in need. The availability of a potent vaccine does little good if immunization rates are low. Such effective implementation often requires health services research. This is the second broad theme of research in the service of health for all.

The third broad theme - health promotion research - is concerned with health education of individuals, communities and governments. It involves the search for ways to increase self-reliance and mutual aid in fostering health.

The strengthening of national and regional research capability in developing countries is a vital concomitant of cooperative research on all of these broad themes. Promising approaches include research manpower training at all levels, the development of collaborating centers for research and training, international research fellowships, and the fostering of regional cooperation.

A new sub-committee of the global ACMR was initiated at its 1979 meeting and approved by the Director-General. This sub-committee addresses mental health problems, broadly conceived. There are several reasons why this effort is timely. The problems of mental health and, more broadly, the behavioral factors in health generally, have recently become matters of more explicit concern. Three examples occurring in connection with the 1980 World Health Assembly will suffice to illustrate the point: (1) a pre-assembly meeting on HFA in industrialized countries put major emphasis

on the heavy burden of illness related to behavioral factors affecting health; representatives of developing countries concurred; (2) a meeting on alcohol problems held in conjunction with WHA, in which delegates from all parts of the world, MDC and LDC alike, spoke vividly of alcohol-related problems; and (3) a meeting of health leaders from African countries on mental health problems made clear the urgency of the needs.

Striking advances within the neurosciences and promising progress within the behavioral sciences have begun to provide a critically important set of tools for approaching major problems in health. WHO now is concerned not only with mental illness but with behavioral aspects of family planning, nutrition, child care, migration, and water and sanitation. These are major problems. They are difficult to investigate because of their complexity, but their importance argues strongly for the need to foster such research.

One important way of stimulating interest in such research is to make clear some recent examples of tangible accomplishment in biobehavioral science, as well as specific clues to new scientific opportunities, as the Institute of Medicine has recently done with regard to alcohol problems. Cardiovascular risk factor research in several countries provides a useful model in health education, since it started with a careful survey of beliefs and knowledge, used a variety of known behavioral techniques including involvement of community leaders, and was able to improve important health outcomes.

One or two centers in developing countries might provide a useful focus for the kinds of biobehavioral science research which is needed. These centers also could serve regional functions. Problems of particular interest to a variety of developing countries include: nutritional concerns, including the effects of changes in breast-feeding customs; child neglect, abuse, and understimulation, resulting from changes in family structure that occur with increased industrialization and also with migration; ways of achieving adequate immunization rates; ways of changing hygienic practices related to drinking water supply and sanitation; issues

related to family planning; and the effects of mass migration, both within countries and across countries, in terms of general health, social disorganization, and other important consequences.

The following information would be useful: (1) What are the activities of units with potentially relevant missions within WHO? (2) What are the agendas of the national medical research councils and of similar bodies with respect to this problem area? (3) What interests do major scientific societies have in fostering mental health research in developing countries? What research evidence exists on efficacy of mental health interventions in developing countries, especially in the context of primary care? Such information would be helpful in developing priorities of global and regional needs for mental health research, and to evaluate the potentiality of WHO in fulfilling those needs.

It is important that techniques be developed for training indigenous psychiatrists, neurologists, and behavioral scientists to better understand and work with their own populations and to carry out studies as needed. There is also considerable need to strengthen and expand the infrastructure that supports research in developing societies, including the institutional components essential to clinical and field research. It is equally important to establish exchange programs and collaborative relationships that not only allow local researchers to mature and develop their skills but also to put them in touch with developments in mental health research in developed societies. Collaborative research across national boundaries is especially important in this regards.

There is a related need to consider how best to train and support researchers in developed societies who have a career commitment to working in developed societies and who will be able to advance academically, receive long-term funding for longitudinal studies, and support for cross-national investigations that are often expensive as compared to within-nation studies. Attention should be given to development of young researchers who can establish long-term ties with a particular non-western culture where they become familiar with the language, beliefs, and values so

that they can cooperate effectively with people in that culture.

Primary health care is widely viewed as the most cost-effective approach to improving health in developing countries. It is central to HFA. Although the Alma-Ata definition of primary care is very broad, it includes these elements.. 1) Prenatal, obstetrical, and post-partum care. 2) Family planning services. 3) Immunization for childhood diseases. 4) Basic medicines such as oral rehydration. 5) First aid. 6) Health education on such matters as nutrition, oral rehydration, and sanitation.

It should include a mental health component, dealing with common disorders such as schizophrenia, depression, and epilepsy. Primary care involves community health workers supported by trained nurses and physicians. Such a group applies to mental health as well. Studies are needed of different ways in which the mental health component may be effectively integrated into whatever general health services are available.

A WHO group has recently reported on a collaborative study undertaken in seven developing countries to investigate the extent of mental health problems, community response to mental disorders, and the possibility of providing basic mental health care as part of primary health care. The areas selected had primary health care facilities but no mental health services. Some were rural, some semi-rural and some semi-urban, and their populations varied from 30,000 to 75,000. Baseline data were collected: (1) a community survey to assess perceptions and attitudes concerning mental disorders, and to find cases of serious mental disorder; (2) assessment of disability and family problems arising from mental disorders; (3) screening of adults and children attending primary health facilities to detect mental disorders; and (4) assessment of attitudes and knowledge of local health workers concerning mental health.

The key persons are the primary health workers. Whether such workers will be able to include mental health care will depend on answers to these questions: (1) Are mental health problems prevalent in the community and are their harmful consequences serious enough for local concern to be expressed? (2) Can methods of detection, diagnosis and treatment be made

feasible along with practical guidelines for promotion of mental health?

Although somewhat different priorities have been adopted in the different areas, reflecting varying prevalence rates and community reactions, all the research groups are including several fundamental problems: (1) Psychiatric emergencies. (2) Epilepsy: grand-mal. (3) Chronic psychosis. In recent years, there have been useful developments in the methods and materials used in the training of auxiliary health workers in mental health. These were utilized in training of community workers. So too was the WHO primary health worker guide, a chapter of which covers promotion of mental health, management of acute psychotic states, convulsive disorders, chronic psychosis and mental retardation.

The experience obtained in these seven developing countries has shown that existing health staff are capable of acquiring mental health skills and applying them to provide basic mental health care. The additional resources required for this purpose are modest. The testing of these accomplishments on a national scale is now appropriate. The results so far justify the collaborative research approach adopted for this study. Such information can make it possible for policy-makers and health professionals to provide simple, low-cost mental health care within the community. Effect of such care on health outcomes is encouraging and deserves further research.