

En introduksjon til psykisk helsetrategi

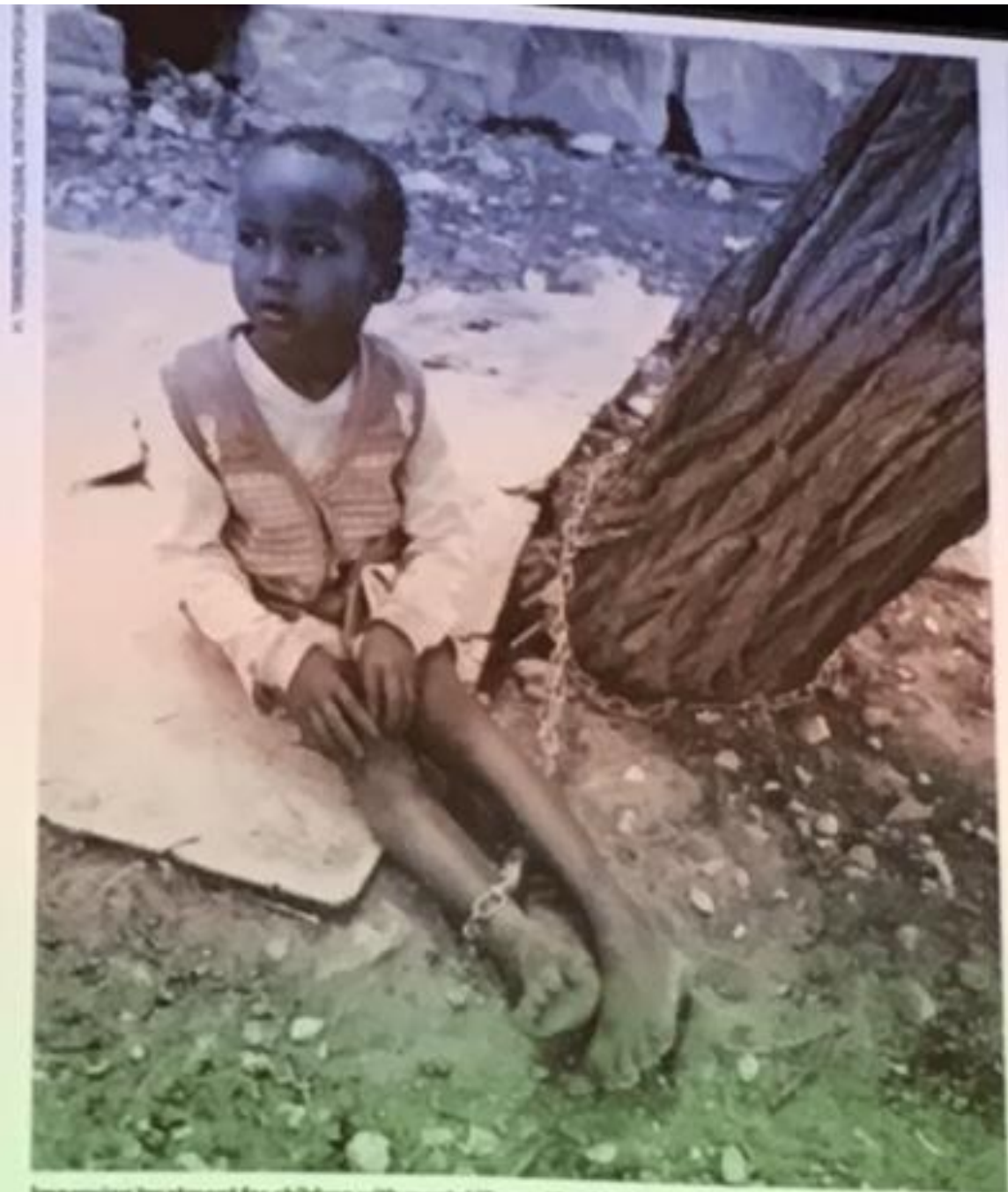
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Improving treatment for children with mental illness, like this girl in Somalia, is an urgent priority.

Grand challenges in global mental health

A consortium of researchers, advocates and clinicians announces here research priorities for improving the lives of people with mental illness around the world, and calls for urgent action and investment

Schizophrenia, depression, epilepsy, dementia, alcohol dependence and other mental, neurological and substance-use (MNS) disorders constitute 13% of the global burden of disease (Table 1), surpassing both cardiovascular disease and cancer¹. Depression is the third leading contributor to the global disease burden, and alcohol and illicit drug use account for more than 5% (ref. 2). Every seven seconds, someone develops dementia³, costing the world up to US\$609 billion in 2009 (ref. 4). By 2020, an estimated 1.5 million people will die each year by suicide, and between 15 and 30 million will make the attempt⁵.

The absence of cures, and the dearth of preventive interventions for MNS disorders, in part reflects a limited understanding of the brain and its molecular and cellular mechanisms. Where there are effective treatments, they are frequently not available to those in greatest need. In 83% of low-income countries, there are no anti-Parkinsonian treatments in primary care; in 25% there are no anti-epileptic drugs⁶. Unequal distribution of human resources — between and within countries — further weakens access: the World Health Organization's European region has 200 times as many psychiatrists as in Africa⁷. Across all countries, investment in fundamental research into preventing and treating MNS disorders is disproportionately low relative to the disease burden⁸.

To address this state of affairs, the Grand Challenges in Global Mental Health initiative has identified priorities for research in the next 10 years that will make an impact on the lives of people living with MNS disorders. The study was funded by the US National Institute of Mental Health (NIMH) in Bethesda, Maryland, supported by the Global Alliance for Chronic Diseases (GACD), headquartered in London. Answers to the questions posed will require a surge in discovery and delivery science. We use the term 'mental health' as a convenient label for MNS disorders. We exclude conditions with a vascular or infectious aetiology (such as stroke or cerebral malaria), because these fell within the scope of the two previous grand challenges initiatives — in global health and in chronic non-communicable diseases⁹.

This initiative differs from previous



MENTAL HEALTH AND DEVELOPMENT:

Targeting people with mental health conditions as a vulnerable group



10 December, 2018

- **Out of the shadows:**
<https://www.youtube.com/watch?v=THT43iz9E8Y>
- **Vikram Patel:**
<https://www.youtube.com/watch?v=yzm4gpAKrBk>



#mentalhealthnow

Making Mental Health a Global Development Priority

World Bank 14,993 views

👍 98

💬 3



Up next

Autoplay



Mental Health for All by Involving All | Vikram Patel | TED Talks

TED

2016 – WBG + WHO partnerskap

- Økt bevissthet og vilje til handling
- Verdier
- Partnerskap
- Rammeverk
- Utnytte ressurser
- Kunnskap
- Organization Assessment Instrument for Mental Health Systems (WHO-AIMS)



STRATEGI & PLAN - HVA OG HVORFOR?

“A mental health plan is a pre-formulated detailed scheme to implement the vision and objectives defined in the policy”

- Konkrete strategier og aktiviteter som skal gjennomføres
- Spesifisere målene myndighetene skal nå
- Tydeliggjøre rollene
- Koordinering av tjenester



Fire stolper eller mål

- Ledelse
- Psykisk helsetjenester og sosiale omsorgstjenester i lokalsamfunnet.
- Styrking og forebygging
- Informasjon, evidens og forskning





OVERVIEW OF THE 'STEPPED PROCESS FOR DEVELOPING A MENTAL HEALTH POLICY & PLAN

➡ DEVELOPING A MENTAL HEALTH POLICY: STEPS 1 to 7

- Step 1. Assess the population's needs
- Step 2. Gather evidence for effective strategies
- Step 3. Consultation and negotiation
- Step 4. Exchange with other countries
- Step 5. Set out the vision, values, principles and objectives of the policy
- Step 6. Determine areas for action
- Step 7. Identify the major roles and responsibilities of different sectors

➡ DEVELOPING A MENTAL HEALTH PLAN: STEPS 8 to 12

- Step 8. Determine the strategies and time frames
- Step 9. Set indicators and targets
- Step 10. Determine the major activities
- Step 11. Determine the costs, the available resources and the budget
- Step 12. Set up monitoring and evaluation processes

➡ IMPLEMENTING POLICY AND PLAN: STEPS 13 to 19

- Step 13. Disseminate the policy
- Step 14. Generate political support and funding
- Step 15. Develop supportive organization
- Step 16. Set up pilot projects in demonstration areas
- Step 17. Empower mental health providers
- Step 18. Reinforce intersectoral coordination
- Step 19. Promote interactions among stakeholders

Note: Steps are a guide only, to be adapted at country level.

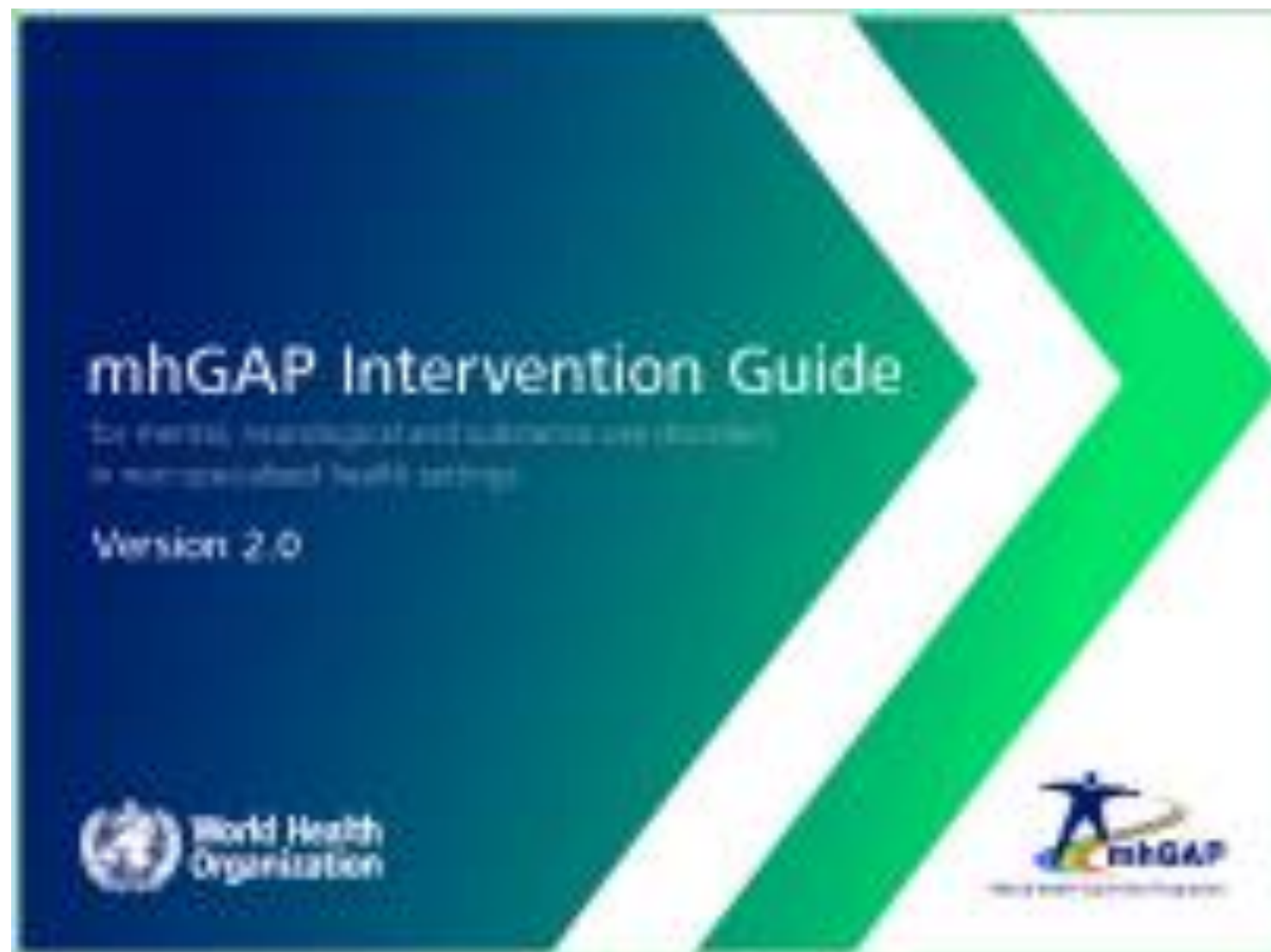
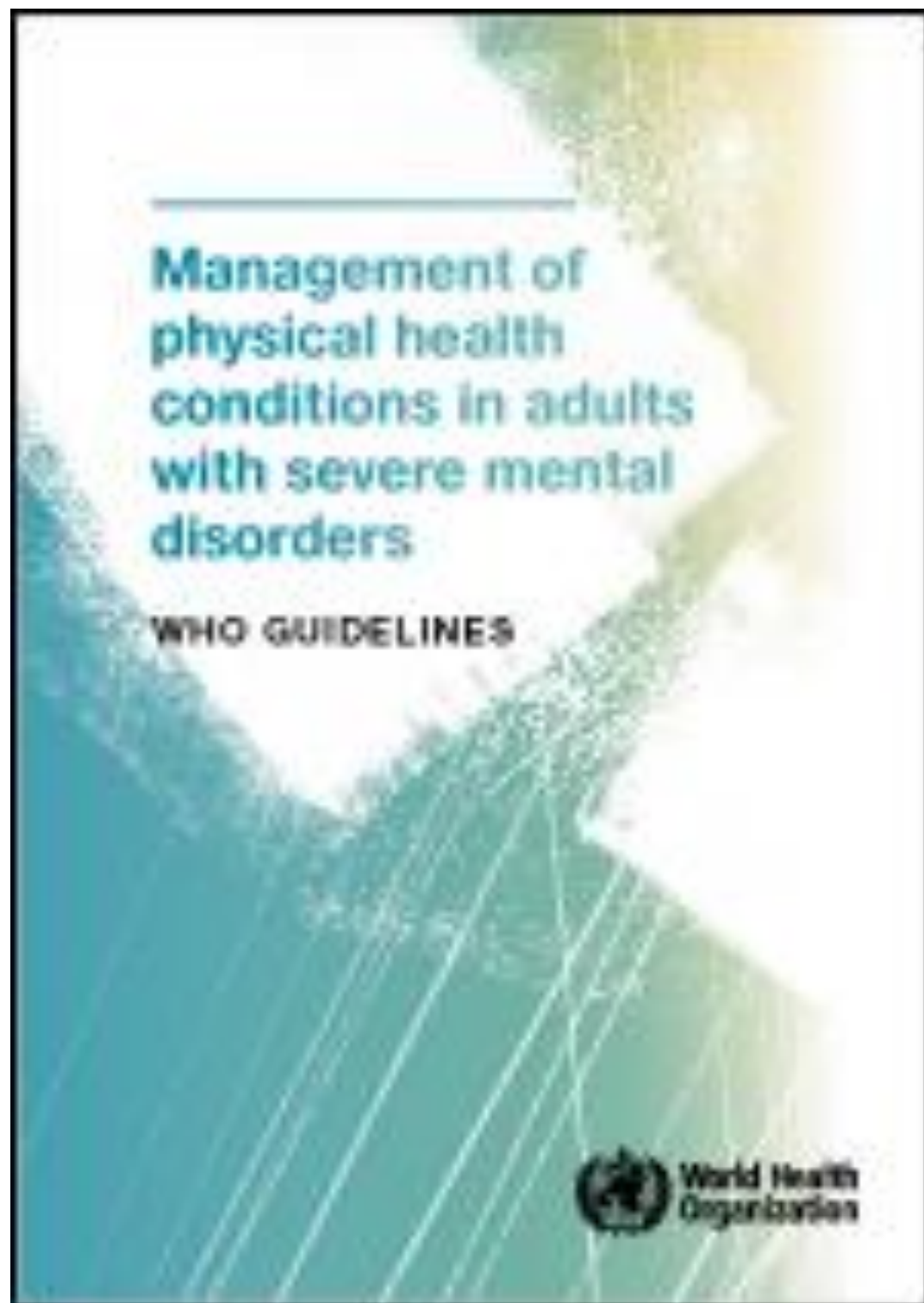
Source: *Monitoring and Evaluation of Mental Health Policies and Plans*. Geneva, World Health Organization, 2007 (Mental Health Policy and Service Guidance Package).

Ikke bare mer av det samme

(van Ommeren, 2016; Patel, 2014)

- **Nærhet og tilgjengelighet:** Primærhelsetjeneste med tjenester nær pasienten, bredere spekter av tiltak tilpasset konteksten
- **Nytenkning og innovasjon:** Hvem kan behandle?
- En behandling, færre sesjoner
- **Personlige og lokale ressurser**
- Redusere medisinfokus, spesialiserte institusjoner og fremmedgjørende språk
- Avprofesjonalisering og økt tilgang på tjenester.
- Medvandreromsorg, selvhjelp.
- Ledelse og styresett



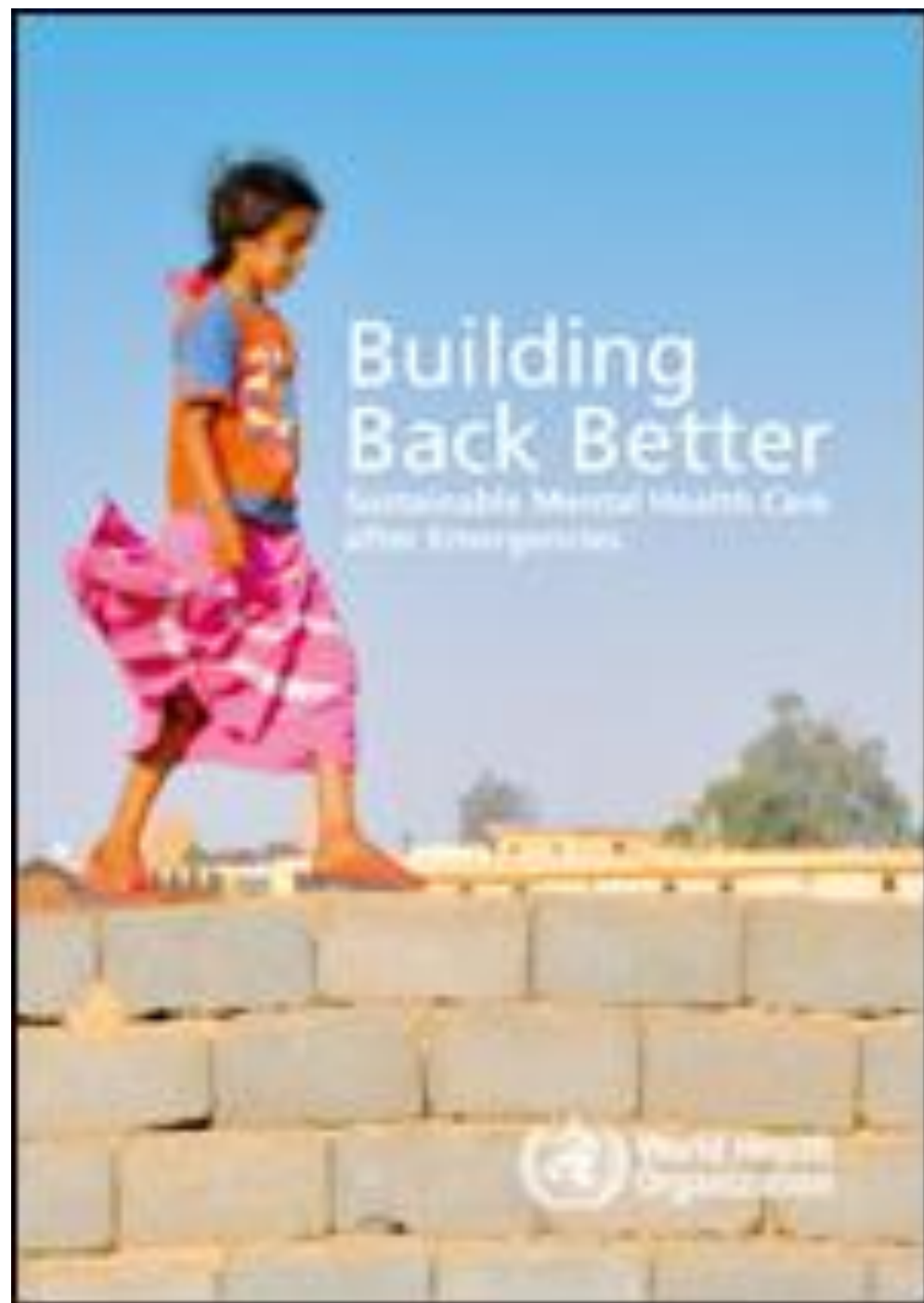


Preventing suicide

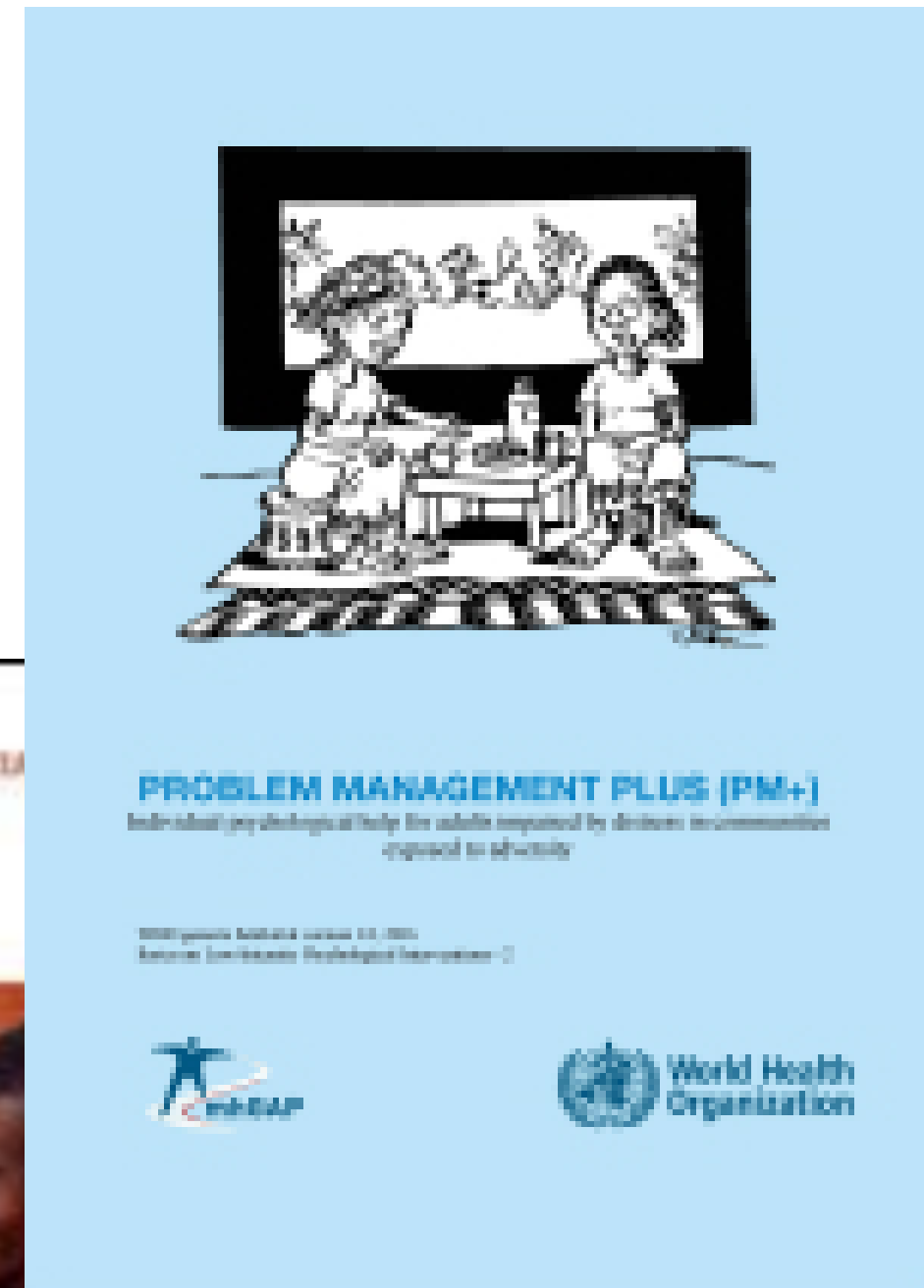
A community engagement toolkit

A row of six colorful icons: a person with a bar chart (red), a group of people (yellow), a hand pointing to a document (purple), a person with a speech bubble (blue), a group of people (light blue), and a group of people (green).

Psykisk helsehjelp i katastrofer



2.2018



IASC MHPSS frame

Eg clinical mental health care
(assessment and management of mental disorders)

Level 4:
Clinical services

Eg interventions for subset of people with identified emotional problems

Level 3: Focused
(targeted) psychosocial supports

Eg holistic psychosocial supports through child-friendly spaces

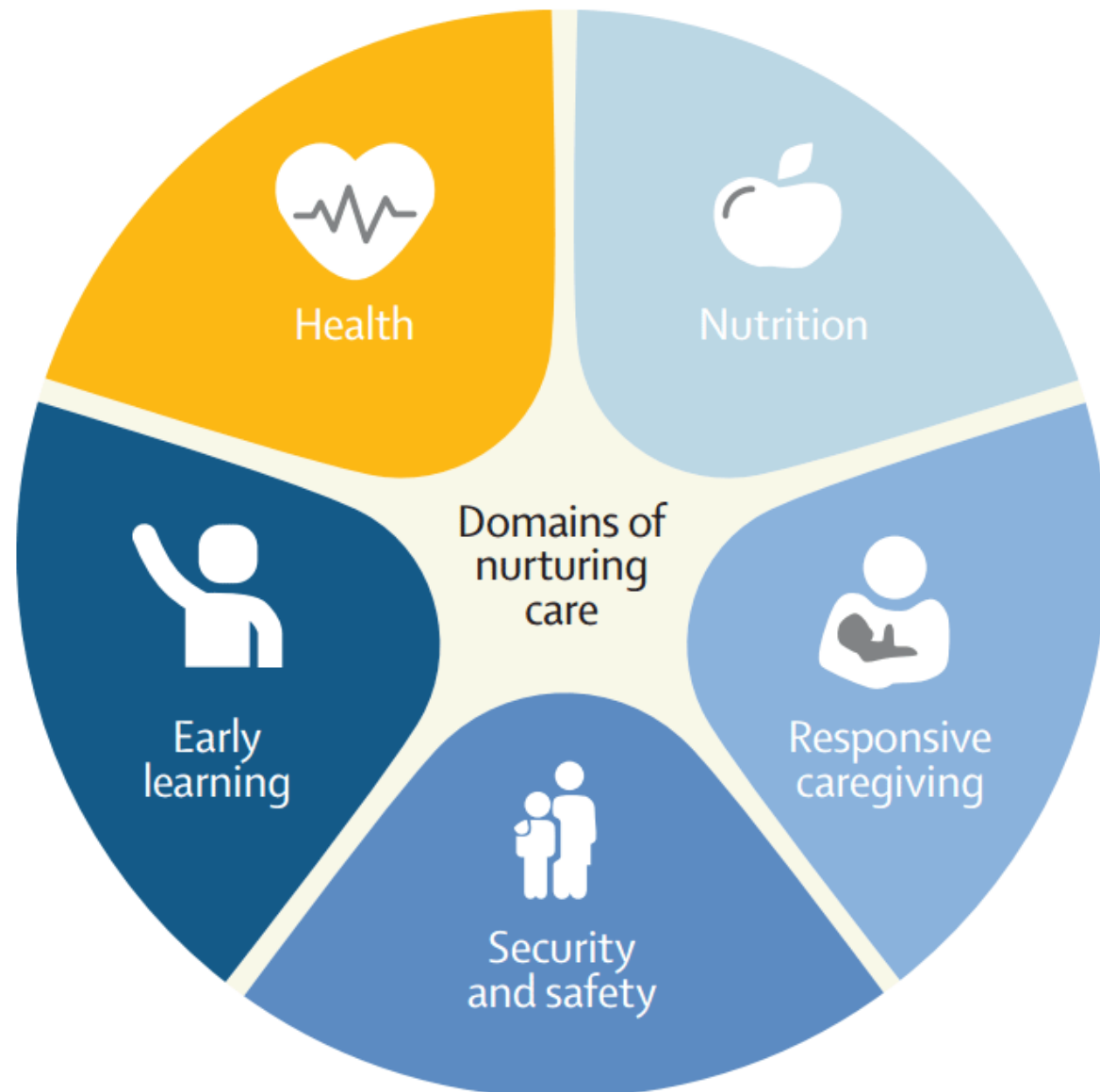
Level 2: Strengthening community and family supports
(universal approach)

Eg orientating aid and security workers on PFA.

Level 1: Social considerations in basic services and security

Intervention pyramid (Adapted from IASC 2007)

Nurturing care



"Young children's healthy development depends on nurturing care—care which ensures health, nutrition, responsive caregiving, safety and security, and early learning."

A stable environment that is sensitive to children's health and nutritional needs; with protection from threats; interactions that are responsive and emotionally supportive, and opportunities for play and exploring

Å styrke individers og samfunns evne til å tåle påkjenninger



Ressurser

- WBG/WHO “Out of the Shadows: Making Mental Health a Global Priority” event
WBG/IMF Spring Meetings, Washington, D.C. April 13-14, 2016
Mental health services in situations of conflict, fragility and violence: What to do?
Mental health among displaced people and refugees: making the case for action at the World Bank Group
Changing Directions Changing Lives: The Mental Health Strategy for Canada
Advancing the Mental Health Strategy for Canada: A Framework for Action (2017–2022)
Ethics, values and health systems
WHO Mental Health Action Plan 2013-2020
WBG Mental Health site
Mental Health Innovation Network
- http://www.who.int/mental_health/emergencies/
- Mental health policy, planning & service development
- Mental health, human rights & legislation: denied citizens: including the excluded