



EDITORIAL

Global mental health – problem and response

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According to the World Health Organization, 450 million people in the world currently suffer from some form of mental or brain disorder, including alcohol and substance misuse. Within this huge number, 121 million people suffer from depression, and more than 800 000 people die by suicide each year, with young people accounting for well over half of these. Projections from 1990 to 2020 suggest that, in future, the proportion of the global burden of all disease accounted for by mental and brain disorders will increase to 15%.

A significant number of mental health problems are related to the devastating effects of conflict, and the hope that the end of the Cold War would reduce the risk of actual war around the world has been cruelly shattered by the events of the past decade. Thus, in addition to the direct effects of extreme poverty in large parts of the world, there have been more than 50 million refugees and displaced people. Many have been subjected to extreme terror or have experienced sexual abuse, and all have lost, or have lost contact with, close relatives and friends. Such intense stress and trauma would threaten the mental health of the strongest and it is estimated that, among refugees and displaced people, 5 million are chronically mentally ill, whether because of illness before war or as a result of it. All would benefit from specialised care if it were available (World Health Organization, 2001; World Health Assembly, 2002).

The high health care costs and lost productivity associated with mental health problems have long been recognised and it is acknowledged that they can have a major effect on families, for example by creating or worsening poverty. Only rarely, however, are the results of such studies extrapolated to assess their impact on whole countries or, indeed, the world. In fact, there is compelling evidence that better health for the world's poor is not only an important goal in its own right, but can also act as a major catalyst for economic development and the reduction of poverty. To address the mental health needs

of such large populations requires political will, international cooperation and a definitive strategy. Psychiatry can, should and must play its part in all of these areas.

Of course, psychiatry on its own cannot rectify adverse social conditions or solve the problems of mental illness worldwide, but, despite the enormity of the task, it should be acknowledged that psychiatry can play a major role in tackling it, in partnership with other disciplines and agencies. For example, psychiatrists with their background in basic biological sciences and with knowledge and experience in clinical medicine not only treat individual patients but also contribute to the de-stigmatisation of mental illness in society. Impressive developments recently in neurosciences, genetics and psychopharmacology, as well as new technologies, give hope that sound research will form the basis for new evidence-based treatments. Simultaneously, the importance of social and community care in the treatment of mental illness is increasingly being recognised.

The pace of these developments at times seems overwhelming and reaping their benefits will demand far broader training for psychiatrists and other mental health professionals than formerly, encompassing not only the traditional biological, social and psychological fields but also including public education and the social, economic and political elements of both mental illness and mental health promotion. In this context, the strong focus of the Royal College of Psychiatrists on educational activities is particularly relevant.

In addition, there is a new commitment within the College to rediscover its academic purpose and social significance, and a readiness to express this in terms of new relationships with other institutions. The College has members in many countries and, partly as a result of their efforts, the basic elements of a global response to mental health problems have begun to take shape. Simultaneously, there has been extensive reorganisation and change in the structure of the health service both in the UK and in many other countries, and this has inevitably affected the training of health care professionals. All of these factors make it

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necessary for the College to adapt so that it can be responsive to the global challenges related to mental health. It is acknowledged that the College needs to look outwards more than it has done in the past, scanning new horizons and forming new partnerships so that it can play an active role in international psychiatry for the benefit of all those suffering from mental ill health. The inauguration of the Pan-African Overseas Group of the College in Edinburgh and of the South Asian Overseas Group in Sri Lanka is evidence of the College's determination to take action to meet these needs.

The recent meeting of the European Region of the World Psychiatric Association in Vienna was very successful, and the willingness of all of the participating psychiatric

associations and societies to work together was encouraging. The Royal College welcomes initiatives of this type and is ready to play a full part to ensure their success. It is hoped that such collaboration will lead to improved training to agreed standards so that people with mental illness, wherever they are in the world, can be sure of receiving high-quality care and advocacy for their rights.

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THEMATIC PAPERS – TRAUMA AND THE MENTAL HEALTH OF CHILDREN

Introduction

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Trauma can have both acute and insidious effects upon children's mental health. We present four articles, each of which offers a new perspective on this important topic. As Daniel Pine points out, in the first paper, as many as one in five children in the developed world can expect to experience a truly traumatic event, while half those in developing countries may do so. Such experiences can be either personal – such as emotional or sexual abuse – or impersonal – being shot or blown up in a conflict of which one understands little, except the misery it brings. How do children cope? We know that there are at least two important influences that moderate the impact of trauma on the developing child: the persistence and severity of the experience, and the degree of social support available. Beyond these broad generalisations, little is understood about what should be done or what could be done to minimise the long-term consequences of growing up in an environment characterised by cruelty, exploitation and death.

One of the most highly publicised conflicts involving children is that between the Palestinians and the Israelis, which has now gone on for so long that two generations have had to live with its consequences. Panos Vostanis has studied the impact of living with conflict in the refugee camps of the Gaza Strip. Remarkably, he discovered that acute post-traumatic stress had a tendency to ameliorate

within a matter of months, despite the dire social circumstances of that refugee population. It is just as well that such reactions have a natural history of their own, for preliminary findings suggested a lack of benefit from formal psychotherapeutic intervention.

There are, of course, two sides to this conflict and Sam Tyano considers the plight of children in Jerusalem and their own responses. Many had first-hand experience of its effects, or of its impact upon their relatives; in fact, exposure rates to life-threatening events were amazingly high for both Palestinian and Israeli children. Post-traumatic stress disorders were disturbingly common, even among children who did not live in war zones.

Finally, Luke Dowdney considers the relatively unrecognised problem of children caught up as recruits to organised armed violence. There are many countries in which the pliability of children in early adolescence makes them attractive conscripts to those who seek to dominate communities by force, whether in warfare or – as in this example – in countries ostensibly at peace. He considers the specific case of Rio de Janeiro, a beautiful city surrounded by *favelas* in which drug factions control thousands of heavily armed child *soldados*. While subject to military discipline, such children represent cheap and expendable labour. The prospects for rehabilitating such children into society are daunting in the extreme, and the role to be played by psychiatrists in that process is a challenge yet to be met.