

## **Total Health for All in the 21<sup>st</sup> Century**

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The World Health Organization (WHO) defines health as, “ a complete state of physical, mental, and social well-being; not merely the absence of disease or infirmity.” Mental health is, therefore fundamental to overall health and wellbeing. There cannot be health without mental health.

The United Nations General Assembly on Non-Communicable Diseases (Autumn 2011) raised the expectation that health had reached, at long last, one of the highest levels of policy decision-making, only to disappoint by omitting mental health from that ambitious agenda. This exclusion was incredible – mental disorders are among the most prevalent non-communicable diseases, affecting more than 500 million people worldwide; with a global burden of disease of approximately 14% and a global burden of disability of 30-45%. Non-communicable diseases, in aggregate, represent the highest burden of disease, and strain health systems and countries’ economies.

A robust advocacy campaign for the inclusion of mental disorders on a par with other non-communicable diseases, involving print and electronic media as well as direct appeals to the Executive Committee and General Assembly of WHO, resulted in the WHO General Assembly Resolution (May 2012) inclusion of mental disorders along with other non-communicable diseases and a recommendation for a global mental health action plan. That plan became a reality in 2013, when WHO launched the WHO Global Mental Health Action Plan 2013-2020, including the collaboration and integration of mental health and primary care.

Mental disorders are diagnosable and treatable. We have the ability to return people to productive lives and positive relationships in the majority of cases. The main barriers to successful treatment – lack of access to care, stigma, and discrimination – prevent individuals in all countries from seeking treatment on a timely basis, particularly in low- and middle- income countries.

Mental illnesses co-occur with other non-communicable diseases, such as diabetes and cardio-vascular disorders. Ideally, the treatment of comorbid conditions should be well-coordinated and integrated. Existing health systems’ fragmentation, along with lack of integration, make current health systems unsustainable. Enhancing primary and secondary prevention (including access to care and care integration) must be one of the highest priorities for 21<sup>st</sup> Century health systems. This priority is essential for diminishing the global burdens of disease and disability and their economic consequences for all nations.

The response to these challenges must begin with a paradigm shift in 21<sup>st</sup> Century health systems – from 19<sup>th</sup>/20<sup>th</sup> Century hospital/specialty based models to collaborative/integrative team models, across disciplines, working together, well-connected through information and communication technology, and in a shared location. Primary care, mental health, and public health integration represents another dimension of the paradigm shift that will enhance access, quality, and affordability, and reduce stigma and discrimination.

*Achieving total health for all in the 21<sup>st</sup> Century* requires adopting this paradigm shift with these key components:

- Education for health and wellbeing and the integration of health, nutrition, and fitness across generations and systems (families, educational systems, workplaces, and health systems);
- Integrative collaborative care based on primary care, mental health, and public health as a necessary prerequisite;
- A public health, primary prevention, health, and well-being strategy, focusing on health promotion, health protection, and illness prevention across the lifecycle, with a robust beginning in the perinatal phase of life; and
- A global policy of parity, non-discrimination, and dignity for all.

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