course had been set, and the belated positions for mental health were hard to incorporate. Even at the WHO, where mental health is recognised as a global priority, administrators adopted a position where they acknowledged mental health but did not incorporate it fully because of the cost implications and in case the delicate balance in a series of compromises was undermined.

However, in the build-up to that UN High-Level Meeting, a foundation for future activities was laid. Under the auspices of the World Federation for Mental Health (WFMH), numerous mental health and health advocacy groups came together to present the case for mental health from a civil society perspective. The health ministers (or equivalents) of several countries – India, the USA, Uganda, South Africa, Canada, Brazil, Guyana, Liberia, to name a few – were proactive. A meeting convened by mental health advocates with several health ministers in New York on the eve of the High-Level Meeting developed positions and recommended next steps (Ganju, 2011b). These activities led to a draft resolution on mental health moved jointly by India, Switzerland and the USA for consideration by the WHO executive board meeting in January 2012. This resolution was passed and has tremendous implications for what needs to occur next, in fairly short order.

A major recommendation in the resolution is a request to the WHO Director-General 'to strengthen advocacy, and develop a comprehensive mental health action plan with measurable outcomes … to provide treatment, facilitate recovery and prevent mental disorders, promote mental health and empower persons with mental disorders to live a full and productive life in the community'. Several provisions are also outlined for inclusion in the action plan, which will be submitted in 2013, through the WHO executive board, for consideration by the 66th World Health Assembly.

This resolution provides impetus and direction. Some activities that need to occur in the near future include: convening representatives of mental health stakeholder groups to formulate consensus positions; developing partnerships and alliances with other NCD groups to explore how mental health and the NCD agenda can be aligned; and using existing consumer and family groups to ensure that their voice is an integral part of planning at both national and international levels. The development of a People's Charter for Mental Health (Bass *et al*, 2012) is a critical component, but this must be put in the context of a 'top-down, bottom-up' partnership between policy-makers and advocates, and lateral, horizontal alliances across both mental health and NCD stakeholder groups.

We are potentially at the cusp of a new era in mental health. We must work together to ensure that we take advantage of the opportunities that exist to make mental health truly a global priority.

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THEMATIC PAPERS

Mental health and the World Health Organization: translating strategy into practice

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We asked the programme managers for mental health at the World Health Organization's Regional Offices for Europe, the Eastern Mediterranean and South-East Asia to provide an account of developments in the provision of mental health services within their regions.

We are very fortunate that these busy and influential individuals were able to set aside the time to prepare articles that shed a fascinating light on strategic thinking within the World Health Organization.

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In Europe, Dr Muijen emphasises the importance of the movement that aims to encourage the establishment of community-based mental health services. Even in Europe, there is a serious treatment gap – estimated to be up to 50% (i.e. only half of those requiring mental health support are getting it). The UK is an example of a country that has relatively few in-patient services, and in fact is on a par with Albania and Turkey, but, unlike those countries, the UK has invested heavily in community mental health. There are exemplars of good practice in Eastern as well as in Western Europe, but they are few in number. The establishment of good quality community services is challenging at many different levels and cannot be achieved by centralised planning alone. Dr Muijen pleads for better training in managing service development for psychiatrists in general.

In the Eastern Mediterranean, Drs Saeed and Gater discuss how their Regional Office has recently devised a plan to promote mental health provision in the 23 countries incorporated into this authority. As in so many other parts of the world, despite there being a tremendous burden on mental health services arising from regional conflicts, economic challenges and immigration, the investment by governments in mental healthcare amounts to no more than 5% of that recommended globally. These authors propose a six-point strategic plan, based on the development of community psychiatry provision, which could be implemented on a limited budget within the next 5 years. The strategy emphasises decentralised community services in the context of forward-thinking national policies, with a research infrastructure that will allow full evaluation of implementation and progress.

Finally, in South-East Asia Dr Anwar and colleagues discuss the changes in their region in the context of gross underfunding and a paucity of psychiatrists (just a sixth of the median number per head of population in global terms). In order to tackle this shortfall, which is not going to be correctable in the foreseeable future, the South-East Asia Regional Office has decided to train community-based health workers to recognise serious mental and neurological disorders; treatment will then be provided by a primary care physician. Their emphasis in the first phase of this plan will be upon epilepsy, psychosis and depression. A number of pilot projects have already been established.

THEMATIC PAPER

Scaling up in Europe: learning from diversity

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Over the past decade, attention has increasingly focused on the need to increase the capacity of mental health services. *The World Health Report 2001 – Mental Health: New Understanding, New Hope* (World Health Organization, 2001) set the agenda, advocating the development of community-based mental health services. The case for scaling up, inspired by the World Health Organization's vision of 'no health without mental health', was powerfully argued first in the *Lancet* series in 2007 (Prince *et al*, 2007) and again in the *Lancet* in 2011 (Eaton *et al*, 2011). The forthcoming Global Mental Health Action Plan, requested in a resolution by member states of the World Health Organization at the 2012 World Health Assembly, is a great opportunity to formulate objectives and targets for countries, and to analyse experiences from around the world. The forthcoming European Action Plan builds on this, customising actions for European countries.

The case for scaling up has been persuasively and consistently made by these and many other papers. On the one hand, the need for care is great, as demonstrated by annual prevalence rates estimated to be high as 38% (Wittchen *et al*, 2011) and a contribution of mental disorders to the global burden of disease of 13%. On the other, a treatment gap has been reported of about 80%.

Service capacity cannot cope with need. The world's median number of mental health beds is 7 per 100 000 and of psychiatrists it is 1.3 per 100 000 (World Health Organization, 2012). However, reliance on global medians risks overlooking diversity. In Europe, the median bed number in mental hospitals is 39 per 100 000, and the median number of psychiatrists is 8.6, rather contrasting with the medians of 1.7 beds and 0.05 psychiatrists reported in Africa. In Europe, median average expenditure on psychotropic medication per 100 000 population is US$2.6 million, in Africa US$2300, more than 1000-fold less. Obviously, such differences are a reflection of budgets. In Europe, 5% of the relatively high health budgets are allocated to mental health, in Africa 0.6% of the much lower health budgets. However, even in Europe the treatment gap is still between 35% and 50% (Kohn *et al*, 2004).

The relatively high resource level in Europe has enabled the development of comprehensive mental health services in many countries, but

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