

THE WHO WORLD MENTAL HEALTH SURVEY: GLOBAL PERSPECTIVES ON THE EPIDEMIOLOGY OF MENTAL DISORDERS

The effect of mental illness on a global level is profound, with an impact on communities worldwide from a social, cultural, and economic perspective. Although most psychiatry and psychology texts provide some statistical analyses of mental health disorders and their treatment, the epidemiology of mental illness is still poorly understood. This book reports results from the World Health Organization (WHO) World Mental Health (WMH) Survey Initiative, the largest coordinated series of cross-national psychiatric epidemiological surveys ever undertaken. Results from discrete surveys of seventeen different countries on four continents are reported here for comparison and cross-referencing. Many of the countries included in the WMH surveys had never before collected data on the prevalence or correlates of mental disorders in their country, and others had information on mental disorders only from small regional studies prior to the WMH survey. These surveys provide valuable information for physicians and health policy planners and provide greater clarity on the global impact of mental illness and its undertreatment.

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The WHO World Mental Health Survey: Global Perspectives on the Epidemiology of Mental Disorders

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Acknowledgments

The World Health Organization (WHO) World Mental Health (WMH) Survey Initiative had its beginnings in the late 1990s in the work of an earlier WHO research consortium (Kessler 1999). That earlier consortium was created to facilitate cross-national comparisons of the results obtained in community epidemiological surveys in which the WHO Composite International Diagnostic Interview (CIDI) (Robins et al. 1988) was used to estimate the prevalence and correlates of ICD-10 and DSM-III-R disorders. The members of that earlier consortium were frustrated by the lack of consistency in the measurement of the many nondiagnostic variables in early CIDI surveys that are of interest to researchers who carry out surveys of this type, such as measures of risk factors, social consequences, and treatment. As new researchers began contacting the consortium for advice in planning future CIDI surveys, we saw the opportunity to correct the problem of incomparability by bringing together these new researchers in order to coordinate the measurement of nondiagnostic variables in future CIDI surveys. Our hope at that time was that we might be able to coordinate such surveys from a half-dozen countries for purposes of rigorous cross-national comparison. We never anticipated that the new consortium would end up including the current complement of interviews with nearly 200,000 respondents in close to 30 countries, nor that our efforts to include nondiagnostic measures would result in the complete revision of the CIDI that has subsequently occurred (Kessler & Üstün, 2004).

This first volume in the series of volumes that will report key WMH results presents an overview of the Initiative and descriptive data on patterns and correlates of prevalence and treatment in the first 17 countries that completed their WMH surveys. Future volumes will investigate more targeted issues and will expand the number of countries included as the data from these countries come on line. The results in the current volume will be updated for new WMH countries as the data from these countries become available. Our web site (www.hcp.med. harvard.edu/wmh) will provide details on access to these new results. The web site also lists the many journal articles and reports prepared by WMH collaborators to present country-specific, regional, and worldwide WMH results in a wide variety of topic areas. These postings are updated on an ongoing basis to provide current information on all available WMH reports.

We want to thank many people for making the WMH Survey Initiative possible. To begin at the beginning, we thank Darrel Regier for his vision and Lee Robins for her implementation in creating the first fully structured research diagnostic interview capable of being used by trained lay interviewers to make accurate diagnoses of mental disorders in general population samples. The instrument they developed, the Diagnostic Interview Schedule (DIS) (Robins et al. 1981), was used in the landmark Epidemiologic Catchment Area (ECA) surveys in the United States. The widespread dissemination of ECA results (Robins & Regier 1991) led to a new generation of psychiatric epidemiological studies being carried out in many countries around the world (Cross-National Collaborative Group 1992; Weissman et al. 1993; Weissman et al. 1994) and these, in turn, led to the development of the CIDI.

The Institute for Social Research (ISR) at the University of Michigan helped us early in the development of WMH in supporting and hosting several collaborator meetings. Steve Heeringa and Beth-Ellen Pennell from ISR, in addition, have been key collaborators from the beginning



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of WMH as Co-Directors of the WMH Data Collection Coordinating Centre. Pennell spent a year in Geneva at WHO to help jump-start the training and quality control monitoring phases of the centralized data collection process. She and Heeringa and their staff have subsequently been the driving force behind the WMH data collection effort. We cannot thank them enough for their past and continued collaboration.

Norman Sartorius, the Director of the Department of Mental Health at WHO at the time the CIDI was developed, worked with Drs. Robins and Regier to expand the DIS to include ICD-10 criteria and in this way created the first version of the CIDI. Dr. Sartorius also worked to promote use of the CIDI once it became available, leading to the creation of the first WHO CIDI Consortium and indirectly to the WMH Survey Initiative. All WMH collaborators are very grateful to him, as we are to Drs. Robins and Regier, for their vision and their foundational work. Later Directors of the Department of Mental Health at WHO, including Jorge Alberto Costa e Silva and Benedetto Saraceno, along with WHO Executive Directors Tim Evans, Julio Frenk, Chris Murray, and Yasuhiro Suzuki, also supported our work in carrying out systematic cross-national comparative studies. Their help is gratefully acknowledged.

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An important development in the early days of the WMH Survey Initiative was the simultaneous funding of surveys in six Western European countries in a public-private collaboration between the European Commission and Smith-KlineBeecham, with subsequent continued support of this project by GlaxoSmithKline. We were fortunate to have very helpful and enthusiastic project officers, Marc Ratcliffe and Bruce Wang, who helped launch this project under the leadership of Jordi Alonso, providing us with a critical mass that sustained us during the early years of WMH. We thank them for this vital support.

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