

The World Bank *World Development Report 1993: Investing in Health*
Reveals the burden of common mental disorders, but ignores its implications

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The annual *World Development Report* which the World Bank produces has for the first time focused upon health issues. Central to its 1993 report *Investing in Health* was an analysis of the "global burden of disease", addressing both mortality and morbidity. Previous attempts to prioritise health problems on a worldwide scale have focused on mortality, so common mental disorders have not appeared to be significant. The method of measuring the burden of disease described here has highlighted neuropsychiatric disorders, particularly depression, which accounts for around 30% of neuropsychiatric disorders. Neuropsychiatric diseases account for 5.7% of the total burden of disease for women in the developing world, and rank fifth in this respect. In the rest of the world, they account for 13.3% of the total burden of disease for women, and rank third. Prioritising health interventions is crucial given the scarce resources available. Sufficient evidence now exists to warrant greater emphasis on common mental disorders.

Basic themes

Each year the World Bank's influential *World Development Report* (WDR) takes a particular theme pertinent to development issues. Many people know of the report through its *World Development Indicators* annex, which provides up-to-date information on, for example, gross domestic product, infant mortality rates, balance of payments, and so on, for low and middle income countries.

The *World Development Report 1993: Investing in Health* (World Bank, 1993) has received considerable attention from health professionals. The main points that have been extracted from the report are:

- (a) an emphasis on the economic aspects of health
- (b) the suggestion to look beyond the health sector for the answers to many of the problems of disease

- (c) the promotion of disability-adjusted life years and the 'global burden of disease' (GBD) as a means for quantifying the impact different diseases have on different age groups in different countries
- (d) the identification of certain challenges for the future: HIV, malaria, child mortality, fertility rates, and ageing populations
- (e) the recommendation to create a cost-effective national public health package and a national clinical services package.

How mental health fits in

Since mental health in general, and the common mental disorders of depression and anxiety in particular, are considered by many to be of a low priority, it was not expected that common mental disorders would receive a high profile in this report. A thorough search through the report reveals little direct mention of the common mental disorders in the text. However, their importance in terms of the burden of disease they cause is made plain in the tables contained within the appendices, and is commented on in the follow-up papers (Murray, 1994; Murray & Lopez, 1994; Murray *et al*, 1994).

There are several reasons why depression and anxiety have not been given priority in the text of the report. One is the general stigma associated with mental problems, particularly in the developing world where there are superstitions associated with mental problems.

Unfortunately there has been a lack of research into the economics of psychiatry. Until there is sufficient information on what cost-effective interventions are available for the improved detection and treatment of common mental problems, it is hard to envisage a time when they will be given priority in national health services. Mental disorders require the knowledge and skills of a variety of professionals, including psychiatrists, social workers, health workers, anthropologists and epidemiologists. The multidisciplinary nature of mental health creates a field that is both interesting and full of debate, but hard to coordinate.

