

ELIZABETH KUIPERS**TITLE: TALKING ABOUT PSYCHOSIS**

Psychosis has often been feared and stigmatised by society. Traditional views of key symptoms such as delusions and hallucinations saw them as categorically different from normal experiences and therefore unamenable to psychological interventions. More recently, work on normal cognitive processing has provided evidence for a dimensional view of such experiences. There is considerable overlap between normal and clinical populations e.g. both may hold beliefs without evidence, show confirmatory biases and have a range of responses to unusual experiences. This thinking has led to increased understanding and also to the application of cognitive behaviour interventions found useful in other distressing conditions such as depression and anxiety. A series of increasingly rigorous clinical trials are beginning to provide evidence that cognitive behaviour therapy for psychosis is a useful intervention, together with medication, as it can improve both symptomatology and distress. Together with the well established evidence for the effectiveness of family intervention with psychosis, it is clear that psychological approaches are both feasible and effective even for the more difficult problems that can occur in these conditions.

HARVEY WHITEFORD**TITLE: INTERNATIONAL MENTAL HEALTH DEVELOPMENTS: A PERSPECTIVE FROM THE WORLD BANK**

The World Bank has become increasingly involved in health sector funding in order to promote the human productivity necessary for economic growth. In 1998 it loaned almost US\$2 billion for health, nutrition and population projects. By comparison, WHO grants are around US\$900m a year. The size of this lending program makes the Bank the single largest source of external finance for health in developing countries and this strongly influences the international health policy agenda.

The publication of the World Bank's World Development Report in 1993: Investing in Health, focussed attention on the burden of disease able to be identified using a standardised comparison of both mortality and morbidity, the disability adjusted life year (DALY). Subsequent reports, especially the 1996 Global Burden of Disease report emphasised the significant burden associated with mental disorders. Five of the ten leading causes of disability worldwide are mental disorders, accounting for a quarter of total disability and 10% of total burden. The burden is estimated to rise to 15% by the year 2020 and the rise will be particularly sharp in developing countries.

The bank's financial commitment to improving human and social capital is being shaped by a Comprehensive Development Framework proposed by its President, James Wolfensohn. This is being operationalised by a sector wide approach to service development having regard to the social, economic and political context of its client countries. This paper will outline how the bank is moving to incorporate mental health into its development framework and the important role of consumer and carer groups, professional and non-government organisations in the development of human and social capital, which are the cornerstone of a country's economic strength.

GAVIN MOONEY**TITLE: YOUNG MEN DREAM DREAMS....OLD MEN SEE VISIONS, BUT WHO IS TO DEAL WITH THE REALITIES OF PRIORITY SETTING IN MENTAL HEALTH SERVICES?**

From an economic perspective and a community perspective strategies for mental health services ought to be driven by two considerations: efficiency and equity. These concepts will be discussed and exemplified in practice. Particular attention will be given to what 'benefit' might mean when efficiency is couched in terms of 'maximising social benefits with the resources available'. Further, the need to move equity beyond some motherhood statement and put policy flesh on conceptual bones will be debated. In particular, 'vertical equity' for people with mental illness will be championed – the equitable but unequal treatment of unequals. Total needs assessment, burden of illness, program budgeting and marginal analysis, and other approaches to priority setting will be reviewed. The need to establish 'principles' or social rules for decision making in any formulation of a mental health strategy will be emphasised. Issues of to whom we should turn to set these principles and who has the responsibility to ensure that principles are set will be outlined.

An attempt will be made to indicate how best (i) to establish principles for resource allocation (ii) to prioritise for the sake of efficient resource use and (iii) to incorporate concerns for equity into any strategy for mental health services. Each of these will emphasise the role of the community, distinguishing between the community of citizens and the community of consumers.

There are two key realities in mental health (and all other health) services: (i) there will never be 'enough' resources for all we would like to do and (ii) there is a duty to do the best we can with these resources. But what is best, and who is to define it?