

## No health without brain health

The human brain is perhaps the most complex, fascinating, and poorly understood biological entity in the known universe. It has been referred to as the body's command centre, influencing every aspect of human existence from respiration to religious belief. Neuroscientists have, for some time, recognised that integration of the many scattered regional and subspecialty initiatives to advance brain research will be necessary to have a real impact in advancing our understanding at a molecular level. The International Brain Initiative, launched in 2017, aims to “catalyze and advance neuroscience through international collaboration and knowledge sharing... [and] unite diverse ambitions”. Finally, the global health community is picking up the baton and recognising the potential returns achievable from adopting an interdisciplinary, intersectoral vision of brain health.

What is brain health? In its 2022 position paper, WHO acknowledged that it is an “evolving concept” but volunteered a definition of its own: “the state of brain functioning across cognitive, sensory, social-emotional, behavioural and motor domains, allowing a person to realize their full potential over the life course, irrespective of the presence or absence of disorders”. In terms of what might constitute such a brain disorder, WHO's focus on how a combination of genetics, environment, and circumstances affect brain structure led it to a definition that only encompasses CNS disorders. These would include common neurological conditions such as stroke, dementia, and epilepsy; injuries; tumours; infection-associated neurological conditions; neurodevelopmental disorders; and congenital conditions. WHO's definition therefore excludes peripheral nervous system disorders and, somewhat perplexingly, mental health conditions, although WHO recognises that brain health is an important determinant of mental health.

In an Editorial marking the release of WHO's position paper, the editors of *The Lancet Neurology* recognised the challenge of operationalising a definition that is simultaneously broad and yet exclusive of a major group of conditions. We might go further and say that it is a missed opportunity to bring the neurology and psychiatry communities together to address some of the most under-resourced areas of health, particularly in low-income and middle-income countries (LMICs).

The burden of both mental illnesses and neurological disorders in LMICs is high and disproportionate to the available resources for prevention and treatment, including human resources. In the WHO Africa region, for example, there were only 1.6 mental health workers per 100 000 population in 2020, compared with 44.8 per 100 000 in Europe. Similarly, there were only 0.1 neurologists and neurosurgeons per 100 000 population in Africa versus 9.0 per 100 000 in Europe. Lack of awareness (on the part of both the general population and health practitioners) and stigma are also a concern for both groups of disorders.

One approach to addressing the low density and awareness of health workers (which should be a stop-gap rather than a substitute for increasing health workforce numbers), is to integrate screening and treatment into existing services. How to implement this in practice has been more difficult to establish. In a randomised trial published this month, Brian Pence and colleagues show that, in NCD clinics providing care for hypertension and diabetes in Malawi, delivery of an evidence-based intervention for depression by an internal champion (usually the NCD clinic organiser) combined with external supervision, audit, and feedback was successful in increasing treatment follow-up and depression remission.

Scaling up such integrative approaches, by leveraging strategic entry points and building multistakeholder partnerships, is one of six strategic drivers of global brain health initiatives laid out by the authors of a Health Policy paper also in this issue. The other drivers are the promotion of brain health literacy among communities, intersectoral governance, identifying national priorities, lived-experience-informed policy making, and advocating to embed brain health into broader policy agendas.

We welcome this person-centred, lifecourse approach to brain health optimisation, which chimes with that of other successful approaches—such as the non-communicable disease movement—that identify interconnected determinants and draw in sectors beyond health such as education and finance. In this spirit, we encourage the neurology and mental health communities (preferably in collaboration) to join us in sharing their work with the wider global health community. ■ *The Lancet Global Health*

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For the **International Brain Initiative** see <https://www.internationalbraininitiative.org/about-us>

For the **WHO position paper Optimizing brain health across the life course** see <https://www.who.int/publications/i/item/9789240054561>

For the **Editorial in *The Lancet Neurology*** see *Lancet Neurol* 2022; **21**: 857

For **data on the density of mental health workers** see <https://www.who.int/publications/i/item/9789240036703>

For **data on the density of neurologists and neurosurgeons** see <https://www.who.int/publications/i/item/atlas-country-resources-for-neurological-disorders>

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