10 THINGS TO KNOW ABOUT MENTAL HEALTH
Mental disorders affect one in four of us over a lifetime. It’s a huge cost to our health care systems and to the global economy, and it affects some of the world’s most vulnerable people.

Yet it is severely underfunded, leaving millions of people without treatment.

In 2015, the world took a huge step forward by including mental health in the new global development agenda, the Sustainable Development Goals (SDGs). But what is next for mental health? And who will pay for it?

With 194 countries signed up to the World Health Organization’s Mental Health Action Plan 2013-2020 and mental health targets in the SDGs, now is the time to act.

Those living with mental health disorders are often the most vulnerable groups in society and if we are truly to ‘leave no one behind’, as the SDGs seek to do, mental health must be prioritised in health policies and budgets.

Mental health in the SDGs:

Goal 3, target 4
By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.

Goal 3, target 5
Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Goal 3, target 8
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
IT’S IN THE SUSTAINABLE DEVELOPMENT GOALS

This is a huge step forward. Mental health and substance abuse were not in the Millennium Development Goals and their inclusion in the Sustainable Development Goals (SDGs) – which set the global development agenda for the next 15 years – provides a golden opportunity to act.

Global recognition for ‘No health without mental health’ is growing. Many large countries, including India, Nigeria and China, have developed new mental health policies or laws.

80% of countries will have developed or updated their mental health policy or plan, in line with international and regional human rights instruments.

WHO Mental Health Action Plan 2013-2020
MENTAL DISORDERS AFFECT ONE IN FOUR OF US

Mental disorders affect one in ten people at any given time, in any given place – and one in four people over their lifetime.

Nine out of ten of those people living with mental disorders do not receive basic treatment. And the scale of the problem goes beyond just those living with mental disorders, impacting family members in care-giving roles.

Depression and suicide alone take a major toll on health; there were an estimated 804,000 suicide deaths globally in 2012.
Mental disorders are responsible for more than 10% of the global disease burden – the number of healthy years lost to death and illness worldwide.³ 75% of this global disease burden is in low- and middle-income countries.⁴

The World Economic Forum estimates mental disorders will cost the global economy $16 trillion in the next 20 years if not addressed.⁵ That’s more than the combined GDP of Central Europe and the Baltics, the Middle East, North and sub-Saharan Africa, Latin America and the Caribbean.

$16 trillion is what mental disorders could cost the global economy over the next 20 years.
IT’S SERIOUSLY UNDERFUNDED…

Country governments and households – those least able to afford it – bear the brunt of the costs for mental health care. And even then, a large proportion of lower-income country governments spend just 0.5% of their total health budgets on mental health (in high-income countries, the situation is just as dire, at 5.1%).

Despite the number of healthy years lost to mental disorders worldwide, it receives only a fraction of the funding that other diseases receive in international assistance.
Less than 1% of all financial assistance provided to developing countries for health is spent on mental health – roughly $133.57 million per year, divided between 148 recipient countries. That’s less than the UK public spends on take-away coffee in a week and half what US citizens spend on Halloween costumes for their pets each year.
GOVERNMENTS CAN’T MEET THEIR SDG TARGETS WITHOUT TACKLING MENTAL HEALTH

The number of premature deaths among people living with mental disorders is more than double that of those without.¹¹

Unless governments tackle obstacles faced by marginalised groups, they will not meet their SDG targets to reduce premature mortality from non-transmittable diseases by one third; to strengthen prevention and treatment of substance abuse; and to achieve universal health coverage (goal 3).
Integrating mental health into existing and future development initiatives could make a big difference – both to mental health care and global development. And it doesn’t need to break the bank. Delivering a treatment package for conditions such as depression, bipolar disorder or schizophrenia needs only modest investment. Evidence also shows that ‘task-sharing’ (getting non-specialist health workers to assist with delivering mental health services) can be a cost effective way to fill the gap.

Zimbabwe

Case study

The Friendship Bench in Zimbabwe, which works with people living with HIV/AIDS, has found that helping these people manage their depression means they are more likely to take their HIV medication. It has also seen a reduction in suicides.
Despite the impact of mental health on economic growth and productivity not being well known, research estimates that 12 billion days (50 million years) of work are lost each year due to common mental disorders. Another study in Australia found that each dollar spent on workplace mental health generated $2.30 in organisational benefit.
You can measure progress

The assumption is that the impact of mental health funding, and of mental health services, is hard to measure. But 171 countries are already reporting against a core set of indicators through the WHO Mental Health Atlas and the WHO Mental Health Action Plan includes a number of metrics for measuring progress and achievements.

Objective: ‘Provide comprehensive, integrated and responsive mental health and social care services in community-based settings’.

Target: ‘Service coverage for severe mental disorders will have increased by 20% (by 2020)’.

WHO Mental Health Action Plan 2013-2020

20%
DOING IT IS NOT AS HARD AS YOU THINK

Lots of countries are already making progress. The WHO Mental Health Action Plan was endorsed by 194 countries in 2013. This shows a renewed commitment to addressing mental health.

The SDGs build on this momentum – and it doesn’t have to cost a lot. You can deliver a package of cost-effective community mental health care and prevention in low- and middle-income countries for $3-4 per capita.16

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Indonesia
Case study

In one district of Indonesia, people with mental disorders are often chained up (known as pasung), living in isolation or cages, naked and undernourished, due to stigma and inadequate mental health provision. Now, through service reform and educational campaigns, a government-supported programme is addressing these harmful practices. Since it began in 2012, 4,205 people living in pasung have been reported. Of these, 82% have received treatment and been released back to their communities.17
‘Mental health’ is defined by the WHO as ‘a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can make a contribution to her or his community’. We use this form in this way, to mean health and wellbeing, inclusive of social determinants.

‘Mental illness’ refers to suffering, disability or morbidity due to mental, neurological and substance use disorders, which can arise due to the genetic, biological and psychological make-up of individuals as well as adverse social or environment factors.


3. This statistic relates to neuropsychiatric disorders.


7. Disability-adjusted life years (DALYS) are used as the measurement of disease burden. This report acknowledges that HIV has higher mortality levels, which can affect funding levels. Mental and substance-use disorders are affecting as many as 700 million people worldwide, which may be an underestimate given the complexity of diagnosis and under reporting. Whiteford et al. (2013), p.4. This infographic was informed by the following sources and calculations: (i) spending on development assistance to mental health in 2010 was US$6.8 billion (Gilbert et al, 2015), p.2; (ii) in 2010 mental health accounted for 183.9 million DALYs of 7.4% of all DALYs worldwide (Whiteford et al. 2013, p.3); (iii) in 2010 HIV accounted for 81.547 million DALYs or 3.3% of all DALYS worldwide (Ortblad et al. 2013, p.3). Whiteford, H.A., Degenhardt, L., Rehm, J., Baxter, A.J., Ferrari, A.J., Erkkinen, H.E., et al. (2013) ‘Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010’, The Lancet 380(9844): 1575–1586 (http://dx.doi.org/10.1016/S0140-6736(13)6161-6); Orbild, K.F., Lozano, R., and Murray, C.J.L. (2013) ‘The burden of HIV: Insights from the Global Burden of Disease Study 2010’, AIDS 27(13): 2003-2007 (www.ncbi.nlm.nih.gov/pmc/articles/PMC3748555).


17. Chain-Free Pasang Program, MHIN website (http:// mhinnovation.net/innovations/chain-free-pasang-program#VuAPimL57o).

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