ENOUGH.
OUR HEALTH. OUR RIGHT. RIGHT NOW.

Linking Mental Health and NCD Alliance
Campaign Priorities
for the 2018 United Nations High-Level Meeting on NCDs

There is no health without mental health

Mental health conditions are one of the major groups of noncommunicable diseases (NCDs) with crucial relevance in efforts to control and prevent NCDs. Mental health also has links to cancer, diabetes, cardiovascular and respiratory diseases and other NCDs. By considering mental ill health and other NCDs together, we can improve the lives of people affected by NCDs worldwide, and guide advocacy at global, regional and national level for strong commitments at the September 2018 UN High-Level Meeting on NCDs.

Mental Health Conditions
A neglected and cross cutting issue for NCDs

Mental conditions broadly affect emotions, behaviour, thinking and relationships with others. They include common conditions like depression and anxiety, as well as schizophrenia and bipolar disorder. Substance use and other addictive behaviours form a part of the range of mental conditions. They are often considered together with neurological conditions like dementia, epilepsy, and Parkinson's disease which have their origin in the brain and nervous system.

Collectively an estimated 450-500 million people live with mental conditions worldwide.

By definition, mental, neurological and substance use disorders are NCDs, and they often co-occur. They share many features:

Mental conditions are often determined by the environment and social circumstances in which people live, and their exposure to risk factors. Many of the modifiable factors that influence the likelihood of a person being affected by major physical NCDs (diabetes, cardiovascular disease, respiratory conditions, cancer) also impact on mental health, for example diet, exercise, and use of alcohol and drugs.

Mental conditions can occur at any time of life, and are often long-lasting (chronic) and require long-term management and support rather than one-off treatment. In many parts of the world, this care is not widely available.

Mental conditions often occur in conjunction with other physical NCDs. People living with chronic physical conditions have higher rates of mental conditions, especially depression and anxiety. This may not be well recognised, but we know that physical health outcomes are worse if people have a mental condition, including a drastically reduced lifespan.[1] Likewise, mental health outcomes tend to be worse for those living with comorbid chronic conditions like other NCDs.

Mental health has long been overlooked when NCDs are discussed or seen as being separate. But the synergies across all NCDs including mental health mean it makes sense for governments to address the common risk factors and systems barriers to reduce premature and preventable suffering and death. In alignment with target 3.4 of the Sustainable Development Goals (SDGs), "by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being", **mental health must be integrated into the response to NCDs.**

> **"**
> **Let's not just include mental health, but let's integrate mental health with NCDs discussions and the response to them – into health systems, policies, and across the life-course.**
>
> **Shekhar Saxena**, WHO

TARGET 3.4

REDUCE MORTALITY FROM NON-COMMUNICABLE DISEASES AND PROMOTE MENTAL HEALTH

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1 Academy of Medical Science's report https://acmedsci.ac.uk/policy/policy-projects/multimorbidity P 53-54 box 8

PRIORITY 1.
Put people first

People living with mental conditions are recognised as among the most neglected in health and social systems, and most stigmatised and excluded socially.

One reason for this is that they are less well represented in advocacy organisations and civil society. For example, where many low income countries have national advocacy organisations for different health and disability issues, there is often not such an organisation for mental health.

If we are to leave no-one behind, as emphasised by the SDGs, then this must include people with mental conditions. The SDGs call for greater emphasis on mental health and wellbeing as a contribution to overall global development.

Mental, neurological, and substance use conditions are the biggest cause of disabilities worldwide[2] with the majority of these people receiving little or no effective treatments.

KEY MESSAGE

Mental health conditions are very common, but people affected have little voice. We need to listen to and actively include people with these conditions as we prioritise mental health in policy and practical action so we leave no-one behind.

CONSULT

Consult a broad cross-section of people living with NCDs (PLWNCDs), in order to understand the common main challenges that they face and how they want to be meaningfully involved in the NCD response.

ADVOCATE

Produce an Advocacy Agenda of People Living with NCDs and promote it through advocacy efforts at global, regional and national levels.

INVOLVE

Ensure the meaningful involvement of PLWNCDs in decision making processes, including the 2018 United Nations High-Level Meeting on NCDs, to guarantee outcomes that reflect their needs and views.

AMPLIFY

Amplify the voices and views of PLWNCDs by stimulating public debate, challenging misconceptions surrounding NCDs, and breaking down stigma and discrimination.

Pillars of the Our Views, Our Voices initiative

https://ncdalliance.org/what-we-do/capacity-development/our-views-our-voices

[2] http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/index1.html
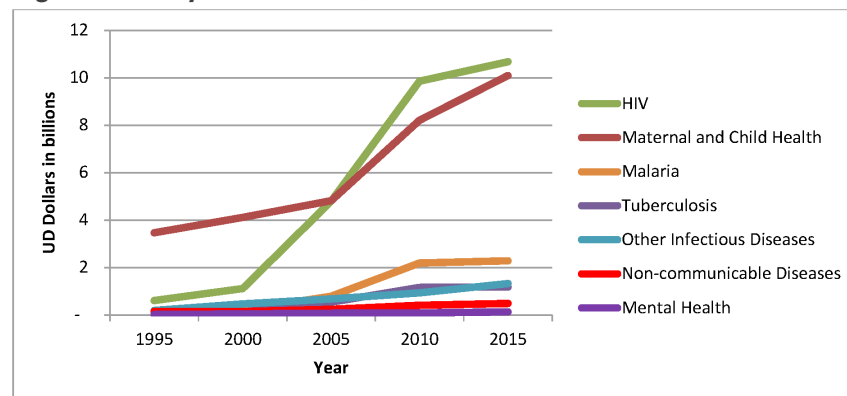
PRIORITY 2.
Boost NCD investment

Investment for mental health services is often the lowest of all health sectors. In low income countries, this is typically around 1-2% of health budgets.[3]

In terms of development assistance for health, the amounts devoted to mental health are of similarly low proportions.

Despite historically low investment in mental health, there are signs that this is changing in some areas, for example, with a 10-fold increase in development assistance for mental health between 1995 and 2015.[4] However, budgetary commitments for mental health in many countries remain sadly very low. Collaborative delivery of mental health integrated with other NCDs on common platforms like primary health care is an efficient use of resources to maximise impact.[5]

KEY MESSAGE

Invest in mental health. Allocating more funds for mental health makes economic sense. Funds dedicated to mental health show a 4-fold return on investment.[6]

Figure. DAH by health focus, 1995 to 2015

source: https://doi.org/10.1371/journal.pone.0169384

FIG. 3.1.2 Government mental health expenditure and government expenditure on mental hospitals per capita (US$), by World Bank income groups

■ Median government mental health expenditure per capita (US$, 2016)
■ Median government total expenditure on mental health hospitals (US$, 2016)

source: Mental Health Atlas 2017, WHO 2018

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[3] World Health Organisation. Mental Health Atlas 2017, WHO: Geneva, 2018

[4] http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0169384

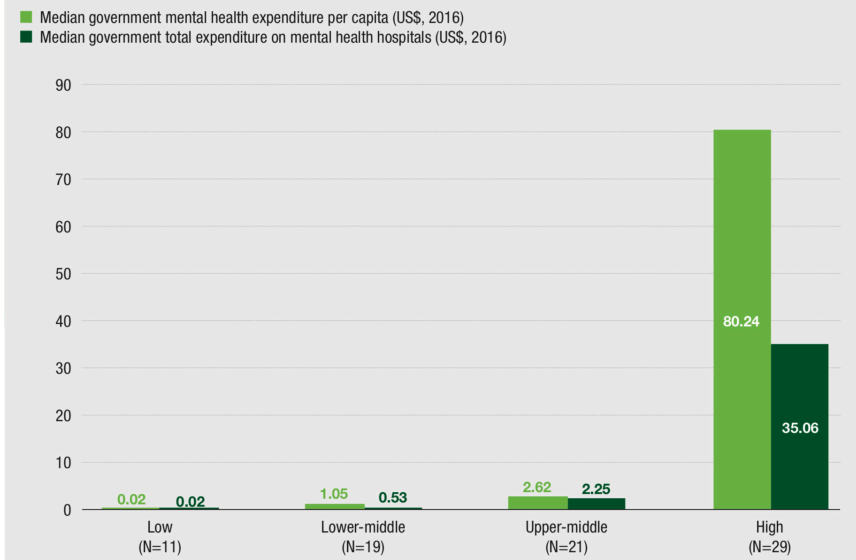[5] https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2015.0791

[6] Chisholm, D., K. Sweeny, P. Sheehan, B. Rasmussen, F. Smit, P., Cuijpers, S. Saxena (2016). "Scaling up treatment of depression and anxiety: a global return on investment analysis." The Lancet Psychiatry.
http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30024-4/abstract
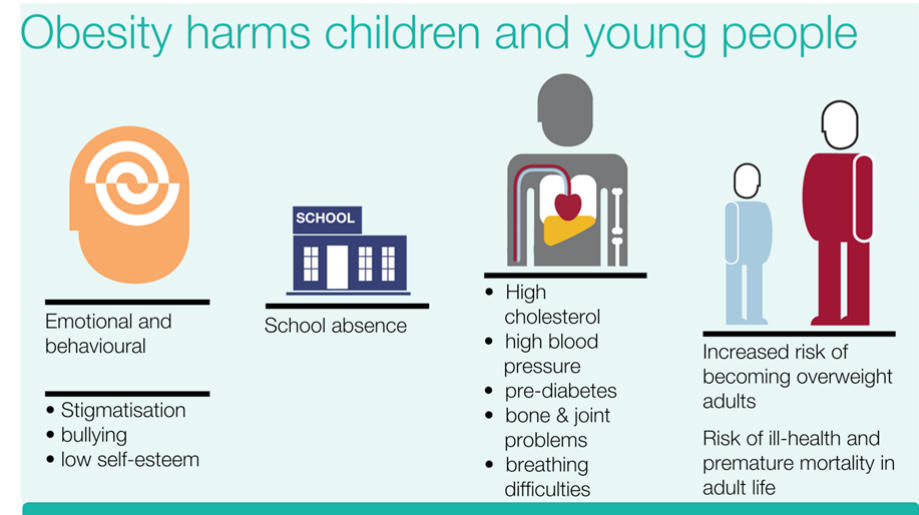
PRIORITY 3.
Step up action on childhood obesity

Increased exercise is demonstrated to be positive for mental health. Action to reduce childhood obesity may also have beneficial impacts on mental health, since there is a well-documented link between body satisfaction and depression.[7] Mental health research also contributes greatly by looking at the overlapping factors - personal, familial, social, environmental, and industry - that influence healthy behaviour and good nutrition. Addressing nutrition related NCD and mental health risk should focus on promotion of healthy diet and physical activity. Communication around these issues should avoid reinforcing the stigma that can be associated with obesity and be sensitive to issues related to body image.

KEY MESSAGE

Over half of all mental health conditions start in childhood[8], and risk factors that can negatively impact mental health should be addressed early. Research-based contributions from behavioural health are very relevant for promoting healthy lives, including lifelong, healthy nutritional habits and regular exercise.

Public Health England

Obesity harms children and young people

Emotional and behavioural
- Stigmatisation
- bullying
- low self-esteem

School absence

- High cholesterol
- high blood pressure
- pre-diabetes
- bone & joint problems
- breathing difficulties

Increased risk of becoming overweight adults

Risk of ill-health and premature mortality in adult life

source: Public Health England, 2017 / https://bit.ly/2m1xHos

[7] https://bit.ly/2IpPNaq

[8] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.59

PRIORITY 4.
Adopt smart fiscal policies that promote health

Tobacco use is an addictive behaviour, and alcohol use is also defined as a mental disorder if certain criteria are met for harmful use. In addition to the physical harm associated with alcohol use, there are a wide range of mental health consequences, for example significantly increased rates of depression, anxiety and suicide, relationship, social problems and legal consequences, as well as psychosis and withdrawal states. Action to reduce harmful alcohol use will have significant mental health benefits at a population level. Reinvestment of revenue from taxes on unhealthy products into promoting health – such as physical activity and improving nutrition – can bring further benefits to communities, society and people's mental health.
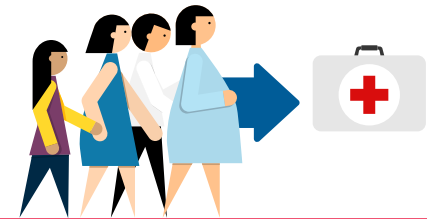
KEY MESSAGE

Fiscal policies to reduce tobacco and alcohol use, and improve nutrition, also benefit population mental health and hence overall wellbeing.

% TAX

© shutterstock

PRIORITY 5.
Save lives through equitable access to NCD treatment and UHC

Mental conditions are associated with significant premature mortality, around 15 years on average for people with schizophrenia for example[9] In addition, there is a huge co-morbidity between mental health and other conditions, including NCDs.[10]

There is a treatment gap for mental conditions that ranges between 35-50% in high income countries and 76-85% in low income countries, and has barely changed since 2004 when the first series of WHO World Mental Health Surveys were published, nor since the first Mental Health ATLAS published in 2001[11]. These treatment gaps are the focus of the WHO Mental Health Gap Action Programme (mhGAP) which aims at scaling up services for mental conditions, particularly in low- and middle-income countries, which is integral to achieving Global targets of the WHO Mental Health Action Plan 2013–2020.[12]
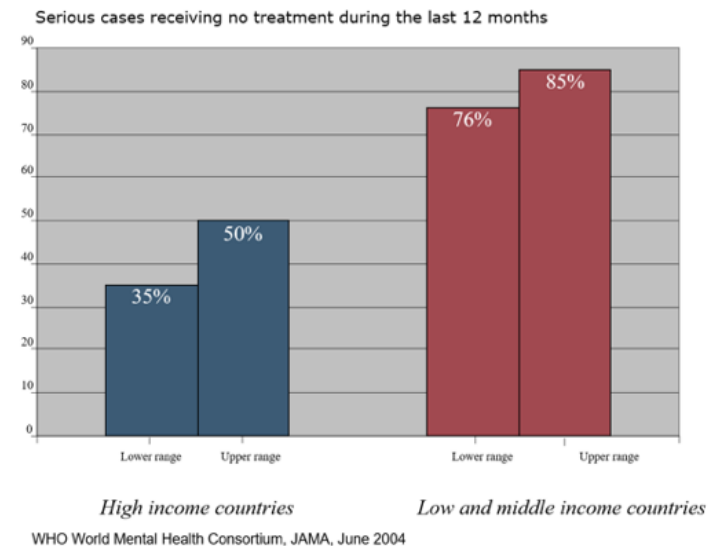
The great majority of people with mental conditions receive no effective treatment, and if Universal Health Coverage is to be achieved, closing this gap in equitable access to prevention, treatment and mental health care is essential, so that no-one is left behind.

Following emergencies, there is typically a doubling of rates of mental conditions.[13] As with other NCDs, support systems for long-term health needs, including medication, often break down, and emergency response procedures must pay particular attention the impact of emergencies on mental health.

In addition to the low amount spent on mental health services, funds tend to be spent inequitably and inefficiently.[14] There is therefore need for service reform from large out-dated institutions to effective services especially in primary care. Such service can effectively be provided in joint platforms with NCD services.[15] Integrating mental health care into primary health care and task sharing approaches are key ways to better address all the NCDs, including mental health.

KEY MESSAGE

Mental conditions are a significant cause of disability and years of life lost. Combining delivery of care across mental health and NCDs is an efficient way of increasing health coverage, especially in primary health care settings, and improves patient outcomes.

Serious cases receiving no treatment during the last 12 months

High income countries — Lower range 35%, Upper range 50%
Low and middle income countries — Lower range 76%, Upper range 85%

WHO World Mental Health Consortium, JAMA, June 2004

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9 Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. The Lancet Psychiatry 2016; 3(2): 171-8.

10 (Nancy H. Liu, et al. Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas World Psychiatry. 2017 Feb; 16(1): 30–40. doi: 10.1002/wps.20384).

11 https://jamanetwork.com/journals/jama/fullarticle/198847

12 WHO Mental Health Gap Action Programme, https://www.who.int/mental_health/mhgap/en/

PRIORITY 6.
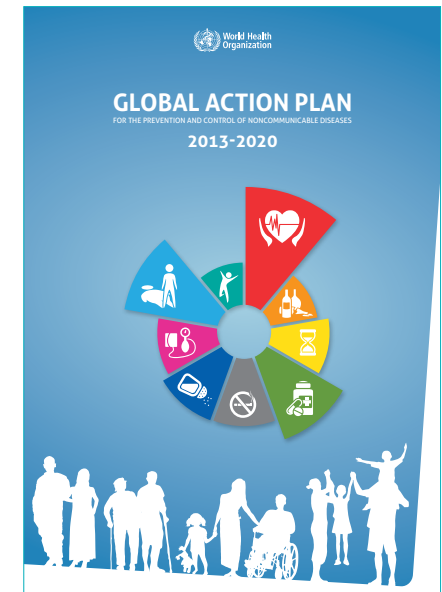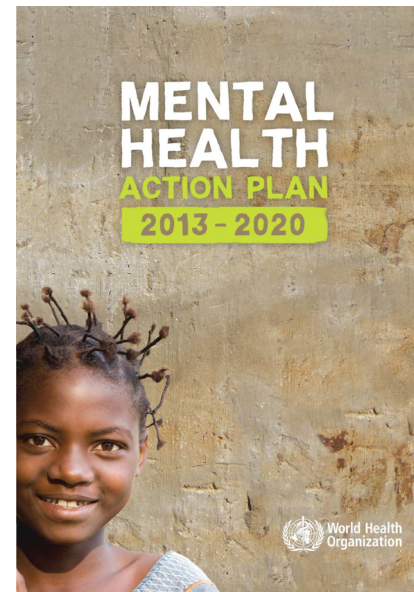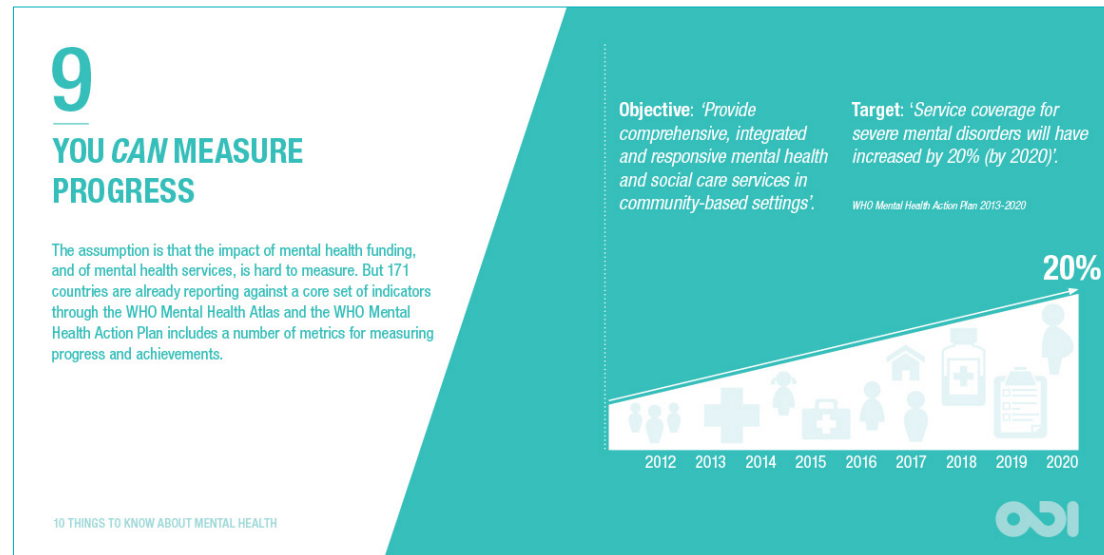# Improve accountability for progress, results and resources

The WHO Mental Health Action Plan 2013-2020, as with the WHO Global NCD Action Plan 2013-2020, outlines a number of key priorities which are aligned to goals and indicators: strengthening leadership and government commitments, service coverage in community settings, prevention, health promotion, information, and research.

Target areas have been identified so as to be measured in a feasible way at national level through existing systems. The WHO collects country data through their Atlas project, and publishes this regularly, the most recent being the 2017 edition in June 2018. However, mental health tends to be very poorly served by Health Information Systems, particularly in general health care settings.

KEY MESSAGE

Encourage and support governments as they track mental health progress for accountability, and develop mental health resources to support scaling up of care. Both the WHO Mental Health Action Plan and the WHO NCD Action Plan should be implemented jointly as a core, strategic guidance for preventing and controlling NCDs.

9
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'.* WHO Mental Health Action Plan 2013-2020

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

20%

2012 2013 2014 2015 2016 2017 2018 2019 2020

10 THINGS TO KNOW ABOUT MENTAL HEALTH

ODI

MENTAL HEALTH ACTION PLAN 2013 - 2020
World Health Organization

World Health Organization
GLOBAL ACTION PLAN
FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES
2013-2020

For more information

Mental Health Action Plan 2013-2020
http://www.who.int/mental_health/publications/action_plan/en/

WHO 10 Mental Health Facts
http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/

Fundamental Facts about Mental Health (Mental Health Foundation, 2015)
https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf

Synergies for Beating NCDs and Promoting Mental Health and Wellbeing (WHO, March 2018)
http://www.who.int/ncds/governance/high-level-commission/synergies-beating-ncds/en/

Non-Communicable Diseases and Their Risk Factors (WHO, March 2018)
http://www.who.int/ncds/en/

Mental Health Atlas 2017 (WHO, June 2018)
http://www.who.int/mental_health/evidence/atlas/mental_health_atlas_2017/en/

Core Mental Health Reviews: Lancet Series on Global Mental Health 2007 and 2011
https://www.thelancet.com/series/global-mental-health and https://www.thelancet.com/series/global-mental-health-2011

World Federation for Mental Health
wfmh.global

Mental Health Innovation Network
mhinnovation.net

NCD Alliance
ncdalliance.org

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