Santiago de Chile
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Mental Health
A Global Perspective

Shekhar Saxena
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Department of Mental Health and Substance Abuse
World Health Organization
1990

THE CARACAS DECLARATION

they call upon

to support the restructuring of psychiatric care,
to assure its successful development for the benefit of the populations in the Region.
Burden of mental and substance use disorders

The burden and impacts are large and widespread:

- **Individual**
  - Disability
  - Premature mortality
- **Society**
  - Discrimination
  - Family/caregivers
  - Community
- **Economic**
  - Cost to the individual
  - Costs to families
  - Costs to society
GBD 2013 estimated DALYs for 306 diseases and injuries, across 188 countries
MNS DALYs by age, 2010

The graph shows the distribution of DALYs (Disability-Adjusted Life Years) by age group in 2010. DALYs are a measure of disease burden and are calculated as the sum of years of life lost due to mortality and years lived with disability. The graph is color-coded to represent different causes of disability:

- Orange: Mental disorders
- Purple: Neurological disorders
- Green: Substance use disorders

The x-axis represents age groups in days or years, while the y-axis represents the number of DALYs in absolute numbers (in 100,000s). The graph highlights the peak in DALYs for mental disorders in the 15-19 age group, with a significant contribution from neurological and substance use disorders in older age groups.
The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers

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Economic burden of mental disorders
(Source: WEF, 2011 – The Global Economic burden of NCDs)

- New estimates by the World Economic Forum for the global economic impact of mental, neurological and substance use disorders, using 3 different (and non-comparable) approaches:
  - **Cost of illness**
    (health care + lost productivity)
  - **Value of lost output**
    (reduced economic growth)
  - **Value of statistical life**
    (monetary cost of lost lives)

- Whichever way you look at it, the amounts are enormous

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2030</th>
</tr>
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<tbody>
<tr>
<td>Cost of illness</td>
<td>US$ 2.5 trillion</td>
<td>US$ 6 trillion</td>
</tr>
<tr>
<td>Value of future lost output</td>
<td>N/A</td>
<td>US$ 16.3 trillion (cumulative)</td>
</tr>
<tr>
<td>Value of lost lives</td>
<td>US$ 8.5 trillion</td>
<td>US$ 16.1 trillion</td>
</tr>
</tbody>
</table>
Economic burden of NCDs and mental disorders GLOBALLY

(Source: WEF, 2011 – The Global Economic burden of NCDs)
YLDs, DALYs and Budgets
# Treated prevalence

<table>
<thead>
<tr>
<th></th>
<th>High income</th>
<th>Low &amp; middle income</th>
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<tbody>
<tr>
<td><strong>Physical disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>94%</td>
<td>77%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>78%</td>
<td>51%</td>
</tr>
<tr>
<td>Asthma</td>
<td>65%</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Mental disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>29%</td>
<td>8%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>29%</td>
<td>13%</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>33%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Economic Downturn

• Higher rates of depression
• Higher rates of suicides
• Higher use of alcohol
• Lower access to mental health services
Suicide Rates and Economic Recession

Ref: Reeves et al; The Lancet, 2012

*Figure*: Time trend analysis of suicide rate in 50 US states and District of Columbia between 1999 and 2010. Vertical line shows onset of recession.
Human rights abuses are common
‘Dignity’ is a term which refers to the inherent value and worth of all human beings irrespective of socioeconomic status, nationality, race, gender, physical or mental state.
DIGNITY means HOPE

World Mental Health Day 2015: “Dignity in Mental Health”
DIGNITY means EMPOWERMENT

World Mental Health Day 2015: “Dignity in Mental Health”
DIGNITY means INCLUSION
DIGNITY means RECOVERY
Grand Challenges in Global Mental Health

(Nature, July 2011)

Top five challenges:

Integrate screening and core service packages in PHC
Reduce the cost and improve the supply of medications
Provide effective and affordable community based care
Improve children's access to care
Strengthen mental health component in training of health personnel
Mental Health Services (WHO, 2003)
WHO's Comprehensive Mental Health Action Plan 2013-2020
Vision

A world in which mental health is valued, promoted and protected, mental disorders are prevented and persons affected by these disorders are able to exercise the full range of human rights and to access high quality, culturally-appropriate health and social care in a timely way to promote recovery, all in order to attain the highest possible level of health and participate fully in society and at work free from stigmatization and discrimination.
Objectives

1. To strengthen effective leadership and governance for mental health

2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings

3. To implement strategies for promotion and prevention in mental health

4. To strengthen information systems, evidence and research for mental health
Cross-cutting principles

1. Universal health coverage
2. Human rights
3. Evidence-based practice
4. Life course approach
5. Multisectoral approach
6. Empowerment of persons with mental disorders and psychosocial disabilities
Targets
Objective 1 (leadership and governance)

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

- 50% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments.
Target
Objective 2 (mental health and social care services)

- Service coverage for severe mental disorders will have increased by 20%.
Targets
Objective 3 (mental health promotion and prevention)

- 80% of countries will have at least two national, multisectoral mental health promotion and protection programmes functioning by year 2020
  - One universal
  - One targeted on vulnerable groups

- Rates of suicide in countries will be reduced by 10% by year 2020
Target
Objective 4 (information, evidence and research)

- 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems.
WHO's Mental Health ATLAS 2014
## Global monitoring: indicators for measuring progress

<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicator(s)</th>
<th>2020 Target</th>
<th>2013 Baseline</th>
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<tbody>
<tr>
<td><strong>Leadership and governance for mental health</strong></td>
<td>Existence of a <strong>national policy/plan</strong> for mental health that is in line with international human rights instruments</td>
<td>80% of countries</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>Existence of a <strong>national law</strong> covering mental health that is in line with international human rights instruments</td>
<td>50% of countries</td>
<td>34%</td>
</tr>
<tr>
<td><strong>Comprehensive, integrated and responsive services</strong></td>
<td>Proportion of persons with a severe mental disorder who are <strong>using services</strong></td>
<td>20% increase</td>
<td>Not computable from Atlas, but current coverage estimated to be &lt; 25%</td>
</tr>
<tr>
<td><strong>Mental health promotion and prevention</strong></td>
<td>Functioning programmes of multisectoral mental health <strong>promotion and prevention</strong> in existence</td>
<td>80% of countries</td>
<td>41%</td>
</tr>
<tr>
<td></td>
<td>Number of <strong>suicide</strong> deaths per year per 100,000 population</td>
<td>10% decrease</td>
<td>11.4 per 100,000 population</td>
</tr>
<tr>
<td><strong>Information, evidence &amp; research</strong></td>
<td>Core set of identified and agreed mental health <strong>indicators</strong> routinely collected and reported every two years</td>
<td>80% of countries</td>
<td>33%</td>
</tr>
</tbody>
</table>
Although two-thirds of WHO Member States have a stand-alone policy on mental health, implementation is typically partial and in many cases not conforming with international human rights covenants.
Government spending on mental health

- Low and middle-income countries spend < US$ 2 per capita per year on mental health
- High-income countries spend > US$ 50
- The majority of spending is going to mental hospitals
Mental health workforce

Huge inequalities in access to mental health service providers exist

Mental health workforce per 100,000 population, by World Bank income group
WHO mhGAP Intervention Guide

- launched in 2010
- based on systematic review of evidence
- for non-specialized staff in low resource settings
- includes pharmacological & psychosocial interventions
- Available in 20 languages
- now used in 90 countries
- Being revised currently
Is mental health a component of socio-economic development?
Millennium Development Goals 2000-2015

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development
Development Aid for Mental Health
(Gilbert, Patel, Farmer and Lu, PLoS Medicine 2015)
Declaration:
Our vision
A world with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured.

The Agenda
26. To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. We are committed to the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development.
Goal 3:
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and **promote mental health and well-being**

3.5 **Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol**

3.8 **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
Will mental health in SDGs result in increased investment?
Thank you!