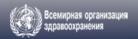
Mental Health A Global Perspective

Shekhar Saxena
Director
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













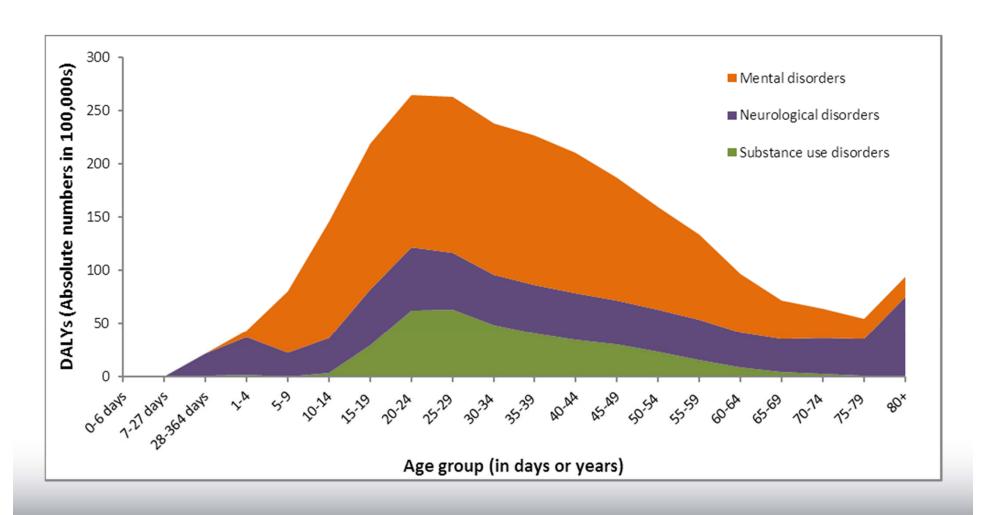
GBD 2013

Mundial de la Salud

GBD 2013 estimated DALYs for 306 diseases and injuries, across 188 countries

1990 rank 2013 rank 1 Diarrhea/LRI/other 1 Cardiovascular diseases 2 Diarrhea/LRI/other 2 Neonatal disorders 3 Cardiovascular diseases 3 Neoplasms 4 Neoplasms 4 Neonatal disorders 5 Mental & substance use 5 Other non-communicable 6 Unintentional injuries 6 Other non-communicable 7 Mental & substance use 7 Musculoskeletal disorders 8 Diabetes/urog/blood/endo 8 Chronic respiratory 9 NTDs & malaria 9 HIV/AIDS & tuberculosis 10 Chronic respiratory 10 Nutritional deficiencies 11 Musculoskeletal disorders 11 Unintentional injuries 12 Diabetes/urog/blood/endo 12 NTDs & malaria 13 Neurological disorders 13 HIV/AIDS & tuberculosis 14 Transport injuries 14 Transport injuries 15 Neurological disorders 15 Nutritional deficiencies 16 Self-harm & violence 16 Self-harm & violence 17 Other group I 17 Digestive diseases 18 Digestive diseases 18 Cirrhosis 19 Cirrhosis 19 Other group I 20 Maternal disorders 20 Maternal disorders 21 War & disaster 21 War & disaster منظمه الصحة العالمية ع

MNS DALYs by age, 2010















men with mental illness die 20 years earlier and women 15 years BMJ 2013;346:f2539 doi: 10.1136/bmj.f2539 (Published 22 May 2013)

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RESEARCH

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

	2010	2030	
Cost of illness	US\$ 2.5 trillion	US\$ 6 trillion	
Value of future lost output	N/A	US\$ 16.3 trillion (cumulative)	
Value of lost lives	US\$ 8.5 trillion	US\$ 16.1 trillion	







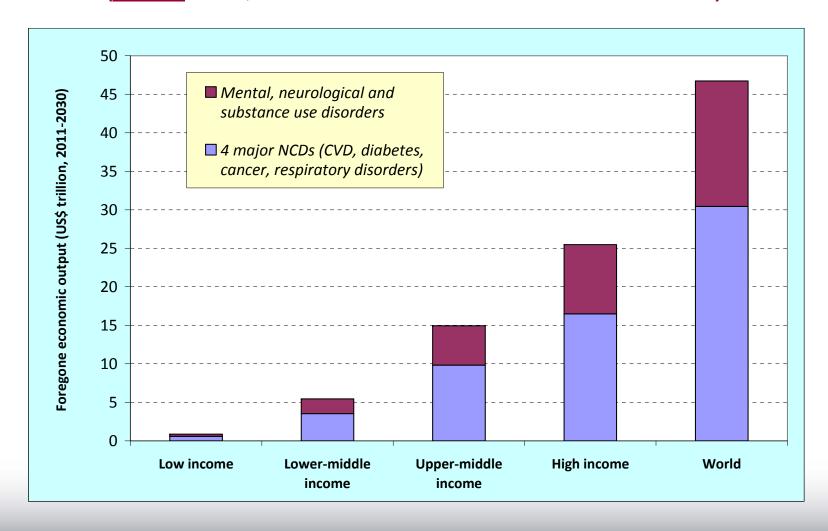






Economic burden of NCDs <u>and</u> mental disorders **GLOBALLY**

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







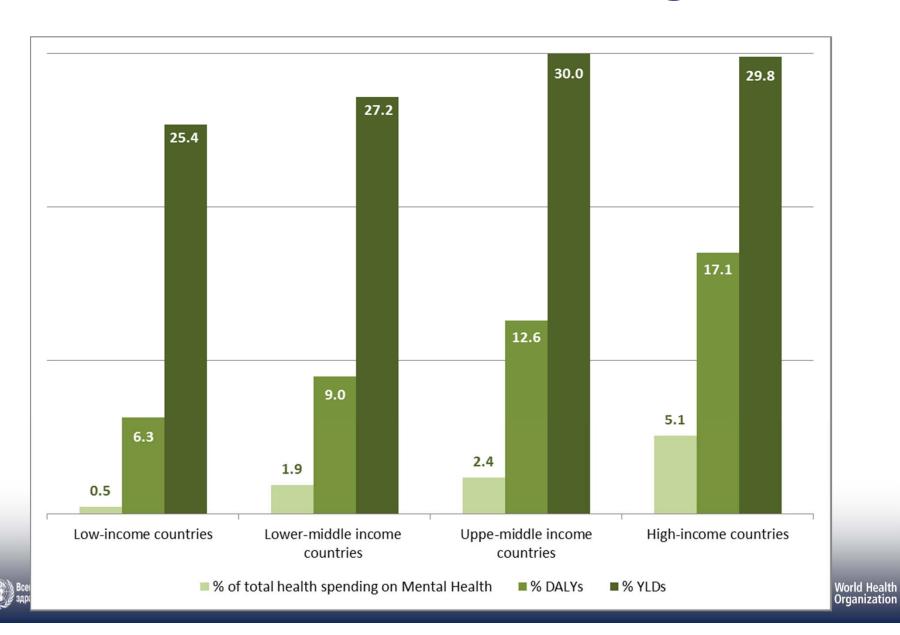








YLDs, DALYs and Budgets



Treated prevalence

	High income	Low & middle income			
Physical disorders					
Diabetes	94%	77%			
Heart disease	78%	51%			
Asthma	65%	44%			
Mental disorders					
Depression	29%	8%			
Bipolar disorder	29%	13%			
Panic disorder	33%	9%			

Ormel J. et al (2008) British Journal of Psychiatry, 192, 368-375.









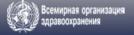




Economic Downturn



- 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

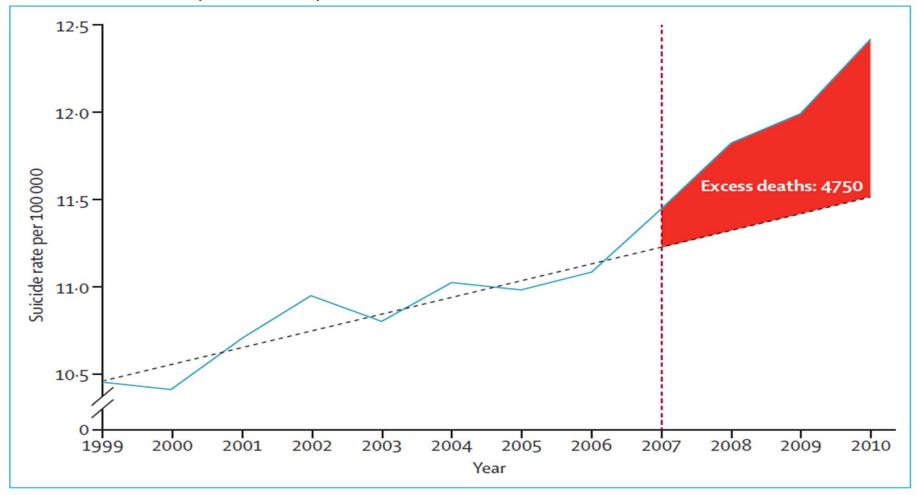


Figure: Time trend analysis of suicide rate in 50 US states and District of Columbia between 1999 and 2010 Vertical line shows onset of recession.













Human rights abuses are common







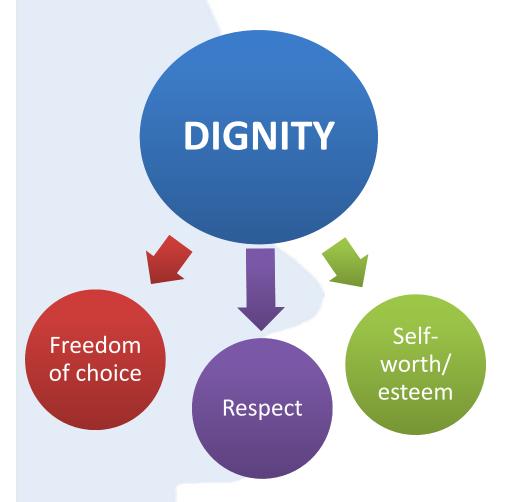








Dignity: Theme of WMHD 2015



'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



means

HOPE



means

EMPOWERMENT



means

INCLUSION



means

RECOVERY





Grand challenges in

global mental health

Grand Challenges in Global Mental Health

(Nature, July 2011)

Top five challenges:

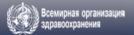
Integrate screening and core service packages in PHC

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





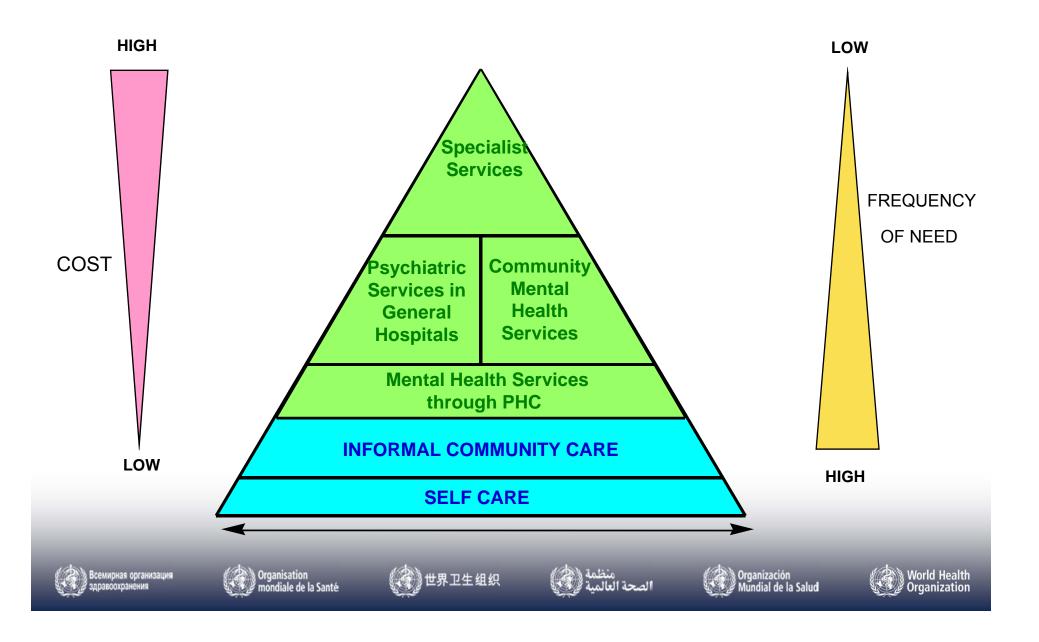




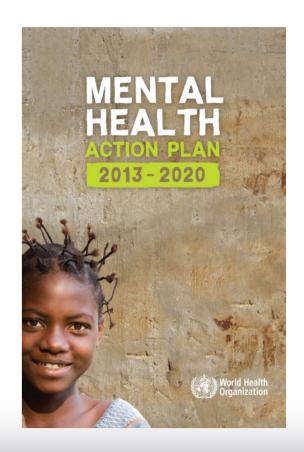




Mental Health Services (WHO, 2003)



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 <u>leadership and</u> 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 <u>promotion and</u> <u>prevention</u> in mental health
- 4. To strengthen <u>information systems</u>, <u>evidence</u> and <u>research</u> for mental health







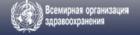






Cross-cutting principles

- 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 <u>policy/plan</u> for mental health in line with international and regional human rights instruments.
- 50% of countries will have developed or updated their <u>law for mental health</u> in line with international and regional human rights instruments.









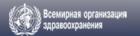




Target

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 <u>promotion and</u> <u>protection programmes</u> 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 <u>a core set of mental health</u> <u>indicators</u> every two years through their national health and social information systems.





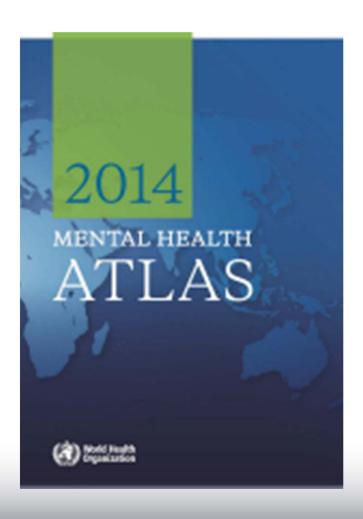








WHO's Mental Health ATLAS 2014















Global monitoring: indicators for measuring progress

Objective	Indicator(s)	2020 Target	2013 Baseline
Leadership and governance for mental health	Existence of a national policy/plan for mental health that is in line with international human rights instruments	80% of countries	45%
	Existence of a national law covering mental health that is in line with international human rights instruments	50% of countries	34%
Comprehensive, integrated and responsive services	Proportion of persons with a severe mental disorder who are using services	20% increase	Not computable from Atlas, but current coverage estimated to be < 25%
Mental health promotion and prevention	Functioning programmes of multisectoral mental health promotion and prevention in existence	80% of countries	41%
	Number of suicide deaths per year per 100, 000 population	10% decrease	11.4 per 100,000 population
Information, evidence & research	Core set of identified and agreed mental health indicators routinely collected and reported every two years	80% of countries	33%







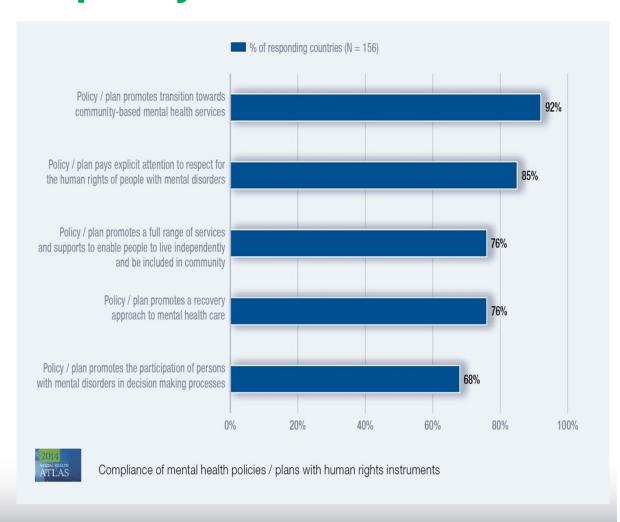






Atlas 2014 highlights: Mental health policy

Although twothirds of WHO **Member States** have a standalone policy on mental health, implementation is typically partial and in many cases not conforming with international human rights





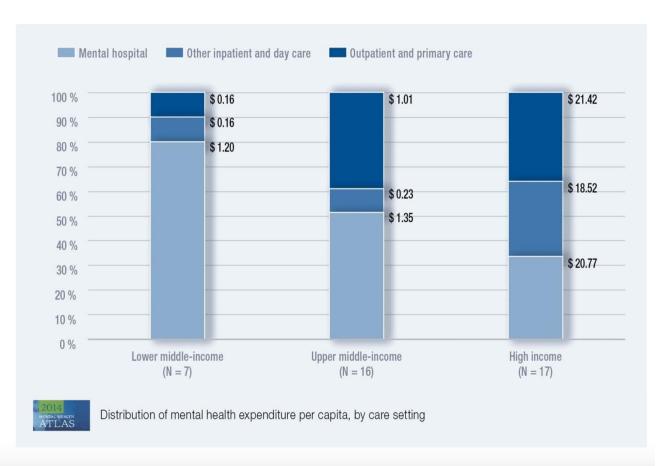






Government spending on mental health

- Low and middleincome 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









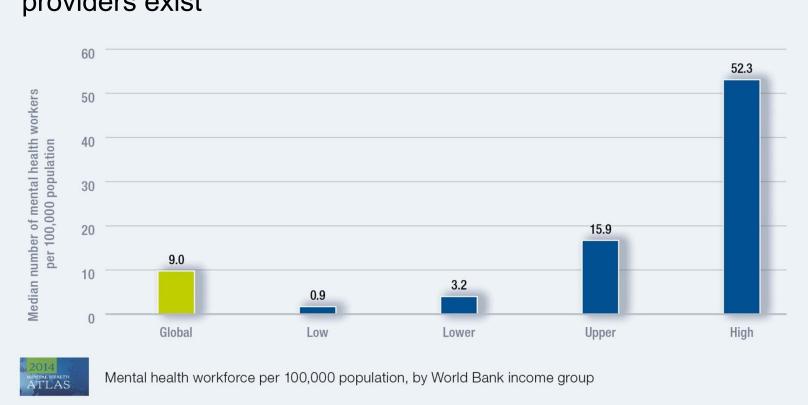






Mental health workforce

Huge inequalities in access to mental health service providers exist















mhGAP Intervention Guide

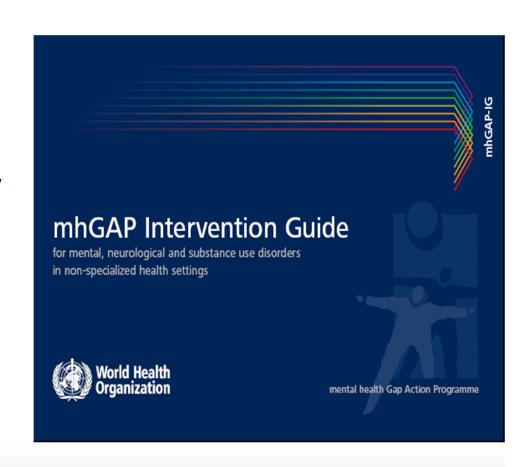
for mental, neurological and substance use disorders in non-specialized health settings



mental health Gap Action Programme

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 socioeconomic development?













Millennium Development Goals 2000-2015























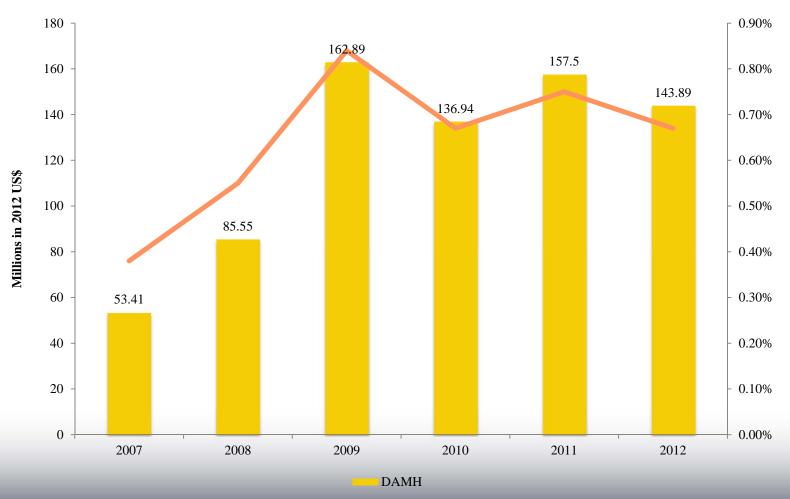






Development Aid for Mental Health

(Gilbert, Patel, Farmer and Lu, PLoS Medicine 2015)

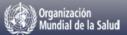














Adopted by UNGA in September 2015

















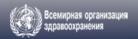
Declaration:

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.









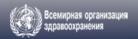






Goal 3:

- **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!











