



Movement for
Global Mental Health

A position for mental health in the post-2015 development agenda

Movement for Global Mental Health
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The Millennium Development Goals

- 8 common goals to guide the development agenda 2000–2015
- Used by many organisations; UN, donors, development organisations, governments etc to set strategic objectives
- Basis of resource transfer and donor priorities
- Significant progress made in many areas
 - People living in poverty reduced
 - Maternal and child care, child mortality
 - Primary education
- Target reached in water and sanitation

What about Mental Health?

- No specific goal for mental health
- Relevant to many of the goals, eg health, and others

We've come a long way anyway!

- Growing body of evidence for what works in Low and Middle Income Countries
- Low cost, practical interventions tested and costed
- Global alliances advocating for increased resource allocation, sharing of lessons learnt
- Increase of resources available (for research and implementation) following greater interest and evidence of effectiveness

A growing body of evidence

2001



2005



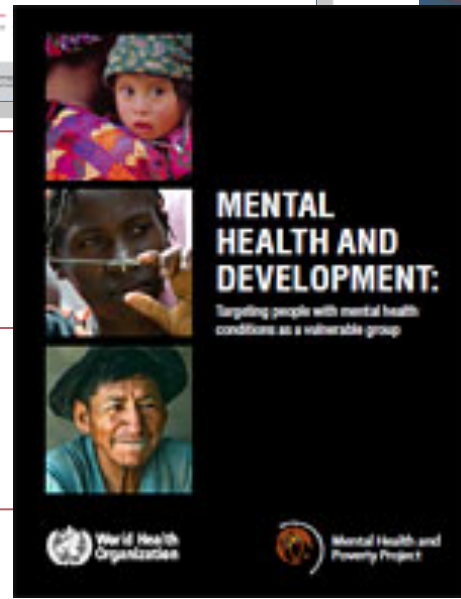
2007



2008

mhGAP country implementation and learning for progress

2009



2010 +

Lancet series 2011, PRIME, NIMH Hubs



Significant rise in alliances and advocacy networks

Typical situation in LAMI countries

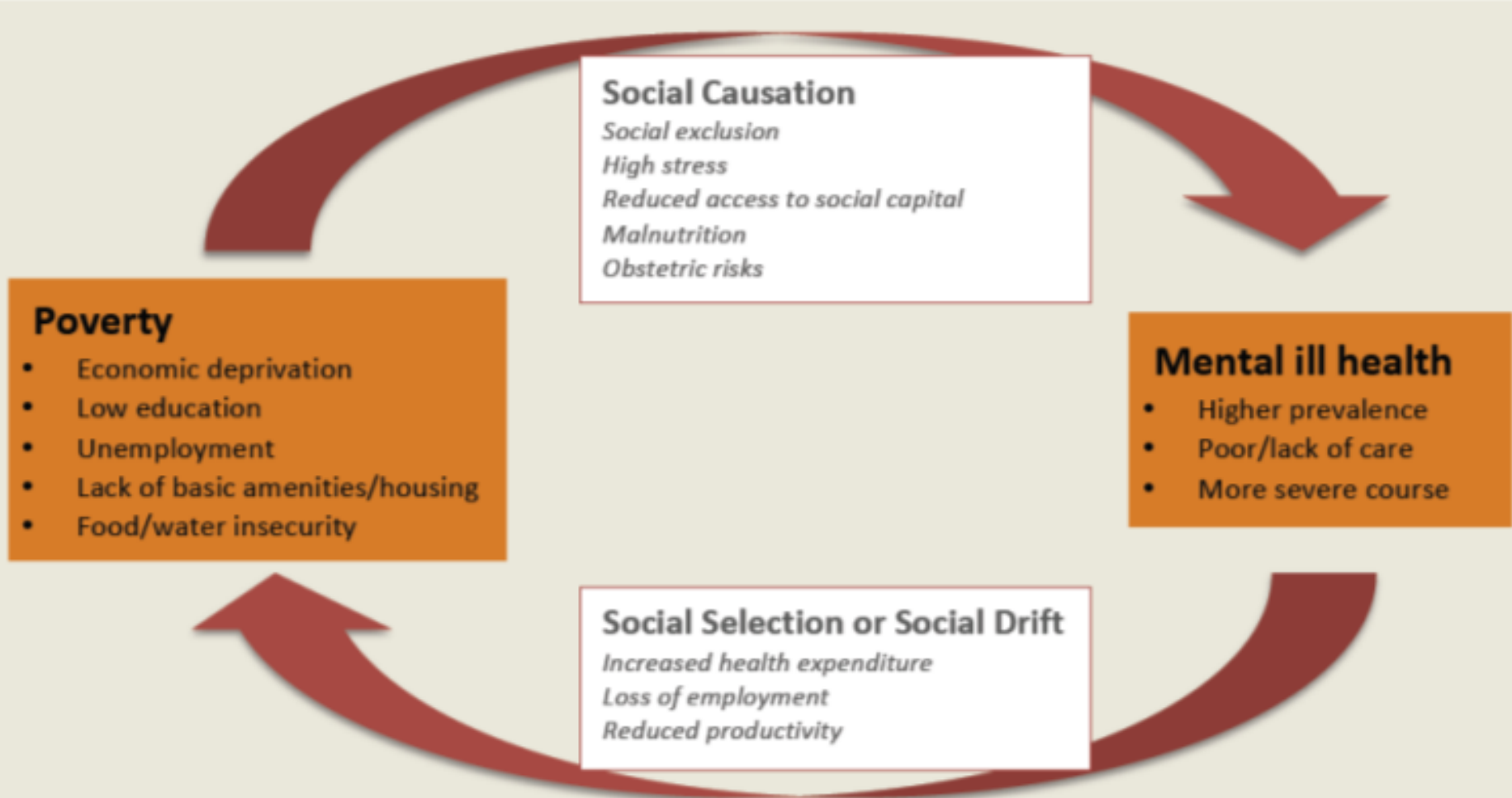
- Low funding (<1% of government health budget)
- Services based on large institutions, including prison, often with very poor standards or are abusive
- Stigma and discrimination often institutionalised into law, medical practice, and all aspects of life
- Some policies/legislation but no implementation
- Service users have little voice

Notice outside Temple, Bali



Poverty and Mental Illness

- Negative cycle of **poverty** and **mental illness** impedes economic development



Rio Declaration in 1992

Principle 1

“human beings are the central concern of sustainable development (...) living a healthy and productive life in harmony with nature”.

The post-2015 agenda

- Rio +20 SDGs and UN system parallel but will be integrated
- High Level Panel of Eminent Persons, UNDP consultation
- Aim to finish the job of the first MDGs especially poverty reduction, health
- Greater focus on equity rather than just average improvement
- Vulnerable groups ('leave no-one behind')
- 'Sustainable development' – environment is key
- Economic progress seen as driver of development

Health in the post-2015 agenda

- Changing demographics and lifestyles will lead to greater prioritisation of NCDs, mental health and consequences of violence
- Human rights approach; not just aggregate outcomes but equity, access and outcome
- System-wide, inter-sectoral
- Evidence-based
- $\frac{3}{4}$ of world's poor live in middle income countries: universal coverage and in-country equity will have huge impact
- Life course approach
- Stronger focus on social determinants of health/ environmental influence



MGMH Position Statement: Membership Consultation

MGMH is developing a Position Statement on the post-2015 development agenda. We invite all members to comment on the draft that can be found below. Comments can be entered in the space provided at the end of the Position Statement.

All responses will remain anonymous. MGMH members' responses to this draft will inform the presentation of the Statement at the 3rd Global Mental Health Summit and the final version of the Statement, which will be adopted at the Summit as the MGMH position on the post-2015 development agenda.

Thank you in advance for your participation.

No effective development without mental health **Movement for Global Mental Health Position Statement on** **mental health in the post-2015 development agenda**

This position paper is based on opinions gathered from Movement for Global Mental Health members, and was adopted at the 3rd Summit of the Movement for Global Mental Health, Bangkok, Thailand, August 22nd, 2013.

Mental health facts

- **Good mental health** is central to health and well-being, as reflected in the WHO definition of health, and is an essential component of community and national development
- **Premature and avoidable mortality.** The life expectancy of people with severe mental illness is 15-20 years less than the general population
- **Disability.** Mental disorders account for 13% of the total global burden of disease, and 37% of Years Lived with Disability
- **Vulnerability.** People with mental disorders, and associated psychosocial disabilities, are among the most vulnerable members of society in all countries, but particularly so in low and middle-income countries
- **Systematic exclusion.** People with mental disorders continue to experience systematic exclusion from social and economic participation, weakening efforts to reduce poverty
- **Human rights violations and discrimination are a common experience.** These include containment (chaining, imprisonment)

Suggested changes

1. Overview

- Overall very positive responses. 54 in total.
- Should contain more and be shorter!
- Title: Position paper? Position statement?
- Basis of the paper/information it contains
 - Based on People's Charter
 - Not just narrow MH focused groups
 - Mention evidence-base
- Representing diverse organisations and individuals, or just a resource
- Mutual benefit for development, not just pushing mental health at expense of others
 - *Part of and supporting* NCD agenda, not competing

2. Focus of argument

- Emphasise positive role of mental health in sustainable development, rather than ‘No Health without Mental Health’ title
- Use economic argument; untreated mental health problems cost society economically
- Social inclusion in main goals
- Need to expect action, not just words. Need to set targets
- Push for reduction of government behaviour that causes mental distress – war, arms manufacture, supporting corrupt regimes

3. Services/models

- Integrate into PHC, emphasise close physical and mental health link
- Integrate/work with NCD services
- Community-based care
- Contextually appropriate care
- Public health model with life-span and developmental approaches
- Universal health schemes include mental health
- Work with NGOs and service user organisations

4. What is missing?

- Not enough on local contextual appropriateness. Not 'one size does not fit all'
- Violence and trauma as a cause of mental distress (manmade disasters and war)
- Gender based violence and child abuse, Adverse Childhood Events
- Domestic violence
- Suicide
- Drug and alcohol use
- Link with HIV/Aids

Strategy is key

- Finalise and have consensus on Statement
- Secretariat to circulate widely
- Promote advocacy in our own organisations/
circles

- USE IT in local advocacy
 - UN agencies
 - National/Government
 - Programmatic work

References

- Murray CJL, Lopez AD, eds. The global burden of disease and injury series, volume 1: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Cambridge, MA, USA: Harvard University Press, 1996
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- Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR, Rahman A. No health without mental health. Lancet 2007: DOI:10.1016/S0140-6736(07)61238-0
- Lancet Global Mental Health Group. Scale up services for mental disorders: a call for action. Lancet 2007: DOI:10.1016/S0140-6736(07)61242-2

