Including Mental Health in the Sustainable Development Goals

The United Nations member states are currently negotiating the Sustainable Development Goals (SDGs). Health is a crucial prerequisite for sustainable human development, and there can be no health without mental health. Mental health plays a key role in efforts to achieve social inclusion and equity, universal health coverage, access to justice and human rights, and sustainable economic development.

We, the FundaMentalSDG initiative, call upon you to support the inclusion of mental health, and to promote three edits to the Open Working Group (OWG) draft Goal 3, which are fully aligned with the WHO Global Mental Health Action Plan 2013-2030:

1. Edit the title of Goal 3 to: Ensure healthy lives and promote physical and mental health and well-being for all at all ages
2. Edit target 3.4: ‘By 2030, reduce by one third preventable premature mortality from non-communicable diseases through prevention and treatment in full accordance with the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases, and promote mental health and well-being in full accordance with the WHO Mental Health Action Plan 2013-2020.’
3. Edit target 3.8: ‘Achieve universal health coverage for physical and mental disorders, 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.

We further ask you to support the two indicators, as proposed by the UN Sustainable Development Solutions Network:

1. **Indicator 23:** Probability of dying between exact ages 30 and 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory disease, or suicide
2. **Indicator 28:** Proportion of persons with a severe mental disorder (psychosis, bipolar affective disorder, or moderate-severe depression) who are using services

Why we need a global Mental Health Target in the SDGs

**HIGH PREVALENCE: 1 in 4 people experience mental illness**

The WHO estimates that 1 in 4 people will experience an episode of mental illness in their lifetime and that as a consequence ca. 600 million people worldwide disabled. Most of these people live in Low and Middle Income Countries (LMICs) and four fifths of them are receiving no treatment.

**GLOBAL EMERGENCY: Human rights violations, stigma and discrimination**

Worldwide people with psychosocial disabilities experience most severe human rights violations, many are chained, caged in small cells, physically abused and discriminated. This failure of humanity is a global emergency and requires immediate and sustained action.

**GROWING BURDEN OF DISEASE: Reduced lifespan by up to 20 years**

Mental and behavioural problems are the biggest single cause of disability in the world, more than cardiovascular diseases and cancer combined. In addition, in high income countries men with mental health problems die 20 years and women 15 years earlier than other people. In low income countries the situation is even worse.

#FundaMentalSDG is a global initiative taken by international leaders in mental health. Its goal is to strengthen mental health target in the post-2015 SDG agenda because there can be no sustainable development without health, and no health without mental health. FundaMentalSDG proposes three edits to the OWG draft Sustainable Development Goal 3, which are fully aligned with the WHO Global Mental Health Action Plan 2013-2030.
The FundaMentalSDG Steering Group

Dr. Florence Baingana, MB ChB, MM(Psychiatry), MSc (HPPF)  Makerere University School of Public Health  World Psychiatric Association

Professor Dinesh Bhugra  Christoffel-Blindenmission (CBM)

Dr. Julian Eaton  iFred, International Foundation for Research and Education on Depression

Ms. Kathryn Goetzke, MBA  PAM-D NIH Collaborative Hub for International Research in Mental Health University of Ibadan, Nigeria

Professor Oye Gureje  PRIME consortium

Mr. Jagannath Lamichhane  Movement for Global Mental Health

Professor Crick Lund  AFFIRM NIH Collaborative Hub for International Research in Mental Health

Ms. Jess McQuail  BasicNeeds

Professor Harry Minas  Melbourne University, International Mental Health Centre

Dr. Juliet Nakku  Makerere University Butabika National Hospital

Professor David M. Ndetei  Africa Mental Health Foundation

Ms. Tina Ntulo  BasicNeeds Foundation Uganda

Professor Vikram Patel  Centre for Global Mental Health  London School of Hygiene & Tropical Medicine  Sangath and the Public Health Foundation of India

Professor Kathleen M. Pike  Global Mental Health Program, Columbia University

Dr. Shoba Raja  BasicNeeds

Professor Benedetto Saraceno  Gulbenkian Global Mental Health Platform

Professor Norman Sartorius  Association for the Improvement of Mental Health Programmes

Dr. Shekhar Saxena  Technical advisor

Professor Paul Summergrad  American Psychiatric Association  Tufts University School of Medicine

Professor Ezra Susser  Rede Americas NIH Collaborative Hub for International Research in Mental Health  Columbia University, New York  Schizophrenia Research Foundation

Dr. R. Thara  BasicNeeds

Professor Graham Thornicroft  Centre for Global Mental Health  King’s College London

Mr. Chris Underhill  BasicNeeds

Professor Robert Van Voren  Mental Health in Human Rights (F-GIP)

Ms. Nicole Votruba  #FundaMentalSDG #FundaMentalSDG Co-ordinator

By #FundaMentalSDG - version of 3-Mar-15

www.fundamentalsdg.org  www.facebook.com/FundaMentalSDG  twitter.com/FundaMentalSDG
GOAL 3: Ensure healthy lives and promote *physical and mental health and* well-being for all at all ages

3.1  By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2  By 2030, end preventable deaths of newborns and children under 5 years of age

3.3  By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4  By 2030, reduce by one third preventable premature mortality from non-communicable diseases through prevention and treatment in full accordance with the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases, and promote mental health and well being in full accordance with the WHO Mental Health Action Plan 2013-2020.

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

3.6  By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7  By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8  Achieve universal health coverage for physical and mental disorders, 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.

3.9  By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.a  Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

3.b  Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.c  Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.d  Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

*This document shows the OWG SDG draft (of 19.07.14), including the proposed edits by FundaMentalSDG in italics & highlighted.*
Indicators and a Monitoring Framework for the Sustainable Development Goals

Launching a data revolution for the SDGs

Revised working draft (Version 7) 20 March, 2015

Suggested SDG Indicators arranged by OWG Targets:

**Goal 3. Ensure healthy lives and promote well-being for all at all ages** *

| **3.4** by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing |
|:---|---|
| 23. Probability of dying between exact ages 30 and 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory disease, [or suicide] |
| 24. Percent of population overweight and obese, including children under 5 |
| 26. [Consultations with a licensed provider in a health facility or in the community per person, per year] – to be developed |
| 28. Proportion of persons with a severe mental disorder (psychosis, bipolar affective disorder, or moderate-severe depression) who are using services |
| 30. Current use of any tobacco product (age-standardized rate) |
| 3.17 Percentage of women with cervical cancer screening |
| 3.18. Percentage with hypertension diagnosed & receiving treatment |
| 3.21. Waiting time for elective surgery |
| 3.22. Prevalence of insufficient physical activity |

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This table complements the list of indicators summarized in Table 1 by mapping the indicators to the targets identified by the OWG. Since some indicators can help monitor more than one target, they may appear several times in the table. This repetition will also help to ensure that the indicator framework is integrated, with cross-references to the social, economic,
Supporting Organisations of FundaMentalSDG

- ADD freeSources
- The Alan J Flisher Centre for Public Mental Health, at UCT/Stellenbosch, South Africa
- Africa Mental Health Foundation
- American Psychiatric Association (APA)
- APP-Action on Postpartum Psychosis, UK
- Austrian Society for Social Psychiatry (Österreichische Gesellschaft für Sozialpsychiatrie)
- Awakenings Foundation, the Community Psychiatry Centre of the Semmelweis University, Budapest, Hungary
- BasicNeeds, UK
- Bipolar UK
- Butabika National Referral Mental Hospital, Uganda
- Careif Centre for Applied Research and Evaluation International Foundation
- CBM, Christofel Blindenmission, Germany
- Centre for Chronic Conditions and Injuries, Public Health Foundation of India, India
- Centre for the Economics of Mental and Physical Health, King’s College London
- Centre for Global Initiatives
- Centre for Global Mental Health, UK
- Department of Psychiatry, Razi University Hospital, La Manouba, Tunisia
- Department of Psychiatry, Federal University of Sao Paulo, Brazil
- Department of Psychiatry II, University of Ulm and BKH Günzburg, Germany
- Department of Psychology, University of Kwa Zulu Natal, Durban, South Africa
- Dept of Psychiatry, Queen’s University, Canada
- Department of Psychology, University of Kwa Zulu Natal, Durban, South Africa
- Faculty of Medical Sciences, Nova University of Lisbon, Portugal
- EMERALD, EU Programme on Mental Health System Strengthening
- Gede Foundation, Nigeria
- Gulbenkian Global Mental Health Platform, Portugal
- HealthnetTPO, The Netherlands
- Human Rights in Mental Health – FGIP, The Netherlands
- iFred, USA
- in2mentalhealth
- Institute of Psychiatry, Psychology & Neuroscience, King’s College London, UK
- London School of Hygiene and Tropical Medicine (LSHTM)
- Maudsley International, UK
- Member Care Associates
- Mental Health Innovation Network
- Mental Health First Aid, Australia
- Mental Health Foundation, UK
- MIND, UK
- Movement for Global Mental Health
- MQ Transforming Mental Health
- National Network of Depression Centers
- Peter C. Alderman Foundation, USA
- The Professional Board of Psychiatrists, Hungary
- SCARF Schizophrenia Research Foundation, India
- SHINE - Supporting People Affected by Mental Ill Health
- StrongMinds
- TPO Nepal
- The World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA)
- World Association of Social Psychiatry, UK
- World Medical Association
- World Federation for Mental Health, USA
- World Psychiatric Association
UN Member States supporting Mental Health in the SDGs

- Australia
- Belgium
- Canada
- Denmark
- Hungary
- Iraq
- Ireland
- South Africa
- Switzerland
- United Kingdom
- The United Nations (Ban Ki-Moon and Amina J. Mohammed)
3 October 2014

Dear Professor Thornicroft,

On behalf of the Secretary-General, I wish to thank you for your letter dated 15 September 2014 where you underscore the importance of mental health in the Post-2015 development agenda. This is indeed an issue of high importance, and of which we must not lose sight in the ongoing deliberations. I commend your international consortium, FundaMentalSDG, for this important contribution.

As preparations for the synthesis report get under way, I wish to underscore that it is the Secretary-General’s utmost priority to respect the work done by Member States and the equilibria found within the Open Working Group. In this regard, your constructive suggestions towards a transformative development agenda are greatly appreciated.

The Secretary-General continues to count on your active engagement as the international community endeavours to advance sustainable development and create a just world where all people live with dignity.

Yours sincerely,

Amina J. Mohammed
Special Adviser of the Secretary-General
on Post-2015 Development Planning

Professor Graham Thornicroft
Community Psychiatry Centre
for Global Health, King’s College
London
Kofi Annan calls for the tackling of depression to be made a global priority

Former UN secretary general says failure to confront mental health problems undermines human rights of millions

James Kingsland

The former UN secretary general, Kofi Annan has called for the tackling of depression to be made a global priority, with mental health incorporated into a new UN Millennium Development Goal after the deadline for achieving the current goals passes in 2015.

“The failure to tackle depression undermines the fundamental human rights of millions and millions of people,” he said. “This begins with the denial of even the most basic levels of treatment and support.”

Annan said the collective failure to confront the condition, which affects almost 7% of the world’s population – 400 million people – was not a result of a lack of knowledge about treatment, but a failure to recognise the scale of the problem and put in place resources to overcome it.

“The challenge is to find the global vision and leadership to maximise the benefit for...
individuals and families.”

Speaking at a forum in London on Tuesday about the global depression crisis, Annan praised the World Health Organisation (WHO) for stressing the importance of good mental health, but said that even in developed countries help for people with depression often lagged badly behind help for those suffering from physical conditions. In less-developed countries, he said, support and treatment could be non-existent.

“Too often and in too many societies those with mental health [problems] face discrimination and isolation,” he added. There was a lack of resources and trained mental health providers, he said, “but we also have to deal with the social stigma and lack of community understanding associated with mental disorders. This is all the more shocking given that depression can affect all of us. There will hardly be one extended family where one member has not suffered from depression.”

The forum, organised by the Economist, brought together psychiatrists, policymakers and business leaders to discuss the global crisis of depression, which in 2010 was estimated to cost $800bn (then £520bn) a year in lost productivity and healthcare costs, a sum expected to double over the next 20 years. The WHO estimates that depression is already the leading cause of disability worldwide.

The UK health minister, Norman Lamb, welcomed Annan’s call to put mental health on the UN’s development agenda.

“Faced with the statistics, no one can underestimate the extent of the problem or the challenges that lie ahead of us,” he told the meeting. But Lamb said that in the UK and elsewhere there was an imbalance of resource allocation between mental and physical health. “Mental health always tends to lose out. That in my view has to change.”

Ahead of the meeting, Prof Simon Wessely, president of the Royal College of Psychiatrists, told the Guardian that the mental health problems of patients with serious physical conditions such as cancer, heart disease and diabetes were too often ignored. He said that in the UK, the NHS was organised in such a way that physical and mental health problems were addressed separately, despite research showing that tackling psychological issues such as depression not only improved patients’ quality of life but also improved physical outcomes.

Ideally, physical and mental issues should be addressed concurrently, he said, but the way services were delivered in separate hospitals by different professionals mitigated against this. “We have separated out the mental and physical,” he said. “The truth is that for many generations we’ve considered the physical side of illness to be more important than the mental side.”

Other key speakers at the forum included David Haslam, who chairs the National
Institute for Health and Care Excellence. Haslam agreed that there was a tendency to organise treatment around single conditions. He said that for patients with chronic pain, heart disease and breathing difficulties, in particular, depression was often a significant factor in their lives that went untreated.

“I suspect that for a long time there was almost a naive feeling that people with long-term conditions were probably fed up with having long-term conditions, but now people are realising that it’s actually much more significant than that and needs treating very seriously.”

Wessely pointed to research at King’s College in London showing that integrating psychological therapies into diabetes services not only reduced levels of depression but also improved diabetic control. Other research, recently published in the Lancet, found that treating depression in patients with cancer improved quality of life at relatively little cost compared with the expense of cancer drugs.

“It’s a fantastically cost-effective treatment,” he said. “Of course, it doesn’t cure cancer and no one says it does, but in terms of improving the quality of life of cancer patients this was absolutely phenomenal.”