Including Mental Health in 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.

The UN members States’ negotiations concerning SDG are ongoing and we call upon you to support and promote the inclusion of the following target within the SDG Health Goal:

‘The provision of mental and physical health and social care services for people with mental disorders, in parity with resources for services addressing physical health.’

And inclusion of the following 2 indicators:

‘To ensure that service coverage for people with severe mental disorders in each country will have increased to at least 20% by 2020 (including a community orientated package of interventions for people with psychosis; bipolar affective disorder; or moderate-severe depression).’

‘To increase the amount invested in mental health to at least 5% of the total health budget by 2020, and to at least 10% by 2030 in each low and middle income country.’

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

#FundaMentalSDG is a global initiative taken by international leaders in mental health. Its goal is to include a specific mental health target in the post-2015 SDG agenda because there can be no sustainable development without health, and no health without mental health.
Post-2015 CALL TO ACTION: Include Mental Health in the Sustainable Development Goals

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INTERNATIONAL LEADERS UNITE UNDER #FUNDAMENTALSDG TO CREATE GLOBAL MOVEMENT IN INCLUSION OF MENTAL HEALTH IN THE UNITED NATIONS (UN) POST 2015 DEVELOPMENT AGENDA

Leaders call for support for global movement in most important mental health initiative addressing world’s biggest single cause of reduced lifespan

09/09/2014 London/ Geneva —

Mental health leaders and advocates gathered in Geneva, Switzerland this past week as the “Preventing Suicide, A Global Imperative” report was publicly released by the World Health Organization (WHO) after the WHO launched implementation discussions of the Global Mental Health Action Plan adopted by the United Nations 66th assembly last year. Today, leaders join together under a new group #FundaMentalSDG to advocate adding clear, measurable mental health targets to the United Nations Post Millennium 2015 development goals currently in development and about to be negotiated by UN member states, following the UN High-level Stocktaking Event on the Post-2015 Development Agenda in New York on 11 – 12 September 2014.

According to the report by WHO, suicide is preventable, mental health disorders are treatable, and yet because we don’t significantly address it we lose over 800,000 lives annually, it is the second leading cause of death globally for youth ages 15-29, and is estimated to cost the United States alone over 100 billion dollars every year. #FundaMentalSDG invites other organizations, institutions, and world leaders to unite by collectively asking the United Nations to include a specific mental health target and two indicators in this critical post-millennium agenda.

The #FundaMentalSDG group was developed as world leaders agree we must take a collaborative, multi-sectoral approach in elevating the work done in mental health. Dr. Shekhar Saxena, Director of the Department of Mental Health and Substance abuse, states in the Global “Use a Red, White” report: “This report, the first WHO publication of its kind, presents a comprehensive overview of suicide, suicide attempts and successful suicide prevention efforts worldwide. We know what works. Now is the time to act”.

The July 19th 2014 United Nations draft of the Post-Millennium Goals includes an overall Health Goal: ‘Proposed goal 3. Ensure healthy lives and promote well-being for all at all ages’. A recent Editorial in the British Medical Journal (BMJ) by Professors Graham Thornicroft and Vikram Patel, of King’s College London and London School of Hygiene and Tropical Medicine respectively, calls upon colleagues worldwide to include within this Health Goal the following specific mental illness target:

‘The provision of mental and physical health and social care services for people with mental disorders, in parity with resources for services addressing physical health.’
They also propose that this is directly supported by 2 indicators related to the WHO Mental Health Action Plan 2013-2020, adding that it is very difficult to achieve results without specific measurements:

(1) 'To ensure that service coverage for people with severe mental disorders in each country will have increased to at least 20% by 2020 (including a community orientated package of interventions for people with psychosis; bipolar affective disorder; or moderate-severe depression).'

(2) 'To increase the amount invested in mental health (as a % of total health budget) by 100% by 2020 in each low and middle income country'

According to Thornicroft and Patel’s article in the BMJ, there is compelling evidence to show that improved global mental health is a necessity for overall human and societal development. For example, “poorer mental health is a precursor to reduced resilience to conflict,” and not only that, “it is also a barrier to achieving the suggested goal for promoting peaceful and inclusive societies for sustainable development, providing access to justice for all, building effective, accountable and inclusive institutions at all levels.”

In a Policy Brief produced by #FundaMentalSDG entitled “Call to Action: The Need to Include Mental Health Target and Indicators in the Post-2015 Sustainable Development Goals”, it reviews the high prevalence of mental illness (1 in four people experience mental illness in their lifetime), the global emergency mental illness is causing insofar as human rights violations, stigma and discrimination, and the fact that mental illness can reduce lifespan by 20 years. Further, the brief points out that in low and middle income countries, up to 98 percent of people with mental health problems do not receive any treatment, as evidenced research proofs. Mental health has impact across the whole range of SDGs, and thus can be seen as a cross cutting issue.

#FundaMentalSDG is an initiative which aims to include a specific mental health target in the post-2015 SDG agenda. The initiative is committed to the principle that there can be no health without mental health, and no sustainable development without including mental health into the post-2015 SDG agenda. The #FundaMentalSDG initiative is led by the #FundaMentalSDG Steering Group, composed of leaders in the field of global mental health, drawn from a wide range of service user, caregiver, advocacy, policy, service delivery and research organizations.

To support the initiative, visit www.fundamentalsdg.org/show-your-support and take action today.

For more information, see www.fundamentalsdg.org, www.facebook.com/fundamentalsdg, and twitter.com/FundaMentalSDG and be sure to use hashtag #FundaMentalSDG in communication efforts.

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Including mental health among the new sustainable development goals

The case is compelling

Graham Thornicroft \textit{professor} \textsuperscript{1}, Vikram Patel \textit{professor}\textsuperscript{2,3}

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The United Nations will soon decide what will follow its millennium development goals, which expire in 2015. The case for including mental health among the new sustainable development goals is compelling, both because it cuts across most of the suggested new goals and because of the unmet needs of the 450 million people in the world with mental illness.\textsuperscript{1}

Poorer mental health is a precursor to reduced resilience to conflict. It’s also a barrier to achieving the suggested goal of promoting peaceful and inclusive societies for sustainable development, providing access to justice for all, and building effective, accountable, and inclusive institutions at all levels. In addition, conflict is itself a risk factor for adverse mental health consequences,\textsuperscript{2} and in the aftermath of conflict the needs of vulnerable groups such as people with mental illness are often accorded the lowest priority (as documented by photojournalist Robin Hammond, www.robinhammond.co.uk).

The improvement of mental health systems will also have a decisive role in making cities and human settlements inclusive, safe, resilient, and sustainable, and this is especially important given the global trend towards urbanisation with its associated risk factors for mental illness.\textsuperscript{3} In addition, conflict is itself a risk factor for adverse mental health consequences,\textsuperscript{2} and in the aftermath of conflict the needs of vulnerable groups such as people with mental illness are often accorded the lowest priority (as documented by photojournalist Robin Hammond, www.robinhammond.co.uk).

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A third suggested goal is to promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all. People with mental illness have far lower rates of employment than the rest of the population, and periods of economic recession are related to worse mental health in the population, especially among men.\textsuperscript{4} More generally, people with untreated mental disorders have a negative effect on global wealth because they increase school and work absenteeism and dropout rates, healthcare spending, and unemployment rates.\textsuperscript{5} Disregarding the needs of the population for mental healthcare impairs productivity,\textsuperscript{6} costing the world in excess of $16tn (£9.5tn; €12tn) a year in lost economic output.\textsuperscript{6} In order to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, we will have to recognise that mental health problems, especially developmental disorders such as attention-deficit/hyperactivity disorder, are often associated with educational underachievement and that these blight long term economic prospects. Moreover, educational stressors are risk factors for suicidality among school and college students. Mental health is also relevant to the goal of ending hunger, achieving food security, improving nutrition, and promoting sustainable agriculture. Mental illness in mothers is a risk factor for child undernutrition,\textsuperscript{7} and poor diet among people with severe mental illness contributes to their worse physical health.\textsuperscript{8}

Ensuring healthy lives and promoting wellbeing for all at all ages is also impossible without a consideration of mental health. Inequality within and among countries cannot be fully addressed unless we recognise that nearly a quarter of the world population—the number who experience a mental illness each year—experience systematic discrimination in most areas of life.\textsuperscript{9} Indeed, the right to health, as incorporated in the United Nations Convention on the Rights of Persons with Disabilities, is manifestly neglected as the life expectancy among people with mental illness is up to 20 years lower among men and 15 years lower among women than among their counterparts without mental illness.\textsuperscript{10} People with severe infections (such as HIV/AIDS) or non-communicable diseases also show premature mortality if their adherence to medication is compromised by undetected or untreated coexisting mental illness.\textsuperscript{11} The fundamental point is that health must include mental health, as defined by WHO and accepted by all nations, not just in spirit but in reality.
To turn to the arguments for directly meeting the needs of people with mental illness in the new development goals, the basic facts are clear and deeply disturbing. In high income countries about one quarter of people with mental illness receive care, and in low income countries fewer than one in ten do so.12 Two thirds of people with depression in the UK are not getting any treatment.13 By comparison, treatment rates for the main non-communicable diseases in low income countries commonly exceed 50%.14 In other words, the mental health treatment gap is vast in all countries.13 Any approach to universal health coverage must therefore include the provision of treatment to people with mental illnesses. Together, these contribute to nearly a quarter of total years lived with disability across all conditions worldwide.15 At present, low income countries allocate about 0.5%, and lower middle income countries 1.9%, of their overall health budget to mental healthcare.17

The choice of sustainable development goals matters because national governments and international donors will give these the highest priorities for investment, as they did with the millennium development goals. We therefore call on the United Nations to include within the health related goal the following separate target: the provision of mental and physical health and social care services for people with mental disorders, in parity with resources for services addressing physical health. We also propose the inclusion of two key indicators identified in the WHO Mental Health Action Plan 2013-2020: service coverage for severe mental disorders will have increased by 20% by 2020 and the rate of suicide will be reduced by 10% by 2020.

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## Proposed UN sustainable development goals

- End poverty in all its forms everywhere
- End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
- Ensure healthy lives and promote wellbeing for all at all ages
- Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Achieve gender equality and empower all women and girls
- Ensure available and sustainable management of water and sanitation for all
- Ensure access to affordable, reliable, sustainable, and modern energy for all
- Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all
- Build resilient infrastructure, promote inclusive and sustainable industrialisation, and foster innovation
- Reduce inequality within and among countries
- Make cities and human settlements inclusive, safe, resilient, and sustainable
- Ensure sustainable consumption and production patterns
- Take urgent action to combat climate change and its impacts
- Conserve and sustainably use the oceans, seas, and marine resources for sustainable development
- Protect, restore, and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable, and inclusive institutions at all levels
- Strengthen the means of implementation and revitalise the global partnership for sustainable development
Mental health: a worthwhile goal

Trevor Jackson deputy editor, The BMJ

When the United Nations comes to choose its new set of sustainable development goals, it should be sure to include mental health, argue Graham Thornicroft and Vikram Patel in The BMJ this week (doi:10.1136/bmj.g5189). They set out a range of reasons for why the case is compelling. First among these is that “poorer mental health is a precursor to reduced resilience to conflict.” Not only that, but conflict is itself a risk factor for adverse mental health, they add, and in the aftermath of war people with mental illness are often accorded the lowest priority. At a time when some of the most seemingly intractable conflicts continue to wreck and destroy lives—in Syria and Iraq, in eastern Ukraine, and across the border between Israel and Gaza—Thornicroft and Patel’s call is particularly pertinent.

As doctors from southern Israel and Gaza, Mark Clarfield (doi:10.1136/bmj.g5023) and Izzeldin Abuelaish (doi:10.1136/bmj.g5106) must surely recognise the importance of Thornicroft and Patel’s argument. While Clarfield, an Israeli geriatrician, and Abuelaish, a Palestinian associate professor of global health, come from opposite sides of the political divide, they reflect on the common ground they share through medicine. Clarfield writes: “We must make peace. I will talk to my people. Please: I implore you to talk to yours. Our patients need us to do so. Let us never forget that we are both doctors.” Abuelaish, three of whose children were killed by shellfire in 2009, replies: “We must find a way to stop the bloodshed, and as doctors we have a voice.”

If Clarfield and Abuelaish do ever get the peace that they and the world strongly wish for their region, declaring mental health one of the new sustainable development goals might help further. For Thornicroft and Patel argue that improving mental health systems will also “have a decisive role in making cities and human settlements inclusive, safe, resilient, and sustainable, and this is especially important given the global trend towards urbanisation with its associated risk factors for mental illness.”

But in order to improve health systems, planners need to estimate future healthcare needs, and this, according to John Appleby’s latest Data Briefing (doi:10.1136/bmj.g5184), depends on successful population projections. But these are difficult to get right, he says, and several past projections have greatly underestimated total population numbers. The reason for this, says Appleby, is that it has proved hard to predict how births, deaths, and migration (often a consequence of war) will change. “What is particularly striking is how consistently wrong projections of deaths have been—and all in the same direction, overestimating the number of deaths.” In other words, we (in the West at least) are living longer.

Population projections underpin not only estimate of future healthcare needs, as Appleby points out, but also government spending and tax revenues, housing demand, and road, rail, and air transport needs. But where and how we live and travel are also strongly relevant to our health, as Anthony A Laverty and Christopher Millett discuss in their editorial (doi:10.1136/bmj.g5020) on healthier commuting, linked to a research paper that found that those who walked or cycled to work had a lower body mass index and a lower body fat percentage than those using private transport (doi:10.1136/bmj.g4887). Laverty and Millett’s message for health professionals is to tell patients to “leave your car at home.”

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Why is mental health such a low priority for the UN?

With mental health issues affecting one in six, it’s time for the UN to update its development goals

• Austerity or opportunity? How mental health services can thrive

Graham Thornicroft and Vikram Patel
Guardian Professional, Tuesday 2 September 2014 08.30 BST

Treatments available for mental health problems are as powerful as those for diabetes, write Graham Thornicroft and Vikram Patel. Photograph: Hugo Philpott/PA

Imagine a health problem that affects one in six of us, that has a deep and damaging impact on our family and working lives, where effective treatments are available, and yet where only about a quarter of people with this condition get any treatment. Is this a scandal of neglect affecting people with cancer or heart disease diabetes? No – this is the real situation for people with mental health problems in Britain today. These conditions span the range from autism to alcohol use disorders, and from depression to dementia. More than 50 years ago when mothers suffered from post-natal depression in England, they were given electroconvulsive therapy to aid their recovery. Yet there is little evidence that we treat provide better mental health treatment now than we did then.

In global terms, the United Nations plays a leading role in identifying which health conditions are the highest priority. In 2000, 189 countries made a commitment to help achieve the eight millennium development goals (MDGs) by 2015. Three of these goals were to do with health: to reduce child mortality; to improve maternal health; and to combat HIV/AIDS, malaria, and other diseases. None referred to mental illness.

In the field of mental health we work with colleagues in many countries of the world and repeatedly find that Ministry of Health staff tell us that it “is not a priority”. The consequence is that although mental health problems are responsible for almost a quarter of all the disability in world, the poorest countries dedicate just 0.5% of their health budgets to mental health. But this under-investment is not because resources are scarce in these poor countries, where up to two-thirds of people with physical illnesses

http://www.theguardian.com/healthcare-network/2014/sep/02/mental-health-low-priority-united-nations/print
such as diabetes do get treatment. The scale of this neglect of people with mental illness is truly breathtaking.

Governments and international donors do listen to the priorities agreed by the United Nations. There is a very important opportunity now to make sure that the new goals, for the period after 2015, will clearly address the needs of people with mental illness. Now in the final stages of their drafting, these sustainable development goals (SDGs) refer to 17 areas of health, economic or environmental progress. At the moment just one phrase of one “target” of one “goal” mentions mental health at all, with no specific indicators given about how to measure progress. Why is mental health seen as such a low priority by the United Nations?

This is negligent because mental health problems affect so many people across the world, and have such wide ranging ways to exclude people from the mainstream of life. For example, it is true to say that poverty is a trigger for mental health issues, and that they can trip people into poverty. Without treatment people with mental health problems are less productive in their jobs, more likely to be unemployed and to rely on state or family support. Indeed the World Economic Forum estimates this loss of global economic output as in excess of $16tn.

Some policy makers say, “but we don’t have effective treatments that can be put into practice”. This is wrong. The World Health Organisation has produced practical treatment guidelines for use in primary care in low income countries, based upon the very best evidence of what works. We know that the treatments available for mental health problems are as powerful as those for high blood pressure, diabetes or rheumatoid arthritis.

The fundamental point is that any serious attempt to address health must include mental health.

The new SDGs being developed by the United Nations need to acknowledge the vital role of mental health. We therefore call upon the United Nations to include within the overall health goal a specific target for “the provision of mental and physical health and social care services for people with mental illness, in parity with resources for services addressing physical health.” The stigmatising exclusion of mental health from the global health agenda must end now.

#FundaMentalSDG is an initiative which aims to include a specific mental health target in the post-2015 SDG agenda.

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Treating mental illness is a global task, say experts

Psychiatrists say changed priorities can reduce poverty, chronic disease and underachievement

Charlie Cooper
Sunday, 31 August 2014

The world’s leading psychiatrists have launched a historic bid to include mental health in the UN's post-2015 development goals.

The eight Millennium Development Goals (MDGs), established at the start of the 21st century, have guided the world's response to global poverty and ill-health, leading to remarkable gains in the fight against TB, malaria and HIV.

However, no targets for improving the treatment of mental illnesses were included in the MDGs, leading to what psychiatrists have called the "systematic neglect" of millions of people.

In 2015, the MDGs will be replaced by a new set of targets, the Sustainable Development Goals (SDGs), aimed at guiding global policies for the remainder of the century. The UN is soon to decide what to include in the SDGs at the launch summit next year.

A group of 13 senior psychiatrists from the US, Europe, Africa and Asia is now spearheading a campaign to have a specific mental health target included in the SDGs.

One of the UK’s leading experts on mental illness, Professor Graham Thornicroft, told The Independent on Sunday that the UN needed to push countries into ending "a conspiracy of silence" around the neglect of the mentally ill.

"This year, one in six of us will have a mental health problem ... In most countries it is difficult, almost impossible, to speak about mental illness ... We see systematic neglect at every level about mental health issues," he said.

"We know that mental illnesses are not just common, but are contributing to up to a quarter of all the disability in the world. It's remarkable. But in terms of international policy, we have seen this astonishing disregard of the needs of people with mental illness."
Estimates vary, but at least 450 million people are believed to suffer from mental illness. Depression, anxiety, and psychotic illnesses such as schizophrenia are not just problems in themselves, but also increase the likelihood of the sufferer succumbing to heart and lung diseases.

Studies in Australia and Scandinavia have shown that men with mental illness die on average 20 years younger than the general population, and women on average 15 years younger.

"Colleagues working in Ethiopia have shown that there is a big drop in life expectancy for people with mental illness in developing countries as well, where people are often just abandoned by their families and become destitute," said Professor Thornicroft.

The SDG initiative, dubbed #FundaMentalSDG, argues that combatting mental health problems will also help the world to reduce poverty, chronic disease, and educational underachievement – all exacerbated by mental illness.
EDITORIAL

The importance of global mental health for the Sustainable Development Goals

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Introduction

Currently the United Nations are negotiating the next generation of global development goals: the new Sustainable Development Goals (SDG) for the Post 2015 agenda. The previous 10 Millennium Development Goals (MDGs) (United Nations Millennium Declaration, 2000) have helped to accelerate development in many low- and middle-income countries (LAMICs) (United Nations, 2013). While “there have been visible improvements in all health areas” as United Nations Secretary General Ban Ki-Moon stated in the introduction to the MDG report 2013 (United Nations, 2013), mental health, although highly relevant to the MDGs, was wholly excluded from these goals. For the new SDGs, the international community now needs to recognise the evidence showing the growing burden of disease and the extensive social and economic global consequences of mental disorders and psychosocial disabilities (World Economic Forum, 2011). Mental health has for too long been a low priority in development. In the future Post-2015 agenda, mental health needs to be clearly included, with a specific mental health target and two indicators.

The significance of mental health for the global burden of disease

In recent years, mental disorders and psychosocial disabilities have been increasingly recognised as global development issues (Eaton et al., 2014). The EU and several high-income governments have acknowledged the critical importance of scaling up mental health services in LAMICs (The Council of the European Union, 2010), and the World Health Assembly has adopted a Comprehensive Mental Health Action Plan (2013–2013) as a framework for scaling up access to services, a formal recognition of WHO’s 194 member states of the global relevance of mental health. The WHO and partners have developed the Mental Health Gap Action Programme (mhGAP) to provide evidence-based resources for governments and civil society to do this in a practical way. Global awareness for mental health conditions is growing, yet more commitment is needed by governments to provide sufficient prioritisation and budgets for services. The UN must react to the compelling evidence: mental health must be considered in the Post-2015 agenda.

A quarter of people in the world are affected

The WHO estimates that one in four people will experience a mental health condition in their lifetime and that approximately 600 million people worldwide are disabled as a consequence (Kohn et al., 2003). According to the World Report on Disability, 1 billion people worldwide experience a disabling condition, 60% of the causes of which are strongly linked to mental, neurological and substance abuse conditions (World Health Organisation, 2011b).

Mental disorders and psychosocial disabilities are one of the most pressing development issues of our time, frustrating the aspirations of families, communities and emerging economies. Most of the people affected by mental health conditions live in low- and middle-income countries (Wang et al., 2007). Contextual factors, including poverty and hunger, conflict and trauma, poor access to health and social care, and social inequity all serve to increase their vulnerability (Kohrt et al., 2012). Yet, in these countries, between 76% and 85% of people with severe mental disorders do not receive treatment for their disorder (World Health Organisation, 2013b).

Increasing impact of mental disorders

The second reason why mental health needs to be considered as single target in the SDGs is that the burden of disease is steadily growing. Recent systematic analyses show that mental and behavioural problems account for 7.4%, and neurological conditions including dementia and epilepsy account for 3%, of the global burden of disease measured using Disability Adjusted Life Years (DALYs). Mental and behavioural problems command nearly one-quarter of the global total (Whiteford et al., 2013). This makes mental disorders and psychosocial disabilities the biggest single cause, more than cardiovascular diseases and cancer combined. By 2030, unipolar depression will be the leading contributor to years lived with disability (World Health Organisation, 2013a).
Mental health conditions can not only cause great and long-lasting disability, but also have high impact on the excess mortality. In consequence, in high-income countries, men with mental health problems die 20 years and women 15 years earlier than people without mental health problems (Lawrence et al., 2013; Wahlbeck et al., 2011). Excess mortality due to mental health conditions is likely to be much higher in low-income countries. This mortality gap is not only a life-threatening consequence of disease, but also a serious human rights challenge and development issue. Also, mental illness is a central cause of suicide (Mathers & Loncar, 2006), now the second highest cause of death among 15–29 year-olds globally (World Health Organisation, 2014).

Human rights violations, stigma and discrimination

Further, mental health must be included in the Post-2015 Development Agenda because it is a pressing case of global human rights and a moral duty (Patel et al., 2006). People with mental disorders and psychosocial disabilities often experience social exclusion, stigma and discrimination (Almazeedi & Alsuwaidan, 2014). To change societies’ perceptions, attitudes and beliefs, a public focus on human rights and stigma reduction is essential (Sartorius, 2007). In all regions of the world, people with mental disorders and psychosocial disabilities experience severe human rights violations, including being tied to beds, kept in isolation in psychiatric institutions, or chained and caged in small cells (Thornicroft & Shunned, 2006). The United Nations should recognize this failure of humanity as a global crisis requiring substantive and sustained action. Access to effective treatment can reduce stigma and exclusion, and evidence of effective interventions is now starting to emerge (Thornicroft et al., in press).

Most people do not receive effective treatment

Despite this great need, there is clear evidence that the large majority of people with mental disorders and psychosocial disabilities worldwide receive no effective treatment (Patel et al., 2013). Globally, mental disabilities and psychosocial disorders are grossly under-financed (World Economic Forum, 2011). Government spending on mental health compared with the burden of disease is creating an enormous mismatch, and substantially contributing to globally low rates of treatment of people with mental disorders (known as the ‘treatment gap’). Low-income countries spend about 0.5% of their very limited health budgets on psychosocial disabilities, despite their causing 25.5% of the Years Lived with Disability (YLDs) (World Health Organisation, 2011a). In many low-income countries, fewer than 10% of people are able to access services (Wang et al., 2007). Services are often non-existent, or based in large cities, far from people who may need them. In some countries, and for more severe disorders such as schizophrenia, the treatment gap is as wide as 98% (World Health Organization, 2008). In other words, this means fewer than one in 10 people with mental health conditions receive the treatment they need (Wang et al., 2007). This lack of access to treatment breaches the right to health as set out in the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006). Access to treatment must be improved, adherence of human rights standards needs to be secured, and we must no longer accept that the quality of life of persons with mental disorders and psychosocial disabilities should be any less than other members of society.

Mental health presents cross-cutting issues for health and development

Finally, mental health is an issue with cross-cutting impact across many of the planned SDGs, and related to many aspects of development (Thornicroft & Patel, 2014). Many aspirational global goals have strong interdependencies with mental health, for example; peaceful and inclusive societies (Goodwin & Rona, 2013) and safety in human settlements (Ouanes et al., 2014), sustainable economic growth (Cruz et al., 2013) and productive employment (Katikireddi et al., 2012), inclusive education and learning opportunities, food security and improved nutrition (Surkan et al., 2011), maternal and child health, healthy lives and well-being, the overall population level (Guszkowska et al., 2014), and a more equal society.

Mental health is not only critical to success in addressing social, political and economic development, it also has direct links to, and impact across, the majority of thematic areas for emerging priorities for the SDGs (Movement for Global Mental Health, 2013).

Call to the United Nations: make mental health a Post-2015 development target

Addressing mental health is an essential step in addressing key development issues such as social inclusion and equity, universal health coverage, a holistic and life-course approach to health, access to justice and human rights, and sustainable economic development. We, therefore, call upon the United Nations to include the following target within the Post-2015 SDG Health Goal:

The provision of mental and physical health and social care services for people with mental disorders, in parity with resources for services addressing physical health.

This target should be supported by the inclusion of the following two indicators:

1. To ensure that service coverage for people with severe mental disorders in each country will have increased to at least 20% by 2020 (including a community orientated package of interventions for people with psychosis; bipolar affective disorder; or moderate-severe depression), and
2. To increase the amount invested in mental health to at least 5% of the total health budget by 2020, and to at least 10% by 2030 in each low and middle income country. (#FundaMentalSDG, 2014)

Conclusion

UN Secretary General Ban Ki-Moon stated in his foreword to the 2013 MDGs report “Significant and substantial progress...
has been made in meeting many of the targets’ (United Nations, 2013). As Jeffrey D. Sachs of the Earth Institute at Columbia University, the chief architect of the MDGs, has recently stressed, the MDGs have been a great success in engaging both LAMICs to an ambitious commitment for development, and high-income countries in exceeding their own investment promises in these countries (Sachs, 2014). Defining the goals in binding agreements has catalysed investment, economic development and political engagement, holding governments accountable will be crucial for progress (Gulland, 2013). This is why we need the United Nations to agree a clear mental health target, with two defined indicators to the new SDGs.

In the emerging global consensus on development priorities, health is increasingly seen as an essential component of overall sustainable development, and as a positive outcome of successful achievement of human rights, social and environmental initiatives (Eaton et al., 2014). Being directly linked, and having numerous interactions with other health conditions (Almas et al., 2014), mental health cannot be separated from other health domains, and is essential for sustainable human development (Prince et al., 2007). In the Constitution of the World Health Organization, mental health is an integral part of health and well-being (World Health Organisation, 2006). The case is compelling: mental health and the extensive global consequences of mental disorders and psychosocial disabilities have been neglected for too long. Such SDGs can be a major step to realising the potential contribution to the development of the quarter of the world’s population who are currently being ignored.

Declaration of interest

The authors are supporters of the #FundaMentalSDG initiative established to support the inclusion of mental health target and indicators in the SDG.

References