Position paper: Mental Health Indicators for the UN Sustainable Development Goals (SDGs)

With regards to the UN Sustainable Development Goals (SDGs) UN STATs has evaluated and rated the indicators in its March 2015 Technical Report. Evaluation criteria are feasibility, suitability and relevance. Out of the 304 proposed provisional indicators, 50 indicators (16 per cent) were evaluated as feasible, suitable and very relevant (rating AAA).

We respectfully request UN Stats to consider the evidence of feasibility, suitability and relevance of two additional indicators.

We have evidence of feasibility, suitability and relevance of the following indicators, which were suggested by the UN Sustainable Development Solutions Network (UNSDSN), and are fully aligned with the World Health Organisation (WHO) Global Mental Health Action Plan 2013-2030:

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

Please see Annex I for supporting details.

While physical health is a distinct goal in the draft SDGs, people with mental illnesses are yet to be strongly represented. This has been stressed in November 2014 by Kofi Annan:

> *"As the world is thinking about a development framework to build on the Millennium Development Goals, we need to place mental health in general and depression in particular within the post-2015 agenda."*

A strong international consortium has formed to support the above proposals, called FundaMentalSDG. The initiative is building momentum: Support has been expressed by several UN nations' governments, by numerous international organisations (e.g. WMA), and on 26 November in the UK Parliament, the All Party Parliamentary Groups (APPG) on Global Health and Mental Health launched the report 'Mental Health for Sustainable Development'. The report contains only 4 recommendations - one of which is the target for the Sustainable Development Goals, as proposed by FundaMentalSDG.

FundaMentalSDG respectfully requests UN Stats to reconsider, and acknowledge the evidence of feasibility, suitability and relevance of the suggested indicators, and the growing body of international opinion to include these 2 specific indicators in the in final version of the SDG indicators.

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Annex I

Indicator 23: Suicide

'Probability of dying between exact ages 30 and 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory disease, or suicide'

- WHO indicates that suicide could be included/reported as a specific cause of mortality
- WHO 2014 World Suicide Report Annex 1 provides estimates of the number and rate of suicide in each UN member state for 2012. Access the report: http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/
- Quality/feasibility: WHO estimation process takes into account known under-reporting problems, and also employs standard methods for extrapolation where vital registration data are missing. The quality of estimate for each country is scored accordingly (1-4, see Annex 1 of the aforementioned report). Out of the 172 Member States for which estimates were made for the year 2012, 60 had good-quality vital registration data that could be used directly to estimate suicide rates. For more information, see: www.who.int/mental_health/suicide-prevention/mortality_data_quality/en/

Indicator 28: Service coverage for severe mental disorders

'Proportion of persons with a severe mental disorder (psychosis, bipolar affective disorder, or moderate-severe depression) who are using services'

- The Mental Health Action Plan 2013-2020 Appendix 1 provides information on the definition of each target/indicator, as well as means of verification. See www.who.int/mental_health/publications/action_plan/en/

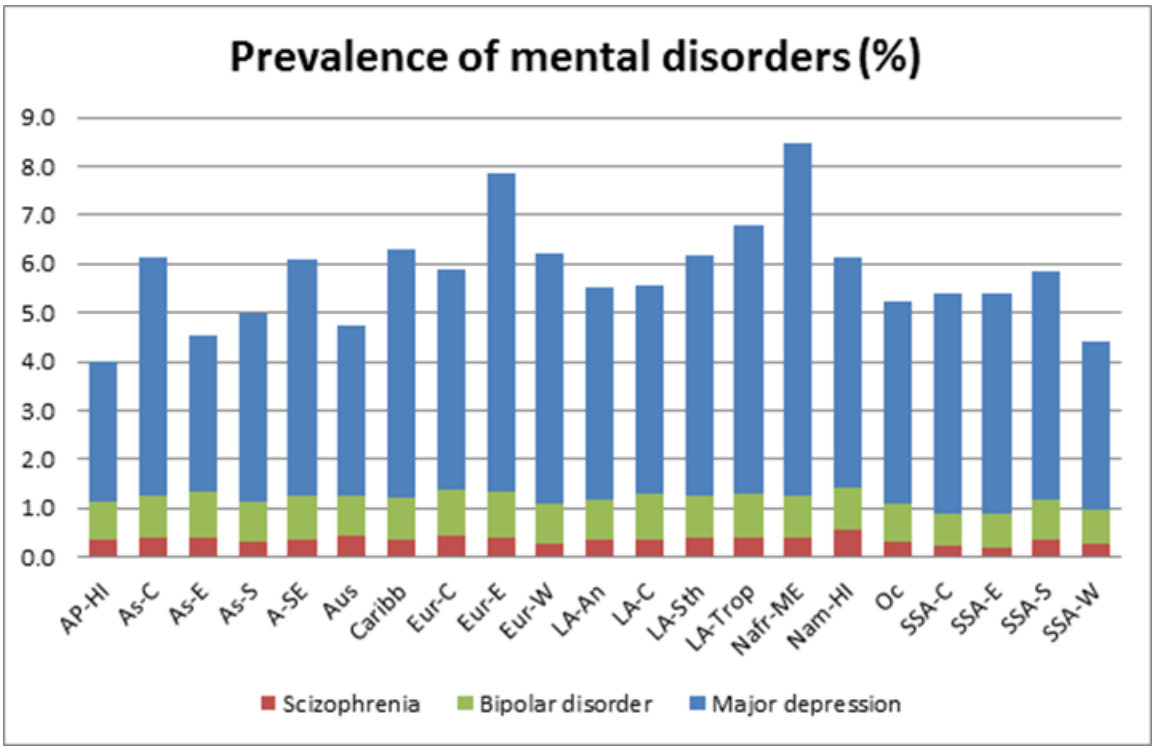
Objective 2: To provide comprehensive, integrated and responsive mental health and social care services in community-based settings

Global target 2	Service coverage for severe mental disorders will have increased by 20% (by the year 2020).
Indicator	Proportion of persons with a severe mental disorder (psychosis; bipolar affective disorder; moderate-severe depression) who are using services *[%]*.
Means of verification	*Numerator*: Cases of severe mental disorder in receipt of services, derived from routine information systems or, if unavailable, a baseline and follow-up survey of health facilities in one or more defined geographical areas of a country. *Denominator*: Total cases of severe mental disorder in the sampled population, derived from national surveys or, if unavailable, sub-regional global prevalence estimates.

Comments/assumptions	Estimates of service coverage are needed for all mental disorders, but are restricted here to severe mental disorders to limit measurement effort. Health facilities range from primary care centres to general and specialised hospitals; they may offer social care and support as well as psychosocial and/or pharmacological treatment on an outpatient or inpatient basis. To limit measurement effort, and where needed, countries may restrict the survey to hospital-based and overnight facilities only (with some loss of accuracy, due to omission of primary care and other service providers). Baseline survey in 2014, with follow-up undertaken at 2020 (and preferably also at mid-point in 2017); the survey questionnaire can be supplemented to also address service readiness and quality, as desired. Secretariat can provide guidance and technical assistance to Member States regarding survey design and instrumentation.

- Quality/feasibility: As part of its 2014 mental health ATLAS survey, WHO has requested information on the number of persons with (severe and also any) mental disorder who received mental health care in the last year. This represents the numerator of the coverage indicator. Disaggregated information has been requested for specific diagnostic categories (non-affective psychosis; bipolar disorder; moderate-severe depression). To date, WHO has obtained coverage data from more than 50 Member States, including information on the source of these estimates. WHO believe this level of response – particularly as it has not been requested before via earlier ATLAS surveys – indicates the global viability of this indicator.

- Concerning the denominator for this coverage indicator/target, the gold standard would be local and nationally-representative population surveys, but a relevant / usable fall-back is the most recent estimates from the global burden of disease study since – as known, and confirmed in the summary Figure below - the degree of variation between countries / sub-regions for schizophrenia and bipolar disorder is rather low. All persons with these disorders – and with moderate/severe depressive episode for that matter – would be expected to need some form of care, even if only basic psychosocial treatment. Therefore the observed prevalence can be taken as a robust measure of population need. The variation between countries for depression is higher, but here WHO has more data – including World Mental Health survey and World Health Survey data – and the GBD group have actually produced estimates of depression prevalence for every country (see attached for the relevant on-line supplementary table from the paper by Ferarri et al, PLoS Medicine 2013).



Mental Health

1 in 4 people will experience an episode of mental illness in their lifetime, according to the WHO. Most (85%) of these people are in Low and Middle Income Countries. Mental and behavioral problems account for 7.4% of the global burden of disease measured using Disability Adjusted Life Years (DALYs). Mental and behavioral problems command nearly **one-quarter of the global total** share of Years Lived with Disability. This is the biggest single cause, more than cardiovascular diseases and cancer combined.

In high income countries men with mental health problems die 20 years and women 15 years earlier than people without mental health problems. In low income countries this gap is likely to be much wider. In some countries, and for more severe disorders such as schizophrenia, the **treatment gap is as wide as 98%**. Yet, global budgeting still shows a mismatch, and more commitment is needed by governments to budget adequately for psychosocial disability treatment and services

Mental health status is associated in multiple ways with each of the 17 proposed SDGs, and can therefore be considered as a fully cross-cutting issue. We as international community have a responsibility to demonstrate appropriate consideration of mental health issues in the Post 2015 Agenda.

Attachment:

1. GBD 2010 depressive disorders Supplement (prevalence by country)
2. FundaMentalSDG background brief