

## Call to Action: The Need to Include Mental Health Target and Indicators in the Post-2015 Sustainable Development Goals

### *HIGH PREVALENCE: 1 in 4 people experience mental illness in their lifetime*

Mental health has for too long been a low priority in development. Psychosocial disabilities<sup>1</sup> are increasingly recognized as resulting in individual social exclusion, and being an important factor frustrating the aspirations of families, communities and emerging economies. According to the World Report on Disability, **1 billion people worldwide experience a disabling condition**. The WHO estimates that 1 in 4 people will experience an episode of mental illness in their lifetime, and that approximately **600 million people worldwide are disabled as a consequence. Most (85%) of these people live in Low and Middle Income Countries (LMICs). Psychosocial disability is one of the most pressing development issues of our time.** Poverty and hunger, conflict and trauma, poor access to health and social care, and social inequity are significant risk factors, increasing vulnerability to persons with psychosocial disabilities in low and middle income country contexts.

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

There is documented evidence from all regions of the world that people with psychosocial disabilities experience most severe human rights violations, including being tied to beds, kept in isolation in psychiatric institutions, being chained and caged in small cells, and being physically abused by 'traditional' healing practices. **This failure of humanity is a global emergency and requires immediate and sustained action.** Human rights violations are linked to discrimination and stigma towards people with mental illnesses. Change requires a focus on human rights and stigma reduction and a change in attitudes and beliefs.

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

Recent systematic analyses show that mental and behavioral problems account for 7.4% of the global burden of disease measured using Disability Adjusted Life Years (DALYs)<sup>2</sup>. Mental and behavioral problems command nearly one-quarter of the global total. 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. This mortality gap must be recognized as a human rights issue.

### *CROSS-CUTTING ISSUE: Impact across the whole range of SDGs*

Mental health is related to many other aspects of health and development. As well as being critical to success in addressing poverty and economic development, there are strong links to almost all the other Millennium Development Goals. Likewise **Mental health status has impact across the whole range of thematic areas for emerging post-MDG priorities for the Sustainable Development Goals (SDGs).** The WHO has considered this in the Global Mental Health Action Plan (2013-2018) and the QualityRights program.

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1 <sup>®</sup> Psychosocial disability is the preferred term used in the UN Convention on the Rights of Persons with Disabilities, CRPD, and defines people who are affected by a variety of mental health issues. Psychosocial disability does not represent any particular condition or category of mental disorder or illness, but is defined by the impact on a person's life of the interaction of a mental condition and the way that society treats that person as a consequence. In this paper we sometimes refer to conditions, and sometimes to disability as relevant.

2 <sup>®</sup> One DALY can be thought of as one lost year of "healthy" life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability.

## ***STRONG EVIDENCE: Treatment gap of up to 98%***

Globally, there is chronic under-investment in psychosocial disabilities, and a huge mismatch between investment by governments and the relative burden. Low income countries spend about 0.5% of their very limited health budgets on psychosocial disabilities, despite them causing 25.5% of the Years Lived with Disability (YLDs). This under-investment in mental health services has resulted in a huge treatment gap. In low income countries, less than 20% of people are able to access services. **In some countries, and for more severe disorders such as schizophrenia, the treatment gap is as wide as 98%.** Services are often non-existent, or based in large cities, far from people who may need them. This lack of access to treatment breaches the fundamental right to accessing health care. **Improving access to treatment, combined with improving human rights, is the key call to action** to improve the quality of life of person with psychosocial disabilities.

## ***GLOBAL POLICY: Growing international recognition***

Recently, global development budgets saw growing recognition of the essential place of addressing psychosocial disabilities in development. The EU and several high-income governments focus on scaling up services for mental health in LMICs, the WHO Mental Health Gap Action Programme (mhGAP) aims to provide evidence-based resources for governments and civil society to scale up services for mental, neurological and substance use disorders in low- and middle-income countries. **Awareness is increasing about the issue, yet more commitment is needed by governments to provide sufficient budgets for psychosocial disability treatment and services.** Global development organizations and governments need to commit to this principle.

## ***CALL TO ACTION: Include Mental Health in Sustainable Development Goals***

You can have impact by considering mental health within the full range of policies and programmes. 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. Mental health is essential for sustainable human development.

**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 you to act** to achieve the inclusion of 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.'*<sup>3</sup>**

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3 Key Supporting documents: World Health Organization, [WHO Comprehensive mental health action plan 2013-2020](#). [Sixty-Sixth World Health Assembly. Resolution WHA66/8 2013](#); Movement for Global Mental Health. [Position Statement on the Post-2015 Development Agenda. MGHM 2013](#); Patel, V, Saxena, S, De Silva, M, Samele, C. [Transforming Lives, Enhancing Communities: Innovations in Mental Health. World Innovation Summit for Health. 2013. Qatar Foundation.](#)

We further call for your **action** to advocate for the 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.'***

## ***#FundaMentalSDG: Who we are***

#FundaMentalSDG is an initiative which aims to include a specific mental health target in the post-2015 SDG agenda. We are 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. We therefore strongly advocate for the inclusion of a specific mental health target, and 2 associated specific indicators within the new Sustainable Development Goals. The #FundaMentalSDG initiative is led by the #FundaMentalSDG Steering Group, composed of the following leaders in the field of global mental health, drawn from a wide range of service user, carer, advocacy, policy, service delivery and research organisations:

Professor Dinesh Bhugra	UK	President Elect, World Psychiatric Association
Dr. Julian Eaton	Togo	CBM
Dr. Kathryn Goetzke	USA	The Mood Factory & iFred, International Foundation for Research and Education on Depression
Professor Oye Gureje	Nigeria	PAM-D NIH Collaborative Hub for International Research in Mental Health
Dr. Gabriel Ivbijaro	UK	World Federation for Mental Health
Mr. Jagannath Lamichhane	Nepal	Movement for Global Mental Health
Professor Crick Lund	South Africa	PRIME consortium & AFFIRM NIH Collaborative Hub for International Research in Mental Health
Ms. Jess McQuail	UK	BasicNeeds
Professor Harry Minas	Australia	Melbourne University, International Mental Health Centre
Ms. Tina Ntulo	Uganda	BasicNeeds Foundation Uganda
Professor Vikram Patel	India	Health Improvement Network & SHARE NIH Collaborative Hub for International Research in Mental Health
Dr. Shoba Raja	India	BasicNeeds
Professor Benedetto Saraceno	Switzerland	Gulbenkian Foundation
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Professor Graham Thornicroft	UK	Centre for Global Mental Health, King's College London
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Dr. Shekhar Saxena	Switzerland	Technical advisor
Dr. R. Thara	India	Schizophrenia Research Foundation

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