

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

#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)
Professor Dinesh Bhugra



Makerere University School of Public Health



World Psychiatric Association

Dr. Julian Eaton



Christoffel-Blindenmission (CBM)

Ms. Kathryn Goetzke, MBA



iFred, International Foundation for Research and Education on Depression

Professor Oye Gureje



PAM-D NIH Collaborative Hub for International Research in Mental Health University of Ibadan, Nigeria



Dr. Gabriel Ivbijaro

World Federation for Mental Health

Mr. Jagannath Lamichhane



Movement for Global Mental Health

Professor Crick Lund



PRIME consortium
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. Ndeti



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
Technical advisor

Dr. Shekhar Saxena



American Psychiatric Association
Tufts University School of Medicine

Professor Paul Summergrad

Professor Crick Lund



Rede Americas NIH Collaborative Hub for International Research in Mental Health
Columbia University, New York

Professor Ezra Susser



Schizophrenia Research Foundation

Dr. R. Thara



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

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 *

<p>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</p>	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

* This is an excerpt from the UN SDSN suggested SDG Indicators arranged by OWG Targets: Goal 3. See <http://unsdsn.org/wp-content/uploads/2015/03/150320-SDSN-Indicator-Report-Table-2.pdf> (Accessed 25.03.15)

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,