Health equity and mental health in post-2015 sustainable development goals

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A major attraction of the Millennium Development Goals (MDGs) and a reason for their widespread acceptance was the clear focus on achievement of equity.[1] However, a major criticism of the goals, in so far as they relate to health, is the absence of a clear and categorical commitment to specific normative goals for mental health. This omission is striking since mental illnesses contribute to nearly a quarter of total years lived with disability across all disorders worldwide,[2] but receive disproportionately low policy and budgetary attention, especially in low-income and middle-income countries, where only 0·5–1·9% of the overall health budget is allocated to mental health.[3]

Since the launch of the MDGs, several important developments have occurred that point to a growing recognition of the need to pay greater attention to mental health in the overall development agenda. The WHO Executive Board resolution of January, 2012,[4] and the more recent adoption by WHO of a Comprehensive Mental Health Action Plan 2013–20[5] are examples. Notably, evidence[6] for effective and affordable interventions for the most common mental health disorders has also become increasingly compelling. As a result, a post-2015 global effort to set new developmental goals might offer an important opportunity to galvanise this growing international attention to mental health. Such attention would commit governments (including those of low-income and middle-income countries) and international development organisations to scale up treatment and services for psychosocial disabilities. The notion of "no health without mental health",[7] embraced and promoted by WHO, is an attestation of the primacy of mental health to any consideration of achieving health for all. It is more than an attestation: it is a reminder that if equity in health is a goal, attention to mental health cannot be ignored.

The continuing member-driven process to develop the next arrangements for the post-2015 era has created a set of 17 proposed Sustainable Development Goals (SDGs) and 169 targets of the SDGs and is an important opportunity to correct the omission of mental health in the MDGs.[8] The third proposed SDG aims to "ensure healthy lives and promote well-being for all at all ages".[8] This goal can only be achieved if the huge gap in treatment of mental health disorders is addressed. With about a quarter of people with mental illness in high-income countries and fewer than one in ten affected people in low-income and middle-income countries receiving effective care,[9] most of the more than 600 million people in the world with mental illness are clearly denied opportunity for healthy lives and social inclusion.

Equally important is the recognition of the salience of mental health to the achievement of a broad range of other SDGs.[10] For example, poor mental health will militate against the achievement of peaceful and inclusive societies for sustainable development and make it difficult for countries to achieve full and productive employment.[11] Mental health problems are also a major cause of early termination of formal education.[12]

We recognise the importance of what will eventually emerge as the post-2015 SDGs in the formation of future global developmental efforts. These goals will define where resources are channelled and where priorities are placed by governments and international donors in the next 15 years. We also note the continuing efforts to identify and define indicators that would help monitor progress towards the achievement of these goals. Clearly, methods of quantification are needed to assess measurable and achievable targets for the SDGs. In this regard, we believe that incorporation of indicators to track the achievement of a specific mental health target is an important step to ensure that this vital aspect of health is not neglected. We propose a specific target for mental health in the SDGs, namely 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 two specific indicators for mental health because of their importance in the assessment of improvement in population-level mental health service and because they can be reliably assessed. The first proposed indicator is a minimum 20% increase in service coverage for people with severe mental disorders by 2020; this service would include a community-oriented package of interventions for people with psychosis, bipolar affective disorder,

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or moderate-severe depression. The second proposed indicator is an increase in mental health investment to a minimum of 5% of the total health budget by 2020, and to a minimum of 10% by 2030 in all low-income and middle-income countries.

These targets are achievable for every country that adopts the new SDGs. Scaling up of mental health services needs active integration into primary care. With evidence-based guidelines, such as the Mental Health Gap Action Programme Intervention Guide,[6] countries can achieve this goal by making use of the organisational restructuring of their health systems. With respect to an increase in budgetary allocation to mental health, although a general increase in the health budget of countries might be desirable, this goal needs an appreciation of the proportional contribution of mental illness to the overall disease burden around the world and a response by individual countries in terms of health-care expenditure and commitment to better mental health.

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