Strategy paper

Prioritizing Mental Health in Development Aid Programs

Improving psychosocial and mental health care in transitional and developing countries

December 2010

Introduction

Parties to the present convention shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds [1]

This paper explores the question why mental health is seen as a low priority when it comes to allocating funds within the development agenda, and which strategies result in a less marginal position of mental health on the priority agenda of developmental cooperation.

In general, we all agree that each person has equal right to (mental) health care. Equally so, we find it to be not acceptable that there is a difference in access to services. We believe that each person has an equal right to the total system of fundamental liberties, accessible to all under conditions of fair equality of opportunity, which will lead to the greatest benefit of the least advantaged[2].

The reality however is that persons with mental health conditions not only have limited access to essential health and social care and are more likely to experience disability and premature death[3], but are also often subjected to violations of their human rights. It is therefore unethical to deny acceptable and effective evidence-based treatment (including psychiatric drugs) to more than 400 millions of people suffering from in principle treatable disorders[4]. Developed countries have an ethical obligation to foster long-term partnerships with low and middle-income countries to build mental health capacity.

'People with mental health conditions are subjected to stigma and discrimination, and they experience high rates of physical and sexual violence. Moreover they encounter restrictions in the exercise of their political and civil rights, and in their ability to participate in public affairs.'

In a mental health context, those who wish to see a health care system that is accessible to all, argue the moral points mentioned above in numerous ways. They call our attention to high levels of prevalence and the resulting economic damage, the burden of psychic disorders (measured in DALY), the severe social consequences of mental problems, and other phenomena. As it is stated in the WHO report Mental Health and Development[5].

The Treaty on the European Union states that the EU shall combat social exclusion and discrimination, and shall promote social justice and protection, equality between women and men, solidarity between generations and protection of the rights of the child. It also states that in its relations with the wider world, the Union shall uphold and promote its values.

The EU has agreed on shared values of solidarity towards equitable and universal coverage of quality care. More specifically, action to improve health in third countries is underpinned by the Treaty on the Functioning of the European Union. It specifies that the Union and the Member States shall foster cooperation with third countries and competent international organisations in the sphere of public health, and that a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities[6]. The EU should apply the common values and principles of solidarity towards equitable and universal coverage of quality health services in all external and internal policies and actions.

The European Union is the world's largest single donor and it's commitment to development, accounts for more than half of all official development aid. In 2005 the European Union agreed to reach official development assistance of 0.7% of the gross national income (GNI) by 2015. An individual target of 0.33% of GNI for 2015 was agreed for the 12 newest member countries.

A substantial proportion of this budget will be allocated to health in the framework of the millennium development goals. Attention will be devoted to the major health challenges and to the multidimensional nature of health, with close links to gender, food security and nutrition, water and sanitation, education, and poverty. The Council Conclusion on the EU role in Global Health has identified sexual and reproductive health, child health, communicable and non-communicable diseases as the most relevant health challenges[7]. The Council Conclusions do not refer to mental health.

The fact that politicians endorse international documents such as the Treaty, the document on the EU role in Global Health, the Helsinki declaration and the European Pact for Mental Health and Well-Being is proof of a willingness to bridge the gap between people's needs for care and the care actually provided.

However, when it concerns mental health, the affective moral issue that goes hidden behind the statistics does not seem to motivate authorities and civil servants[8], let alone that it serves in a barter trade to achieve reciprocity within social institutions.

Whereas European citizens, despite the financial crisis, continue to show resolute support to aid provided to developing countries and identify poverty reduction and health care as important priorities[9].

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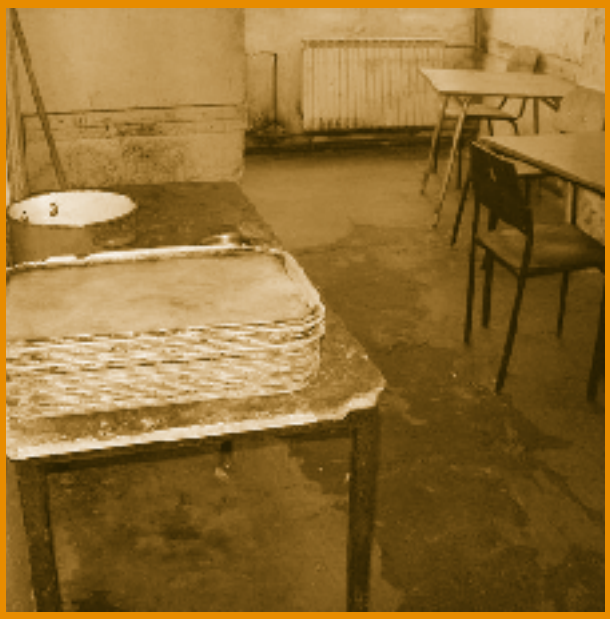
[1] Convention on the Rights of Persons with Disabilities. Office of the United Nations High Commisioner for Human Rights.
[2] Rawls, J. A theory of Justice. Harvard University Press 1971.
[3] Funk, M. Mental Health and Deve¬lopment: Targeting people with mental health conditions as a vulnerable group. World Health Organization 2010.
[4] Patel, V., Saraceno, B & A. Kleinman. Beyond evidence, the moral case for International Mental Health. American Journal of Psychiatry 163:8 August 2006
[5] Funk, M. Mental Health and Development: Targeting people with mental health conditions as a vulnerable group. World Health Organization 2010.
[6] European Commission. The EU role in Global Health. COM (2010) 128. Brussels 31 03 2010.
[7] Idem 6
[8] . Schomerus, G., H. Matschinger, and M.C. Angermeyer, *Preferences of the public regarding* cutbacks in expenditure for patient care: are there indications of discrimination against those withmental disorders? Soc Psychiatry Psychiatr Epidemiol, 2006. 41(5): p. 369-77
[9] Europeans, development and the Millenium Development Goals. Special Euro barometer 352. Brussels 2010

Why mental health is not a priority



Factors that influence the inadequate funding of mental health and the marginal position on the priority agenda of developmental cooperation, are:

- a divided lobby,
- a fragmentation of advocacy by different stakeholders,
- stigma, discrimination & segregation,
- invisibility,
- lack of information,
- lack of scientific data, especially on prevalence and health outcomes and
- weak mental health indicators.

All in all, the gap between what is needed in mental health and what is available to reduce this burden is very wide.

So, despite the publication of high-profile reports[10,11] and promising activities in many countries, progress in mental health service development has been slow in most low-income countries[12] and mental health continues to be considered a secondary issue in many countries and by national development agencies.

Strategies to prioritize mental health are even more important in connection with the fact that the European Union was enlarged with ten new members over the past decade. These new member states have valuable practical experience in transitional economy and democratization processes, and have now changed from recipients of aid to the position of donor, but on the other hand still show a lower level of support for development cooperation among their citizens[13].

The key issue that faces use is therefore bridging principles to their implementation. We need to define how we can exercise pressure on the process of allocating resources, in order to ensure that the formal acknowledgement of the importance of a needs driven state of the art mental health for humankind is translated into adequate action. We need to work to increase the awareness among politicians and policy makers that, although the content-related arguments speak for themselves, they do not as yet play a decisive role in development aid.

An example from Bulgaria

Bulgaria joined the European Union in 2007 and has practically no traditions and expertise in development issues. There are few initiatives in this direction that took place in recent years and, as a whole, the society remains far from the development perspectives and international development agenda, since for many years Bulgarians regarded themselves as the ones in need, not understanding the complexity and dynamics of the development world. Research of the United Nations Development Program in 2007 showed that 94% of the Bulgarian respondents were not aware of the Millennium Goals. In Bulgaria there is little awareness of the Official Development Assistance (ODA) and that the government is obliged to support some low- and middle-income countries.

[10] MhGAP. Mental Health Gap Action Programme : scaling up care for mental, neurological and substance use disorders. World Health Organization 2008.
[11] European Pact for Mental Health and Well-Being. EU High Level Conference. Brussels 2008.
[12] Saraceno, B. Barriers to improvement of mental health services in low-income and middle-income countries. The Lancet. www.thelancet.com published online September 2007.
[13] Europeans, development and the Millenium Development Goals. Special Eurobaramoter 352. Brussels 2010.

Why is mental health important?

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community[14].
The importance and relevance of mental health and well-being and adequate care for people living with mental health problems is widely acknowledged and formalized in many official documents and statements[15,16,17,18].
Around the world millions of people suffer from mental or behavioural disorders and their suffering causes an immense suffering for individuals, families, and communities and it puts pressure on health, economic, labour market, educational en social welfare systems. Each culture may have its own way of coping with the effects of mental health problems. All cultures struggle with these problems with varying degrees of compassion and cruelty, equanimity, stigma and fear[19].

Although the importance of mental health is widely recognized and considered to be an equally important factor as physical health in contributing to the overall wellbeing of individuals, societies and countries, only a small fraction of people with (severe) mental health problems, receive treatment. Cheap and effective mental health treatment exists, however it is estimated that the majority of people with serious mental health problems do not receive treatment in developing countries[20].

Mental, physical and social health are vital life strands that are closely interwoven and depend deeply on each other. As the World Health Organization (WHO) states in their constitution, health is “a state of complete physical, mental and social well-being of a person and not merely the absence of disease or infirmity”, confirming the significance of mental health next to physical and social health as constituents of an integrated health approach. Despite the large number of people suffering from mental diseases around the world, little attention is paid to mental health in development cooperation and mental health seems to be absent from the public health agenda.

As a result, if sufficient support is not available through development aid, people with mental health problems will impoverish very quickly. Evidence indicates that the relationship between mental ill health and poverty is cyclical. Poverty increase the risk of mental illness and having a mental disorder increases the likelihoods of descending into poverty[21]. A WHO survey, carried out in 10 high-income and 9 low- and middle-income countries concluded that respondents with serious mental illness earned on average a third less than median earnings[22].
Moreover, progress towards the achievement of several Millennium Developmental Goals (MDGs) , although mental health was not explicitly mentioned in the MDGs, such as reduction of child mortality, improvement of maternal health, reversal of the spread of HIV/AIDS, and promotion of gender equality and empowerment of women, is slowed down. Most low- and middle-income countries fail to devote sufficient resources to improving mental health. Only 2% of National Health Budgets is dedicated to mental health, and 31% of countries have no specified mental health budget at all[23].

[14] WHO http://www.who.int/mental_health/en/
[15] The World Health Report 2001. Mental Health : New Understanding, New Hope. World Health organization 2001
[16] Facing the Challenges, Building Solutions. WHO European Ministerial Conference on Mental Health. Helsinki 2005
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[18] Herman, H & Swartz, L. Promotion of Mental Health in poorly resourced countries. The Lancet Series on Global Mental Health 2007.
[19] Watters, E. Crazy like Us. The Globalization of the American Psyche. New York 2010.
[20] WHO World Mental Health Consortium, JAMA, June 2nd 2004.
[21] Breaking the vicious cycle between mental ill-health and poverty. Geneva. World Health Organization 2007.
[22] Levinson, D. et al. Associations of serious mental illness with earnings: results from the WHO World Mental Health Surveys. British Journal of Psychiatry. 197 : 114-121. 2010
[23] Mental Health Atlas 2005, Geneva, World Health Organization 2005.

Strategies for prioritizing mental health

Strong advocacy is needed to place mental health on the priority agenda of donors and governments for health assistance to countries with low and middle incomes. Mental Health professional in rich countries have an important role to play, they should ensure that the moral case is heard and appropriate actions are supported[24].

But, to repeat the essential question here, it is not so much a matter of adding to the wealth of evidence that is already available with regards to *why* mental health should be included in the development agenda, but how to respond to conclusion that this is not the case even though the arguments seems convincing. Which strategies result in a less marginal position of mental health on the priority agenda of developmental cooperation?

To overcome the divided lobby and fragmented efforts form alliances and join forces with existing stakeholders in the field of mental health, and work together on overarching themes. An unbalanced and fragmented attention to (mental) health priorities has undermined progress. Too many global health initiatives targeting specific needs often run in parallel and might potentially add pressure on already weak health systems[25]. People with mental health disabilities comprise a vulnerable group[26], and their vulnerability is brought about by societal and environmental factors, such as poverty and social exclusion. Much of what influences the individual and their mental health is beyond the mere medical scope and understanding the social determinants of health lead to forms of non-medical expertise and support. Mainstreaming mental health into broader advocacy programs such as poverty reduction (in the framework of the Millennium Developmental Goals) , human rights movement, and service user empowerment could strengthen the lobby for mental health.

An example from Lithuania

On joining the EU, Lithuania has also become a member of the international donor countries' community. Since 1 May, 2004 Lithuania has transformed its status from a partner country into a donor country.

In Lithuania, research conducted (2007) by the Lithuanian Consumers Institute found that about 70% of Lithuanian citizens have "some information/knowledge" of development aid, 9% have "detailed information/knowledge" about Lithuania's development aid, whereas 20% of respondents stated that they know nothing about Lithuania having started to provide development aid to other countries.

Formulate a clear-cut message. Many members of the general public, including politicians and policy makers, have a limited understanding of mental health. They cannot recognize specific disorders or different types of psychological distress and often hold incorrect opinions about the causes of mental health disorders and effective treatment. Focussing on mental health problems that represent a large burden in terms of mortality, morbidity and/or disability, has high economic costs and isassociated with violations of human rights. Priority conditions[27] are depression, psychotic disorders, epilepsy, suicide, dementia, substance abuse disorders, maternal mental health disorders and mental disorders in children and adolescents. The EU has identified countries in fragile contexts and/or people those worst off-track the health MDGs as priorities.

Establish a core group of stakeholders to develop a strategy to reinforce the commitment of governments and donors to increase the allocation of resources for mental health. Key stakeholders are service users, policy-makers, politicians, civil servants, health professionals and NGO's.

Involve people who have experienced mental health problems; they have valuable expertise and need to play an essential role in building effective partnerships between client and family organization, mental health NGO's and other stakeholders such

as human rights advocates, to streamline advocacy, develop a clear accessible message and create a political force to convince governments to develop appropriate mental health care services.

Conduct research on the factors that shape political will for inclusion of mental health in developmental cooperation, and analyse which factors contribute the marginal position on the priority agenda of developmental cooperation. Map which national and international declarations[28] and treaties promote and document the rights of people with mental illness, are ratified or signed by the government. For instance the UN Convention on the Rights of Persons with Disabilities reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced[29].

Improve the knowledge base of mental health; best practices and effective interventions – in terms of outcomes and cost-effectiveness – and consensus-based indicators to substantiate the rationale for including mental health in the developmental agenda. Basically, not only merely ask for support, but offer solutions in terms of actions. The outcome of a strategy does not derive from the design or the rationale, but from the string of actions that is taken as a result.

Develop trainings for journalists and media on the relevance of mental health and the crosscutting between mental health and development aid.

Raising public awareness not only increases the necessary commitment to development issues, but also increases transparency, and strengthens public monitoring and control over the budget allocated to development assistance.

Newspapers and television are a primary source of information about mental health. According to international research[30], mental illness tends to be portrayed negatively in the mass media in both news and entertainment media. A reduction in negative media portrayal and the promotion of negative images are important in changing negative attitudes and may contribute to mobilizing resources. Professional journalists can shape the public image of persons with mental health problems. Mental health promotion activities (including – local – celebrities to raise awareness) and unbiased information have the potential to influence community attitudes towards mental illness. Stigma can reduce the willingness of policy makers to invest in mental health. Unbiased information is an essential tool in reducing stigma.[31]

Increase the efficacy of advocacy efforts of NGO's. Policymakers, who have limited time to make informed policy decisions, obtain their information from a relatively small number of pressure groups or strong political voices. NGO's often serve issues that have a limited voice in this policy process, but have the best information on the (mental health) needs they exist to address. Many NGO's have not been effective at advocating for regulations and resources that would help effective mental health care. Develop lobby – and PR training programs, including the use of new technologies and social media, for NGO's to build their capacity to lobby more effectively for mental health.

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[30] Francis, C., Pirkis, J., Dunt D. &Blood R. W. (2001) *Mental Health and Illness in the Media: A Review of the Literature.* Canberra, ACT: Commonwealth Department of Health and Ageing.
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Global Initiative on Psychiatry

Global Initiative on Psychiatry (GIP) is an international non-profit foundation that supports the development of mental health care services in low and middle-income countries. GIP focuses its efforts on ensuring that every person can participate in society as fully as possible, irrespective of the fact whether it is a psychiatric patient in Sri Lanka, a person with an intellectual disability in Ukraine, or an AIDS-orphan in South Africa

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