



World Health Organization

Report on panel discussion on:

MENTAL HEALTH AND DEVELOPMENT

An Emerging Development Issue: Integrating Mental Health into Efforts to Realize the MDGs and Beyond

**UN Headquarters, New York, 16 September 2010
Conference Room 5, TNLB, 10.00–12.00**

Organized by the World Health Organization (WHO) and the United Nations Department of Economic and Social Affairs (UN DESA)

Event description:

There is growing recognition within the international community that mental health is one of the most neglected yet essential issues in advancing human development and achieving the Millennium Development Goals (MDGs). Positive mental health is linked to a range of development outcomes, including better health status, higher educational achievement, enhanced productivity and earnings, improved interpersonal relationships, better parenting, closer social connections and improved quality of life. Positive mental health is also fundamental to coping with adversity. On the other hand, poor mental health impedes an individual's capacity to realize their potential, work productively, and make a contribution to their community. The social and economic impact of mental and psychosocial disabilities is diverse and far-reaching, leading to homelessness, poor educational and health outcomes and high unemployment rates culminating in high rates of poverty. All these issues are directly linked to the MDGs.

Including mental health as an integral part of development is relatively new to the United Nations and its development partners. For this reason, the World Health Organization (WHO) and the United Nations Department of Social Development (DESA) jointly hosted a high-level panel discussion on mental health and development, as "An emerging development issue: Integrating mental health into the MDGs and beyond".

The panel discussion event took place on 16 September 2010 at the United Nations in New York, in the lead up to the MDG Summit.

Event proceedings:

Dr. Ala Alwan, the Chair of the Panel and Assistant Director-General, Non-communicable Diseases and Mental Health, World Health Organization (WHO) welcomed all participants, and introduced the Assistant Secretary-General, Department of Economic and Social Affairs (DESA), Ms. Rachel Mayanja who opened the event.

Ms. Mayanja expressed her appreciation for the work that has been done to mainstream mental health issues into development work. She outlined the links between mental health and development and noted the importance of mental health as an indicator of human development. She went on to describe the role of DESA in promoting the rights of persons with disabilities, recognizing that a range of challenges still exist in realizing this goal. She stated that stakeholders should use the approaching MDG Summit to draw attention to mental health as a central development issue. She concluded by calling on panel members and participants to increase their efforts to mainstream mental health into development, by conducting more research in this area, and establishing partnerships with other development stakeholders.

Dr. Alwan introduced the various speakers in the panel, highlighting their involvement in diverse areas of development. Panellists included:

- Professor Sir Micheal Marmot, professor of Epidemiology and Public Health from University College London;
- Dr. Janne Taalas, the Deputy Permanent Representative of Finland to the United Nations.
- Mr. Werner Haug, Director, Technical Division, United Nations Population Fund (UNFPA);
- Dr. Wilfred Mlay, Ambassador for World Vision, Africa;
- Mr. Sylvester Katontoka, Founder and President of Mental Health Users' Network of Zambia (MHUNZA).

He went on to highlight the high burden of disease associated with mental health conditions, as well as the economic cost associated with the large treatment gap. He emphasized the importance of the panel in light of the Millennium Development Goals Review Summit beginning on the 20th September, and noted that the roundtable discussions being held as a part of the Summit all had relevance to mental health issues. He stated that persons with mental and psychosocial disability are often excluded from health and disability programmes. He described two WHO initiatives which are seeking to address this, the mhGAP and the Mental Health and Development Report, and stated that the panel discussion would provide an opportunity to discuss further strategies to address these issues.

Professor Sir Michael Marmot noted the need to integrate mental health into efforts to achieve the MDGs, emphasizing that mental illness can be both a cause and consequence of social conditions. He said that data linking poor social conditions with mental health problems are very strong, and that evidence suggests that action on social conditions can improve mental well-being. Prof. Marmot pointed out that a range of studies have shown that that socio-economic position is strongly linked to mental health status, and that early intervention in the form of childhood development programmes and education have a positive long-term effect on mental health.

He went on to describe how childhood factors, gender inequality, and employment conditions are linked with lower socio-economic conditions and have subsequent negative mental health outcomes. Prof. Marmot concluded by stating that addressing social and economic factors that influence mental health across the life course is a matter of social justice.

Dr. Janne Taalas discussed the integration of mental health in development programmes by bilateral development agencies. He noted that mental health has long been neglected as a development issue, but that it should be part of the core development agenda of bilateral agencies as it is both a cause and consequence of poverty and inequality. He discussed Finland's commitment to integrating mental

health into their development efforts, which is based on their policy that the promotion of the rights of vulnerable groups is core to development.

Dr. Taalas went on to outline three areas in which the work of bilateral development agencies can benefit persons with mental and psychosocial disabilities:

- Mental health in emergencies: Dr. Taalas described Finland's work in supporting the development of sustainable accessible mental health services across Sri Lanka following the tsunami, including strengthening district-based facilities and outpatient services, and training of mental health workers.
- Mainstreaming mental health. Finland worked closely with the Egyptian government from 2002–2007 to integrate mental health into primary care, strengthen the referral system, and build capacity in mental health. This programme has subsequently been taken over by the Egyptian government who continue to run the programme.
- Advocacy. He noted the important role of bilateral agencies as advocates for mental health and the inclusion of persons with mental and psychosocial disabilities.

He concluded by stating that the failure to notice mental health as an development issue must end and reiterated that bilateral agencies have a crucial role to play in addressing this issue.

Mr. Werner Haug discussed the experience of the UNFPA in mainstreaming mental health in efforts to achieve the MDGs. He noted that UNFPA has integrated mental health into their Strategic Plan. He outlined how the agency works in 3 core areas: population and development, gender inequality and reproductive health, with an emphasis on marginalized groups and particularly women with disabilities. The strategic plan also integrates mental health as a part of efforts to support the achievement of the MDGs. On a global level, UNFPA is involved in awareness raising and advocacy for gender and reproductive rights for persons with disabilities. Mr. Haug described how people with mental and other disabilities are often excluded from reproductive health services, and how women in particular continue to be subjected to a range of violations, such as forced sterilizations. He listed a range of reproductive health conditions that place women at increased risk of poor mental health and noted the high comorbidity rates between reproductive health problems and mental health problems.

Mr. Haug noted that UNFPA has developed policies and frameworks to address mental health issues and has previously worked with WHO to investigate mental health aspects of reproductive health. He concluded by stating that the prevention and treatment of mental health problems will not only improve mental well-being but also prevent reproductive health problems, and is thus relevant to MDG 5 on improving maternal health,

Prof. Wilfred Mlay, Ambassador for World Vision Africa gave a presentation on the role of NGOs in addressing mental health in development. He reiterated that mental health is a significant but neglected development area in low and middle income countries, in particular sub-Saharan Africa and that NGOs commonly report coming across mental health problems in their work in the field. He described a large-scale project conducted by his organization, in conjunction with Johns Hopkins University, to deliver group interpersonal therapy, which led to a highly significant fall in depression scores and an improvement in ability to function and contribute to developmental activities.

Prof. Mlay noted that many challenges remain, and that there is an ongoing need to ensure that adequate attention is paid to mental health by governments and NGOs. He went on to describe some suggested approaches to address the integration of mental health issues in development including:

- Using evidence-based interventions that are culturally appropriate, build local capacity and inform integrated programming and mental health policy development;
- Ensuring that mental health services are available and integrated into primary health care;
- Strengthening advocacy for mental health;
- Encouraging stakeholder collaboration to build public and political support for comprehensive community mental health services as a part of overall development efforts.

He concluded by thanking the WHO and DESA for arranging the panel discussion stating that it would assist a range of organizations to improve the effectiveness of efforts to reach vulnerable groups.

Mr. Sylvester Katontoka discussed the issue of accessibility from his perspective as the founder and leader of a service user organization in Zambia. He stated that the needs of persons with mental disabilities are largely ignored and noted that over three quarters of people with mental health problems live in low and middle income countries, and are living in appalling conditions of poverty, hunger, and premature death. He noted the dire need for action by a range of development stakeholders to improve the lives of persons with mental disability by improving access to health services and development programmes and to ensure that they are able to fully participate in society. He stated that governments need to adopt policies and programmes to respond to the needs of persons with mental disabilities and that persons with mental disabilities should be targeted in development efforts.

He went on to call for development agencies to commit to removing the social and economic barriers which restrict access and participation in development programmes for persons with mental disabilities. He said that promoting participation of people with mental disabilities would maximize the opportunities for this group to become agents for development in their countries. He concluded by pointing out that stigma and

discrimination is an ongoing problem and that there needs to be ongoing attention to this issue.

Questions and Discussion

Dr. Alwan then opened the floor to questions and comments:

- Several audience members thanked the WHO, UNDESA, and panellists for this event and gave their support to efforts to address mental health issues in development and the MDGs.
- Dr. Ala Alwan also thanked Dr. Michelle Funk from the World Health Organization for her work in this area and having organized the panel discussion and subsequent launch of a new WHO report.
- It was highlighted that it is important to keep gender issues in mind in mental health and development work moving forward.
- Several participants spoke of the need for culturally appropriate interventions, as well as the importance of advocacy and awareness-raising at community level.
- The importance of drawing from best practice examples and organizations that already exist was highlighted.
- Next steps should be to increase advocacy efforts and increase the "mental health voice" on events such as the MDG round tables.
- There is a need for support for building capacity to address mental health issues in countries that are vulnerable to disaster.
- It will also be important to investigate the kinds of policies and programmes that need to be put in place in order to ensure that emergency mental health services are sustained beyond the acute phase.
- There should be a focus on empowering mental health care users.
- There is a need to strike a balance between prevention and treatment in resource-limited settings.
- The possibility of bringing together an inter-agency group (as has been done for emergencies) to work together on improving mental health systems was suggested.
- Increased focus on older people, as both a resource and target for development is also required.
- Several participants asked for more information about the Finnish experience of working in partnership with Sri Lanka.

Responses from the panel

- Mr Taalas pointed out that there was additional information about the Sri Lankan case in the new WHO report. He attributed the success of the intervention to the long-standing relationship between the Finnish and Sri Lankan government, the opportunities for redevelopment following the

tsunami, support from agencies such as the WHO, and involvement of the community.

- He also noted that stigma is a global problem and gave some examples of awareness campaigns from Finland.
- Prof. Marmot noted the importance of considering human rights when discussing issues relating to culture and that targeting the vulnerable is a real challenge to prevailing cultural norms. He also noted how social and economic factors affect the ability of a country to recover following a disaster, giving the examples of Chile and Haiti. Finally he added that prevention is an intersectoral activity and not only the responsibility of the health sector.
- Prof. Mlay used the example of HIV to illustrate how communities can move from denial to a better level of understanding and empowerment. He added that there is a need for dedicated funding for mental health within an integrated programme.
- Dr. Michelle Funk concluded the discussions by describing the links between mental ill health and the MDGs. For MDG 1, she noted that poverty and mental health exist in a vicious cycle: people living in poverty are exposed to harsher living conditions which can place them at risk of mental health conditions, while people with mental health problems are often marginalized from society and have increased health care costs driving them into poverty. Mental health is also closely linked with MDGs 4 and 5: a large proportion of women experience depression during their pregnancy and after the birth of their child. This has negative consequences on both the health of mothers, suicide rates and the development of their children. Finally she noted that mental health problems can lead to increased risk behaviours for developing an infectious or non-communicable health conditions such as HIV/AIDS, diabetes and heart disease. They also reduce treatment compliance, which negatively affects the course and outcome of these health conditions.

Dr. Alwan concluded the session by acknowledging the contributions of the panellists and audience members. He said that the next steps should be to engage in ongoing work in this area and noted that WHO is developing a plan to ensure that mental health is integrated into the development agenda. Dr Alwan noted that there is a need to continue to provide evidence to convince development stakeholders of the importance of mental health, and other non-communicable diseases, and urged all stakeholders to work as partners in this. He thanked all participants for their support.