



UN(DESA)-WHO Policy Analysis

Mental Health and Development: Integrating Mental Health into All Development Efforts including MDGs

1. Mental health as an emerging development issue

Including mental health as an integral part of development is relatively new to the United Nations and its development partners. There is growing recognition within the international community that mental health is one of the most neglected yet essential development issues in achieving the Millennium Development Goals (MDGs).

Mental health represents a critical indicator of human development, serves as a key determinant of well-being, quality of life, and hope, has an impact on a range of development outcomes, and is a basis for social stability. The adoption of the *Convention on the Rights of Persons with Disabilities* in 2006 by the United Nations General Assembly provided momentum to highlight the importance of the nexus between disabilities and mental health in the context of human rights, humanitarian activities and in development work. In addition, the *Ministerial Declaration on Implementing the Internationally Agreed Goals and Commitments in Regard to Global Public Health*, in the high-level segment of the substantive session of the Economic and Social Council in July 2009, highlighted the importance of integrating mental health into the implementation of the MDGs and other internationally agreed development goals and commitments, in order to reduce poverty, promote better health, and achieve other development outcomes.

Poor mental health is both a cause and a consequence of poverty, compromised education, gender inequality, ill-health, violence and other global challenges. It impedes the individual's capacity to work productively, realize their potential and make a contribution to their community.¹ On the other hand, positive mental health is linked to a range of development outcomes, including enhanced productivity and earnings, better employment, higher educational achievement,

improved human rights protection and promotion, better health status and improved quality of life.

Persons with mental and psychosocial disabilities* represent a significant proportion of the world's population. Millions of people worldwide have mental health conditions. An estimated one in four people globally will experience a mental health condition in their lifetime. Almost one million people die due to suicide every year, and it is the third leading cause of death among young people.³ Depression is the leading cause of years lost due to disability worldwide.⁴ Mental health problems, including alcohol abuse, are among the ten leading causes of disability in both developed and developing countries.⁴ In particular, depression is ranked third in the global burden of disease, and is projected to rank first in 2030.⁴ Even now, depression is the leading cause of disease burden for women in high, low and middle-income countries.⁴ The economic cost of mental health problems is vast, while reasonable investment in mental health can contribute to better mental health for people.¹

2. Vulnerability of persons with mental / psychosocial disabilities

Persons with mental and psychosocial disabilities often face stigma and discrimination due to widely held misconceptions about the causes and nature of mental health conditions. Persons with mental and psychosocial disabilities also experience high levels of physical and sexual abuse. This can occur in a range of settings, including prisons, hospitals and homes. They encounter restrictions in their exercise of socio-politico-economic rights in the majority of countries, largely due to the false assumption that they are not able to carry out their responsibilities, manage their own affairs and make decisions about their lives.⁵

The majority of persons with mental and psychosocial disabilities in low and middle-income countries are not able to access essential income generation, education, human rights, health and other social services⁵. For example, between 75 and 85 per cent of persons with mental and psychosocial disabilities in low and middle income countries do not have access to any form of treatment.⁶

3. Mental Health and the Millennium Development Goals

* including persons with intellectual disabilities

MDG 1: Eradicate Extreme Poverty and Hunger

- Poverty and hunger can have a strong impact on the mental health and psychosocial well-being of people. Poverty and its associated stresses, such as unemployment, violence, social exclusion and deprivation and constant insecurity, are closely linked to the onset of mental health problems.⁷
- Mental and psychosocial problems can hinder motivation and productivity, thus hampering efforts to reduce poverty and hunger.
- Persons with mental and psychosocial disabilities are more at risk of sliding into poverty, because of increased health care costs and lost opportunities for employment.⁷
- Though mental health conditions are one of the leading causes of disability, persons with mental and psychosocial disabilities often lack resources to maintain basic living standards. Furthermore, they are one of the most neglected and discriminated groups in development policies and programmes.⁵
- Integration of mental health into development efforts is a cost effective pro-poor strategy⁵.
- There are cost effective treatments available for most mental illnesses, and effective treatment is associated with reductions in overall health-care costs.⁷

Mental health issues should be integrated into all broader development and poverty eradication policies and programmes as a key indicator of human development.

MDG 2: Achieve Universal Primary Education

- Education has a positive impact on mental health through improving one's social status, increasing opportunities for employment and earning capacity.⁵
- Early intervention programmes can improve children's verbal, cognitive and social development.⁵
- School children with mental and psychosocial disabilities are at increased risk of school drop-out, class repetition, and poor academic performance.⁵
- Inclusive and accessible education needs to be realized with due promotion and protection of the rights of children and adolescents with mental and psychosocial disabilities.

- Mental health and psychosocial well-being are key issues for quality of education, education for peace, tolerance, better communication, and improved human development.

Education programmes should integrate mental health and psychosocial perspectives in efforts to improve quality of education and ensure accessibility for persons with mental and psychosocial disabilities and intellectual disabilities.

MDG 3: Promote Gender Equality and Empower Women

- Women living in developing countries are more exposed to risk factors that increase their susceptibility to mental health problems, including less valued social roles, poorer socioeconomic status, gender-based violence and restricted access to mental health services.⁸
- The risk of depression and anxiety increases three- to four-fold after exposure to gender-based violence. About a third of all rape victims develop Posttraumatic Stress Disorder (PTSD). Survivors of gender-based violence commonly experience fear, shame, guilt and anger, and may suffer from stigma. This can lead to severe mental health conditions such as depression, anxiety disorders, PTSD, substance abuse, and suicide.⁹
- The Fourth World Conference on Women Platform for Action (Beijing, 1995) identified the importance of mental health by calling for action by relevant stakeholders to “*reaffirm the right to the enjoyment of the highest attainable standards of physical and mental health*” and “*integrate mental health services into primary healthcare systems or other appropriate levels, develop supportive programmes and train primary health workers to recognise and care for girls and women of all ages who have experienced any form of violence such as domestic violence, sexual abuse or other abuse in armed and non-armed conflict.*”

Mental health and psychosocial issues should be integrated into all efforts to promote gender equality and empowerment of women including efforts to fight against gender-based violence.

MDG 4: Reduce Child Mortality

- Maternal mental health problems are associated with negative health outcomes in children, such as lower infant birth weight, higher rates of malnutrition, stunting, diarrheal disease, infectious disease, and hospital admissions, and reduced completion of immunization in children.¹⁰
- Poor mental health in children can adversely affect their physical health, and development.
- The *Convention on the Rights of the Child* recognizes rights to mental health among children including the promotion of their mental health, the protection from harm of their mental development, and the promotion of psychosocial recovery from child abuse.
- The rights of children with mental and psychosocial disabilities and intellectual disabilities are recognized in both the *Convention on the Rights of Child*, and the *Convention on the Rights of Persons with Disabilities*.

Child development, education, health and protection policies, programmes and services must integrate mental and psychosocial aspects.

MDG 5: Improve Maternal Health

- 20 to 40 per cent of women in developing countries experience depression during pregnancy or after childbirth.¹¹
- Suicide is a leading cause of maternal mortality in some countries.^{12,13}
- Maternal mental health problems are associated with increased maternal physical morbidity such as obstetric complication, preterm labour, as well as increased maternal mortality.¹¹
- Access to sexual and reproductive health services can be restricted for persons with mental and psychosocial disabilities.¹⁴

It is essential to integrate mental health into sexual and reproductive health, and maternal health policies and programmes. This will contribute to better access to sexual and reproductive services, child and maternal health services, improvement in child and maternal morbidity and mortality rates, and quality of life for women.

MDG 6: Combat HIV/AIDS, Malaria and Other Diseases

- Health is a “*state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*” according to the WHO Constitution. The right to health outlined in the *International Covenant on Economic, Social and Cultural Rights* is “*the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.*”¹⁵
- Poor mental health is associated with different types of physical illnesses.^{6,10}
- The prevalence of mental health conditions in primary care settings has been shown to range between 10 per cent and 60 per cent.⁶
- Mental health and psychosocial problems can lead to increased risk behaviours, poor care seeking behaviours and reduce adherence to treatment regimes, which are often crucial not only to the health of the individual, but also to ensure that medicines remain effective, and to reduce the likelihood of drug-resistant strains from emerging.⁶
- Mental health problems can occur as a consequence of physical health problems, which can lead to a worsening of the condition. For example, depression, which is common among persons living with HIV, increases the risk of disease progression and mortality.¹⁰
- Mental health is also closely linked with other physical diseases, including non-communicable diseases. For example, persons with mental and psychosocial conditions are more likely than others to develop diabetes, heart disease, stroke and respiratory disease.⁶

Health system reform needs to integrate the mental and psychosocial aspects of health.

MDG 7: Ensure Environment Sustainability

- Natural disasters and climate change can have adverse mental health and psychosocial consequences on populations.¹⁶
- Persons living in slums are susceptible to mental health and psychosocial problems.¹⁷

Sustainable development requires that policies and programmes related to climate change, disaster reduction and response, and slum and urbanization integrate the mental health and psychosocial perspective.

MDG 8: Develop a Global Partnership for Development

- International cooperation is crucial for the realization of the MDGs for all, particularly for persons with disabilities including those with mental and psychosocial disabilities. Cooperation efforts must ensure the access to and participation of persons with disabilities in all MDG policies and their implementation, in order to make sure that they are both agents and beneficiaries of development.¹⁸
- Least developed countries, landlocked countries and small island developing states have substantially unaddressed mental health and psychosocial needs.
- New technologies such as those relating to information and communication need to be accessible to persons with mental and psychosocial disabilities.

Cooperation efforts must ensure the participation of persons with disabilities including those with mental and psychosocial disabilities. Efforts to improve information and communication technologies need to integrate the mental health and disability perspectives.

4. Response from the international community

On World Mental Health Day 2008, the United Nations Secretary-General, Ban Ki-moon called on all development partners to do “*more to integrate mental health awareness into all aspects of health and social policy, health-system planning, and primary and secondary general health care.*” He stated that “*there can be no health without mental health.*” In the Secretary-General's 2007 message for World Mental Health Day, he noted that “*the consequences are enormous in terms of disability, human suffering and economic loss. We have a pressing obligation to scale up care and services for mental disorders, especially among the disadvantaged, while stepping up efforts to protect the human rights of those affected.*”

The Department of Economic and Social Affairs (DESA) of the United Nations continues its efforts to promote mainstreaming of the rights of persons with disabilities, including persons with mental and psychosocial disabilities into development responses. The United Nations recognizes that persons with disabilities, including persons with mental and psychosocial disabilities, should not

only be beneficiaries but also active agents who participate in all aspects of development and society. In addition, mental health and psychosocial issues concerning persons with disabilities is an emerging issue in this context. The United Nations system including DESA and WHO, Governments and civil society, commemorate the World Mental Health Day on 10 October, International Day of Persons with Disabilities on 3 December, and World Autism Awareness Day on 2 April every year.

WHO plays a key role in setting policy standards and guidance related to global mental health, which includes most recently the Mental Health Gap Action Programme (mhGAP) and the landmark Mental Health and Development report. WHO's efforts are central to supporting countries to develop human rights-oriented policies and laws that aim to improve access to high quality mental health services and support. Throughout its work WHO encourages the engagement of civil society, particularly with regards to persons with mental and psychosocial disabilities. On 9 October 2008, at the launch of the mhGAP, WHO Director-General Margaret Chan stated that *“the long-standing failure to take action and make progress against these disorders is no longer acceptable. There are no excuses anymore.”* She continued that *“taking action makes good economic sense. These disorders interfere, in substantial ways, with the ability of children to learn and the ability of adults to function in families, at work, and in society at large”* and *“taking action is also a pro-poor strategy”* that *“poverty and its associated stresses, such as unemployment, violence, social exclusion and deprivation, and constant insecurity, are closely linked to the onset of mental disorders.”* She concluded that *“care for these highly prevalent, persistent, and debilitating disorders is not a charity. It is a moral and ethical duty. It is a pro-poor strategy. It makes good economic sense. And it is entirely feasible.”*

Other United Nations agencies, funds and programmes have started to integrate mental and psychosocial well-being into their policies and programmes. The United Nations Population Fund (UNFPA) was one of the first United Nations agencies to integrate mental health as part of the Outputs of its Strategic Plan. On World Mental Health Day 2008, UNFPA Executive Director Thoraya Ahmed Obaid called on *“all governments and partners to include measures for mental health in efforts to achieve human development and respond to humanitarian crises.”* She said *“mental health must be a key component in efforts to achieve*

MDGs 4 and 5” and called for “*greater integration of mental health and psychosocial support into humanitarian responses and efforts to achieve the MDGs*” and for “*making mental health a global priority.*” She stated “*mental health is central to human dignity*” and that “*now is the time to pay more attention to the mental and psychosocial implications.*” UNFPA collaborated with the WHO in the development of tools on integrating mental health into maternal, sexual and reproductive health, youth health and emergency response programmes.

The United Nations Development Programme (UNDP) has started integrating mental health and psychosocial aspects into its programmes through supporting improved mental health systems, developing capacity related to mental health among development partners and community workers, and by raising awareness among communities on the ground on mental health in the context of poverty reduction and crisis prevention and recovery.

The United Nations Children's Fund (UNICEF), has begun to integrate a psychosocial perspective in its activity areas, such as protection, education, and child development among others. UNICEF has been increasingly active in providing psychosocial support in and after emergencies, and is now expanding its expertise and experience to broader development efforts.

The Constitution of the United Nations Educational, Scientific and Cultural Organization (UNESCO) states “since wars begin in the minds of men, it is in the minds of men that the defences of peace must be constructed.” UNESCO has begun to integrate aspects of psychosocial well-being into its education programmes.

The United Nations University (UNU), as a think-tank for the United Nations system, has conducted research and capacity development programmes on mental health and psychosocial well-being as a key indicator of efforts to achieve peace, development and human rights.

Expertise and experience accumulated through the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings is ready to be applied to strengthen efforts to integrate

mental health and psychosocial perspectives into development programmes following emergency situations.

In addition to this, several bilateral agencies have funded some activities to support mental health and psychosocial programmes in countries, such as research programme consortia on improving mental health services in low income countries, activities to strengthen mental health systems and capacity development, programmes to improve mental health outcomes in children, and initiatives to support the integration of mental health into national policies, systems, and programmes.

5. The way forward

The health, social and economic impact of poor mental health is pervasive and far reaching, leading to poverty, high unemployment rates, poor educational and health outcomes, among others. Moving forward, there is a need for a wider recognition of mental and emotional well-being as a core indicator of human development, and it is necessary to integrate a mental health and psychosocial perspective into all development and humanitarian policies, programmes and services, particularly those related to MDGs and other internationally agreed goals and commitments.

For example, it is necessary to pay attention to the mental health causes and consequences of poverty, through for example targeting persons with mental and psychosocial disabilities. Achieving education for all requires mainstreaming of mental health and psychosocial issues into education programmes. In addition, mental health must be considered as an integral part of all the efforts to protect and promote human rights and equality including those related to gender. Mental health issues should be included in all health policies and programmes, including prevention, treatment and rehabilitation. Integrating mental health into primary care programmes through the provision of effective evidence-based interventions will improve accessibility of care and alleviate the negative impact of these conditions. Mental health can be also promoted through a variety of social interventions. It is critical to ensure accessibility for persons with mental and psychosocial disabilities in all the development and humanitarian policies and programmes.

Mental health has long been neglected in human development and quality of life initiatives. Successful and sustainable development policies and programmes require a renewed focus on mental health issues, through improved recognition of the links between development programmes and mental and emotional well-being, and the inclusion of persons with mental and psychosocial disabilities to achieve development for all.

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