Webinar on "Mental Health and the Sustainable Goals 2030: Exploring potential, Achieving Health for All"

Welcome and Introduction

Maria Nyman, Director
Mental Health Europe

Who we are, what we do

- We are a European **umbrella organisation**
- **Advocating for the rights** of people with mental health problems
- Representing +73 members across 30 European countries
- Active in the field of mental health and in European institutions **since 1985**
- Our **members** are mental health professionals, national organisations, services-providers, users & ex-users of services, family organisations...
- Not funded by the **pharmaceutical industry**

Strategic priorities

Human-rights based & recovery
Ensure a human rights–based and recovery-centered approach to mental health

Parity of esteem
Valuing mental health equally with physical health

Community based care
Advocate for deinstitutionalisation and for better community based care

Mental health at work
Promote for better mental health at work

Mental Health & the SDGs

Goal 3: **Ensure healthy lives and promote well-being for all at all ages**

"Ensuring healthy lives and promoting the well-being for all at all ages is essential to sustainable development."

Thank you **for your attention!**

maria.nyman@mhe-sme.org

www.mhe-sme.org

@mhesme

mentalhealtheurope

MHESME

mentalhealtheurope

@mhesmebxl

M·H·E
Mental Health Europe

#FundaMentalSDG

Nicole Votruba, Coordinator
FundaMentalSDG

Webinar Mental Health Europe

Mental Health and the Sustainable Development Goals 2030

Nicole Votruba,
King's College London
FundaMentalSDG Co-ordinator
nicole.votruba@kcl.ac.uk

Outline

1. What is FundaMentalSDG?

2. What are the SDGs and how are they relevant for mental health?

3. How can States promote and implement mental health through the SDGs?

What is

FundaMentalSDG?

2000

Millennium Development Goals (MDGs)

2015

Sustainable Development Goals (SDG)

11

EDITORIALS

Including mental health among the new sustainable development goals

The case is compelling

Graham Thornicroft *professor* [1], Vikram Patel *professor* [2,3]

[1]Centre for Global Mental Health, King's College London, Institute of Psychiatry, London SE5 8AF, UK; [2]Centre for Global Mental Health, London School of Hygiene and Tropical Medicine, London, UK; [3]Centre for Chronic Conditions and Injuries, Public Health Foundation of India, Gurgaon, India

FundaMentalSDG

A global initiative to strengthen mental health in

United Nations Sustainable Development Goals

www.FundaMentalSDG.org

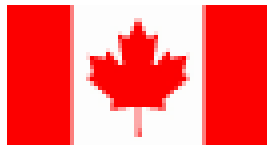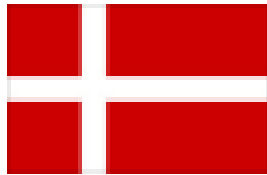No longer can we look away. By Robin Hammond
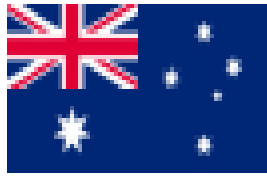
- Australia
- Belgium
- Canada
- Denmark
- Hungary
- Iraq
- **Barbados**
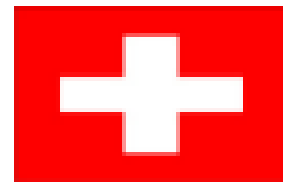- Ireland
- South Africa
- Switzerland
- United Kingdom
- The United Nations
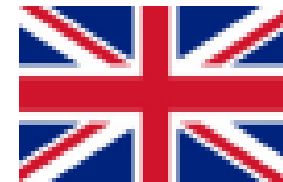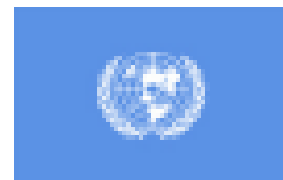
First, as the world is thinking about a development framework to build on the Millennium Development Goals, **we need to place mental health** *in general and depression in particular* **within the post-2015 agenda***.*

Kofi Annan
Economist Group's Global Crisis of Depression Conference
London, 25.11.2014

What are the SDGs and where is mental health?

Mental Health

SDG Declaration Preamble

Mental health is a development priority (§ 7, §26)

SDG Goal 3 (Health) targets

- Prevention, treatment & promotion of mental health (3.4)

- Substance abuse (3.5)

- *Universal health coverage (3.8)*

Mental health cross-cuts the SDGs

Challenges

1. No single mental health goal, only targets & indicators: Risk of weak commitment

2. No indicator to include people with severe mental disorders

3. Mental health crosslinks of the SDGs risk to be ignored
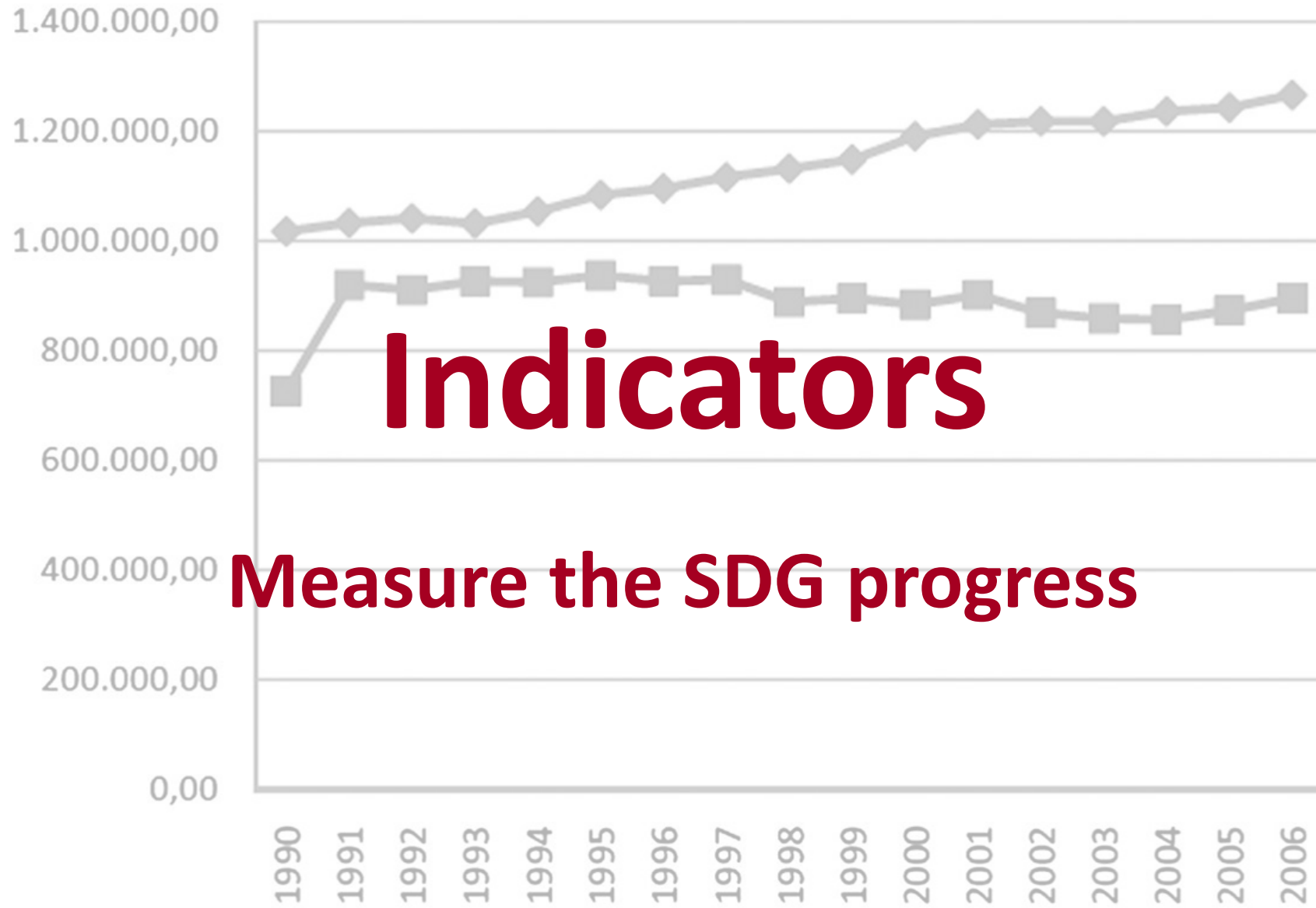
How can States promote and implement mental health through the SDGs?

Indicators for mental health (SDG 3)

Target 3.4 By 2030, reduce by one third **premature mortality** from non-communicable diseases through prevention and treatment and **promote mental health and well-being**

   3.4.2 Suicide mortality rate

Target 3.5 Strengthen the prevention and treatment of **substance abuse**, including narcotic drug abuse and harmful use of alcohol

   3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders

   3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

Implementing the SDGs

Considerable challenges for many countries and organizations

- Aligning national indicators to the 2030 Agenda

- Integration, operationalisation, measurement, evaluation, reporting

Many countries are putting in place initiatives to advance implementation

UN recommendations, guidelines and best practices

- UN Division for Sustainable Development (DSD)

- High-Level Political Forum

- UN Partnerships for SDGs online platform

www.undg.org/2030-agenda/mainstreaming-2030-agenda/tailoring-sdg-to-national-context/

Mainstreaming the 2030 Agenda for Sustainable Development

Reference Guide to UN Country Teams
February 2016

United Nations Development Group

SUSTAINABLE DEVELOPMENT GOALS

UNITED NATIONS DEVELOPMENT GROUP

GUIDELINES TO SUPPORT COUNTRY REPORTING ON THE SUSTAINABLE DEVELOPMENT GOALS

HIGH-LEVEL POLITICAL FORUM ON SUSTAINABLE DEVELOPMENT

HANDBOOK FOR THE PREPARATION OF **VOLUNTARY NATIONAL REVIEWS**

THE 2018 EDITION

Division for Sustainable Development (DSD)
Department of Economic and Social Affairs (DESA)
United Nations

www.undg.org   www.undg.org   www.sustainabledevelopment.un.org

Funding & investment potential
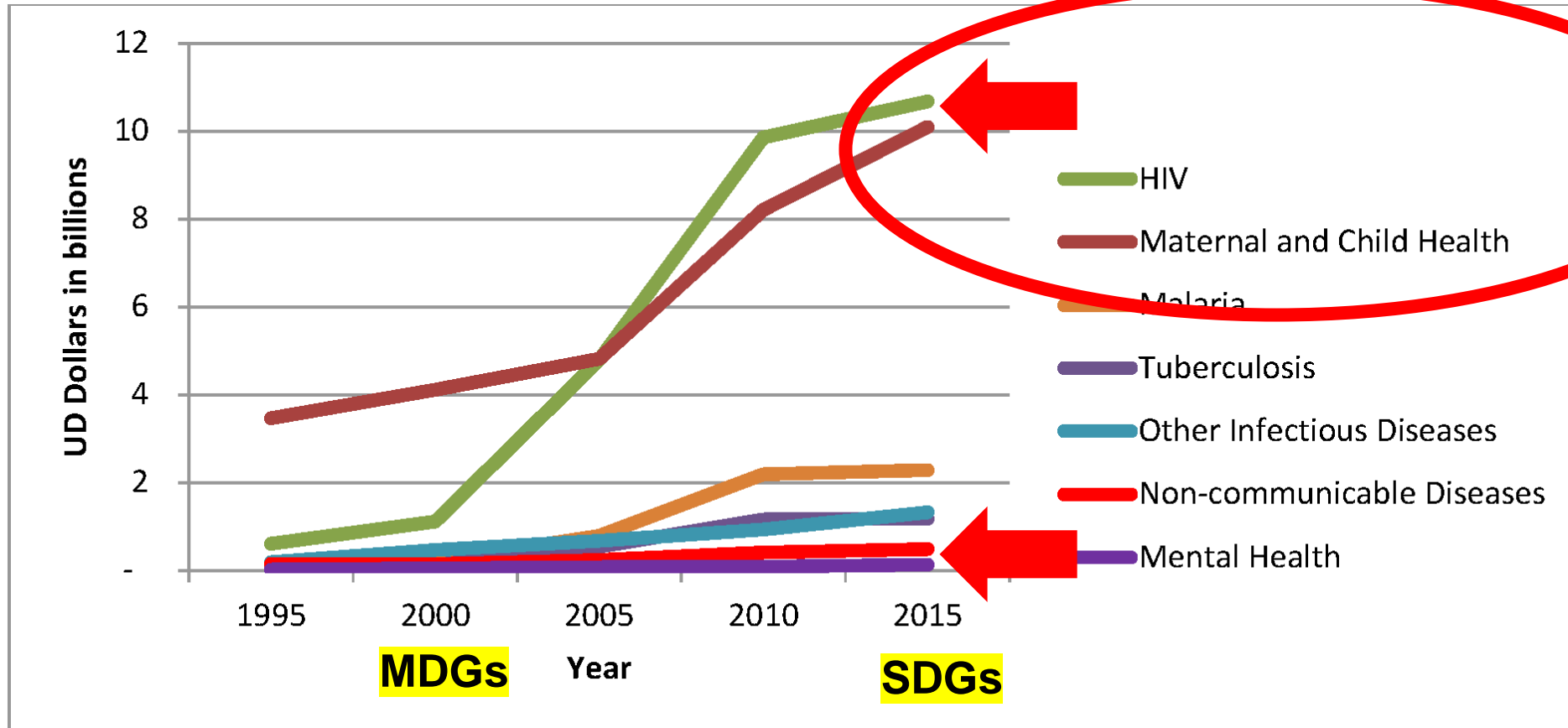
Comparison of major health focus categories receiving development assistance

Charlson FJ, Dieleman J, Singh L, Whiteford HA (2017) Donor Financing of Global Mental Health, 1995—2015: An Assessment of Trends, Channels, and Alignment with the Disease Burden. PLoS ONE 12(1): e0169384. doi:10.1371/ journal.pone.0169384

Prioritise mental health, beyond the SDGs

- Include people with **severe mental disorders**

- Considering mental health crosslinks

- UN member states already committed to comprehensive **WHO Mental Health Global Action Plan 2013-20** (no additional effort)
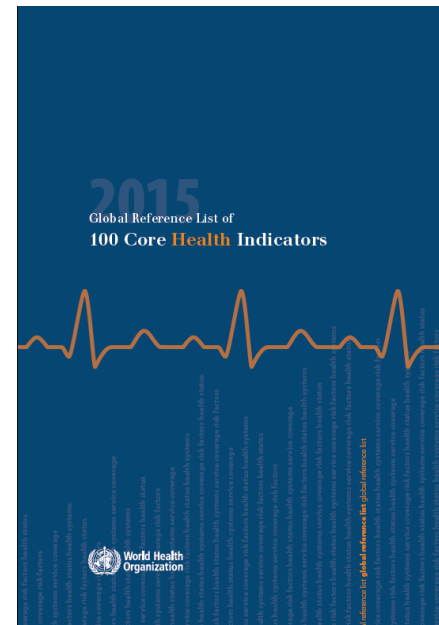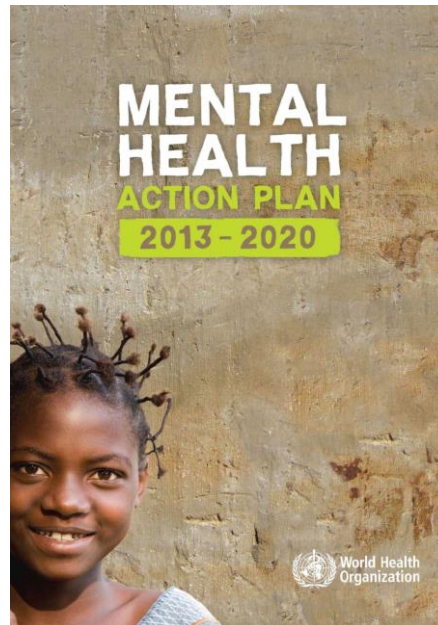
Contact

Nicole Votruba

Institute of Psychiatry, Psychology & Neuroscience

King's College London

nicole.votruba@kcl.ac.uk

@NicoleVotruba

#FundaMentalSDG

www.fundamentalsdg.org

Dainius Pūras, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health
United Nations Human Rights

Mental Health and the Sustainable Development Goals 2030: Exploring Potential, Achieving Health for All

Dainius Pūras

UN Special rapporteur on the right to health

MHE webinar, May 2, 2018

UN RIGHT TO HEALTH MANDATE

- Mandate established in 2002. Paul Hunt (2002-2008), Anand Grover (2008-2014), Dainius Puras (2014 -). The mandate is a part of UN Special procedures mechanism
- UN Special procedures mechanism: Mandate holders are appointed by UN Human rights council. They are independent experts. They do not have job contract with UN. They inform UN and Member states about challenges, obstacles, opportunities and recommend how to move to full realization of human rights
- Primary Objectives:
  - Promote and clarify right to physical and mental health
  - Identify challenges and good practices
  - Inform member states and other stakeholders
- Not right to be healthy, but right to the enjoyment of the highest attainable standard of physical and mental health
- Not just right to medical care (AAAQ), but also determinants of health – such as poverty, violence, discrimination
- Working methods: thematic reports, country missions, communications

RIGH TO HEALTH - ANALYTICAL FRAMEWORK(1)

- States must comply with national and international human rights laws, norms and standards.

- States must act to progressively realize the right to health over time. Full realisation of the right requires sufficient resources. But States must make progress, have a plan, benchmarks and indicators.

- Some obligations – such as the duty to avoid discrimination - must be put into effect immediately.

- Health services, goods and facilities must be available, accessible, acceptable, and of good quality (AAAQ).

- States must recognize both freedoms and entitlements about health –   for   example, freedom from discrimination and entitlement to decent food, clean water and sanitation, healthy environment

RIGHT TO HEALTH - ANALYTICAL FRAMEWORK(2)

- States have duties to **respect, protect and fulfill the right to health** – a) states must actively do things to ensure people can enjoy their right to health, b) not to do things which interfere with people's right to health, c) must stop others interfering with people enjoying their right to health.

- Special attention must be given to issues of **non-discrimination, equality and vulnerability**. These are issues that are central to ideas of **human rights**, and they are crucially important for realization of the right to health.

- Individuals and groups must be able to take part in designing services that are for them, and in the development of policies that affect them (**principle of meaningful participation**)

- States have right-to-health obligations around **international assistance** and co-operation.

- States must have effective, transparent and accessible mechanisms for **monitoring and accountability** around the right to health, and, in turn, are accountable to the international community.

WAY FORWARD: CHALLENGES AND OPPORTUNITIES IN ADDRESSING CROSS-CUTTING ISSUES

- Transition from Millennium Development Goals (MDGs) to Sustainable Development Goals (**SDGs**). **Agenda 2030** – equally important to all regions, including Europe. Non-communicable diseases (NCDs), including mental health conditions – now are in the centre of health-related policies

- To leave no one behind – the principle of **non-discrimination**. Human rights in patient care

- **Life cycle approach** – right to health in early childhood, adolescence; healthy workplace, healthy aging

- **Mental health** and emotional well-being - all activities should be integrated in general healthcare

- **Universal health coverage**. **Primary care and preventive/social medicine** as cornerstone of sustainable and effective healthcare systems. Alma Ata (1978) and Ottawa (1986) - need to be re-vitalized. Health in all policies

- **Rational and transparent use** of specialized medicine and biomedical interventions. Expensive biomedical technologies and "vertical" programmes for treatment of certain diseases should not dominate in health policies. "Choosing wisely" initiative

- **Syndemics** - an understanding of disease that focuses on the complex interconnections among co-morbid diseases, biological linkages, and interacting social and environmental conditions.

"The human rights framework provides a more useful approach for analyzing and responding to modern public health challenges than any framework thus far available within the biomedical tradition."

Jonathan Mann

Health and human rights, HIV/AIDS physician and advocate

Agenda 2030 and SDGs

- Differences between MDGS and SDGs. SDGs are important to all regions; they address physical and mental health.

- Agenda 2030 is grounded in the UDHR (1948)

- SDGs and targets are integrated and indivisible, they balance the 3 dimensions of sustainable development – economic, social, environmental

- SDGs are global in nature and take into account national realities

- Ensure that no one is left behind – human rights and equality/non-discrimination imperative

Agenda 2030 and SDGs

- SDGs seek to achieve gender equality
- Right to health is not just about Goal3. Many other goals are closely linked to health
- Health is central to SDGs – both as outcome of and path to achieving poverty reduction and sustainable development
- Report of the the SR to UN General assembly "Right to health and SDGs" (2016)
- http://www.ohchr.org/EN/Issues/Health/Pages/SRRightHealthIndex.aspx
- Main issues identified in the report: **inequities, accountability, universal health coverage, violence**
- UN Human Rights Council resolution on health and 2030 Agenda (June 2017)

"Leaving no one behind": it is about non-discrimination and accountability

- Data collection – identify disparities, disaggregate, use qualitative research

- Agenda 2030 suffers from weak accountability mechanisms

- The need to have a vibrant civil society and to support NGO sector.

- Warning from experts: states need to refrain from a selective approach to right to health and related human rights. This warning is valid to EU member states as well!

- To learn good lessons (from AIDS movement): health services work only when they are free from discrimination (by law and practice). Still many discriminatory practices and attitudes in health sector

- To promote knowledge and evidence; to identify and address "fake news" and conspiracy theories of "post-truth era"

- Globally - attacks against universal human rights principles. Examples – debates about Istanbul (CoE) convention in Europe, rights of people on the move, "traditional family values"vs. rights of individual members of family; sexual and reproductive rights, rights of people who use drugs, etc.

Towards Universal health coverage (UHC)

- Many governments are moving ahead to reach UHC soon. Warning from experts: States must not be tempted by low hanging fruit.

- Focus on addressing financial exclusion and catastrophic spendings should not ignore important issue of discrimination on other grounds

- Focus on access to essential medicines and vaccines should not ignore other important interventions, such as psychosocial and population based interventions

- Sexual and reproductive health health/rights, mental health, palliative care are part of UHC.

- Increasing importance of investing with new quality in mental health. Goal3 in Agenda 2030 includes mental health.

Mental health - Momentum

- Importance of mental health – increasingly recognized

- Agenda 2030 and SDGs: "to promote mental health and well-being". Good opportunity to place mental health from margins to center of health and development agenda globally. UN HRC resolutions (2016, 2017)

- What does it mean "to promote mental health and well-being"? The need to find wise balance, based on values and evidence, within so many different issues and approaches

- States are urged to invest more in mental healthcare

- How to invest more in mental healthcare services – support them as they are (status quo) or **do we need a shift of paradigm?**

- Unacceptable situation with violations of human rights of persons who need and who use mental health services. Is this just because of lack of resources? Paradox of the European region (largest number in the world of people living in institutions)

- UN Human Right Council resolutions on mental health and human rights (2016, 2017), reports of OHCHR and UN Special rapporteur (2017)

- All stakeholders should rethink their position on mental health policies and services

To promote mental health of everyone

- Social and environmental determinants of mental health (including psychosocial/emotional environment)

- All forms of inequalities and violence have negative impact on mental health

- States need to invest in enabling non-discriminatory and non-violent environments in all settings (family, school, workplace, community, healthcare services, society at large). All forms of violence are not acceptable.

- Full implementation of a human rights based approach is an obligatory pre-condition of effectively investing in mental health (including promotion, prevention, treatment, rehabilitation, recovery)

- Crucial role of civil society – both for advocacy and service provision

Report of the Special rapporteur to UN Human Rights Council on mental health and human rights – June 2017

- Global burden of obstacles highlighted – as an alternative view to the medicalized concept of "global burden of diseases"
- Three main groups of obstacles identified. They need to be seriously addressed:

  - Dominance of biomedical model and overuse of biomedical interventions

  - Huge power asymmetries

  - Biased use of knowledge and evidence

Report to UN HRC - key messages and recommendations

- Ensure that users are involved in the design, implementation, delivery and evaluation of mental health services, systems and policies;

- Stop directing investments to institutional care and redirect it to community-based services;

- Invest in psychosocial services that are integrated into primary care and community services to empower users and respect their autonomy;

- Scale up investment in alternative mental health services and support models;

- Develop a basic package of appropriate, acceptable (including culturally) and high-quality psychosocial interventions as a core component of universal health coverage;

- Take targeted, concrete measures to radically reduce medical coercion and facilitate the move towards an end to all forced psychiatric treatment and confinement;

- Seek technical assistance from the WHO QualityRights initiative to assess and improve the quality of mental health care.

Mental health policies/services: urgent need for the shift of paradigm

- Human rights imperative
- Address adversities in childhood and adolescence
- Prevent medicalization of human diversity and misery
- Mainstream mental health and discontinue investments in segregated psychiatric institutions (also when providing international assistance)
- Prioritize culturally appropriate psychosocial interventions
- Replicate good practices that provide non-coercive mental health services
- Address imbalances and biased knowledge in medical (health related) education and research

Some SDGs-related recommendations
(from SR report to UN GA, 2016)

- Identify disparities and prioritize the most vulnerable through collection and disaggregation of data, using quantitative and qualitative data

- Ensure full compliance with universal human rights principles and refrain from selective approaches to upholding the right to health and other human rights when implementing the SDGs

- Monitor progress and support review and accountability in the implementation of the SDGs

- Empower all stakeholders to participate in the design, implementation and monitoring of laws, policies, practices

- Ensure that healthcare systems are effective, transparent and accountable, with a focus on primary health care and health promotion

- Address imbalances and power asymmetries within and beyond healthcare systems in all decisions aimed at reaching UHC

Conclusion

- Member states are in a good position to advance with realization of the right to physical and mental health and to strengthen healthcare systems in the framework of Agenda 2030

- To achieve this, universal human rights principles, enshrined in the UHRD and UN Conventions, need to be fully implemented, in synergy with modern knowledge and evidence on health-related issues.

- States, in partnership with civil society, should advance with mental health and human rights - keeping in mind that human rights based approach and modern public health approach are the most effective "vaccines" in reaching healthy, inclusive, efficient and tolerant societies.

Daniel Chisholm, Programme Manager for Mental Health
WHO Regional Office for Europe

Mental health as a public health and development concern

Public health

o Mental ill-health leads to impaired functioning; depression is the No. 1 cause of global disability

o Mental health problems are often comorbid with physical health problems, which adversely affects treatment outcomes (e.g. CVD)

o Mental illness & substance abuse affects others – e.g. infants of depressed mothers; family members of dependent drug or alcohol users

Sustainable development

o Mental ill-health results in enormous economic loss; depression & anxiety cost the world US$ 1 trillion per year.

o Mental illness is strongly associated with poverty, economic downturn and unemployment, with effects felt most by the most vulnerable

o Mental health is put at greatly increased risk by natural disasters, disease outbreaks, communal violence, conflict and forced migration.

Mental health and the SDGs

- **Target 3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and **promote mental health and well-being**

- **Target 3.5** Strengthen the **prevention and treatment of substance abuse**, including narcotic drug abuse and harmful use of alcohol

- **Target 3.8 Achieve universal health coverage**, 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

But what about the social determinants of mental health?
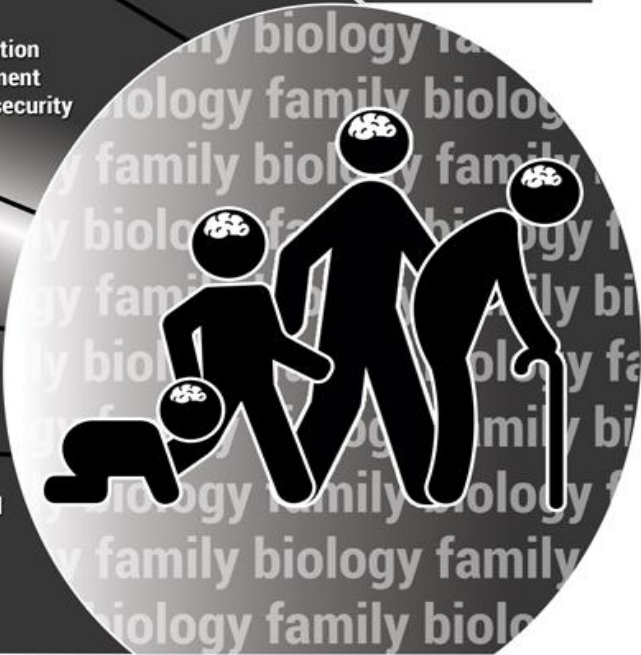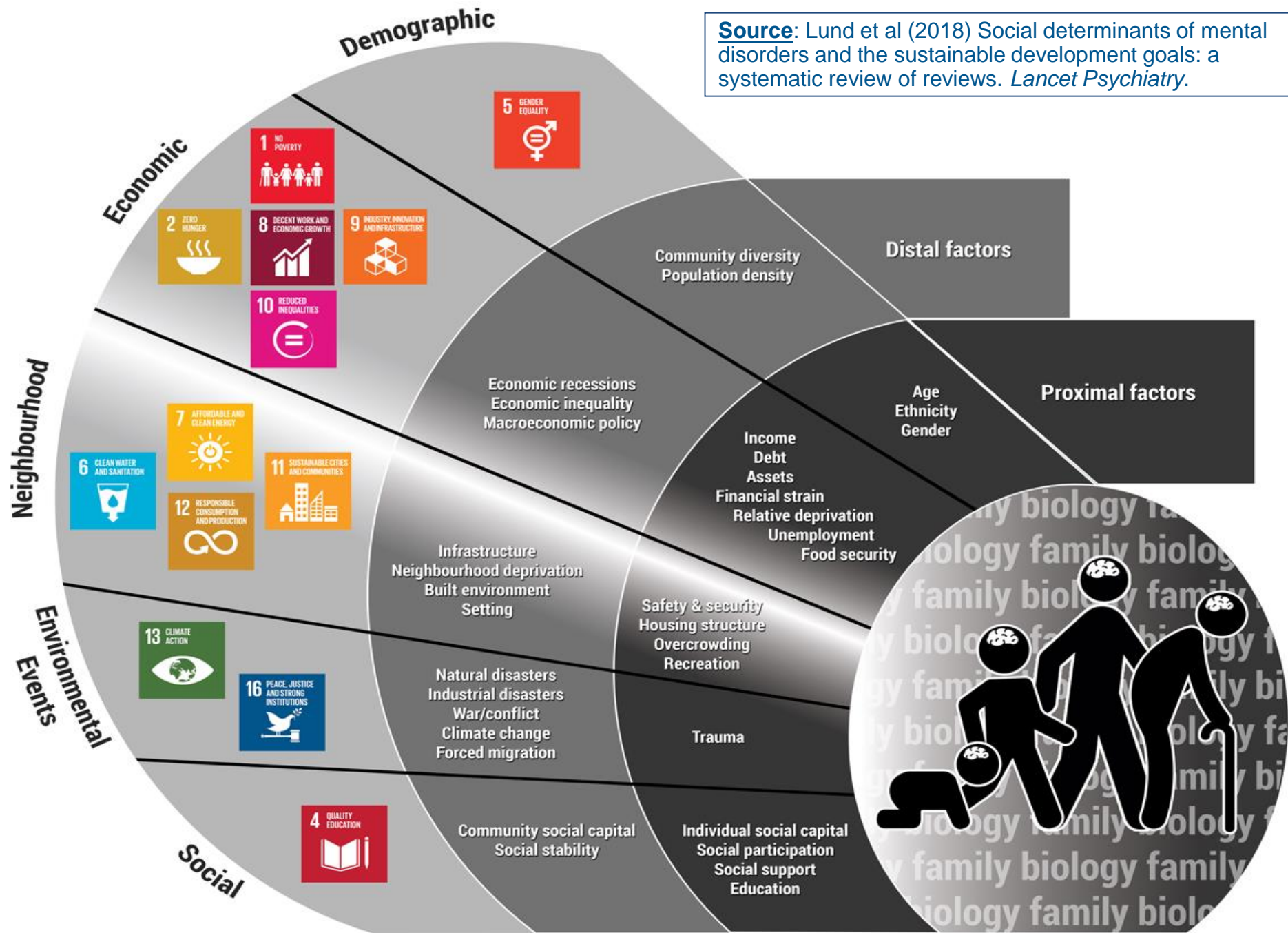
Demographic domain

Age

- Most mental disorders start early in life

- Early intervention essential

- Key risk periods over life-course:
  – Pregnancy
  – Early childhood
  – Adolescence
  – Old age

Gender

- <u>Females</u>: increased risk for depression, anxiety, eating disorders

- <u>Males</u>: increased risk for substance abuse, childhood behavioural & developmental disorders, and suicide

Social domain

- Examples:
  - Education
  - Family and peer relationships
  - Social capital
  - Social networks
  - Cultural identity

- <u>Low education</u>: increased risk for dementia, common mental disorders, chronic stress

- <u>Social capital and social support</u>: protection against common mental disorders
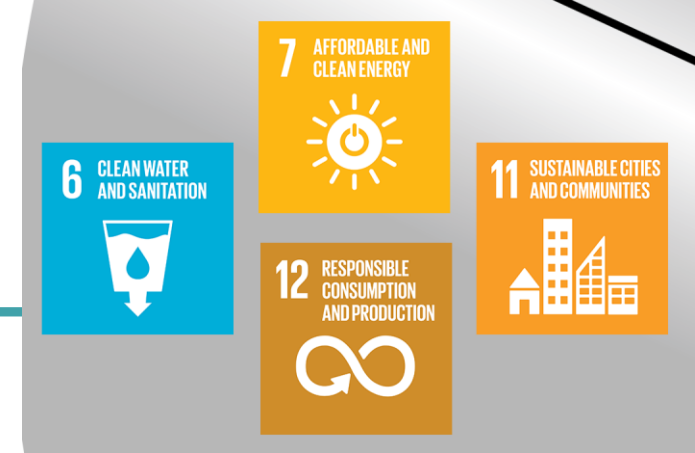
Economic domain

- Income & expenditure

- Financial strain & debt

- Food security

- Employment

- Housing

- Income inequality

- Macroeconomic trends, e.g. recession

Mental health and inequality

1. For individual level data, the picture is clear:

   – Inequality is associated with worse mental health for people in lower socio-economic positions

2. For national level data, findings are mixed:

   – For some high income countries there is a clear linear association: increased inequality is associated with increased mental illness

   – But for a larger group of low, middle and high income countries, the trend is less clear

   – Possible explanation: "Income inequality hypothesis" – beyond a certain level of income, inequality becomes more important in explaining mental health disparities [1]

1 Layte, R. (2011). The Association Between Income Inequality and Mental Health: Testing Status Anxiety, Social Capital, and Neo-Materialist Explanations. Eur Sociol Rev 28 (4): 498-511.

World Health Organization
REGIONAL OFFICE FOR Europe

Neighbourhood domain

- Constellations of area-level environmental risk factors: neighbourhood level deprivation, access to recreational facilities and service availability

- Neighbourhood socioeconomic deprivation associated with psychosis, depression, common mental disorders in young people, worse cognitive function in older adults

- More life stressors, fewer resources to cope

Environmental domain

- **Disasters and hazards:**
  - PTSD, depression and anxiety
  - 3-4 times higher prevalence
- **War and conflict:**
  - Behavioural & emotional symptoms, sleep problems and psychosomatic symptoms common among exposed children
  - Meta-analysis of prevalence of child PTSD in conflict: 47%

Measurement challenges and needs in the SDG era

- The 'promotion of mental health and well-being'
(SDG target 3.4)

- Universal health coverage for persons with mental disorders
(SDG target 3.8)

- The social determinants of mental health
(other, 'non-health' SDGs)

Conclusion: The SDG Challenge

- How do we demonstrate the link between attaining "upstream" SDGs and mental health benefits?

- Can we also show that providing mental health care yields economic and environmental benefits?

- Is mental health both a means and an end of development?

Conclusion: key messages

1. Social and economic factors are powerful determinants of population mental health

2. There is sufficient evidence to invest and scale up broad-based multisectoral interventions that address the causes and consequences of mental illness

3. Further research is required:
   - To identify pathways, especially in relation to inequality
   - To evaluate interventions that address both social causation and social drift

WHO Europe – mental health and SDGs factsheet

World Health Organization — REGIONAL OFFICE FOR **Europe**

3 GOOD HEALTH AND WELL-BEING

SDG target 3.4: by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.

Fact sheets on sustainable development goals: health targets

Mental Health

Mental disorders are one of the most significant public health challenges in the European Region as measured by prevalence, burden of disease or disability. Investing in mental health, consequently, is essential for the sustainability of health and socioeconomic policies in the European Region (1). Key reasons for the inclusion of mental health and well-being in the Sustainable Development Goal (SDG) agenda include the intrinsic value of good mental health, the wide-ranging consequences of mental disorders and the multisectoral nature of a comprehensive approach to its formation, preservation and restoration. Indeed, there is no health without mental health. Action is necessary across sectors to promote mental health and well-being.

Overview

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community (2,3). Mental disorders, by contrast, represent disturbances to a person's mental health that are often characterized by some combination of troubled thoughts, emotions, behaviour and relationships with others. Examples of mental disorders include depression, anxiety disorder, conduct disorder, bipolar disorder and psychosis (4).

World Health Organization — REGIONAL OFFICE FOR **Europe**