World Mental Health Report

Transforming mental health for all

Member States Information Session
24 October 14:00-15:00
About the report
What’s the story?
Transforming better mental health for all.

**WHAT**
- The *basis* for transformation

**WHY**
- The *benefits* of transformation

**HOW**
- The *routes* to transformation
  - Strategies and best practice

Principles, drivers and data
- CHAPTERS 1 – 3

Case for investment
- CHAPTER 4

Strategies and best practice
- CHAPTERS 5 – 8
Special features

**CASE STUDIES**

*Examples* of best practices in transforming mental health

Most are from low- and middle-income countries

**NARRATIVES**

*Voices* of people with lived experience of mental health conditions
Principles and drivers in public mental health

KEY PRINCIPLES
DETERMINANTS
STRUCTURAL DRIVERS
Key principles

Mental health is critically important for everyone, everywhere.

→ Mental health is integral to our general well-being.

→ Everyone has a right to mental health.

→ Mental health is relevant to many sectors and stakeholders.

Mental health is important to:
COVID-19 and mental health

Mental health has been widely affected.

New mental health stressors
+ Potential health impacts
+ Public health and social measures

Service disruptions
44% countries reported disruptions to mental health care in early 2022

Widespread distress

28% rise in major depressive disorders

26% rise in anxiety disorders
World mental health today

EPIDEMIOLOGY
ECONOMIC COSTS
KEY GAPS
DEMAND FOR CARE
Epidemiology

Mental health needs are high.

*1 in 8* people live with a mental disorder

*1 in 100* deaths are suicides

58% suicides happen before the age of 50

*1 in 6* years lived with disability are attributable to mental disorders

Mental disorders account for 129 million DALYs or 5.1% of the global burden

People with severe mental health conditions die 10 to 20 years earlier than the general population
Key gaps

Responses are insufficient and inadequate.

**INFORMATION GAP**
- Data and research on mental health are **lacking**

**GOVERNANCE GAP**
- Few countries’ implement plans that comply with **human rights**

**RESOURCES GAP**
- On average 2% of countries’ **health budgets** goes to mental health

**SERVICES GAP**
- Most people with mental health conditions go **untreated**
Barriers to demand

All too often people are reluctant or unable to seek help.

**POOR SUPPLY**
- Unavailable
- Inaccessible
- Unaffordable
- Low quality

**LOW MENTAL HEALTH LITERACY**
- Lack of knowledge and understanding
- Prevailing beliefs and attitudes

**STIGMA**
- Stereotyped views
- Fear, shame and contempt
- Human rights violations
- Discrimination and exclusion

*3% treatment for depression in LMICs is minimally adequate*

**NARRATIVE**

Stigma stifled my recovery

*Odirieng’s experience*

*My healing only began when I overcame the stigma and realized there is no shame in asking for help.*
4 Benefits of change
PUBLIC HEALTH
HUMAN RIGHTS
SOCIAL AND ECONOMIC DEVELOPMENT
Advancing public health

Good mental health is fundamental to any individual’s health and well-being.

Reduced suffering

- Evidence for investment exists for all resource contexts

Improved physical health

- Comorbidity is the rule rather than the exception

Evidence-based care for priority conditions

US$ 1 per capita annually

5,000 fewer YLDs per million
Human rights

Preventing human rights violations.

**Action against stigma, discrimination and abuse**
- Strategies to shift attitudes, strengthen rights and reshape care environments

**Autonomy in decision-making**
- Supporting people to exercise their own choices

**Social contact**
- with people with lived experience is the most effective anti-stigma strategy

**Supported decision-making**
- can help reduce involuntary admission and coercive treatment

**QUALITYRIGHTS**
- Capacity-building to combat stigma
- Creating rights-based services
- Supporting civil society movements
- Reforming laws and policies

**e-Training in Ghana**
- 21 000 people trained
When people are mentally well they can work productively and realize their potential.

**Economic benefits**
- For individuals, businesses and the economy

Diagram showing:
- Health care costs
- Productivity
- Output
- Investment
- Presenteeism
- Absenteeism
- Employment (ability to work)
- Income
- Welfare needs
- Savings
5 Foundations for change

- Frameworks
- Knowledge and Commitment
- Finance
- Competencies

[Image of a woman in a protest setting]
Knowledge and commitment

Three types of commitment are needed to drive the mental health agenda.

EXPRESSED
Public expressions of support

INSTITUTIONAL
Policies, plans and programmes to realize stated intent

2004 Asian tsunami sparks political interest

2005 National policy focuses on decentralizing care

2022 Every district in the country has services infrastructure

BUDGETARY
Sufficient resources allocated for implementation

Very basic or no services
Basic services
Comprehensive services
Competencies

Task-sharing can improve health and social outcomes.

SPECIALISTS

- Diagnose and treat
- Accept referrals and manage complex cases
- Supervise, train, support non-specialists

GENERAL HEALTH CARE PROVIDERS

- Detect and manage priority conditions
- Identify and refer complex cases
- Supervise, support community providers

COMMUNITY PROVIDERS

- Identify, refer, follow up on cases
- Provide psychosocial interventions
- Outreach and social support

INDIVIDUALS

- Limit exposure to risk
- Manage stress and self-care
- Seek help when needed
Building competencies

Different strategies for different levels of tiered care.

Expand specialist workforce
• Training programmes
• New cadres of mental health professionals

Train and support health care workers
• Pre-service education and in-service training
• Clinical management, psychosocial approaches

Equip community providers
• Psychological interventions and human rights

Strengthen skills for self-care
• In-school life skills training
• Evidence-based self-help materials

Liberia

2010 Six-month trainings in mental health for primary health care workers

2014 306 graduates, known as Mental Health Clinicians

166 general health care workers
140 child and dolescent mental health care workers
Harnessing digital technologies for mental health

Digital technologies help improve mental health in different ways.

**Inform and educate**
- For the general public
- WHO website

**Train health care workers**
- In clinical management, rights-based care and psychological interventions

**Tele-mental health**
- Evaluate, provide therapy, prescribe medication, educate, support
- Counselling through chat

**Self-help**
- Through tried and tested online tools
- Step-by-Step

**Advantages**
- Flexible
- Anonymous
- Effective
- Low-cost

**Lebanon, self-help, 2020**
- Culturally adapted version of Step-by-Step
- Effective in reducing symptoms of depression and improving functioning and well-being
6 Promotion and prevention for change

PROMOTION
PREVENTION
PRIORITIES FOR ACTION
Enabling multisectoral promotion and prevention

The health sector can contribute significantly.

Embed promotion and prevention within health services

Provide support in non-health settings

Advocate for and advise on determinants

Establish mechanisms for collaboration

COVID-19 MHPSS GROUPS
Suicide prevention

LIVE LIFE focuses on four key prevention interventions with proven efficacy.

- Limit access to means
- Interact with media for responsible reporting
- Foster social and emotional learning
- Early intervention

Pesticides account for 1 in 5 suicides

**LIVE LIFE APPROACH**

**Sri Lanka**

- **1980** Pesticide poisoning accounts for more than 67% of all suicides
- **1984** National pesticide ban
- **1994** Supportive policies introduced
- **1995–2011** 36 highly hazardous pesticides banned

- 93,000 lives saved
- 70% drop in annual suicide rate by 2016
- US$ 43 cost to government per life saved

World Health Organization

Crude suicide rate (per 100,000)
Children and adolescents

Nurturing care and supportive learning environments are key.

HELPING ADOLESCENTS THRIVE

1. Develop and enforce policies and laws
2. Support caregivers to provide nurturing care
3. Implement school-based programmes
4. Improve community and digital environments

Social and emotional learning

- Emotion regulation
- Stress management
- Mindfulness
- Problem solving
- Drug and alcohol knowledge
- Assertiveness
- Interpersonal skills
- Physical activity
- Learning goals
- Outcomes
- Well-being
- Social functioning
- Academic performance

The Philippines, 2021

14.8 to 1 return on investment of universal school-based social and emotional learning programmes over 20 years
Mental health at work

Workplaces can be places of both opportunity and risk for mental health.

WHO GUIDELINE

1. Supportive legislation and regulations
2. Organizational interventions
3. Manager mental health training
4. Interventions for workers

Reduce risks at work

- Job content
- Workload and work pace
- Work schedule
- Job control
- Environment and equipment
- Organizational culture
- Interpersonal relationships
- Discrimination
- Roles in organization
- Career development
- Home-work interface

Enable flexible working

Involve workers in decision-making

Modify workloads or work schedules

Support access to work
Restructuring and scaling up care for impact

Community-based care
Integrated services
Community mental health services
Services beyond the health sector
Putting people first

- People-centred care
- Recovery-oriented care
- Human rights-based care
A mix of services and supports

Catering to the full spectrum of mental health needs.
Integrated services

Integrated care is feasible, affordable and cost-effective.

**Approaches**

- **Task-sharing** with general health care workers
- **Adding** dedicated mental health staff to non-specialist settings

**Primary Health Care**

**General Hospitals**

Integrate mental health into HIV care

Reduce infection rate for HIV by up to 10–17%
Beyond the health sector

Other sectors have a role in complementing health care with social services.

NON-HEALTH SETTINGS

• Early detection and intervention in schools
• Mental health care in the justice system

KEY SOCIAL SERVICES

• Child protection
• Education and training
• Supported housing
• Access to employment
• Social benefits including for maternity, disabilities, unemployment and pensions

Peru, 2021

70% adolescents in the juvenile justice system have at least one mental health condition

55 protected homes

Protected homes complement community mental health centres and specialized units in general hospitals

The home gives me confidence

Alejandra’s experience

Together we form a family, which gives us encouragement and confidence. For me, the home provided a base of support and emotional security on which to rebuild my life healthily.
8 Paths to transformation

Deepen value and commitment
Reshape environments
Strengthen mental health care
Paths to transformation

A summary of recommendations and lessons learnt throughout the report.
How to make the change?

DEEPEN VALUE AND COMMITMENT

- Promote social inclusion
- Give mental and physical health equal priority
- Intensify engagement across sectors
- Step up investment in mental health

RESHAPE ENVIRONMENTS

- Reshape environments for mental health, including:
  - homes
  - schools
  - workplaces
  - health care services
  - communities
  - natural environments

STRENGTHEN MENTAL HEALTH CARE

- Build community-based networks of services
- Make mental health affordable and accessible for all
- Promote person-centred, human rights-based care
- Engage and empower people with lived experience

Implement the Comprehensive mental health action plan 2013–2030
FIG. 8.2

Key shifts to transform mental health for all

**BEFORE**

01 Limited value and attention to mental health
02 Widespread stigma and discrimination
03 Services are underfunded and underresourced
04 Little acknowledgement of the determinants of mental health
05 Few and fragmented promotion and prevention programmes

**AFTER**

01 Mental health is valued by all
02 Equal participation in society free from discrimination
03 Services are appropriately budgeted and resourced across sectors
04 Real and active multisectoral collaboration on the determinants of mental health
05 Strategic and well-functioning promotion and prevention programmes
06 A balanced, evidence-based biopsychosocial approach to care

World Health Organization
FIG. 8.2
Key shifts to transform mental health for all

BEFORE

07 Care that ignores people’s own perspectives, priorities and human rights
08 Mental health care is only provided by the health sector
09 Fragmented services with uneven access and coverage
10 Care centered on psychiatric hospitals
11 Mental health care not available in primary health care
12 Community providers and informal support for mental health are ignored

AFTER

07 Person-centred, human rights-based, recovery-oriented care
08 Mental health care is embedded in services across sectors
09 Coordinated services with universal health coverage
10 Network of community-based mental health services
11 Mental health care integrated in primary health care
12 Community providers and informal support are activated and strengthened to support people
For more information, please contact:
Dévora Kestel
Director, Department of Mental Health and Substance Use, WHO
kesteld@who.int

www.who.int/teams/mental-health-and-substance-use/world-mental-health-report