Improving mental health, Reducing poverty

World Health
Organization

Mental health and development

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The purpose of the Mental Health and Poverty Project is to develop, implement and evaluate mental health policy in poor countries, in order to provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health.

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Mental health: central to human development

- **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 realise their potential, work productively, and make a contribution to their community.

- **The social and economic impact of mental health conditions 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 Millennium Development Goals.

"The rate of mental disorders and the need for care is highest among disadvantaged people – yet these are precisely the groups with the lowest access to appropriate services. At the same time, fear of stigma leads many to avoid seeking care.

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"[1].

BAN KI-MOON
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Mental health and the Millennium Development Goals

- **MDG 1: Poverty.** People living in poverty lack resources to maintain basic living standards, have fewer opportunities for education and employment, experience adverse living environments, and have limited access to good quality health care; all of which place them at risk for developing a mental health condition. People with mental health conditions are more likely to descend further into poverty, because of increased health care costs and lost opportunities for employment[5].

- **MDG 2: Education.** Education has a positive impact on mental health through improving one's social status; increasing opportunities for employment and earning capacity and improving verbal, cognitive and social development. On the other hand, emotional and learning disorders contribute substantially to school drop out rates, class repetition and poor academic performance.

- **MDG 3 and 4: Maternal and child health.** A very high proportion of mothers in low and middle income countries suffer from depression. Studies have shown that mothers who suffer from depression are less likely to maintain their physical health and are also at significant risk for suicide. In addition, their children are 5 times more likely to show signs

What is the global burden of disease?

- Mental health conditions will contribute to 15% of the global burden of disease by the year 2020[2].
- 800 000 people commit suicide every year, 86% from low and middle income countries and more than half between the ages of 15 and 44.
- Between 75 and 85% of people with mental health conditions in LMICs do not access any form of treatment[3].
- Currently mental health conditions make up 5 of the 10 leading causes of health disability, and by 2020 it is predicted that unipolar depression will be the second most disabling health condition in the world[2].

While mental health is not explicitly mentioned in the MDGs, it is integral to several of the goals: failing to address mental health concerns will not only hamper the achievement of the MDGs but also a lack of progress in achieving these goals will have a negative impact on the mental health of the population[4].

of malnourishment and poor growth than other infants. Poor mental health in mothers is also linked to early cessation of breast-feeding, increased diarrhoeal episodes and incomplete immunization regimes[6].

- **MDG 6: HIV/AIDS and other diseases.** Poor mental health status can lead to increased risk behaviours, poor care-seeking, and treatment compliance for infectious and chronic diseases. Conversely, physical illnesses can have a mental health dimension that can lead to the worsening of the condition. For example, depression, which is common among people with HIV/AIDS, increases the risk of HIV disease progression and mortality[7].

Mental health conditions and vulnerability

People with mental health conditions comprise a vulnerable group:

- **They are subjected to high levels of stigma and discrimination**, due to widely held misconceptions about the causes and nature of mental health conditions.
- **This group also experiences high levels of physical and sexual abuse.** This can occur in a range of settings, including prisons and hospitals.

People with mental health conditions – including schizophrenia, bipolar disorder, depression, epilepsy, alcohol and drug use disorders, child and adolescent mental health problems, and intellectual impairments – have been largely ignored as a target of development efforts. This is despite the high prevalence of mental health conditions, their economic impact on individuals affected, their families and communities, and the associated stigmatization, discrimination and exclusion[1].

- They often **encounter restrictions in the exercise of their political and civil rights**, largely due to the incorrect assumption that people with mental health conditions are not able to carry their responsibilities, manage their own affairs and make decisions about their lives.
- In the majority of countries, **people with mental health conditions are excluded from taking part in public affairs**, such as policy and decision-making processes.
- **The majority of people with mental health conditions in low and middle income countries are not able to access essential health and social care**. People with severe mental health conditions are also much less likely to receive treatment for physical illnesses.

- **Emergency relief services also remain inaccessible for this group**, in spite of the fact that their situations might worsen during the stress of emergencies. Emergency relief services often are inadequate to address the specific needs of people with mental health conditions.
- **They also face significant barriers in attending school and finding employment**. The exclusion of children with mental health conditions from education leads to further marginalization of this already vulnerable group. Poor educational outcomes also lead to poor employment opportunities and people with psychosocial disability experience the highest rates of unemployment of people with disabilities.
- Due to these factors, **people with mental health conditions are much more likely to experience disability and die prematurely**, compared with the general population.

Other vulnerable groups have high rates of mental health conditions

- Other vulnerable groups are also at risk of poor mental health, for example, marginalization and deprivation can result in poor self-esteem, low self-confidence, reduced motivation, feelings of hopelessness and isolation.
- Addressing mental health problems in vulnerable groups can facilitate development outcomes, including improved participation in economic, social, and civic activities.

What needs to be done?

The response requires a broad integrated strategy to improve mental health in low and middle income countries as recommended in WHO's Mental Health and Development report[1]:

- **Provide integrated mental and physical treatment through primary care**. As treatment is affordable and cost effective, all health services should include a mental health component.
- **Integrate mental health issues into broader health policies, programmes, and partnerships** to avoid vertical systems of mental health services and marginalization of financing and human resources for mental health.
- **Integrate mental health into services during and after emergencies** for people with pre-existing mental health conditions, as well as those who develop chronic mental health problems as a result of the emergency, with a medium and long term focus on developing community based services.
- **Include mental health issues within social services development.** Establish strong linkages between social services such as housing, health and mental health services.
- **Mainstream mental health issues into education.** Ensure that educational opportunities are both available and accessible, and that social barriers that might prevent children
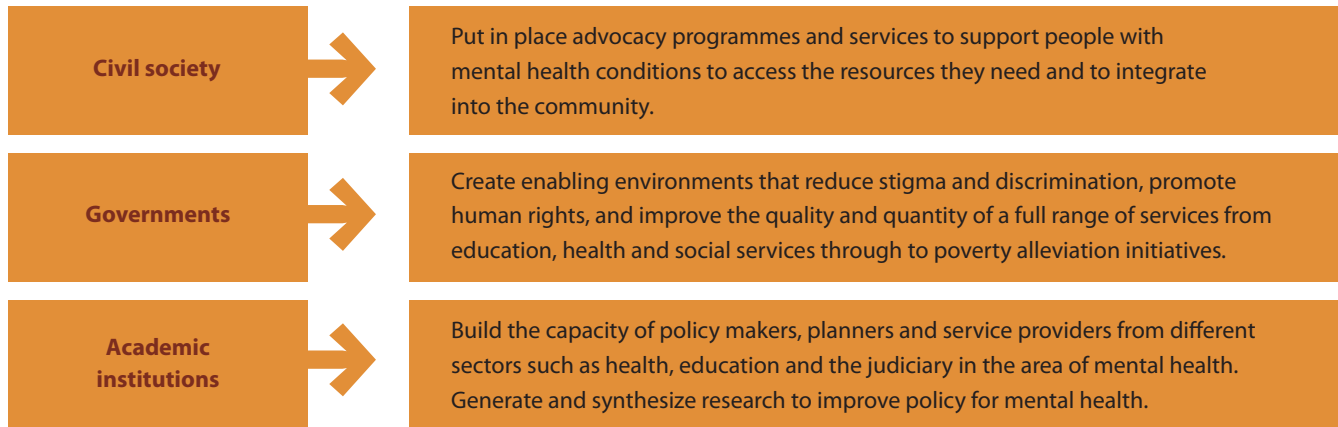
with mental health conditions from attending school are removed.

- **Include people with mental health conditions in income-generating programmes.** Employment programmes and other poverty alleviation initiatives such as small business grants and social security must reach out to people with mental health conditions.
- **Strengthen human rights protections.** Using the Convention on the Rights of Persons with Disabilities, encourage the development and implementation of policies and laws that promote mental health and human rights, including the rights to autonomy, liberty, to exercise legal capacity and to live independently and be included in the community.
- **Build the capacity to participate in public affairs.** Promote and support the development of civil society groups for people with mental health conditions and facilitate their participation in decision-making processes including policy, planning, legislation and service development.

All development stakeholders have a role to play

Civil society	→	Put in place advocacy programmes and services to support people with mental health conditions to access the resources they need and to integrate into the community.
Governments	→	Create enabling environments that reduce stigma and discrimination, promote human rights, and improve the quality and quantity of a full range of services from education, health and social services through to poverty alleviation initiatives.
Academic institutions	→	Build the capacity of policy makers, planners and service providers from different sectors such as health, education and the judiciary in the area of mental health. Generate and synthesize research to improve policy for mental health.

Bilateral agencies and international funding organisations →	Advocate for the inclusion of mental health in national development and sectoral plans. Ensure that targeted projects to improve development outcomes address the needs of people with mental health conditions.
UN and other multilateral organisations →	Advocate for the repositioning of mental health issues in national agendas; the allocation of adequate resources to mental health; the ratification and implementation of the UN Convention on the Rights of Persons with Disabilities; the recognition of people with mental health conditions as a vulnerable group; and for mental health to be mainstreamed into sectoral policies and plans.

Mental Health and Development

In order to highlight the urgent need to pay attention to mental health in development, WHO has published a report entitled **Mental Health and Development: Targeting People with Mental Health Conditions as a Vulnerable Group.**

The report highlights the urgent need to redress the current situation. It presents compelling evidence that people with mental health conditions meet major criteria for vulnerability and yet fall through the cracks of development aid and government attention. It makes the case for reaching out to this vulnerable group through the design and implementation of appropriate policies and programmes and through the inclusion of mental health interventions into broader poverty reduction and development strategies. It also describes a number of key interventions which can provide a starting point for these efforts. This report is a call to action to all development stakeholders - multilateral agencies, bilateral agencies, global partnerships, private foundations, academic and research institutions, governments and civil society - to focus their attention on mental health.

By investing in people with mental health conditions, development outcomes can be improved.

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The views expressed are those of the authors and not necessarily those of DFID.