



World Health Organization



## MENTAL HEALTH INVESTMENT CASE: A GUIDANCE NOTE



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TASK FORCE ON NCDs



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Mental health investment case: a guidance note

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## ABBREVIATIONS AND ACRONYMS

<b>CHOICE</b>	Choosing interventions that are cost-effective
<b>GDP</b>	Gross domestic product
<b>mhGAP</b>	Mental Health Gap Action Programme
<b>MNS</b>	Mental, neurological and substance use
<b>NCD</b>	Non-communicable disease
<b>OHT</b>	OneHealth Tool
<b>ROI</b>	Return on investment
<b>SDG</b>	Sustainable Development Goal

## OVERVIEW

In line with the SDG 3 'Global Action Plan for Healthy Lives and Well-Being for All', WHO and UNDP, in cooperation with the broader United Nations Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases (Task Force) and other partners, supports governments in all regions to implement or strengthen whole-of-government non-communicable disease (NCD) responses. WHO and UNDP prepared this note to provide a structured approach for making national cases for investment in mental health. The note complements the *Non-communicable disease prevention and control: a guidance note for investment cases* (WHO and UNDP, 2019). Investment cases are part of a WHO-UNDP Joint Programme to catalyze multisectoral action in Member States to reduce the burden of NCDs and mental health disorders. The Joint Programme is part of the larger work of the Task Force.

The note starts with asking why it makes sense to invest in the mental health of populations. It provides not only the economic rationale for doing so but also other arguments, including those for public health, protection of human rights, equal access and efficiency. The second question asked is what interventions and services should receive more investment. There is substantial evidence for guiding appropriate allocation of resources towards interventions, services and models of care that are effective, affordable and feasible in various settings, including not only health care settings but also schools, workplaces and communities. Mental health in humanitarian situations requires separate considerations and thus falls outside the scope of this guide.

The note then provides an overview of how to make an investment case, covering the principles and practice of analysing the return on investment (ROI) and their application to the mental health sector. The questions answered by an ROI analysis are deceptively simple: Are the benefits of an investment of resources greater than the costs incurred and, if so, by how much? In practice, essential data and analytical decisions are required to arrive at an answer, including the costs and benefits to be included, the time-frame to be used and the specific policy question to be addressed. In this guidance note, we consider each of these practical considerations and illustrate them with examples from global mental health.

A decision to increase investment and innovation in mental health services is determined by many considerations other than cost or value for money, including the sociocultural context, the feasibility of implementation and the extent to which health inequality or the needs of underserved and vulnerable populations are effectively addressed. Such considerations should be discussed in an open, explicit, consultative process to ensure fair and efficient allocation of resources. Consideration should also be given to how different financing modalities and mechanisms could bridge gaps in mental health services equitably and sustainably.

## 1. INTRODUCTION

### 1.1 Why invest in mental health?

Mental health is an indispensable part of health. It has been defined by WHO as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community” (WHO, 2004). Mental illness is defined as suffering, disability or morbidity due to mental, neurological or substance use (MNS) disorders, which are associated with the biological and psychological make-up of individuals and adverse social conditions and environmental factors. Investment in mental health comprises both promotion and protection and the prevention and treatment of mental health conditions. Mental health is affected by biological characteristics, social and economic circumstances, cultural gender norms and the broader environment of individuals (Lund et al., 2018). Exposure to risk factors or stressors can result in a range of mental health problems. Increased exposure to adverse determinants of mental health and the ageing of populations in many parts of the world has resulted in a 30% rise in the global prevalence of mental health conditions since 1990.

The COVID-19 pandemic threatens to increase mental health burdens. Measures being used in response, especially physical distancing, are likely to increase levels of loneliness, depression, harmful alcohol and drug use and self-harm or suicidal behaviour.

Psychosis, depression, dementia, alcohol dependence and other MNS conditions are a subgroup of NCDs that together have severe consequences for public health in all regions of the world. According to the WHO Global Health Estimates for 2016 (WHO, 2018), these conditions accounted for 28% of the non-fatal disease burden (years lived with disability) and 10% of the total disease burden (disability-adjusted life-years). Even these alarming statistics do not fully capture the fatal toll of these health conditions, as their predominant contribution to the 788 000 suicide deaths in the world in 2016 is counted separately as a cause of injury. Furthermore, the average mortality rate of people with severe mental health conditions is two to three times higher than that of the general population, reducing their life expectancy by 10–20 years. These premature deaths are most commonly due to physical health conditions and NCD risk factors that are often not recognized, addressed or treated.

A further concern for global public health and development is that mental health problems during childhood and adolescence are increasing as prominent causes of morbidity and mortality. Worldwide, 10–20% of children and adolescents experience mental health problems, such that MNS conditions are the leading cause of disability in young people globally. If untreated, these conditions severely influence children’s development, their educational attainment and their potential to live fulfilling, productive lives. Investment in early mental health promotion and prevention of risk factors associated with mental health conditions is therefore vital.

The economic implications of diminished or foregone mental health are enormous. In a study conducted for the World Economic Forum (Bloom et al., 2011), the projected global economic losses attributable to MNS health conditions between 2011 and

2030 were estimated to be US\$ 16 trillion, and, in a study led by WHO (Chisholm et al., 2016), it was estimated that common mental disorders alone cost the global economy US\$ 1 trillion per year.

In response to the large, growing challenge to public health posed by mental health and related conditions, WHO issued the Comprehensive Mental Health Action Plan 2013–2020 (WHO, 2013a). The intrinsic value of good mental health, the wide-ranging consequences of MNS conditions and the multi-sectoral nature of a comprehensive approach to the formation, preservation and restoration of mental health are among the main reasons for inclusion of mental health and well-being in the Sustainable Development Goals (SDGs). A major implication of SDG target 3.4 for mental health policy and practice is a requirement for a strong public health approach to the known determinants of mental health and the needs of those with mental health conditions and psychosocial disabilities. Mental health is also related to attainment of several other SDGs, including poverty reduction (SDG 1), achievement of gender equality (SDG 5), sustainable economic growth and decent work for all (SDG 8) and reduction of inequality within and between countries (SDG 10) (Lund et al., 2018). Addressing mental health is central to fulfilling the 2030 Agenda pledge to leave no one behind.

The ‘Political declaration of the high-level meeting on universal health coverage’ commits Member States to “implement measures to promote and improve mental health and well-being as an essential component of universal health coverage”, and notes that “mental disorders and other mental health conditions as well as neurological disorders are an important cause of morbidity and contribute to the non-communicable diseases burden worldwide.” (United Nations, 2019). The ‘Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases’ explicitly and prominently articulated governments’ desire and commitment to link and include mental health within the NCD agenda. MNS health conditions are NCDs by definition but had not been identified as priorities in earlier political declarations, such as that of the high-level meeting on NCDs in 2011. Member States have now not only established greater parity between mental health conditions and other NCDs but also provided new opportunities for a more holistic, collaborative, person-centred response to NCD prevention and management.

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