

»» Mental Health: An emerging priority for development cooperation?

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Following widespread calls for action, the promotion of mental health has been included in the Sustainable Development Goals (Target 3.4, Target 3.5). The World Health Organization (WHO) defines mental health 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 make a contribution to her or his community'. Mental, neurological and substance use disorders (MNS) include depression, anxiety, schizophrenia, alcohol use disorders, epilepsy, Alzheimer and other dementias.

The definition of mental disorders as well as adequate treatments is even debated among medical experts. The negative effects often occur invisibly and subtly throughout the life cycle. They can increase a person's vulnerability to other diseases as well as foster premature death. One of the hallmarks of having a mental disorder is the difficulty to learn, work, or participate fully in social and economic life.

Developing countries suffer the most

14 % of the global burden of disease, measured in terms of years of healthy life lost, is attributed to mental disorders. According to WHO and the World Bank, the number of people suffering from depression and anxiety alone increased from 416 million in 1990 to 615 Million people in 2013.

In total, at least 75 % of those affected by MNS live in low- and middle income countries (LMICs). In (post)-conflict societies the share of mental disorders in the burden of disease is believed to be much higher, but comparable estimates are difficult to obtain due to the lack of reliable data and varying methods.

Causes and risk factors of mental disorders in developing countries

Many different factors increase the risk for mental disorders not only in conflict and post-conflict settings but in developing countries in general. Clear risk factors are low socioeconomic status (poverty, low education, and malnutrition), poor neighbourhood conditions (inadequate housing, violence, missing social nets), to natural disasters, conflicts or environmental degradation, and stress factors like loss of job, displacement or diseases.

It is crucial to understand that mental disorders are very much induced by external factors and could therefore often be avoided by preventive action. The causal mechanisms of the above mentioned factors also reveal a vicious circle: daily stressors in general (e.g. poverty) increase the risk for mental disorders, while people suffering from mental disorders drift into poverty during their life cycle due to increased health-care costs and reduced economic productivity.

Limited access to treatment

As outlined above, poverty and mental disorders are highly interrelated. The prevalence of MNS among poor people is much higher than among the population in general. But at the same time, poor countries offer the least treatment capacities: In LMICs between 75 % and 85 % of people with severe MNS disorders are unable to access the treatment they need, compared with 35 % to 50 % of people in high-income countries – and this may still underestimate the treatment gap. On average, low- and middle-income countries invest around 1 % of their national health budget in mental health, while high income countries invest around 5 %. According to WHO, more than 45 % of the world population live in countries with less than one psychiatrist for every 100,000 people.

High economic and political cost of ignorance

Mental disorders reduce economic productivity: Depression is the most frequent cause for invalidity worldwide. The economic cost incurred is estimated to be in the range of 4 % of global GDP.

Additionally, people with mental disorders often face severe human rights violations based on stigma and (multiple) discrimination. They usually belong to the group of ultra-poor and have limited political voice and support.

Widespread ignorance of those facts hampers social cohesion and weighs heavily on the humanitarian responsibility of societies. Without addressing this ignorance of national governments and development partners alike, the overarching aim of the Agenda 2030, namely the elimination of extreme poverty, can never be attained.

How to address the challenge?

Against this backdrop development cooperation should foster the inclusion of mental health into 'Essential Health Packages'. Good-practice and cost-efficient interventions may include smartphone-based psychological therapy to support self-management or diagnosis and management of mental and psychological disorders. In addition, vocational training for (non-)specialist health workers on MNS needs to be improved and better data on mental health should be collected in order to identify the scope of the problem and to track improvements. All these interventions need to be accompanied by awareness campaigns to reduce societal stigma.

Last but not least, development cooperation plays a preventive role by reducing the risk factors and stressors for mental health such as general poverty reduction, crises prevention, post-conflict reconciliation. ■