

World Health Organization

World mental health report

| Transforming mental health for all

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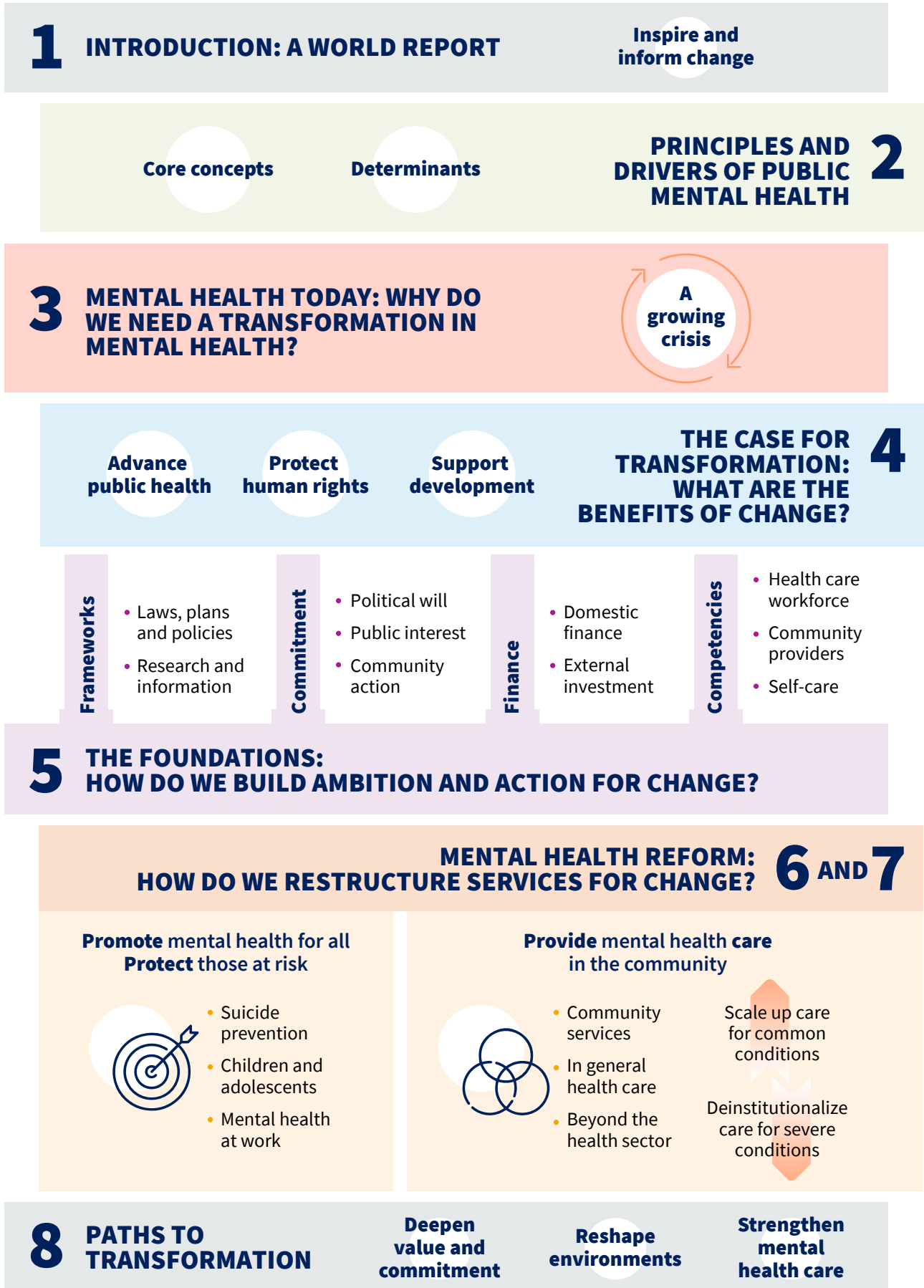
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List of abbreviations

ADHD	attention deficit hyperactivity disorder
CAMHS	child and adolescent mental health services
CBT	cognitive behavioural therapy
COVID-19	coronavirus disease 2019
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DALY	disability-adjusted life year
EQUIP	Ensuring Quality in Psychological Support
IASC	Inter-Agency Standing Committee
ICD-11	International Classification of Diseases 11th Revision
ILO	International Labour Organization
IPT	interpersonal psychotherapy / interpersonal therapy
GBD	Global Burden of Diseases, Injuries and Risk Factors study
GHE	WHO Global Health Estimates
GMHPN	Global Mental Health Peer Network
HAT	Helping Adolescents Thrive
LMIC	low- and middle-income country
mhGAP	Mental Health Gap Action Programme
mhGAP-IG	mhGAP Intervention Guide
MHPSS	mental health and psychosocial support
NCD	noncommunicable disease
NTD	neglected tropical disease
OCD	obsessive–compulsive disorder
PAHO	Pan American Health Organization
PM+	problem management plus
PTSD	post-traumatic stress disorder
SDG	Sustainable Development Goal
TB	tuberculosis
UHC	universal health coverage
UNICEF	United Nations Children’s Fund
VCPH	Virtual Campus for Public Health
WHO	World Health Organization
YLL	years of life lost to premature mortality
YLD	years of healthy life lost to disability

Overview of the *World mental health report: transforming mental health for all*



Chapter 1. Introduction

A world report to inspire and inform change.



Twenty years after WHO published its landmark *The world health report 2001: mental health – new understanding, new hope*, the recommendations made then remain valid today.

Yet many advances have been made. Interest in and understanding of mental health has increased. Many countries have established, updated and strengthened mental health policies or plans. Advocacy movements have amplified the voices of people with lived experience of mental health conditions. Informed by research, the field has advanced technically. Numerous practical, evidence-based mental health guidelines, manuals and other tools are now available for implementation.

WHO Member States adopted the *Comprehensive mental health action plan 2013–2030*. They committed to meet global targets for improved mental health. These were focused on strengthening leadership and governance, community-based care, promotion and prevention, and information systems and research.

But WHO's latest analysis of country performance against the action plan shows that progress has been slow. For most of the world, the approach to mental health care remains very much business as usual. The result? Mental health conditions continue to exact a heavy toll on people's lives, while mental health systems and services remain ill-equipped to meet people's needs.

In the meantime, global threats to mental health are ever present. Growing social and economic inequalities, protracted conflicts, violence and public health emergencies threaten progress towards improved well-being. Now, more than ever, business as usual for mental health simply will not do.

This report is designed to inspire and inform the indisputable and urgent transformation required to ensure better mental health for all. While promoting a multisectoral approach, this report is especially written for decision-makers in the health sector. This includes ministries of health and other partners in the health sector who are generally tasked with developing mental health policy and delivering mental health systems and services.

Business as usual for mental health simply will not do.

Chapter 2. Principles and drivers in public mental health

Mental health is critically important for everyone, everywhere.

Mental health is an integral part of our general health and well-being and a basic human right. Having good mental health means we are better able to connect, function, cope and thrive. Mental health exists on a complex continuum, with experiences ranging from an optimal state of well-being to debilitating states of great suffering and emotional pain. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.

At any one time, a diverse set of individual, family, community and structural factors may combine to protect or undermine our mental health and shift our position on the mental health continuum. Although most people are remarkably resilient, people who are exposed to unfavourable circumstances – including poverty, violence and inequality – are at higher risk of experiencing mental health conditions. Risks can manifest themselves at all stages of life, but those that occur during developmentally sensitive periods, especially early childhood, are particularly detrimental. Protective factors similarly occur throughout our lives and serve to strengthen resilience. They include our individual social and emotional skills and attributes as well as positive social interactions, quality education, decent work, safe neighbourhoods and community cohesion, among others.

Because the factors determining mental health are multisectoral, interventions to promote and protect mental health should also be delivered across multiple sectors. And when it comes to providing care, a multisectoral approach is

similarly needed because people with mental health conditions often require services and support that extend beyond clinical treatment.

Mental health risks and protective factors can be found in society at different scales. Local threats heighten risk for individuals, families and communities. Global threats heighten risk for whole populations and can slow worldwide progress towards improved well-being. In this context, key threats today include: economic downturns and social polarization; public health emergencies; widespread humanitarian emergencies and forced displacement; and the growing climate crisis.

Among its many impacts, the COVID-19 pandemic has created a global crisis for mental health, fuelling short- and long-term stresses and undermining the mental health of millions. For example, estimates put the rise in both anxiety and depressive disorders at more than 25% during the first year of the pandemic. At the same time, mental health services have been severely disrupted and the treatment gap for mental health conditions has widened.

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Chapter 3. World mental health today

Mental health needs are high but responses are insufficient and inadequate.

In all countries, mental health conditions are highly prevalent. About one in eight people in the world live with a mental disorder. The prevalence of different mental disorders varies with sex and age. In both males and females, anxiety disorders and depressive disorders are the most common.

Suicide affects people and their families from all countries and contexts, and at all ages. Globally, there may be 20 suicide attempts to every one death, and yet suicide accounts for more than one in every 100 deaths. It is a major cause of death among young people.

Mental disorders are the leading cause of years lived with disability (YLDs), accounting for one in every six YLDs globally. Schizophrenia, which occurs in approximately 1 in 200 adults, is a primary concern: in its acute states it is the most impairing of all health conditions. People with schizophrenia or other severe mental health conditions die on average 10 to 20 years earlier than the general population, often of preventable physical diseases.

Overall, the economic consequences of mental health conditions are enormous. Productivity losses and other indirect costs to society often far outstrip health care costs. Economically, schizophrenia is the most costly mental disorder per person to society. Depressive and anxiety disorders are much less costly per person; but they are more prevalent, and so majorly contribute to overall national costs.

In addition to being pervasive and costly, mental health conditions are also severely underserved. Mental health systems all over the world are marked by major gaps and imbalances in information and research, governance, resources and services. Other health conditions are often prioritized over mental health, and within mental health budgets, community-based mental health care is consistently underfunded. On average, countries dedicate less than 2% of their health care budgets to mental health. More than 70% of mental health expenditure in middle-income countries still goes towards psychiatric hospitals. Around half the world's population lives in countries where there is just one psychiatrist to serve 200 000 or more people. And the availability of affordable essential psychotropic medicines is limited, especially in low-income countries. Most people with diagnosed mental health conditions go completely untreated. In all countries, gaps in service coverage are compounded by variability in quality of care.

Several factors stop people from seeking help for mental health conditions, including poor quality of services, low levels of health literacy in mental health, and stigma and discrimination. In many places, formal mental health services do not exist. Even when they are available, they are often inaccessible or unaffordable. People will often choose to suffer mental distress without relief rather than risk the discrimination and ostracization that comes with accessing mental health services.

Chapter 4. Benefits of change

Committing to mental health is an investment towards a better life and future for all.

There are three main reasons to invest in mental health: public health, human rights and socioeconomic development.

Investing in mental health for all advances public health. It can greatly reduce suffering and improve the health, quality of life, functioning and life expectancy of people with mental health conditions. Enhanced coverage and increased financial protection are fundamental steps towards closing the vast care gap and reducing inequities in mental health. To that end, including mental health in universal health coverage packages of essential services is vital. So too is integrating mental and physical health care, which improves accessibility, reduces fragmentation and duplication of resources and better meets people's health needs.

Investing in mental health is needed to stop human rights violations. Around the world, people with mental health conditions are frequently excluded from community life and denied basic rights. For example, they are not only discriminated against in employment, education and housing, but also do not enjoy equal recognition

before the law. And too often they are subjected to human rights abuses by some of the very health services responsible for their care. By implementing internationally agreed human rights conventions, such as the Convention for the Rights of People with Disabilities, major advances can be made in human rights. Anti-stigma interventions – particularly social contact strategies through which people with lived experience help to shift attitudes and actions – can also reduce stigma and discrimination in the community.

Investing in mental health can enable social and economic development. Poor mental health puts a brake on development by reducing productivity, straining social relationships and compounding cycles of poverty and disadvantage. Conversely, when people are mentally healthy and live in supportive environments, they can learn and work well and contribute to their communities, to the benefit of all.

Accumulated evidence shows that there is a core set of cost-effective interventions for priority conditions that are feasible, affordable and appropriate. These include school-based social and emotional learning programmes and regulatory bans on highly hazardous pesticides (to prevent suicides), as well as a range of clinical interventions as listed in the WHO UHC Compendium.

Scaling up treatment for depression and anxiety provides a **benefit–cost ratio of 5 to 1**

Chapter 5. Foundations for change

Transforming mental health starts with building the foundations for well-functioning mental health systems and services.



In many ways, health system strengthening provides the foundations for change in mental health. It enables reorganization and scaling up of services and support. Key areas for action include: governance and leadership; finance; public awareness; and competencies for mental health care.

Global and national frameworks are critical to guide action on mental health and provide an enabling context for transformation. Legislation that complies with international human rights instruments is needed to protect and promote human rights. Given that the causes and needs of mental health cross sectors, it is essential that laws and policies aimed at improved mental health address all sectors.

Three types of political commitment – expressed, institutional and budgetary – are needed to drive the mental health agenda forward. Advocacy, evidence and political context can be hugely influential in fostering commitment and leadership. Humanitarian and public health emergencies in particular represent an obligation and opportunity for countries to invest in mental health. They offer unparalleled platforms for change. Strong public interest and understanding also drive improvement. People with lived experience are important agents of change to improve public awareness of mental health and acceptance of people with mental health conditions.

To transform mental health services, commitment must be translated into action through appropriate

financing. In practice, this means policy-makers and planners need to devote more funds to mental health. This is achieved either by getting additional resources from the state treasury or external funders, or by redistributing resources towards mental health, both within the health budget as well as across government.

A competent and motivated workforce is a vital component of a well-functioning health system. All countries need to expand their specialized workforce for mental health, while simultaneously building mental health care competencies of other care providers and individuals. In particular, primary care staff and a wide range of community providers – including community workers and peers – need to be equipped with new skills to detect mental health conditions, provide basic interventions and support, refer people where necessary, and follow-up.

Beyond the mental health workforce, each of us can strengthen our individual skills and competencies in understanding and looking after our own mental health. Everyone in the community and the care system needs to support social inclusion for people living with mental health conditions, and to promote rights-based, person-centred, recovery-oriented care and support.

In many settings, digital technologies offer promising tools, and can strengthen mental health systems by providing ways to inform and educate the public, train and support health care workers, deliver remote care, and enable self-help.

Chapter 6. Promotion and prevention for change

Transforming mental health means strengthening multisectoral promotion and prevention for all.

At all stages of life, promotion and prevention are required to enhance mental well-being and resilience, prevent the onset and impact of mental health conditions, and drive down the need for mental health care. There is increasing evidence that promotion and prevention can be cost-effective. Promotion and prevention interventions work by identifying the individual, social and structural determinants of mental health, and then intervening to reduce risks, build resilience and establish supportive environments for mental health. Interventions can be designed for individuals, specific groups or whole populations.

Reshaping the determinants of mental health often requires action beyond the health sector, which makes effective promotion and prevention a multi-sectoral venture. The health sector can contribute significantly by embedding promotion and prevention efforts within health services; and by advocating, initiating and, where appropriate, facilitating multisectoral collaboration and coordination.

Suicide prevention is an international priority, with a Sustainable Development Goal (SDG) target to reduce the suicide mortality rate by one third by 2030. To help countries reach this target, WHO has developed the LIVE LIFE approach to suicide prevention, which prioritizes four interventions with proven efficacy: limiting access to the means of suicide; interacting with the media for responsible reporting on suicide; fostering social and emotional life skills in adolescents; and early intervention for anyone affected by suicidal behaviours. Banning highly hazardous pesticides is a particularly inexpensive

and cost-effective intervention. In countries with a high burden of pesticide self-poisonings, bans can lead to an immediate and clear drop in overall suicide rates, without agricultural loss.

Infancy, childhood and adolescence are ages of both vulnerability and opportunity in mental health. Nurturing, caregiving and supportive learning environments can be hugely protective of future mental health. On the other hand, adverse childhood experiences increase the risk of experiencing mental health conditions. Four key strategies for reducing risks and boosting protective factors include: developing and enforcing policies and laws that promote and protect mental health; supporting caregivers to provide nurturing care; implementing school-based programmes, including anti-bullying interventions; and improving the quality of environments in communities and digital spaces. School-based social and emotional learning programmes are among the most effective promotion strategies for countries at all income levels.

Like schools, workplaces can be places of both opportunity and risk for mental health. Employers and governments have a responsibility to create more work opportunities for people with mental health conditions, and to promote and protect all people's mental health at work. For governments, that means implementing supportive legislation and regulations in human rights, labour and occupational health. For employers, WHO guidelines emphasize the importance of organizational interventions, manager mental health training and interventions for workers.

Chapter 7. Restructuring and scaling up care for impact

Transforming mental health means strengthening community-based care for all in need.



At the heart of mental health reform lies a major reorganization of mental health services. This must shift the locus of care for severe mental health conditions away from psychiatric hospitals towards community-based mental health services, closing long-stay psychiatric hospitals once there are adequate community alternatives. At the same time, care for common conditions such as depression and anxiety must be scaled up. Both strategies are critical to improve coverage and quality for mental health care. Community-based mental health care is more accessible and acceptable than institutional care and delivers better outcomes for people with mental health conditions. People-centred, recovery-oriented and human rights-based care is essential.

Community-based mental health care comprises a network of interconnected services that includes: mental health services integrated in general health care; community mental health services; and services that deliver mental health care in non-health settings and support access to key social services. Social and informal support delivered by community providers (e.g. community workers, peers) complement formal services and help ensure enabling environments for people with mental health conditions. Overall, there is no single model for organizing community-based mental health services that applies to all country contexts. Yet every country, no matter its resource constraints, can take steps to restructure and scale up mental health care for impact.

Integrating mental health into general health services typically involves task-sharing with non-specialist health care providers or adding dedicated mental health staff and resources to

primary and secondary health care. Task-sharing with primary health care providers has been shown to help reduce the treatment gap and increase coverage for priority mental health conditions. Task-sharing within disease-specific services such as HIV/AIDS or TB programmes can improve both physical and mental health outcomes.

General hospitals and community mental health centres or teams provide secondary mental health care. They are often the cornerstone of community-based networks of services. They typically cater for a range of mental health conditions in adults, adolescents and children and blend clinical services with psychosocial rehabilitation and activities to promote social inclusion and participation in community life. Supported living services offer a valuable alternative to institutional care; and can include a mix of facilities with varying levels of support for different levels of dependency.

At all levels of health care, peer support services provide an additional layer of support in which people use their own experiences to help each other – by sharing knowledge, providing emotional support, creating opportunities for social interaction, offering practical help or engaging in advocacy and awareness raising.

The responsibility for delivering community-based mental health care straddles multiple sectors. Complementing health interventions with key social services, including child protection and access to education, employment and social protection, is essential to enable people with mental health conditions achieve their recovery goals and live a more satisfying and meaningful life.

Chapter 8. Conclusion

Deepen commitment, reshape environments, and strengthen care to transform mental health.



This report argues for a worldwide transformation towards better mental health for all. The WHO *Comprehensive mental health action plan 2013–2030* represents a commitment from all countries to improve mental health and mental health care and provides a blueprint for action. No country is expected to fulfil every implementation option in the global action plan. And many countries do not have the resources to implement every action described in this report. But every country has ample opportunities to make meaningful progress towards better mental health for its population. Choosing what to focus on first will depend on country contexts, local mental health needs, other priorities and the existing state and structure of each mental health system.

The evidence, experience and expertise presented in this report point to three key paths to transformation that can accelerate progress against the global action plan. These focus on shifting attitudes to mental health, addressing risks to mental health in our environment and strengthening systems that care for mental health.

First, we must **deepen the value and commitment** we give to mental health as individuals, communities and governments; and match that value with more commitment, engagement and investment by all stakeholders, across all sectors.

Second, we must **reshape the physical, social and economic characteristics of environments** – in homes, schools, workplaces and the wider community – to better protect mental health and prevent mental health conditions. These environments need to give everyone an equal opportunity to thrive and reach the highest attainable level of mental health and well-being. Third, we must **strengthen mental health care** so that the full spectrum of mental health needs is met through a community-based network of accessible, affordable and quality services and support.

Each path to transformation is a path towards better mental health for all. Together, they will lead us closer to a world in which mental health is valued, promoted and protected; where everyone has an equal opportunity to enjoy mental health and to exercise their human rights; and where everyone can access the mental health care they need.

Individuals, governments, care providers, nongovernmental organizations, academics, employers, civil society and other stakeholders all have a part to play. It will take the combined efforts of us all to transform mental health.