CHAPTER TWO


Our mental health varies throughout our lives as our circumstances and experiences change. All of us will be affected by poor mental health at some point, if not ourselves, through our relationships with family, friends and colleagues. Mental health conditions do not just affect the person who has them. They have an impact on whole communities.

Poor mental health is a global challenge that disproportionately affects the most vulnerable members of society—people living in poverty, young people, older people, women and girls, and refugees. A lack of attention to mental ill health will hold back the achievement of the SDGs, due to the negative impact of mental health on physical health and a range of areas beyond health, including our economies.131 By promoting mental health, we help people fully participate in their families, workplaces and communities— for the benefit of all.

Mental health is a public good worthy of attention and investment. Receiving sick pay for mental health conditions allows people to recover without falling into financial hardship and placing a burden on public services. Ensuring a new mother is supported through her postnatal depression helps minimise the knock-on effects on her spouse or baby, improving early childhood development with life-long impacts. Integrating mental health support into responses to HIV, TB and tobacco use strengthens these efforts, bringing broader health benefits.

Poor mental health has a ripple effect on people’s physical health, family and social relationships. It is not only bad for the individual in question but negatively affects their family and society at large. Good mental health is determined by a broad range of social determinants, including personal and social factors. But it can be addressed with holistic, integrated approaches.

CHAPTER THREE

INVESTING IN MENTAL HEALTH TO IMPROVE PHYSICAL HEALTH

One in three people with a long-term physical health condition also have poor mental health,130 and there is increasing agreement that addressing mental health and psychological wellbeing improves physical health too.

Tuberculosis

People with severe mental illness are several times more likely to die from TB, HIV/AIDS or other infectious diseases.131 Around half of people with TB are estimated to have depression.132 TB is a curable disease, with early help-seeking, attending follow-up appointments and completing treatment programmes important factors for success.133 Poor mental health can disrupt this patient journey. Those with depression are ten times more likely to stop treatment, leaving them at higher risk of death; disability and poorer quality of life.134 Untreated depression is associated with the spread of TB and increased drug resistance.135

Patient outcomes can be improved by providing psychological support136 and WHO-recommended integrated approaches, which include psychological interventions, psychiatric medications and structured education for patients living with both TB and depression diagnoses.137 International experts are advocating an integrated approach to be adopted by national governments and international aid agencies.

HIV

The links between poor mental health and HIV merit the attention of those working to improve health globally. HIV is four times more prevalent in people with poor mental health compared with those with good mental health.138 People with poor mental health may take more risks in their sexual behaviour and substance misuse and subsequently develop HIV.139 Once again, integrated services are recommended, as they increase the positive impact of HIV programmes.

These have proven acceptable to patients, healthcare providers and managers.140 The Joint United Nations Programme on HIV/AIDS (UNAIDS) and The President’s Emergency Plan for AIDS Relief (PEPFAR) have already updated their policies accordingly, and the Global Fund is now considering a similar approach to leverage
the substantial funds raised.

**IMPACT ON FAMILIES**

Poor mental health affects entire families. Children’s mental health has an impact on them for the rest of their life. And the mental wellbeing of parents and carers influences the outcomes of the children they are responsible for.

**IMPACT OF PARENTAL MENTAL ILLNESS ON CHILDREN**

Children’s interactions with the world are mediated through their main caregivers. These experiences form the basis of their physical, social and cognitive development. As a result, disruptions to a child’s engagement with their environment can have lasting negative consequences for their health as they grow up.

Most of the research examining the impact of parental mental illness on children has focussed on mother and child interactions, but data about parental mental ill health on children has focused for a causal relationship between parental mental health conditions and adverse childhood outcomes.

Children’s mental health has an impact on themselves. And the numbers are rising. Poor mental health among parents affects their children and adolescents experience mental disorders.

Poverty, maternal depression and stress can lead to mothers stopping breastfeeding early, which has further negative effects.

In a study from Cambridge in the UK, children were assessed over 16 years. Children of mothers with postnatal depression were five times more likely to experience depression themselves. The risk was increased where there was prolonged maternal depression, poor support for the mother or marital conflict.

In other studies, poverty, maternal education and social class were found to influence the effect of exposure to parental mental illness.

**COSTS OF PARENTAL MENTAL ILLNESS**

A common-sense approach suggests treating parental mental health problems would improve child health outcomes. However, there are complex relationships between mental health, parenting and physical health. Many professional bodies recommend a holistic approach that addresses not only the mental illness but also support for co-parents and children.

Given the evidence gaps and range of potential consequences that could occur at different times of life, economic analyses including children are challenging. Two examples exist; both centred around maternal mental illness.

Looking at maternal perinatal depression, psychosis and other conditions, and accounting for a wide range of adverse childhood outcomes, a UK-based evaluation estimated a total cost of £8.1 billion per year since birth. 72 per cent of these costs related to the child. A USA model reported that maternal depression and anxiety had a societal cost of US$14.2 billion for 2017, with 40 per cent of the cost due to adverse childhood outcomes.

As mental health care has moved towards an outpatient model, there is an increased need for support in the community. Caregivers play a central role in the recovery and well-being of those affected by mental illness. So investing in meeting their needs is an important component of holistic support.

A large international survey of HICs looking at people caring for those with severe mental illness highlighted some important findings:

- Most carers are family members and have been carrying out care duties for nine years.
- Being a carer can be a positive or negative experience.
- Four out of five caregivers feel unable to cope.
- One in three caregivers feel depressed.
- One in three caregivers feel their physical health has worsened.
- One in three caregivers feel lonely and isolated.
- Six out of ten caregivers feel unrecognised by the healthcare system.
- Eight out of ten caregivers want more help, in the form of information, emotional support, respite care and financial support.

These broad themes are echoed in other studies from around the world.

In some settings, caring duties have disadvantaged carers economically. In the USA, more than 15 million people provide unpaid care for people with Alzheimer’s or other dementias. This adds up to an estimated 18.5 billion hours, with a value of US$234 billion. Again, intuition would suggest improving an individual’s mental health would improve their carer’s quality of life. But evidence for this is lacking.
A range of interventions exists to support carers, summarised here.162

Interventions to reduce carers’ psychological distress:

- Training and education programmes
- Information technology-based support
- Involvement in formal planning of support
- Educational and emotional support
- Spiritual and religious support
- Strategies to manage disturbed or unusual behaviour
- Informal social-support systems
- Talking therapies, including family-based therapies

The effectiveness of these interventions depends on social and cultural conditions and carers’ existing knowledge and personality traits. As with support for children, it is important to address the full range of needs, whether related to mental and physical health or wider factors, such as employment or relationships with others in society.
CHAPTER THREE

Social Support and Networks for Mental Health

Just as the mental health of children and parents has an impact on families, so too does the mental health of individuals impact on society. The influence of social relationships on health and wellbeing is well recognised.198 Several overlapping terms are used to discuss these relationships, including social cohesion, social capital and social networks. The idea is also explored through the lens of loneliness, defined as ‘a subjective unpleasant feeling arising from a mismatch between a person’s desired level of meaningful social relationships, and what they perceive they have’.194 There are structural components (roles, social relationships. This range of concepts and definitions poses a challenge to research.199

Improvements in mental health outcomes in some groups have been shown to result from the social connectedness of those with, or at risk of, a mental illness. He has been shown to improve social connectedness.200 And improving social connectedness appears to lead to small improvements in mental health outcomes in some studies. However, in London, nine out of ten mental health service users reported experiencing discrimination.201 This creates barriers to accessing services, maintaining social contacts and developing new connections.

Social connections are as much about the people around those with mental health problems as they are about the individuals directly affected. Social stigma leads to negative stereotypes of those with mental illnesses. It is associated with discrimination and results in people with good mental health avoiding those affected by a mental illness. A survey in England, nine out of ten mental health service users reported experiencing discrimination.202 This creates barriers to accessing services, maintaining social contacts and developing new connections.

There have been attempts to intervene to improve the social connectedness of those with, or at risk of, a mental illness. These have taken the shape of community engagement, small group activities, individual talking therapy, and multi-proprach approaches. They have been shown to improve social connectedness.203 And improving social connectedness appears to lead to small improvements in mental health outcomes in some studies. However, in London, nine out of ten mental health service users report experiencing discrimination.202 This creates barriers to accessing services, maintaining social contacts and developing new connections.

Clinically, social isolation is recognised as a symptom of depression and a precursor for other mental health diagnoses. Treating depression results in small improvements in social connectedness and social functioning is proposed as a marker for successful treatment of depression.204 It is likely that a two-way relationship exists between mental health and social connectedness.

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Evidence is building that mental illness is a barrier to social connections. A common-sense approach would suggest that good mental health would allow better connections through meeting the needs above. However, the responsibility to improve social connectedness extends beyond the individual to the local community (local health services and voluntary groups) and broader society (governments, NGOs, the media).

PUTTING MENTAL HEALTH AT THE HEART OF PUBLIC POLICY

Improvements in mental health and the consequent positive effects on society will not come through isolated or standalone activities but through integrated public policies with mental health at their heart. It is vital to look at how these policies could be measured and funded.

MEASURING MENTAL HEALTH & WELLBEING

Globally, it is acknowledged that we need to go beyond economic measures to assess the wellbeing of a population. Wellbeing is a positive concept that includes both subjective satisfaction with life and meaningful functioning. Good mental health is related to both.

Tools to measure individual wellbeing help to shift the focus from measuring ill health to measuring good health. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), for example, has captured changes in wellbeing over time and differences between individuals. Such tools are important for public health and mental health interventions where broader wellbeing rather than disease-specific outcomes are sought. They are particularly useful to assess those who do not have good mental health but do not reach the threshold for mental illness. There are calls to create a Wellbeing Adjusted Life Year as an alternative to Quality Adjusted Life Year (QALY) to help distribute resources.

Wellbeing measures can also contribute to national data. Perhaps the earliest example of a composite national wellbeing index is the Gross National Happiness Index coined by the King of Bhutan in 1972. National indices that include wellbeing now exist in many OECD countries and are useful to:

- Provide individual and national measures of wellbeing
- Improve knowledge of the drivers of wellbeing
- Aid in the understanding of decision making and the subsequent impact on cost-benefit analysis

In 2018, the Lancet Commission on Global Mental Health and Sustainable Development outlined a set of indicators to monitor mental health progress within the context of the SDGs. Indicator domains included mental health systems, services and health outcomes, economic, social and environmental determinants, risk protection, and non-health outcomes (social and economic). The commission further recommended the use of these indicators to establish a comprehensive monitoring and accountability mechanism for mental health. In response, the Countdown Global Mental Health 2030 was launched and featured at the Goalkeepers event organised by the Bill and Melinda Gates Foundation in September 2019.

Implemented by a coalition of Harvard University, WHO, The Global Mental Health Peer Network, The Lancet and United for Global Mental Health, Countdown Global Mental Health 2030 will develop and implement an ambitious global monitoring and accountability framework for mental health, in keeping with the political commitments made within the SDGs and WHO Comprehensive Mental Health Action Plan. The Countdown will go beyond traditional health indicators and monitor social and economic risk factors, determinants and outcomes to truly measure mental health and wellbeing progress.

Although the evidence base is still being developed, integration reflects varying degrees of coordination and may improve efficiency in several ways, through:

- Targeting support and resources
- Preventing duplication of treatment or assessment
- Closing bottlenecks and gaps in care pathways
- Ensuring support decisions take account of capacity and resource needs
- Ensuring support is undertaken by the right professionals, including social care services

Within the health sector, the UK’s National Health Service has started to trial fewer rigid boundaries between primary care, hospitals, and community and mental health services by bringing budgets together into new local systems of support. These initiatives aim to provide liaison mental health services in acute hospital settings; incorporate perinatal mental health care; provide psychological therapy for people with long-term physical health conditions, and improve physical health assessment and follow-up for people with severe mental health illness. Ideally, these models of support would connect and interact with services beyond the health sector to extend to social care, housing, education, NGOs and employers.

Investing in mental health can produce returns for society that are possible to quantify, such as improvements in physical health and child development. A more holistic view of how to measure mental health is emerging. However, other impacts are hard to measure but help to hold together the fabric of society. The return on investment for mental health throughout childhood is greater social connectedness and cohesion, bringing all the benefits and societal progress that accompany harmonious and open communities.

INTEGRATED CARE

The evidence presented above, together with WHO and national recommendations, highlights the importance of integrating physical health, mental health, psychological and wider services to address all aspects of mental health support and prevention. The principle of integrated care is not new. It reflects the aim ‘to improve patient experience and achieve greater efficiency and value from health delivery systems’ in other words put the individual at the centre of care.

Calls to rethink economic models have grown louder, as tools for measurement and policy action have developed the concept of ‘wellbeing economies’. At their core, wellbeing economies refocus government spending to deliver human, social and ecological wellbeing rather than wealth alone. Multi-factor metrics are used to evaluate and compare policies and there is increasing cooperation across different parts of government. This changes the definition of success at the national level, resulting in improved policy making, which brings good mental health for the whole population to the fore. Scotland, Iceland and now the EU are exploring mechanisms to take a wellbeing economy approach to resource allocation and prioritisation.

New Zealand is the first country to formally adopt a WELCOME BUDGET (May 2019). This centres on conceptually redefining government spending as investment in people, what they do, where they do it, and how they feel. The country’s five priorities are:

- Taking mental health seriously
- Improving child wellbeing
- Supporting the aspirations of Maori and Pasifika peoples
- Building a productive nation
- Transforming the economy

Operationality, the government will set out each year how these priorities will guide spending. Potential impacts on wellbeing will be used to assess bids from government departments and will be incorporated into performance reporting. With regards to taking mental health seriously, using this approach has resulted in record levels of funding for the development of mental health services, covering not only treatment but prevention too. Although it is too early to evaluate the impact of wellbeing approaches across entire budgets, there are lessons about the validity and value of this offers at a sector level, as discussed below through examples from social protection and education.
SOCIAL PROTECTION

There are two critical pathways to including wellbeing in policies and processes: the removal of negative factors and the promotion of positive factors. Social policy aims to promote wellbeing through the reduction of poverty and economic vulnerability. This is particularly important for those with mental illnesses who face challenges with unemployment or underemployment. In a robust analysis, it was shown that even small increases in unemployment benefit resulted in improved wellbeing and that psychosocial welfare payments should be designed to identify and reduce negative factors, with the goal of improving mental health outcomes. This includes resilience and the fostering of traditional academic skills and skills for happiness and wellbeing. This includes resilience and the ability to form positive relationships, shifting focus away from academic achievements alone.

Children from kindergarten through to high school who receive positive education or social and emotional learning programmes have improved social and emotional skills, attitudes, behaviour and academic performance. The benefits of education in adult life reflect the duration and quality of education. Highly educated people have longer life expectancies, better social connectedness and improved wellbeing.

219 Mintrom M. Is New Zealand’s Wellbeing Budget worth all the hype? [online]. Centre for Public Impact: A BCG Foundation; 2019 Available from [here].
221 Boarini R., Cornola M, Smith C, Manchin R, de Keulenaer F. What makes for a better life?: the determinants of subjective well-being in OECD countries – evidence from the SDD working paper no. 102. OECD publishing; 2019 Available from [here].

EDUCATION

The promotion of positive factors in the pathway to wellbeing can be seen in education that ‘fosters traditional academic skills and skills for happiness and wellbeing’. This includes resilience and the ability to form positive relationships, shifting focus away from academic achievements alone.

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CONCLUSION

The return on investing in mental health and wellbeing goes beyond the economic. There are significant returns for both the individual affected and wider society.

The case is clear for a revolution in mental health investment globally. Now is the time for each of us to act to make it a reality.

Recommendations for businesses, governments and individuals to help deliver good mental health for all:

For Individuals
• Reducing stigma starts with talking about mental health and encouraging others to as well. Learn more from organisations such as the Global Mental Health Peer Network.
• Learn more about how to optimise your own mental health and physical health. Use the information provided by organisations such as WHO (who.int).
• Join those advocating greater political and financial support for mental health. Go to unitedgmh.org/blue-print-group.
• Campaign for greater action on mental health. Go to gospekyourmind.org.

For Governments
Invest in the mental health of your citizens:
• Uphold the commitments made to deliver the UN Sustainable Development Goals by 2030 and Universal Health Coverage.
• Deliver the commitments made in the WHO Comprehensive Mental Health Action Plan 2013–2020 and advocate for an ambitious plan for 2021–2030 to accelerate action.
• Place persons with mental health conditions at the centre of policy and practice – involve them in the design, development, implementation, monitoring and evaluation of services.
• Deliver on other relevant action plans, for example, the WHO Global Action Plan on the Public Health Response to Dementia 2017–2025.
• Ensure that the youth mental health is adequately invested in and interventions are developed with youth engagement.
• Ensure the rights of all citizens to good physical and mental health free from coercion are upheld by implementing rights-based mental health legislation with the UN Convention on the Rights of Persons with Disabilities being the cornerstone.

For Businesses
Invest in the mental health of your workforce:
• Protect mental health by reducing work-related risk factors.
• Promote mental health by developing the positive aspects of work and the strengths of employees.
• Address mental health problems regardless of cause.

#TIMETOINVEST IN MENTAL HEALTH
The link between mental health and physical health is well established. People with poor mental health have significantly worse physical health.

There is a two-way relationship between physical activity and good mental health. People who are more physically active cope better with stress and good mental health allows people to engage in more physical activity. People with serious mental illnesses are twice as likely to be obese, due to medication side effects and the fact these disorders make self-care more challenging.

In low and middle-income countries, between 76 and 85% of people with mental disorders receive no treatment, and in high-income countries, this percentage is between 35% and 50%.

Individuals with unsupported mental health conditions, such as depression, anxiety, and substance use disorders are less likely to seek testing for HIV and follow advice given in response to their test result.

The mental wellbeing of parents and carers influences the outcomes of the children they are responsible for.

Globally, 10-20% of children and adolescents experience mental disorders, while 15-23% of children live with a parent with a mental illness, predisposing them to having poor mental health themselves.

There is strong evidence in low and middle-income countries that perinatal mental health conditions are linked to various harmful outcomes in children, with most evidence pointing to lower birth weight in babies of women depressed during pregnancy and/or after childbirth. Other potential outcomes for children born to mothers with depression include higher rates of child diarrhoeal and respiratory diseases, stunting, increased hospital admissions, lower completion of recommended immunisation schedules, and social and emotional difficulties. Further studies have shown maternal depression and stress can lead to mothers stopping breastfeeding early, which has further negative effects.

Social cohesion

- Good mental health helps people forge social connections and contribute to their communities and society.

- The responsibility to improve social connectedness extends beyond the individual to the local community (local health services and voluntary groups) and broader society (governments, NGOs, the media).