Statement: Integrating Mental Health Care into Primary Health Care

This statement is submitted on behalf of the International Association of Applied Psychology, the International Union of Psychological Science, the World Council for Psychotherapy, the Union of Mental Health, the Psychology Coalition of NGOs Accredited at the United Nations, the United Nations Major Group for Children and Youth and other key partners and co-sponsors.

The purpose of this statement is to provide evidence-based advocacy for the integration of mental health promotion, diagnosis, screening and treatment into primary health care, and to urge national governments, the United Nations and other international bodies, the private and public sectors, civil society and all stakeholders to acknowledge the global necessity for implementing this integrated approach.

Article I of the Declaration of Alma-Ata reaffirms that health is "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." This multidimensional approach to health needs to be strengthened, especially through a lifelong approach to promoting mental resilience as part of primary health care. Given that it often goes unnoticed, ensuring mental and psychological well-being is a core part of leaving no-one behind on the journey to universal health care.

The Context

The importance of mental health has been emphasised in a number of key international agreements. Foremost amongst these is the United Nations Agenda 2030 for Sustainable Development, where mental health is included under Goal 3, "*good health and well-being for all*" and specifically in target 3.4: "*by 2030 (to) reduce by one-third premature mortality from non-communicable diseases (NCDs) through prevention and treatment, and* ***to promote mental health and wellbeing***". It is also addressed in the Sendai Framework for Disaster Risk Reduction, which commits to "*enhance recovery schemes to* ***provide psychosocial support and mental health services for all people in need***", and the Global Compact for a Safe, Orderly and Regular Migration. Most recently, it was formally recognised within the 2018 Political Declaration of the third High-level Meeting of the General Assembly on the Prevention and Control of NCDs.

Current research shows massive direct and indirect costs to society from mental illness and behavioral health problems, both economically and in terms of impact on health, wellbeing and relationships amongst people who live and work within any community. The Global Burden of Disease Study indicates that "*non-communicable diseases such as heart disease and diabetes, now pose a greater risk than contagious diseases"* and are responsible for 71% of deaths worldwide. Many of these, approximately 40%, are considered premature as they affect people below 70 years of age and are considered preventable. More specifically, untreated mental disorders account for 13% of the total global burden of disease, with depression expected to be the leading cause of disease burden globally by 2030. The burden of NCDs is projected to only increase, leading to a reduction in global GDP by $46.7 trillion in 2030 (Insel et al, 2015; Whiteford et al, 2013).

An important observation amongst these trends is that the biggest cost burden will stem from a number of commonly occurring mental disorders, including anxiety and depression. Estimates indicate that these costs will account for more than a third of the global economic burden of non-communicable

disease, rising to $6 trillion per annum by 2030 - that is "*greater than heart disease and cancer, diabetes & respiratory diseases* ***combined***".

In addition, current statistics indicate that mental health diagnoses significantly impact economies with regard to workplace productivity, accounting for almost a quarter of all days lost to sick leave, and are the leading impost on disability pensions.

Significant findings such as these have yet to have sufficient impact on global public health policy, as many countries are still reluctant, or have insufficient resources and infrastructure, to consider mental and behavioral health as a legitimate area of population health funding and investment. Expenditure on mental health as a proportion of total health spending generally ranges between 0.5% in low-income countries to 5% in high income countries, where it is still estimated to be too limited.

Research and best clinical practice indicate that the goals in the above-stated agreements should be fulfilled through primary care interventions at the community level, by providing appropriate prevention and early intervention in locations accessible to a large number of people - particularly those "*left the furthest behind, who are at the last mile*" – i.e. are at greatest risk and lack access to care. The rationale for this lies in the fact that currently 70-90% of mental disorders are cared for in the primary care setting.

Given the context above, we maintain that there is an urgent requirement and duty to address these global population needs in a timely, optimal way, considering that:

- The "burden of disease' due to mental and behavioral health problems is high and rising – as a consequence both of the emerging epidemic of chronic, non-communicable disease (as described above) and from the stress and consequent mental illness associated with the current world-wide dislocation of 65 million people due to war, famine, natural disasters, indigenous dispossession, as well as a host of other life challenges experienced by people from all parts of the world.
- The escalating and enormous global cost burden of pharmaceutical interventions - in combination with their variable benefits and increasing concern over the current "medicalisation of unhappiness" - is unsustainable.
- The value of holistic health care, including mental health integrated with physical health is increasingly being recognized, particularly with regard to building psychosocial resilience in individuals and communities (Kuriansky, 2012, 2016).
- The adverse effects of lack of mental health care are greater for vulnerable and at-risk populations affected by poverty, war, conflict, climate change, natural disaster, disability, gender, age and other factors.
- Mental and behavioral health challenges affect all ages, including children, adolescents, and youth. Behavioral and emotional disorders now constitute a major cause of disability among people under the age of 25 years of age. Adverse childhood experiences, which encompass a variety of traumatic events, are also associated with increased risk for health, social, and behavioral issues including depression and other mental health disorders later in life.
- Research shows that mental health impacts affect health workers particularly during health crises in developing countries (Chan et al., 2016; Shah & Kuriansky, 2016)

The Importance of Primary Mental Health Care Services

A number of effective, evidence-based interventions exist which empower people with mental and behavioral health difficulties and ensure more positive, long-term general and mental health outcomes and wellbeing. A life course approach, addressing the needs of children as well as adults, is required for early identification of mental and behavioral health disorders. Huge cost savings can be made in the medical and pharmaceutical realm, if appropriate planning is undertaken for the provision of early psychosocial and behavioral health interventions for patients with common mental disorders and comorbid chronic disease, at the primary care level. Integrated mental health care enables the "*right treatment, at the right time, in the right place*" (Frank et al, 2004; Haas, 2004) by the appropriately trained provider, and prevents the stigma, discrimination, marginalization and fragmentation of care still associated with referral (and dislocation) to secondary and tertiary mental health treatment facilities. Such interventions within primary care settings address barriers to treatment and closes gaps in care by making services more accessible to the general population. Furthermore, tremendous benefits have been identified as a result of mental health promotion and early intervention within the primary

care setting, addressing various behavioral health needs and preventing more serious mental illness (Bray, 2010; Frank et al., 2004).

Integrated mental and behavioral health service delivery in primary care has been piloted with positive outcomes in a number of western countries over the past 20 years (e.g., in the USA, Australia, Canada, Norway and the United Kingdom). Several studies involving low-income countries also indicate adverse childhood experiences may be associated with depression and other mental health disorders (Mall et al, 2018; Ramiro et al, 2010). The World Health Organization has also undertaken the World Mental Health Initiative Surveys International College Student Project (WMH-ICS) to identify correlates of mental health disorders among college students. These studies highlight the need for integrated care for people living in low and middle-income countries, where conditions like poverty and insufficient infrastructure and access to care exacerbate the problem. Such integrated services redress the sub-optimal care currently provided, in which medication is frequently the first and **only** treatment provided, leaving the crucial psychosocial dimensions of mental, behavioral and general health under-diagnosed and under-treated.

Primary Care Psychology is a growing area of practice and service delivery, at the core of which lies a collaborative model of mental and general health care, delivered by adequately and appropriately trained psychologists and other allied health clinicians working with GPs (general practitioners), family physicians, and pediatricians in primary care and general practice settings. Research indicates that this integrated mental health care for complex, often comorbid physiological and psychological conditions, results in the best outcomes for patients (Bray, 2010; McDaniel, 2014; Vines, 2009). Meanwhile, a lack of specialist mental health staff in low- and middle-income countries means that integrating mental health into primary care settings (including collaborative care interventions, appropriate task-shifting and a stepped care approach) provides a critical means of closing the mental health treatment gap.

Key objectives of **integrated mental and behavioral health care** are to provide evidence-based interventions for the following, all of which frequently present in the primary care setting:

- common mental health disorders previously under- and inappropriately diagnosed and treated (e.g. depression, anxiety and stress - including post-traumatic stress disorder);
- chronic diseases and their behavioral and mental health sequelae; and
- frequent comorbid conditions such as alcohol and other drug disorders

Recommendations

We therefore recommend that all Member States, UN entities, civil society, public and private sectors, and other stakeholders, promote an holistic view and integrated approach to policies, plans and programs in sync with the above mentioned international instruments, in particular for the achievement of the SDGs, and exert best efforts for mental and behavioural health to be integrated into primary health care.

We further recommend that national governments and member states of the United Nations:

1) *Propose and support* a General Assembly resolution on mental health and well-being, including a reference to integrating mental health into primary health care.
2) *Include* reference to the integration of mental health with physical health in all health-related deliberations and strategies.
3) *Call* for the United Nations Secretary-General to include this holistic model in all UN system-wide strategies, consistent with the recent United Nations System Workplace Mental Health and Well-Being Strategy, a comprehensive roadmap for staff care.
4) *Convene* ongoing high-level meetings on mental health and wellbeing at the UN.
5) *Develop* public health funding models, as well as mobilize domestic resources, for psychological and psychosocial services, enabling equitable access to these optimal models of treatment in primary care across the globe.
6) *Recognize* the importance of this issue and convene annual national meetings of stakeholders to promote this issue, following the model of the first Global Ministerial Mental Health Summit held in London in October 2018.
7) *Document* currently operative screening and intervention frameworks which illustrate ‘best practice’ primary mental health service delivery – thereby providing examples of optimal models of care that can be implemented, with training, at all levels of the health care system.

The expectation is that these interventions will be replicated and scaled-up appropriately in other settings, including in low-and middle-income countries, and that these models of care be reported in the annual Voluntary National (VNRs) and SDG Reviews to assess progress in achieving the SDGs.

8) *Call* for increased indicators for mental health and well-being (e.g. by the Statistical Commission, working with WHO and relevant experts and stakeholders) that can serve as a basis for benchmarking on progress in this area.

We further recommend that all stakeholders:

1) *Acknowledge* the outstanding work undertaken in the ongoing 'Global Burden of Disease' study that clearly indicates current global health trends and the need to prioritize **mental health and wellbeing** as the **number one burden of disease** by 2030 (Insel et al, 2015; Whiteford et al, 2013).
2) *Recognize and take action* on the resolution (27 September 2018) of the recent high-level meeting on NCDs at the UN, proposing a 5x5 matrix that includes mental health as one of the noncommunicable diseases, with heart disease, lung disease, cancer and diabetes - and continue to support the efforts of WHO in this regard.
3) *Prioritize* an integrated approach for mental health and primary care for people of all ages, including children and young people and especially those populations most vulnerable and at-risk, using effective, evidence-based interventions.
4) *Focus* on expanding human capital and capacity-building, ensuring core competencies and scaling-up of services, by training primary care providers, community health workers and non-specialized providers for the implementation of this integrated approach - especially in low-and middle-income countries where health systems are less resilient (Kuriansky et al., 2015, 2017).
5) *Improve* publicly-funded access to evidence-based psychotherapies.
6) *Support* efforts of all agencies, including the WHO, and stakeholders to integrate mental and primary health care, in line with agreements such as resolutions on Universal Health Coverage that call for this.
7) *Ensure* that all efforts related to the development of global health services by the WHO and other UN entities be informed by the latest epidemiological and psychological research and practice, especially regarding the field of optimal prevention and early intervention for those suffering from mental illness and comorbid chronic disease and substance use disorders (see Bray, et al., 2012; Frank et al, 2004; Haas, 2004, Vines & Wilson, 2018).
8) *Develop, elaborate and promote* policy statements relevant to specific context, populations and organizations on integrating mental health into primary health care for people of all ages and in all contexts. This should provide examples and service delivery models that can be adjusted to each national and sub-national context.
9) *Form* multi-stakeholder partnerships, as called for in SDG 17, to work on the above objectives, that includes Member States, the World Health Organization and other UN agencies, the private sector, representatives of Major Groups and other stakeholders, mental and general health professional organizations (national and international), academic institutions, media, youth, psychologists and other stakeholders with expertise in this area.
10) *Promote* public education models in schools and other public settings to increase awareness of, and promote discussion around, mental health and well-being.

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