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# A new resolution for global mental health

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We commend the 130th session of the WHO Executive Board for adopting a resolution calling for a comprehensive response to the global burden of mental illnesses.[1] Mental disorders account for 13% of the global disease burden, and major depression alone is expected to be the largest contributor by 2030.[2] The economic effect is great, with mental disorders expected to cost nearly a third of the projected US$47 trillion incurred by all non-communicable diseases by 2030.[3] Meanwhile, the burden on people living with mental disorders is incalculable. Many of these disorders are lifelong and cross generations; they also affect neighbours, friends, and beyond in a ripple of concentric circles. A striking example of the effect on family members is the association between maternal depressive symptoms and underweight and stunting in children reported in many countries.[4]

The resolution for mental health, led by India, the USA, and Switzerland, is the result of a crescendo of political support for addressing mental illnesses and received unanimous support from countries on the WHO Executive Board. The resolution urges countries to protect and promote the rights of persons with mental disorders and to combat stigma against mental illness. Crucially, it prioritises the integration of mental health services within primary care and calls for the development of a plan that will address both health and social services, while seeking key involvement from people with mental disorders in its planning. This resolution is also a necessary first step to bringing mental, neurological, and substance use disorders to the highest level of discussion—a UN General Assembly Special Session.[5]

Once the resolution is adopted by the World Health Assembly in May 2012, WHO will develop a mental health action plan to be approved by UN member states in 2013. Once approved, this action plan will lead to further resource allocation for mental health. In developing this action plan, we recommend that WHO undertake in-person country and regional consultations to properly assess the needs of people with mental disorders in diverse geographical, cultural, and financial contexts.

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WHO should also emphasise holistic recovery, including physical, mental, and social wellbeing, and involve relevant social sectors while developing the action plan. Over the past decade, public mental health research has yielded a robust evidence base for interventions on the level of the individual, family, school, community, and nation. Although there is a plethora of evidence on efficacious mental health interventions, little of this evidence has been disseminated or implemented. Studies have demonstrated the merits of screening for depression in primary care;[6,7] however, such integration has yet to become routine practice, even in high-income countries. While community-based treatment and recovery services often lie at the intersection of various domains, there is an absence of coordinated care for service users. Individuals living with mental illness not only need pharmaco-therapy, but also effective psychosocial interventions and access to education, employment, and housing.

We urge UN member states to safeguard the human rights of persons with mental disorders and go a step further by empowering those who are mentally ill and involving them at all stages of decision making. In this regard, much can be learned from successful advocacy efforts to combat the HIV/AIDS pandemic. Largely because of leadership by people living with HIV/AIDS, there have been significant reductions in mother-to-child transmission, millions more are able to access antiretroviral medications, and new infections have decreased in many countries.[8] Understanding this history, we call for the outcomes of the resolution for global mental health to be based heavily on the knowledge, creativity, and experiences of those directly affected by mental illness. Charlene Sunkel, a South African advocate and person living with schizophrenia, underscores the importance of collaboration between health professionals and service users, as exemplified by the EMPOWER[9] project and the Guateng Consumer Advocacy Movement in South Africa.[10] We encourage service users to engage with their ministries of health, as well as WHO country and regional offices.

We call for a coordinated response to this resolution by all interested parties, including WHO, UN member states, service users, and caregivers, as well as civil society groups. At present, one fifth of countries allocate less than 1% of their health budgets to mental health care, while mental, neurological, and substance-use disorders account for a far greater share of the social and financial costs of health problems.[2] Let us capitalise on the momentum generated by this resolution and ensure that the world proportionately prioritises mental health.

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