GLOBAL MENTAL HEALTH

An introduction for Swedish stakeholders

Nätverket för global psykisk hälsa

Global mental health – an introduction for Swedish stakeholders

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Executive summary

Global mental health is an interdisciplinary field focused on strengthening the mental health of people worldwide through prevention, promotion and treatment interventions. The purpose of this report is to provide an introduction to the field and to show how Swedish actors can contribute to the larger global mental health movement.

Mental health – an under-prioritized health issue

Globally, nearly one billion people live with one or more psychiatric conditions such as depression, addiction or psychotic disorder. In addition to personal suffering, this increases the risk of discrimination, exposure to violence, livelihood difficulties, social exclusion and premature death. One in seven children worldwide is estimated to be living with a diagnosable mental health condition, and among 15-29 year olds globally, suicide is the fourth leading cause of death.

Mental health conditions account for 5% of the global burden of disease. Despite this, mental illness and mental disorders are neglected health issues. In many low-income countries, the equivalent of one percent of the health budget is spent on mental health and mental illness interventions, often in psychiatric hospitals where human rights abuses are not uncommon in the course of treatment. Too few people benefit from the effective treatment available; in low-, middle- and high-income countries alike, the treatment gap (the proportion of people who do not receive psychiatric care despite the need) is wide.

Solutions

There are several promising solutions, including scalable treatment approaches such as task-sharing and stepped care. Task-sharing involves people with milder symptoms being offered treatment by people, often lay people, who have received a short training in an evidence-based treatment programme. They are supervised by specialists and have the possibility to refer when more specialized care is needed.

Stepped care, on the other hand, is about providing support that is less resource-intensive at the initial stage, and then offering more intensive interventions than these if the initial ones have not worked. Digitalisation opens up the possibility of remote assistance. Several social interventions such as school and parenting support programmes have been shown to prevent mental health problems. Social interventions such as education campaigns, legislative changes and investment in general welfare and equal life conditions can promote mental health.

To achieve the desired results, there are certain basic perspectives that are emphasized in the global mental health movement. All stakeholders need to be involved in the work - from people with experience of mental illness and authorities at local, regional, and national levels to funders and health professionals.

Methodologies need to be adapted to local conditions and cultural approaches to mental health. As mental illness and disease remains a major challenge in all countries, it is a common movement in which low-, middle- and high-income countries need to work together and learn from each other.

The role of Swedish actors

Swedish actors have good opportunities to contribute and make a difference in this growing field. This requires a gathering of forces and new priorities in politics, academia and voluntary commitment. At present, only 0.75% of Swedish health aid is allocated specifically to mental health projects. Although there are individual research projects in Sweden related to global mental health, there are several efforts that could further stimulate the research field: a coherent knowledge centre, increased funding and a simplified ethical review process to name a few. Swedish innovations in digital care, for example, have the potential to spread globally. Although Sweden has come a long way internationally, many challenges remain to achieve good mental health in its own population; preventive measures such as school education on mental health, innovative strategies such as stepwise care to reduce the treatment gap and investments in vulnerable groups such as people who have come to Sweden as refugees, are international strategies that, if offered in the right way, can contribute to good and equal health in Sweden as well.

About us

The Swedish Network for Global Mental Health (Nätverket för global psykisk hälsa) is a non-profit association for Swedish actors with an interest in mental health in a global context. Our aim is to improve Sweden's work within the field with a particular focus on disadvantaged groups. We spread knowledge, host events and enable collaborations.

Introduction

Nearly a billion people live with mental disorder worldwide. These conditions – depression, anxiety disorder and psychosis, to name a few – together account for 5% of the total global burden of disease.[1] If suicides and conditions such as substance dependence are included, this figure rises somewhat further. Among adolescents worldwide, 13% live with a diagnosable mental disorder.[2] The majority of these people live in low- and middle-income countries.

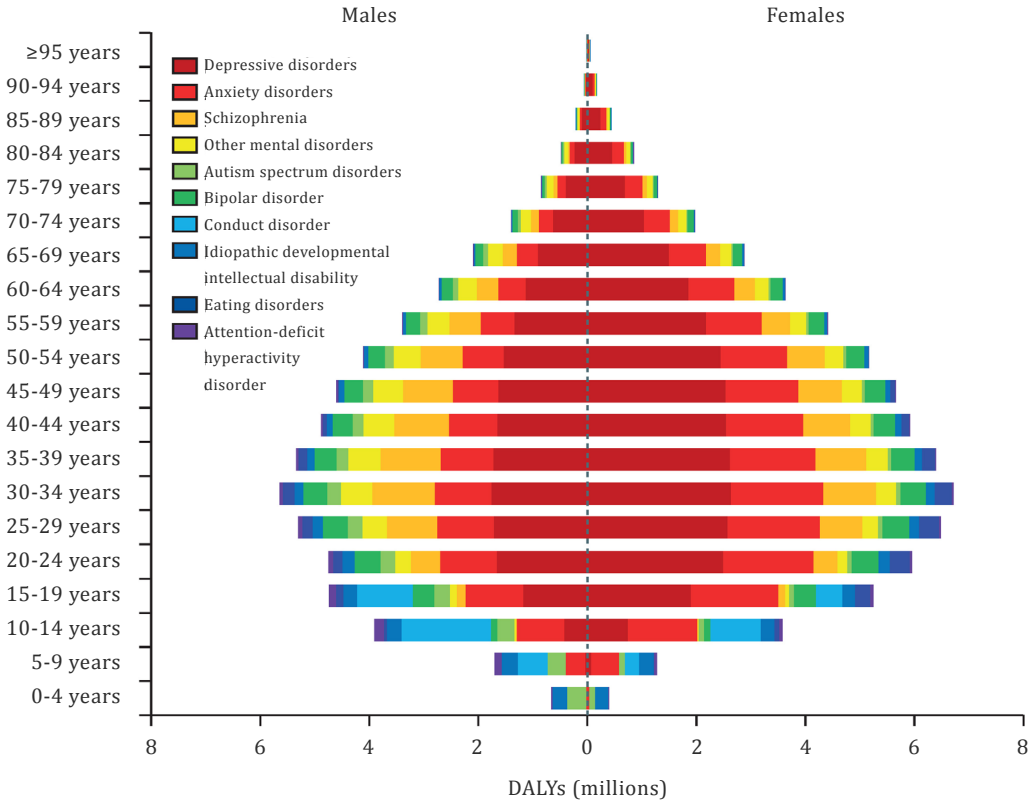
Global mental health is an interdisciplinary field striving to promote mental health around the world through the prevention, care and treatment of mental health problems. The latter is important since many people lack access to mental health care globally. This discrepancy between need and availability of care is often referred to as the treatment gap.

Global mental health has traditionally focused on bridging the treatment gap for mental disorders in low- and middle-income countries, where a lack of resources and priorities means that the gap is more profound. Today it is an undisputed fact that treatment gaps exist in all countries of the world, and that high-income countries must improve mental health services, especially in underserved communities. This has become even more apparent during the Covid-19 pandemic, when mental health challenges have affected populations on all income levels.

Key priorities in global mental health include preventive measures and promotion of mental well-being, as well as responding to the needs of the most socially vulnerable groups, aligning with the principle of leaving no-one behind as promised in the 2030 Agenda for Sustainable Development and its Sustainable Development Goals.

Emerging solutions within global mental health also take into account the major challenges of our time, such as migration, conflict, and the impact of natural disasters on mental health.[3,4] Collaboration within and between all societal sectors is therefore central to improve global mental health.

By engaging in global mental health, we can contribute to preventing and treating



The global burden of disease for mental disorders in 2019, by age and gender, measured in disability-adjusted life years (DALYs). The burden of disease includes both disability caused by mental disorders and years of life lost due to early death. The image is used with permission from The Lancet Psychiatry.[1]

mental disorders affecting millions of people worldwide, and promoting the use of new approaches to better serve disadvantaged communities in Sweden.

This report is addressed to anyone with an interest in mental health issues: researchers, clinicians, teachers, NGO workers, individuals living with mental ill-health or a mental disorder, politicians and decision-makers, as well as the general public. It aims to promote communication based on basic concepts and references, to facilitate collaboration and learning between different actors interested in mental health issues.

The report has been developed from a Swedish perspective, as there is a lack of literature connecting Swedish efforts to improve mental health with the larger global mental health movement. For anyone interested in reading more about the global mental health movement, we refer to our webpage – *globalpsykiskhalsa.org* – where links for further reading can be found.

We here are focusing on the global mental health concept and mental disorders, and will not discuss neurological conditions such as epilepsy, or organic conditions, such as dementia.

Throughout the text, we refer to examples of specific mental disorders. To fully address all types of mental health and behavioral conditions is beyond the scope of this report.

What is global mental health?

Global mental health is an evolving field of research and practice that "aims to alleviate mental suffering through the prevention, care and treatment of mental and substance use disorders, and to promote and sustain the mental health of individuals and communities around the world".[5] Much focus is put on promoting health equity and alleviating suffering among the most vulnerable populations first.

The field is considered as a new movement for mental health[6] and includes a variety of topics – such as mental health research, improvement of health systems and policies including provision of quality services in resource-limited settings, training providers and strengthening ethics and cultural competence. Promotion, protection and advocacy for human rights of people living with mental illness is at the heart of global mental health.[7]

Being inherently interprofessional, the field engages actors active at global, national, and local levels. These include universities, local governments, multilateral entities, non-governmental organizations, professional networks, community health workers, organized groups of people living with mental illness and donors.

Human health is affected by the social, political, economic, and environmental determinants that shape how people live and interact. Mental health is no exception – our mental well-being is largely shaped by the circumstances of our lives. However, there are also biological and genetic factors that influence the likelihood of mental disorders manifesting. Much effort is put into deepening our understanding of the multifactorial causes of mental disorders.

The nature of mental illness as both social and biological is reflected in what we include in the term, which ranges from transient low-grade depression associated with challenging life experiences to permanent and debilitating psychiatric disorders such as schizophrenia, bipolar disorder, anxiety disorders, substance use disorders and neurodevelopmental

Mental health and the Sustainable Development Goals

In 2000, all United Nations member states signed the Millennium Declaration, agreeing upon eight universal Millennium Development Goals (MDGs) to be reached by 2015. By quantifying the current state of poverty, listing specific indicators relevant for living healthy lives, and meticulously tracking improvements over time, the declaration presented a common framework for global development for the new millennium. While health was a central theme in the MDGs, the included targets had a clear focus on attaining improvements in maternal and child health as well as combating infectious diseases in low- and middle-income countries.

Building upon the experiences of the MDGs, the scope and aims for global goals were expanded when the MDGs were superseded by the 2030 Agenda and its seventeen Sustainable Development Goals (SDGs) in 2015. Valid criticism against the MDGs – that the goals were too narrow, focused on the international aid agenda, and excluded stakeholders from low- and middle-income countries – further pushed for an expanded aim when developing the SDGs. The 2030 Agenda presents an even more ambitious vision for the global community, based on painstaking efforts to build legitimacy by considering the voices of those whom it seeks to benefit. Within the SDGs, health is both a goal in itself (number 3), with mental health being highlighted as essential, and is linked to the achievement of the other sixteen goals. Progress is monitored through the SDG indicators by tracking suicide mortality rates, coverage of treatment interventions for substance use disorders, and alcohol consumption.

Apart from being an integrated part of SDG 3, mental health is a requirement for human development. Good mental health enables people to perform in the workplace and function within their families, positively affecting both local communities and the gross national products of countries. Adults with mental disorders tend to have more difficulty earning a living and are more likely to live below the poverty line.[8] This is partly due to the disability from the disorder itself but also due to the consequences of factors such as stigma and social exclusion. This link between poverty and mental illness can affect whole families. For example, when a child is affected by a neurodevelopmental disorder, it can translate to a loss of family income as caregivers have to stay at home tending to the child.[9] The likelihood of developing mental illness is also affected by exposure to violence, conflict, and social insecurity.

Mental health is therefore not only important for the health sector but must be integrated into all societal sectors, including education, emergency response, and fiscal policies. Intersectoral considerations of mental health will ultimately lead to improved quality of life for everyone.

Violations of the human rights of people with mental disorders occur all over the world. The image shows two people being treated at a privately run psychiatric institution in Jawa Tengah, Indonesia. The image is used with permission from Human Rights Watch.

disorders such as autism. These conditions differ widely but have in common that they affect individuals negatively on a behavioral, cognitive and emotional level.

An important distinction is how to interpret the term "global" in this context. One point of view is that the term "global" should be understood as "applied to a whole", emphasizing the fact that global health should not be viewed as "public health somewhere else" but rather a dynamic and interdisciplinary field not bound or driven by geographical borders.[10] The struggle to attain good mental health takes many different local forms due to differences in social, economic, and cultural conditions, but many challenges are shared between contexts, making the mission truly global.

In line with this, global mental health has steadily evolved from addressing the unmet needs for mental health care in low- and middle-income countries, where up to 75% of people with mental illness do not receive any treatment, and where people living with severe mental illness are at increased risk to face human rights violations.[4,5,7,11]

The history of the movement for global mental health

In 1996, the comprehensive epidemiological *Global Burden of Disease* study showed that five of the top ten contributors to years lived with disability (YLD) were in fact mental disorders, overthrowing many of the then-current ideas of what the main global health challenges and threats were.

As mental health received more attention, worries rose that a purely biomedical approach was being taken – in other words, that a psychiatric paradigm was being imposed in settings where disease categories might not be valid or accepted, thus medicalizing health issues that in fact was deeply rooted in social, economic and political determinants of health.[12,13]

What is the difference between mental ill-health and mental disorders?

A rich plethora of words are used to describe mental health and mental disorders, reflecting the complexity of the described difficulties, as well as different research and treatment traditions.[14]

Mental health is a term that describes a scale between mental well-being, in which each individual is able to realize their own potential, cope with ordinary stresses, work productively and contribute to the society in which they live, and mental ill-health.

Mental ill-health describes a spectrum of mental symptoms. On one side of this spectrum is mental distress – e.g. mild emotional, cognitive and social symptoms caused by everyday stressors. These problems often resolve over time as the person's social situation changes and may not require direct intervention from the health care system. At the other end of the spectrum are more severe conditions that meet the criteria for a mental disorder.

Mental disorders include conditions such as mood disorders, anxiety disorders, developmental disorders such as autism spectrum disorder and attention deficit hyperactivity disorder, psychotic disorders, and substance use disorders that fulfill certain specified criteria. Symptoms of mental disorders are often categorized as mild, moderate or severe depending on the duration and how disabling they are for the affected individual. Globally, neurological conditions, such as epilepsy, are often considered mental disorders. It is important to point out that people with mental disorder can often achieve psychological well-being through secure living conditions and well-functioning treatment.

Such a 'biomedical' approach may be perceived as one-way directed thinking where solutions developed in high-income countries were imposed on communities in low- and middle-income countries, yielding an unequal power-dynamic, suboptimal results and often over-simplified solutions to complex problems. Furthermore, it would hinder the flow of innovation from low- and middle-income countries to high-income countries. Fortunately, actors within global mental health have come to emphasize the importance of adapting interventions to local settings, challenging rigid and often binary diagnosis systems developed in high-income countries while continuously working interdisciplinary and with community-based approaches.

The expansion of knowledge and field work within global mental health truly accelerated when The Lancet released a series of articles in 2007, highlighting mental illness as a highly neglected area within global health.

Global mental health is now a rapidly evolving field of study, which in many ways aims to redefine the way mental health care is delivered, with emphasis on community-based interventions to a large extent delivered by non-specialist health care workers. Initiatives are coming from a range of countries such as India, Zimbabwe, and the United Kingdom, while these approaches so far have received little attention in Sweden.

Even though global health is striving to be a field defined by reciprocity and multilateral cooperation within the whole global community, it is derived from the 20th century's disciplines of international health and public health. Consequently, there are still inequities deeply rooted in coloniality that harm innovation and delivery of health interventions.[15] The decolonization of global health is vital to achieve the ultimate goal – good and equitable health for all people worldwide. Global mental health strives for a more just distribution of resources and leadership and could therefore be a strong driving force to decolonize global health.

An emerging challenge for global mental health is the consequences of climate change. Extreme heat, natural disasters, insecure access to food and water, increased conflict and changes in migration patterns are all consequences of climate change, affecting both physical and mental health. The effects are mediated directly by mental illness, such as post-traumatic stress syndrome, but also through determinants of health such as poverty and homelessness, insecurity and lack of access to quality care.[16–18]

Mental health – an under-prioritized health issue

It is difficult to make international comparisons of the prevalence of mental illness, as estimates differ depending on, among other things, the metric used and cultural differences in views of mental health.

According to one of the most thorough methodologies to measure disease burden globally, the *Global Burden of Disease Study*, mental disorders affected 970 million individuals in 2019.[1] Anxiety disorders are most common, affecting approximately 300 million individuals worldwide, followed by depressive disorders, affecting approximately 280 million individuals.[1,19,20]

During adolescence, the period between 10 to 19 years, approximately 13% of the population have a diagnosable mental disorder at any given time, with depression and anxiety being most common.[2] Suicide is also the fourth leading cause of death in 15 to 29-year-olds globally.[20] It should also be noted that a severe

mental disorder such as schizophrenia affects fewer individuals than e.g. depression, but due to its disabling symptoms it still contributes significantly to the global disease burden.

The prevalence of mental disorder has remained at the same level in surveys since the 1990s.[19] However, the relative burden has increased as progress has been made in the treatment and prevention of other diseases. In 2019, psychiatric conditions together accounted for 5% of the global burden of disease.[1]

Over the course of the last decades, mental disorders have now been recognized as a threat to public health in both low-, middle- and high-income countries, and mental health has increasingly become a priority on the global health agenda.

Consequences of mental illness

Severe mental disorders are associated with lower life expectancy, lower quality of life, and exclusion from social and professional arenas. Life expectancy for people with severe mental illness such as schizophrenia is 10-25 years lower than for the general population.[21] This can be partly explained by socio-economic factors as well as more risk factors and less access to care for physical diseases.

Stigma and discrimination against people with mental disorders is common everywhere in the world.[22] These are global problems with devastating consequences in terms of social exclusion, barriers to health care, increased unemployment and premature mortality. These stigmas sometimes take the expression of laws that criminalize psychiatric symptoms and suicide attempts, or targeted discriminatory laws that hinder access to care for specific groups, and by underfunded health systems providing psychiatric care in old-fashioned psychiatric hospitals – and these actions also drive further stigma. Many countries have started to move away from psychiatric hospitals to community-based care, but insufficient scaling of the new care model leads to people with mental disorders being overrepresented in incarcerated and homeless populations.

In all countries, people with severe mental illness are more likely to live in poverty. Socioeconomic status and mental illness are intertwined,[23] and the relationship is bidirectional: people living in poverty are more likely to suffer from mental illness, and those suffering from mental illness are less likely to have the capacity to escape poverty. This phenomenon is independent of geographic boundaries – mental health is associated with financial security and safe employment in high and low-income settings alike.[24] To ensure continued economic stability and growth, mental health must be an integrated part of economic development.

There is also a bidirectional relationship between violence and mental disorders. People who experience abuse and violence have an increased risk of developing mental disorders, and people with mental disorders are also at higher risk of both sexual and physical violence. Those with severe mental illness also suffer substantially higher risk for criminal victimization compared to the general population, and are also more likely to be convicted for violent crimes.[25-27] A small Swedish study showed that 42% of the patients who frequently visited psychiatric emergency departments had been victims of violence the past year.[28] Many individuals serving time in prison suffer from substance use disorders or impulse control disorders.[29–31]

Main challenges for improved global mental health

Effective treatments exist for many mental disorders. These include both psychological treatments, such as cognitive behavioral therapy, and pharmacological treatments, such as antidepressants or medication assisting in reducing cravings for alcohol or symptoms of withdrawal. It is a priority to ensure that these are available to all affected individuals.

The lack of good quality information makes it difficult to estimate the exact size of the treatment gap, which is also affected by how treatment is defined. Researchers often try to estimate a standard for minimum adequate treatment (MAT), such as eight re-visits during a course of treatment or continuous antidepressant medication for at least one month. However, a common estimate is that more than 75% of people in need lack access to treatment for mental disorders.[11] Even in high-income countries, the treatment gap is high, with some estimates exceeding 60%.[11] Another illustration is that only 3% of persons suffering from major depressive disorders in lower middle- and low-income countries, and 23% in high-income countries, received MAT.[32]

To reduce the gap, challenges such as shortages of psychiatrists, psychologists and other trained health professionals, over-centralised mental health care and under-prioritization by policy makers need to be addressed.[33] We also need to remove, as far as possible, barriers to care such as high patient fees, travel costs, stigma, discrimination and low health literacy, which also interact to reduce demand for mental health care.

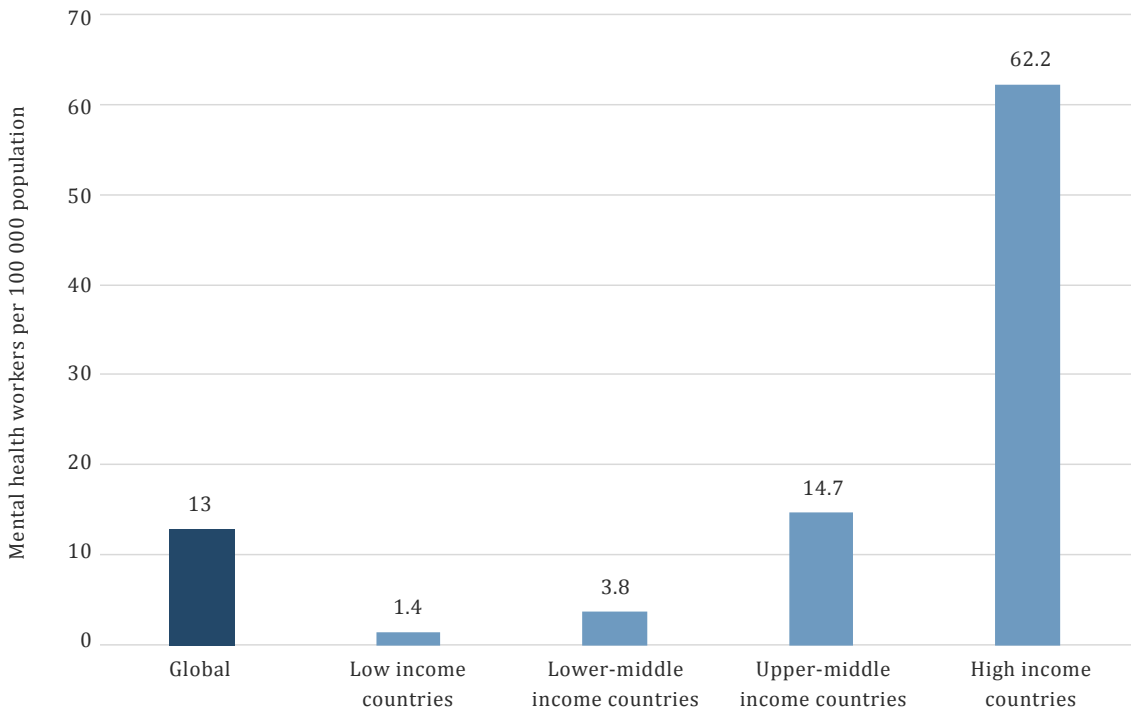
There are still many disorders where there are knowledge gaps in terms of treatment in general, or knowledge gaps in how to best treat sub-groups of patients. There are also evidenced-based methods that are unlikely to

be rolled out on a large scale in low-income countries in the foreseeable future. Hence, it is not possible to treat all mental disorders with existing methods and strategies alone. Novel methods are needed to enable more accurate case detection, better care and treatments that are cost-effective and culturally suitable. Global political uncertainty, conflicts and catastrophes adds to the burden.

Mental health is underfunded in both national and global health systems. The funding gap is a tangible problem in most countries, but is most prominent in economically constrained regions.

This is well illustrated by the fact that there were 0.1 psychiatrists and 0.4 psychiatric nurses per 100 000 population in low-income countries in 2020, compared to 8.6 psychiatrists and 29 psychiatric nurses in high-income countries.[34] When other health professionals such as social workers are included, this figure rises slightly (see figure below). In addition, around 1% of health expenditures are earmarked for mental health in many low-income countries, most of it going to outdated psychiatric hospitals.[33,34]

The skewness persists when looking at developmental aid. In 2013, global development assistance for mental health interventions was US $0.85 per disability-adjusted life year, compared to US $144 for HIV/AIDS and US $48 for tuberculosis and malaria.[33] All in all, this means that less than 1% of global health aid goes to mental health. However, it is important to note that actions in other areas, such as strengthening health systems and improving health determinants, also benefit mental health.



Mental health workers in 2020, median number per 100 000 population, by country income group according to the World Bank.[34]

Solutions proposed by the global community

The global mental health movement drives progress by emphasizing problems and inequities, but also by suggesting solutions and innovative approaches. *The Lancet Commission on Mental Health and Sustainable Development* elegantly summarizes current challenges into four strategies for improved global mental health:[33]

l. Improving access to psychosocial interventions

Several psychosocial interventions, such as talking therapies and social interventions programs, have been shown to have positive effects on a number of psychiatric conditions, including depression and trauma-related disorders. There are promising solutions to increase the availability of such interventions in both high- and low-income settings.

Task sharing, where trained community workers provide evidence-based programs under the guidance of specialists, has been shown to be effective in areas where the availability of specialized staff is low (see the Friendship Bench box). Preventive programs, such as school-based interventions, rarely require medical training.

Another promising approach is **stepped care,** where services are staged in a hierarchy to suit the needs of the client. Clients with less severe symptoms are offered a self-help guide, while more severe cases are referred to the primary care or specialist level.

It is important that the services are adapted to fit local conditions, for example incorporating cultural beliefs and metaphors, or using images rather than text in treatment materials. *Problem Management Plus* (PM+) from the World Health Organization is an example of a compressed and transdiagnostic manual developed for the treatment of depression and anxiety and for managing stress in low-income settings. For children and adolescents with mild to moderate psychological difficulties there is Common Element Treatments Approach (CETA). Both methods have been

The Friendship bench: An example from Zimbabwe

The Friendship Bench is one example of a novel methodology to increase access to treatment for mental disorders. Lay health workers, most notably grandmothers, receive a brief psychoeducation course and offer six sessions of individual problem-solving therapy outdoors, on a bench (hence the name).[35,36]

The method has proved to be effective for depression and anxiety and provides an intervention for people with mild and moderate symptoms, while individuals with symptoms of severe mental disorders are referred to higher levels of care. While developed for and in Zimbabwe, the method has been implemented with good results in several other countries – for example in the United States.[37]

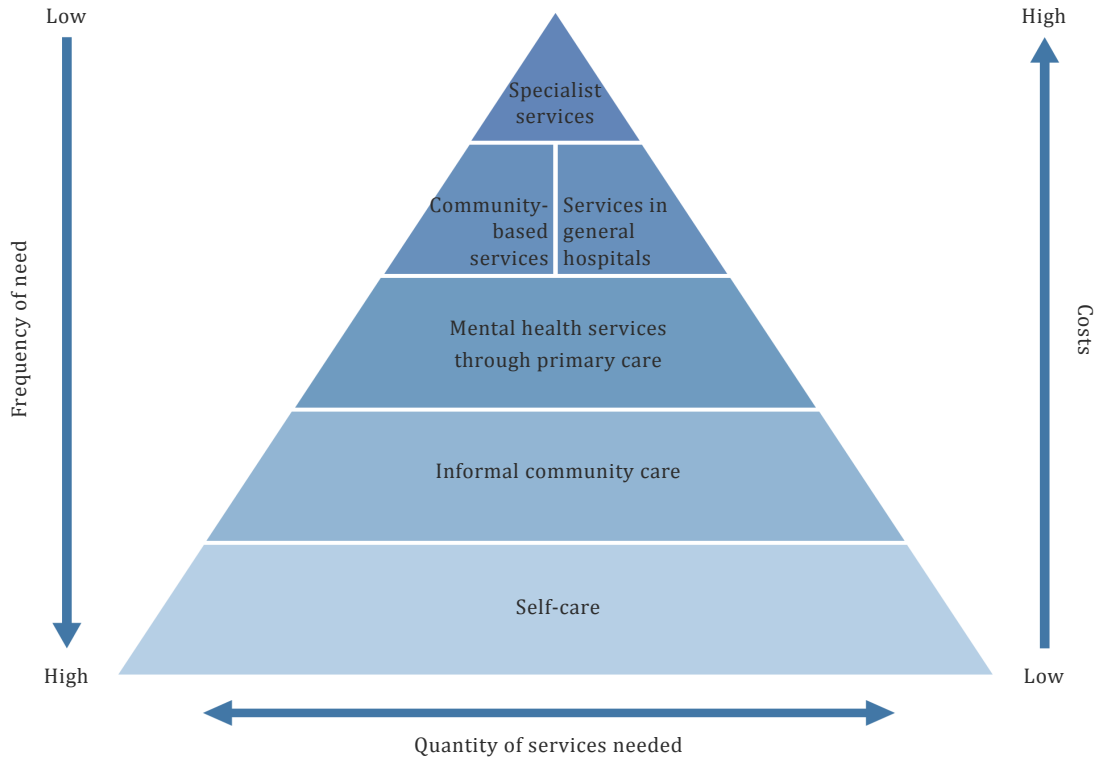
applied in low- and middle-income countries with promising results.[38–40]

2. The use of digital technologies

Rapid technological advancements have enabled a cost-effective and scalable spread of digital tools for mental health. This includes for example improved screening and diagnosis of mental disorders, information campaigns, support and treatment, and training of staff. There are several technical services in use (see for example 7cups.com, moodgym.com.au and UpLift App). The World Health Organization program PM+ has been tested in the form of an app with promising results in several countries. Considerations to be made are that the platforms need to be secure and not require too much data traffic. In areas with low levels of internet access, telephone and text messaging can be options.

3. The balanced care approach to delivering mental health services

To meet the diverse needs of a community, a systemic perspective is required where the range of mental health services is adapted to



The World Health Organization pyramid framework describing the optimal mix of mental health services.

fit local needs and resources. The balanced care approach is a model for how to achieve this in low-, middle- and high-income settings. In low-income settings, for example, it may be a reasonable ambition to provide basic evidence-based interventions integrated with primary care, social- and educational systems. In high-income settings, it should to a greater extent also be possible to offer specialized care, for example in the form of specialist teams for people who have suffered a psychotic episode. In addition to health care services, this model also emphasizes the importance of social factors like opportunities for employment and child protective services. To read more about the balanced care approach, see The Lancet Commission report from 2018.[33]

4. Interventions to increase the demand for care

Even in areas where people have access to mental health services, stigma and discrimination can lead to people not seeking care. There are several evidence-based interventions to address these challenges. Perhaps most effective is to offer people the opportunity to meet someone with experience of mental illness (for young people, this is preferably carried out as part of school education). To reduce cultural stigma, the biomedical model may be taught and integrated with local explanatory models of mental illness. This may counteract beliefs of mental suffering as a religious expression or moral punishment.

Discrimination against people with mental illness needs to be included in the broader movement for human rights, emphasizing everyone's right to freedom, social inclusion and a life free from discrimination. Patients and relatives need to be included in decisions concerning their care and policy, in the line of "nothing about us without us".

Preventive measures and promotion of mental well-being

To improve mental health, the concepts of prevention of mental illness and promotion of mental well-being, cannot be underestimated. There are strong incentives to increase both preventive measures as well as treatment. A study published in 2016 estimated that for every US $1 spent on mental health globally, in the form of access to medication and counseling, governments could expect a return of investment of US $4, including increased work productivity and reduced welfare expenditures.[41] Denna avkastning utgörs av både ökad arbetsförmåga och minskade välfärdsutgifter.

Preventive measures can, for example, deter people from committing suicide. Introducing a legal ban on toxic pesticides (a common method of committing suicide in rural areas in many countries) is a highly cost-effective intervention in low-income countries, where an investment of less than I$100 (so-called international dollars, adjusting for each country's purchasing power) can save one healthy life year.[42]

Preventive interventions can be divided in three categories: *Universal* (provided to everyone in a population, for example all students at a school), *targeted* (delivered to at risk-groups, for example people who face adolescent parenthood or have undergone humanitarian emergencies), and *indicated* (individuals who show early symptoms of illness but who do not yet meet diagnostic criteria). Adolescents are of special interest, since up to half of mental health conditions have their onset before the age of 14.[43] The World Health Organization's *Guidelines on promotive and preventive mental health interventions for adolescents* provides five recommendations on cost-effective, evidence-based types of interventions:[43]

1. *Universally delivered psychosocial interventions for all adolescents*. For example, school-based programs including emotional regulation, problem-solving, interpersonal skills and stress management.

2. *Psychosocial interventions for adolescents affected by humanitarian emergencies.* For example, relaxation strategies or cognitive behavior therapy for adolescents exposed to severe trauma.

3. *Psychosocial interventions for adolescent parents.* In particular, cognitive behavior skills-building programs with a focus on increasing mental well-being.

4. *Indicated psychosocial interventions for adolescents with emotional symptoms.* In particular, group-based CBT for preventing depression and anxiety disorders.

5. *Indicated psychosocial interventions for adolescents with disruptive/oppositional behaviors* . This may include parental training and programs for building social skills.

Dessa typer av insatser kan inte bara förebygga psykisk ohälsa och förbättra skolprestation. De kan också skydda mot till exempel missbruk, kriminalitet och sexuellt risktagande.

Global mental health in Sweden – linking the national to the global

Mental health receives increasing attention in the Swedish domestic debate. Compared to the global average, Sweden has come far in the work for mental health, though many challenges remain.

An estimate shows that 14.7% of the Swedish population had some form of psychiatric condition or addiction in 2019, compared to the Western European average of 15.4%.[44]

Development aid

Every year, the Swedish state gives 1% of the country's gross national income in international aid. In 2020, aid set aside specifically for mental health projects amounted to approximately SEK 21.5 million, which corresponds to 0.04% of the total aid budget.[45] This can be compared to the overall area of health, where development aid was SEK 3.1 billion. Despite the fact that mental illness accounts for 5% of the global burden of disease, only 0.75% of Swedish health aid is thus specifically allocated to mental health programs.

Research

Sweden has a broad base in psychiatry and psychology research in general. There are several research initiatives at Swedish universities connecting specifically to global mental health as a field. In some cases, these are spread out over different research groups in different disciplines, including psychology, psychiatry, public health and social medicine. There is currently a need for increased communication and collaboration, as exchanges of experience can benefit the cohesion of the research field in Sweden.

Increased collaboration with general mental health research projects can also lead to the transfer of innovative ideas, such as digital or social interventions. Such collaboration can be facilitated by highlighting the relevance of global mental health research in Sweden, in the form of local research initiatives aimed at promoting equity for vulnerable communities.

Education

It is important that the next generation of public health workers and clinical health workers learn about mental health and understand the underlying mechanisms that drive mental health and mental illness. Several Swedish global health courses have paved the way by introducing global mental health as part of the curriculum.

It is also important that future health workers get corresponding knowledge through their clinical practice, and that clinicians learn more about the findings from global health that are of relevance for their patients. For public health workers, it is important to understand the social, economic and political determinants that drive mental health.

Organizations and networks

In Sweden as well as abroad, many organizations work for improved mental health. Some link people with lived experience, providing peer support and support in contact with different authorities. Others focus on reaching vulnerable groups, such as undocumented persons. The efforts of many actors relate to global mental health, but do not always use this term. To account for the range of actors working with basic preventive projects relevant for global mental health, the term *Mental Health and Psychosocial Support* (MHPSS) is often used. MHPSS has increasingly become an integral part of many humanitarian operations.

In order to link the many actors in the field and promote cooperation, the Swedish Institute for Global Health Transformation (SIGHT) has taken initiative to set up an MHPSS network. The network seeks to promote the exchange of knowledge and ideas both within and between sectors, and to stimulate collaboration between actors that focus on prevention and psychosocial well-being with those that have a more clinical and curative orientation.

This MHPSS network thus plays a role in promoting partnerships between organizations and agencies. However, there has long been a need to promote exchanges of experience between individuals as well. To fulfill this function, the Swedish Network for Global Mental Health (Nätverket för global psykisk hälsa) was founded in 2021. The network is a non-profit association with the stated aim of acting as an interdisciplinary platform and meeting point for professionals and students within academic, clinical and humanitarian fields with interest and engagement in global mental health.

Recommendations for Swedish engagement

Although the challenges are not new, it is only in recent years that global mental health has been raised on the global agenda. Swedish players have potential to make a difference in this growing and important field.

Based on the conclusions in this report, here are some recommendations that the Swedish Network for Global Mental Health would like to highlight in particular.

Increased funding for initiatives in global mental health

Despite the fact that psychiatric conditions today make up 5% of the total global burden of disease, only 0.75% of Swedish development aid is allocated specifically to initiatives in mental health.[45] There is great potential to help more people per Swedish crown invested by financially supporting cost-effective, evidence-based programs.

Promote research

Global mental health is a relatively new field of study with relatively few actors in terms of the size of the problem. This reflects the fact that psychiatry research in general has long been underfunded, both in Sweden and globally. There are good opportunities to profile Swedish research and contribute to the ongoing global conversation. In order for the research to be relevant and useful, it needs to be carried out in collaboration with global and local actors, such as the World Health Organization, ministries of health, professionals working in the field and people affected by mental illness.

Research can also be promoted by simplifying procedures for multilateral collaborations, such as ethics applications for global studies. This also holds the potential to produce results that are relevant for more population groups and could be used for example in the case of Internet-based interventions,

where interventions could be developed for additional populations without having to apply for a permit in each individual country.

Adapt a mental health perspective in decision making

Mental health and well-being are affected by our direct working- and living-environments, and thereby by social, economic, and political determinants of health. These determinants are influenced by policy and decision making at every level of society. Taking mental health into account, by analysing how different policy and organizational decisions outside the health sector would affect mental health, can therefore be of great importance.

Investment in digital solutions and social innovations

Sweden is at the global forefront of digitalization, especially in terms of internet-based care. There is great potential to develop scalable solutions for, among other things, psychiatric care, preventive measures, and education. It is important to keep in mind that the services need to be culturally and/or locally adapted, be technically suitable to the target group, take into account the integrity of users and have stable financing that guarantees continuous technical updates.

What matters, however, is not just what services or innovations people are offered, but how they are offered. Achieving equity requires innovative approaches that ensure that all people can benefit from good care. Social innovations – such as peer-to-peer services, reorganized care pathways, finance instruments or policies – have the potential to contribute to this.

”Glocal” mental health

The principles of global mental health can be applied in local contexts in Sweden. Although Sweden has come a long way compared to many other countries, several challenges remain. To reach equity in mental health, a greater focus must be put on improving determinants of health.

This also calls for greater collaboration between societal sectors. Here, the inter-professional language of the sustainable development goals can be used to connect actors across different knowledge traditions. Many internationally recommended solutions, such as stepped care and school-based programs, have yet to be implemented in Sweden.

Individual engagement

We as individuals can also take action to improve mental health, for example by learning more about the topic, supporting a friend or colleague, and reducing stigma. If you know someone suffering from poor mental health, you can also help them to reach out to help provided through mental health services.

Learn more

Suggested further reading

- **The Lancet Commission on Global Mental Health and Sustainable Development**
  A comprehensive synthesis of knowledge to promote global action on mental health inequities. It presents challenges, solutions and key approaches.
  www.thelancet.com/commissions/global-mental-health

- **Our World in Data: Mental Health**
  Global estimates of mental health disorder prevalence and disease burdens.
  www.ourworldindata.org/mental-health

- **World Health Organization: Mental Health**
  International resource centre for mental health with research summaries, recommendations and guidelines. The World Health Organization has also developed treatment manuals and brochures for global distribution.
  www.who.int/health-topics/mental-health

Organizations worldwide

- **United for Global Mental Health**
  Organization promoting advocacy on policy and funding for global mental health.
  www.unitedgmh.org

- **Mental Health Innovation Network**
  International network for knowledge exchange between researchers, policy makers, health professionals and other stakeholders in global mental health.
  www.mhinnovation.net

- **Centre for Global Mental Health at London School of Hygiene and Tropical Medicine**
  A center with a range of international collaborations, fostering research and training.
  www.lshtm.ac.uk/research/centres/centre-global-mental-health

- **The MHPSS Collaborative**
  a global platform for research, innovation, learning and advocacy.
  www.mhpsscollaborative.org

- **The Mental Health & Psychosocial Support Network**
  A growing online community of practice for mental health and psychosocial support in challenging humanitarian and development contexts.
  www.mhpss.net

Organizations in Sweden

- **The Swedish Network for Global Mental Health (*Nätverket för global psykisk hälsa*)**
  A non-profit association consisting of individuals with a shared interest in mental health in a global context.
  www.globalpsykiskhalsa.org

- **The MHPSS Network hosted by the Swedish Institute for Global Health Transformation (SIGHT)**
  A network comprised of Swedish organizations involved in mental health and psychosocial support.
  www.sight.nu/global-mental-health-and-psychosocial-support-network

- **Psychologists Without Borders (*Psykologer utan gränser*)**
  An association for psychologists, psychology students and others who want to work internationally with psychological knowledge.
  www.psykologerutangranser.se

- **MIND**
  A non-profit organization promoting mental health through interpersonal support, dissemination of knowledge and advocacy.
  www.mind.se

References

1. GBD 2019 Mental Disorders Collaborators. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet Psychiatry 9, 137–150 (2022).
2. UNICEF. The State of the World's Children 2021: On My Mind – Promoting, Protecting and Caring for Children's Mental Health. https://www.unicef.org/media/108161/file/SOWC-2021-full-report-English.pdf (2021).
3. Patel, V. & Prince, M. Global mental health: a new global health field comes of age. JAMA 303, 1976–1977 (2010).
4. World Health Organization. Building Back Better: Sustainable Mental Health Care After Emergencies. (World Health Organization, 2013).
5. Collins, P. Y. What is global mental health? World Psychiatry 19, 265–266 (2020).
6. Horton, R. Launching a new movement for mental health. Lancet 370, 806 (2007).
7. Kleinman, A. Global mental health: a failure of humanity. Lancet 374, 603–604 (2009).
8. Ridley, M., Rao, G., Schilbach, F. & Patel, V. Poverty, depression, and anxiety: Causal evidence and mechanisms. Science 370, (2020).
9. McEvilly, M., Wicks, S. & Dalman, C. Sick Leave and Work Participation Among Parents of Children with Autism Spectrum Disorder in the Stockholm Youth Cohort: A Register Linkage Study in Stockholm, Sweden. J. Autism Dev. Disord. 45, 2157–2167 (2015).
10. Herzig van Wees, S. & Holmer, H. Global health beyond geographical boundaries: reflections from global health education. BMJ global health vol. 5 (2020).
11. Evans-Lacko, S. et al. Socio-economic variations in the mental health treatment gap for people with anxiety, mood, and substance use disorders: results from the WHO World Mental Health (WMH) surveys. Psychol. Med. 48, 1560–1571 (2018).
12. Patel, V. Global mental health: an interview with Vikram Patel. BMC Med. 12, 44 (2014).
13. Cooper, S. Global mental health and its critics: moving beyond the impasse. Crit. Public Health 26, 355–358 (2016).
14. Vad är psykisk hälsa? Folkhälsomyndigheten. https://www.folkhalsomyndigheten.se/livsvillkor-levnadsvanor/psykisk-halsa-och-suicidprevention/vad-ar-psykisk-halsa/.
15. Abimbola, S. & Pai, M. Will global health survive its decolonisation? Lancet 396, 1627–1628 (2020).
16. American Psychological Association & ecoAmerica. Mental Health and Our Changing Climate: Impacts, Implications, and Guidance. PsycEXTRA Dataset (2017) doi:10.1037/e503122017-001.
17. Dybdahl, R. & Lien, L. Mental health is an integral part of the sustainable development goals. Prev. Med. Community Health 1, (2018).
18. Lawrance, D. E., Thompson, R., Fontana, G. & Jennings, D. N. The impact of climate change on

mental health and emotional wellbeing: current evidence and implications for policy and practice. Avalable at: https://www.imperial.ac.uk/grantham/publications/all-publications/the-impact-of-climate-change-on-mentalhealth-and-emotional-wellbeing-current-evidence-and-implications-for-policy-and-practice. php (2021).

19. Rehm, J. & Shield, K. D. Global Burden of Disease and the Impact of Mental and Addictive Disorders. Curr. Psychiatry Rep. 21, 10 (2019).
20. Depression. World Health Organization https://www.who.int/news-room/fact-sheets/detail/depression.
21. de Mooij, L. D. et al. Dying Too Soon: Excess Mortality in Severe Mental Illness. Front. Psychiatry 10, (2019).
22. Thornicroft, G. & Sunkel, C. Announcing the Lancet Commission on stigma and discrimination in mental health. Lancet 396, 1543–1544 (2020).
23. Folkhälsomyndigheten. Ojämlikhet i psykisk hälsa i Sverige – hur är den psykiska hälsan fördelad och vad beror det på? https://www.folkhalsomyndigheten.se/contentassets/6db68e38e372406aab877b4669736eec/ojamlikhet-psykisk-halsa-sverige-kortversion.pdf (2019).
24. Marmot, M., Friel, S., Bell, R., Houweling, T. A. J. & Taylor, S. Closing the gap in a generation: health equity through action on the social determinants of health. Lancet 372, 1661–1669 (2008).
25. Maniglio, R. Severe mental illness and criminal victimization: a systematic review. Acta Psychiatr. Scand. 119, 180–191 (2009).
26. Swartz, M. S. & Bhattacharya, S. Victimization of persons with severe mental illness: a pressing global health problem. World Psychiatry 16, 26–27 (2017).
27. Sariaslan, A., Arseneault, L., Larsson, H., Lichtenstein, P. & Fazel, S. Risk of Subjection to Violence and Perpetration of Violence in Persons With Psychiatric Disorders in Sweden. JAMA Psychiatry 77, 359–367 (2020).
28. Schmidt, M., Ekstrand, J. & Tops, A. B. Self-Reported Needs for Care, Support and Treatment of Persons Who Frequently Visit Psychiatric Emergency Rooms in Sweden. Issues Ment. Health Nurs. 39, 738–745 (2018).
29. Ginsberg, Y., Hirvikoski, T. & Lindefors, N. Attention Deficit Hyperactivity Disorder (ADHD) among longer-term prison inmates is a prevalent, persistent and disabling disorder. BMC Psychiatry 10, 112 (2010).
30. Young, S., Moss, D., Sedgwick, O., Fridman, M. & Hodgkins, P. A meta-analysis of the prevalence of attention deficit hyperactivity disorder in incarcerated populations. Psychol. Med. 45, 247–258 (2015).
31. Socialstyrelsen. Nationella riktlinjer för vård och stöd vid missbruk och beroende. https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/nationella-riktlinjer/2019-1-16.pdf (2019).
32. Moitra, M. et al. The global gap in treatment coverage for major depressive disorder in 84 countries from 2000-2019: A systematic review and Bayesian meta-regression analysis. PLoS Med. 19, e1003901 (2022).

33. Patel, V. et al. The Lancet Commission on global mental health and sustainable development. Lancet 392, 1553–1598 (2018).

34. World Health Organization. Mental Health ATLAS 2020. https://www.who.int/publications/i/item/9789240036703 (2021).

35. Chibanda, D., Verhey, R., Munetsi, E., Cowan, F. M. & Lund, C. Using a theory driven approach to develop and evaluate a complex mental health intervention: the friendship bench project in Zimbabwe. Int. J. Ment. Health Syst. 10, 16 (2016).

36. Abas, M. A. et al. The effect of co-morbid anxiety on remission from depression for people participating in a randomised controlled trial of the Friendship Bench intervention in Zimbabwe. EClinicalMedicine vol. 23 100333 (2020).

37. Rosenberg, T. Depressed? Here's a Bench. Talk to Me. The New York Times (2019).

38. Bryant, R. A. et al. Effectiveness of a brief behavioural intervention on psychological distress among women with a history of gender-based violence in urban Kenya: A randomised clinical trial. PLOS Medicine vol. 14 e1002371 (2017).

39. Murray, L. K. et al. An evaluation of a common elements treatment approach for youth in Somali refugee camps. Glob Ment Health (Camb) 5, e16 (2018).

40. Rahman, A. et al. Effectiveness of a brief group psychological intervention for women in a post-conflict setting in Pakistan: a single-blind, cluster, randomised controlled trial. Lancet 393, 1733–1744 (2019).

41. Chisholm, D. et al. Scaling-up treatment of depression and anxiety: a global return on investment analysis. Lancet Psychiatry 3, 415–424 (2016).

42. World Health Organization. WHO menu of cost-effective interventions for mental health. https://www.who.int/publications/i/item/9789240031081 (2021).

43. World Health Organization. Guidelines on mental health promotive and preventive interventions for adolescents. https://www.who.int/publications/i/item/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents.

44. Institute for Health Metrics and Evaluation, University of Washington. GBD Compare VizHub. Global Burden of Disease. http://ihmeuw.org/5owu.

45. Openaid. Utforska biståndet. Openaid: Öppna data om det Svenska biståndet. https://openaid.se/activities?filter=2020,,,,120,12340&filter=2020,,,,120,.