

## Initiative for Global Mental Health in Switzerland

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### Introduction

Mental disorders affect one in four people over lifetime, with over 10% of the global burden of disease. The area of global mental health, an area of many associations and actors in the field and in science. Compared to the health sector it is a diminutive area in many ways. Nevertheless, there are many scientific publications on global mental health, and mental health has been integrated in the SDGs since January 1, 2016. Yet there are many aspects of global mental health that show a deficit all over the world. What can be done to change this, and how, and what can individual initiatives do, like the association Mental Health/Global Mental Health in Switzerland, which has been in existence since 2015?

### Mental Health and Mental Disorders-aspects

Mental disorders affect one in four people over a lifetime [1]. The American Psychiatric Association conclude, that neuropsychiatric disorders around the globe are the leading contributor to years lived with disability [2].

Mental disorders account for approximately 14% of disease burden worldwide [3]. Globally, spending on mental health/ mental disease is less than two US dollars per person, per year and less than 25 cents in low-income countries/LICs [4].

Median mental health expenditures/expenses per capita are US\$ 1.63 with large variation among income groups/ income levels, ranging from US\$ 0.20 in low income countries to US\$ 44.84 in high-income countries [4].

*SUM: Mental Disorders account for approximately 14% of disease burden, globally the spending on mental health is less than two dollars per person/per year*

There are many publications, analysis, interpretations related to Global Mental Health, also a book written by Bährer-Kohler [5], published by Springer. Another example Pubmed- a databank with more than 27 million citations for biomedical literature [6], documented in October 2017 exactly 11351 publications. The first publication was published by Chrisholm in the journal *Mental Hygiene* in 1948 with the title: *Organization for world health*. Dr. Chisholm from Canada served as WHO's first Director-General from 1948 to 1953 [7].

Important is, that mental health has for the first time been formally incorporated in the United Nations Sustainable Development Goals for 2016–30 [8,9]. Specifically, goal 3 of the 17 Sustainable Development Goals (SDGs) focuses on ensuring healthy lives and promoting mental health/ well-being for all people at all ages [9]. Never before this was in this form possible.

*SUM: Around the world the topic Global Mental Health is present*

Nevertheless results have shown that for most parts of the globe mental disorders will remain invisible and have a very low priority compared

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to other major global health agendas [10]. Whenever global mental health data will be presented, it has to be included that four of the 21 GBD world regions (Global Burden of Disease (GBD) regional classification system) lacked of data on mental disorders: Central Asia, Central Sub-Saharan Africa, Andean Latin America and Oceania [10].

*SUM: 4 of the 21 GBD world regions lack of data on Mental Disorders*

Mental health is severely underfunded and is financed very differently [1]. For example, a bottom-up approach and health related with a broad analysis of 230,000 papers found supports by more than 1,900 funders. The authors documented that the United States was the largest producer/financier of mental health research, and 36 percent of all papers/publications had at least one US-based author [11]. Alone 16716 papers (15%-proportion of all papers) were funded by the US National Institutes of Health (NIH) or by the National Institute of Mental Health (NIMH) with 9%. The European Commission founded 4021 papers, which means around 4% of all papers [12].

*SUM: Scientific publications of Mental Health are differently financed*

Global Mental Health is related to every region in the world like health in general. Koplan et al. defined that global health is an area for study, research and practice that places a priority on improving health and achieving equity and fairness for all people worldwide [13].

Individual, regional, national, and continental situations, scientific studies, observations, and findings may lead to worldwide cross-references. Building on that, statements, interpretations, proposals, demands and attitudes may evolve which are hard or impossible to implement in/apply to individual countries, individual regions, or individual situations.

The complexities should not be ignored or underestimated [14]. It is for example quite important to notice and observe any differences in specific objectives between the National Mental Health Plans and the WHO Global Action Plan [15].

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*SUM: Global Mental Health observations are not always 1:1 transferable.*

## Further results/ evaluations

### Leading cause of disability

It is well documented that mental and substance use disorders are worldwide the leading cause of years lived with disability [16].

### Access

Globally, the majority of those who need mental health care, services and mental health promotion worldwide lack access to high-quality mental health services and information [17].

### Treatment

The treatment with quality standards of people with mental diseases worldwide is until today not sufficient, in all countries [18,19].

Around the globe missing knowledge & information, stigma, human resource shortages, fragmented service delivery models, and lack of research capacity in an underresearched area for implementation and policy change contribute to the current persistent mental health treatment gap [17,20].

### Depression

Over 300 million people are estimated to suffer from depression, means 4.4% of the world's population [21].

### Anxiety disorders

The estimated number of people with anxiety disorders in the world is approximately 264 million [21] and anxiety disorders can affect nearly 30 percent of adults at some point in their lives [22].

### Children

Worldwide approximately 10-20% of children and adolescents experience mental disorders [23].

### Migrants

Migration is at its highest since ten years. Approximately round 5 million people migrated permanently to OECD countries in 2016 [24]. Refugees, asylum seekers and irregular migrants are at heightened risk and intensified risk for certain mental health disorders, including post-traumatic stress and depression [25].

### Older adults

Globally the population is ageing, approximately 8.5 percent of people worldwide (617 million) are aged 65 and over [26]. Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double, from 12% to estimated 22%. Neuropsychiatric disorders (disorders of affect, cognition/perception, and behavior) among the older adults account for approximately 6% of the total disability (DALYs) for this age group. Approximately 15% of adults aged 60 years and over experience and suffer from a mental disorder [27].

## What should be done to promote mental health around the world? Examples

- Awareness, advocacy and support for mental health across the lifespan [23].
- Effective leadership with vision and goal setting for mental health [23].
- Governance and engagement for mental health [23].
- The provision of comprehensive, integrated mental health and with a wide variety of social care services in community-based settings [28].
- Implementation of up-to-date strategies for promotion and prevention [28].
- Strengthened information systems, evidence/statements and research [28].
- Planning, organizing and financing health systems with multiple stakeholders/stakeholder group and different administrative levels [28].
- Institutional, legal, financing and service arrangements to ensure that mental health needs and other necessities are met and the mental health of the whole population is promoted [28].
- Accurate and exact information e.g. for health and social services planning [4].
- Engagement with public, public-private, private, government, philanthropic and nonprofit entities [29].
- More networks and knowledge exchange, platforms for communication and personal encounters [30].
- Together against stigma, because misunderstanding and stigma surrounding mental ill health are widespread and common [31].

## The initiative for Global Mental Health in Switzerland

The Association started in 2015 and is charitable and not profit-oriented. The objectives of the Association include promoting mental health, also in the global context, by imparting knowledge about essentials, the risk factors of mental health and the options of preventing mental illness as well as by building networks.

In the meantime the association became a member World Federation for Mental Health and organized for example four events/lectures on

- Mental Health/Global Mental Health in Iran.
- Arts and Mental Health/Global Mental Health.
- Psychodrama/Literature and Mental Health/Global Mental Health.
- Children and Mental Health/Global Mental Health.

These events/platforms were multipliers for Global Mental Health issues. It was always possible to discuss, to discuss critically and controversially, and to exchange views with the presenters.

Initially, the network consisted of around 50 interested persons; at present, the association has a network of around 400. Among other options, there are memberships for individuals and organizations, or people may join advisory bodies, for example. Persons attending our events are between 10 and around 80 years of age; our public is quite universal.

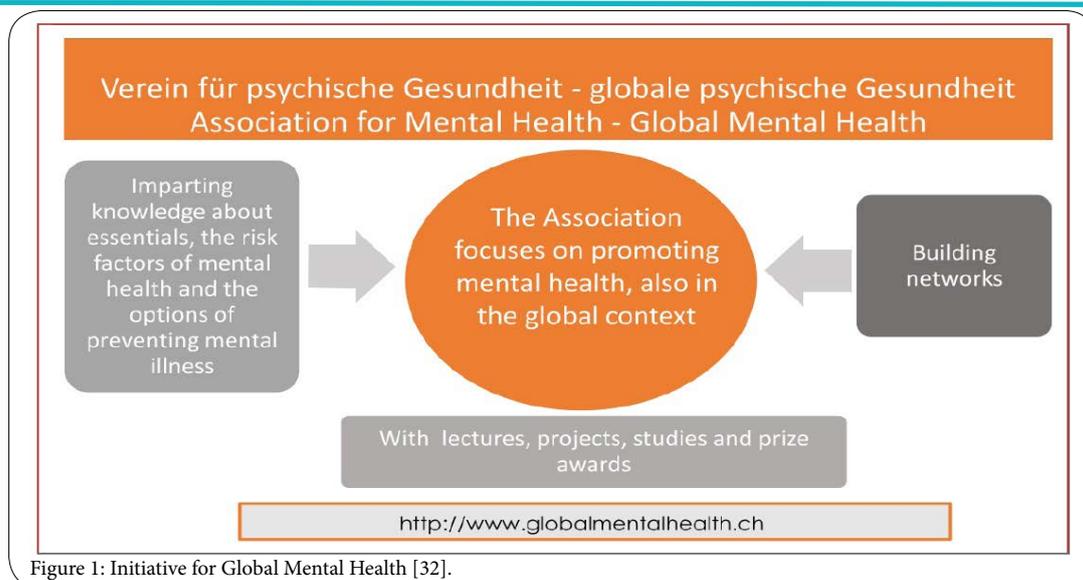


Figure 1: Initiative for Global Mental Health [32].

The association will continue its commitment to global mental health, particularly with regard to destigmatization and the communication of information.

SUM: Even on such a small, individual, and mostly regional scale, it is possible to address the interdisciplinary subject of Global Mental Health, where much remains to be done, even in supposedly wealthy countries.

### Competing Interests

The author declare that she has no competing interests.

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