Global Mental Health and Agenda 2030 - Leaving No One Behind?

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– Foundations of Health Promotion
– Gender Analysis in Global Development - Core Perspectives and Issues

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https://www.uib.no/en/studies/MAPS-GLODE
‘Caring for those infected means caring for the future’ (2002-2006)

Aim: To create a support initiative addressing HIV positive people in the Limpopo Province, based upon a thorough exploration of their perceptions, needs and resources. Participatory, longitudinal PhD project
Building social capital in community HIV care and support KwaZulu-Natal (2007-2011)
Social capital has become a focus of interest in health research, and serves as a useful framework to understand aspects of care and support for those living with HIV/AIDS. Response-ability in the era of AIDS: Building social capital in community care and support, explores the social norms, mechanisms and practices related to HIV/AIDS care and support in a semi-rural community in KwaZulu-Natal, South Africa and makes specific recommendations for improvement of the current care and support situation.

The chapters in the book provide different yet complimentary ways of understanding and responding to HIV/AIDS care and support in a local setting. The first section of the book introduces social capital as a framework for study of HIV/AIDS care and support. In the second section, broader community and system responses are discussed, paying particular attention to participation, cooperation and coordination between community organisations, and challenges connected to this. Home-based care and volunteering are the themes of section three. While being a cornerstone of HIV/AIDS care and support efforts, support for the volunteers are often lacking. Through in-depth exploration, important messages concerning the current situation and potential ways of strengthening the volunteer work are given. Section four contains novel perspectives on HIV/AIDS care and support, and tells of how one can empower and give results back to the community using narrative theatre as a tool.

The aim of this book is to disseminate the results of our research, and to further inform, inspire and create a platforms for debate between practitioners, academics, researchers, trainers and facilitators interested in addressing community needs in terms of HIV/AIDS and support. The whole research process was approached in the context of capacity building and the book formed part of developing the voice of postgraduate students. The book is mainly written for a graduate and professional public, but will be interesting and useful for practitioners as well. We hope that the lessons we have learnt during this time will also inspire others working in the field.

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Edited by: Wanche Dageid, Yvonne Slipl, Ologoke Akintola and Fanny Duckert.
Outline

• Agenda 2030 and the Sustainable Development Goals (SDGs)

• Examine global mental health

• The importance of social determinants of health for global mental health

• Global mental health and Agenda 2030; what can the discipline of health promotion add?

• Reflecting on Agenda 2030 and global mental health
Transforming our world:
The 2030 agenda for sustainable development

- Adopted by the UN member states in 2015
  - People
  - Planet
  - Prosperity
  - Peace
  - Partnership
More than a continuation of the MDGs…

• SDGs…
  – are global in nature and universally applicable  
    *(we are all developing)*
  – are integrated and indivisible
  – have a strong focus on equity  
    *(leaving no one behind)*
  – are a national, regional and global responsibility
  – were created and agreed upon in a global process
Fig. 1. A framework for the health Goal and targets in the 2030 Agenda for Sustainable Development

Goal: Ensure healthy lives and promote well-being for all at all ages

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all

3.1: Reduce maternal mortality
3.2: End preventable newborn and child deaths
3.3: End the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, waterborne and other communicable diseases
3.7: Ensure universal access to sexual and reproductive health-care services

New SDG 3 targets
3.4: Reduce mortality from NCD and promote mental health
3.5: Strengthen prevention and treatment of substance abuse
3.6: Halve global deaths and injuries from road traffic accidents
3.9: Reduce deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

SDG3 means of implementation targets
3.a: Strengthen implementation of framework convention on tobacco control
3.b: Provide access to medicines and vaccines for all, support research and development of vaccines and medicines
3.c: Increase health financing and health workforce in developing countries
3.d: Strengthen capacity for early warning, risk reduction and management of health risks

Interactions with economic and other social and environmental SDGs and SDG 17 on means of implementation

Mental health
WHO definition of mental health

“Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”
The many sides to mental health

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948)

- Cognitive dimension
- Affective dimension
- Spiritual dimension
- Social dimension
The importance of mental health

• Around 20% of the world's children and adolescents have mental disorders or problems
  • About half of mental disorders begin before the age of 14

• Mental and substance use disorders are among the leading causes of disability worldwide
  • About 23% of all years lost because of disability is caused by mental and substance use disorders

http://www.who.int/features/factfiles/mental_health/en/
The importance of mental health cont.

- About 800,000 people commit suicide every year
  - suicide is the second leading cause of death in 15-29-year-olds

- War and disasters have a large impact on mental health and psychosocial well-being
  - Rates of mental disorder tend to double after emergencies.
The importance of mental health cont.

- Stigma and discrimination against patients and families prevent people from seeking mental health care

- Mental disorders are important risk factors for other diseases, as well as unintentional and intentional injury
  - Mental disorders increase the risk of getting ill from other diseases such as HIV, cardiovascular disease, diabetes, and vice-versa
The importance of mental health cont.

- Human rights violations of people with mental and psychosocial disability are routinely reported in most countries
  - These include physical restraint, seclusion and denial of basic needs and privacy. Few countries have a legal framework that adequately protects the rights of people with mental disorders
The importance of mental health cont.

• Globally, there is huge inequity in the distribution of skilled human resources for mental health

• Financial resources to increase services are relatively modest
Global mental health

- The Lancet special issue on global mental health (Prince et al., 2007) «No health without mental health»
- Movement for Global Mental Health (2008)
Contrasting approaches

- MGMH uses a biomedical, illness-focused understanding of mental health
  - “global burden of disease”, “neuropsychiatric disorders”, diagnoses and criteria
  - Globalization, neocolonialism and global governance
  - Systemic violence and reasonable responses to extreme stress
  - Respect for indigenous systems

(Johnson, 2012)
Contrasting approaches cont.

• Psychiatric practice supported social control and institutions of power (Foucault, 1965)

Social determinants of mental health

• Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live

• Social inequalities are associated with increased risk of many common mental disorders

WHO and the Calouste Gulbenkian Foundation (2014)
Social determinants of mental health cont.

“Relative deprivation in the space of incomes can yield absolute deprivation in the space of capabilities” (Amartya Sen)

• Giving every child the best possible start will generate the greatest societal and mental health benefits

• Action needs to be universal: across the whole of society, and proportionate to need in order to level the social gradient in health outcomes

• Effective actions to reduce risk of mental disorders throughout the life course, at the community level and at the country level includes environmental, structural, and local interventions
5 key barriers to increasing mental health services availability

- the absence of mental health from the public health agenda and the implications for funding
- the current organization of mental health services
- lack of integration within primary care
- inadequate human resources for mental health
- lack of public mental health leadership.
Norway’s commitment

• Mental health is high on the agenda, both nationally and internationally

• Specific focus on adolescents’ schooling and health, children and women, empowerment and reproductive health
Norwegian adolescents and mental health

- The proportion of young people with symptoms of mild mental health problems increased between 1992-2012
  - sleeping problems increased from 22% to 35%
  - feeling increasingly hopeless about the future increased from 16% to 27%
  - worrying about many things increased from 36% to 43%

Health Promotion

- Health promotion is the process of enabling people to increase control over and thereby improve their health (Ottawa Charter, 1986; Samdal, O., & Wold, B., 2012)

- The general approach of all aspects of the health promotion specialization is a resource-based perspective
Assets for health

• The resources (assets) that individuals, communities and societies have at their disposal, which protect against negative health outcomes and/or promote health status.

• Social, financial, physical, environmental, human resources
The Ottawa Charter’s emblem.
Health promotion’s key action areas

- **Build healthy public policy** (health in all areas of policy)
- **Create supportive environments** (physical and social environment)
- **Strengthen community action** (participation, empowerment of the community, use of resources in the community)
- **Develop personal skills** (personal development, enhancing life skills, resilience)
- **Re-orient health services** (health ‘owned’ by all, individuals, communities, health facilities, governments)
Health promotion broad strategies

- **Enable** – empowerment of the marginalised by creating supportive environments
- **Mediate** – between conflicting interests
- **Advocate** – putting health on the agenda, lobbying
Health Promotion within public health

Preventative health work
Health Promotion
Disease prevention
Primary prevention
Secondary prevention
Tertiary prevention
Treatment
Rehabilitation
Nursing and care

Mæland, 2010
Salutogenesis model

Life situation
- culture
- social forces
- social position
- gender
- ethnicity
- age
- orientations
- predispositions
- genetics
- luck
- choices
  - work/play
  - association
  - risk taking etc.

Life course stress exposures
- acute
- chronic

Life experiences
- degree of consistency
- underload–overload balance
- participation

Generalized Resistance Resources
- support
- skills
- hardiness etc.

Sense of coherence
- COMPREHENSIBILITY
  Cognitive component
- MANAGEABILITY
  Behavioural component
- MEANINGFULNESS
  Motivational component

Movement towards health
Reflecting on Agenda 2030 and global mental health

Examining the 17 SDGs, how can we draw on the goals to promote mental health and well-being?

How can we ensure that we leave no one behind?
Recommended readings


