UNIVERSITY OF BERGEN



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

9th July 2018 University of KwaZulu-Natal Wenche Dageid Wenche.dageid@uib.no



UNIVERSITY OF BERGEN



# Master Programme in Global Development Theory and Practice

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

Department of Health Promotion and Development, Faculty of Psychology, University of Bergen, Norway

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)







Wenche Dageid

Wonne Sliep

Olagoke Akintola

Fanny Duckert

ocial 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 Ahica 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 corner stone 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 platform for debate between practitioners, academics, researchers, trainers and facilitators interested in addressing community needs in terms of HIV/AIDS and support. The whole set each 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 legant during this time will also inspire others working in the field.

Wenche Dageid (PhD), Yvonne Sliep (PhD), Olagoke Akintola (PhD), and Fanny Duckert (DrPhilas) are the research team behind the research project reported in this book. They have extensive experience with research, teaching and supervision in international settings.

### Response-ability in the era of AIDS

Building social capital in community care and support

Edited by: Wenche Dageid, Yvonne Sliep, Olagoke Akintola and Fanny Duckert.





8



# Outline

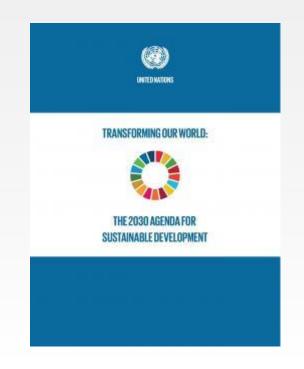
- Agenda 2030 and the Sustainable Development Goals (SDGs)
- Examine global mental health
- The importance of social determinants of health for global mental health
- Global mental health and Agenda 2030; what can the discipline of health promotion add?
- Reflecting on Agenda 2030 and global mental health





# **Transforming our world:** The 2030 agenda for sustainable development

- Adopted by the UN member states in 2015
  - People
  - Planet
  - Prosperity
  - Peace
  - Partnership





#### UNIVERSITY OF BERGEN



# SUSTAINABLE G ALS





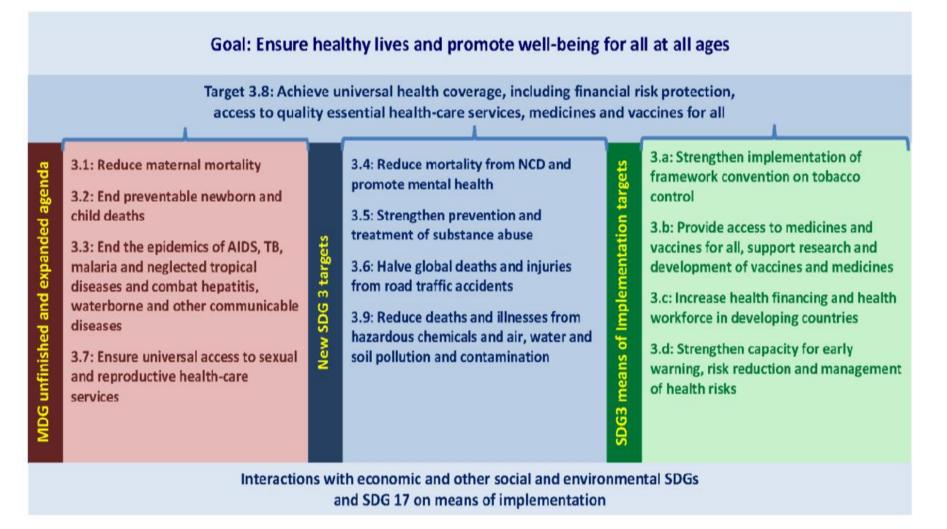


## More than a continuation of the MDGs...

- 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



World Health Organization. (2015). Health in the 2030 agenda for sustainable development



15/07/2018 PAGE 10

UNIVERSITY OF BERGEN



# Mental health



15/07/2018 PAGE 11



# 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



UNIVERSITY OF BERGEN



### https://www.youtube.com/watch?v=THT43iz9E8Y



15/07/2018 PAGE 14



- 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/





- 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.





- 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





- 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





- Globally, there is huge inequity in the distribution of skilled human resources for mental health
- Financial resources to increase services are relatively modest



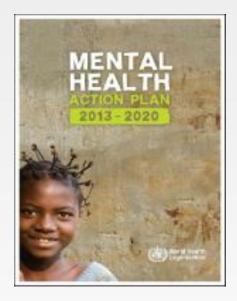


# **Global mental health**

- WHO World Mental Health Atlas and Mental Health Gap Action Programme (2005, 2008)
- 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, neocolonalism and global governance
  - Systemic violence and reasonable responses to extreme stress
  - Respect for indigenous systems

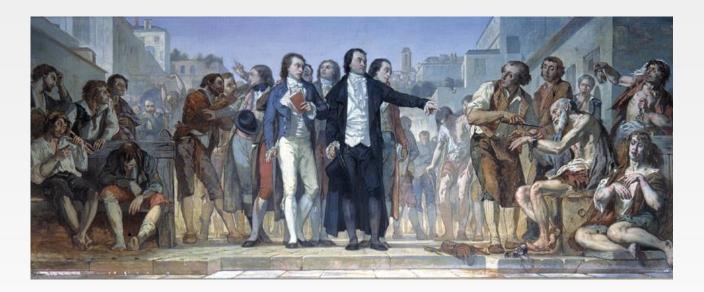
(Johnson, 2012)





# Contrasting approaches cont.

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



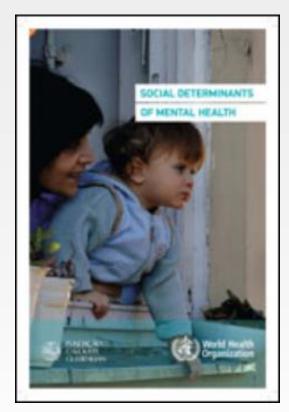
**Charles Louis-Muller** (1815-1892), French. *Pinel Orders the Chains Removed From the Insane at Bicêtre*, 1849. Oil on canvas. Copyright Bibliothèque de l'Académie Nationale de Médecine, Paris, France. Transparency obtained was produced from a photograph of the painting taken by J. L. Charmet, Paris





# 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







## 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 committment

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



#### Norway's follow-up of Agenda 2030 and the Sustainable Development Goals

Agenda 2030 is a global roadmap for eradicating extreme poverty through sustainable development and for promoting good governance and peaceful societies bafore 2030  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%

Hegna, K., Ødegård, G. & Strandbu, Å. (2013). En «sykt seriøs» ungdomsgenerasjon? *Tidsskrift for Norsk Psykologforening*, 50 (4), 374-377.





# **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 resourcebased perspective





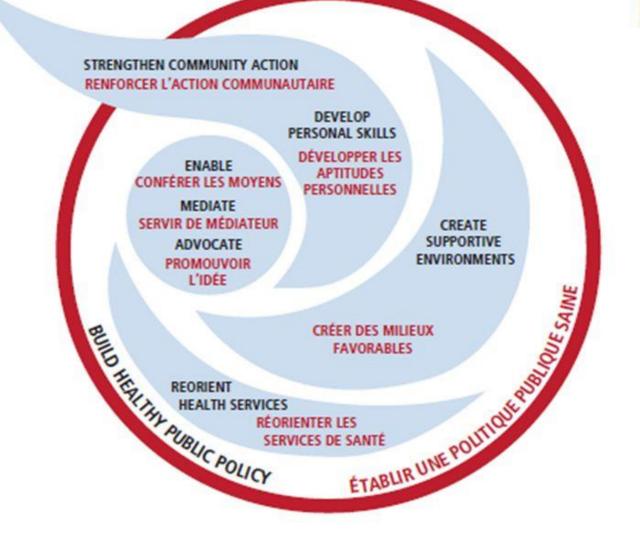
# **Assets for health**

- 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

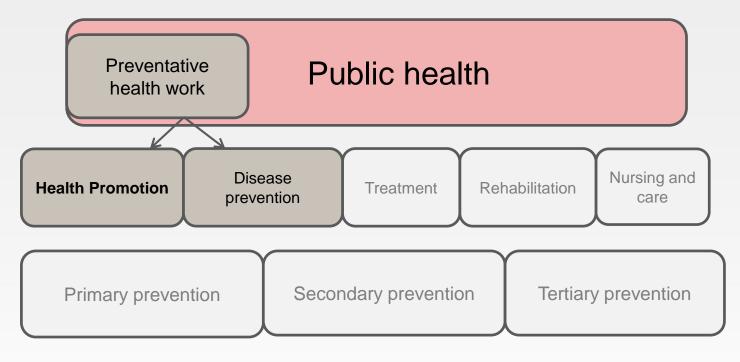
- Enable empowerment of the marginalised by creating supportive environments
- **Mediate** between conflicting interests
- Advocate putting health on the agenda, lobbying





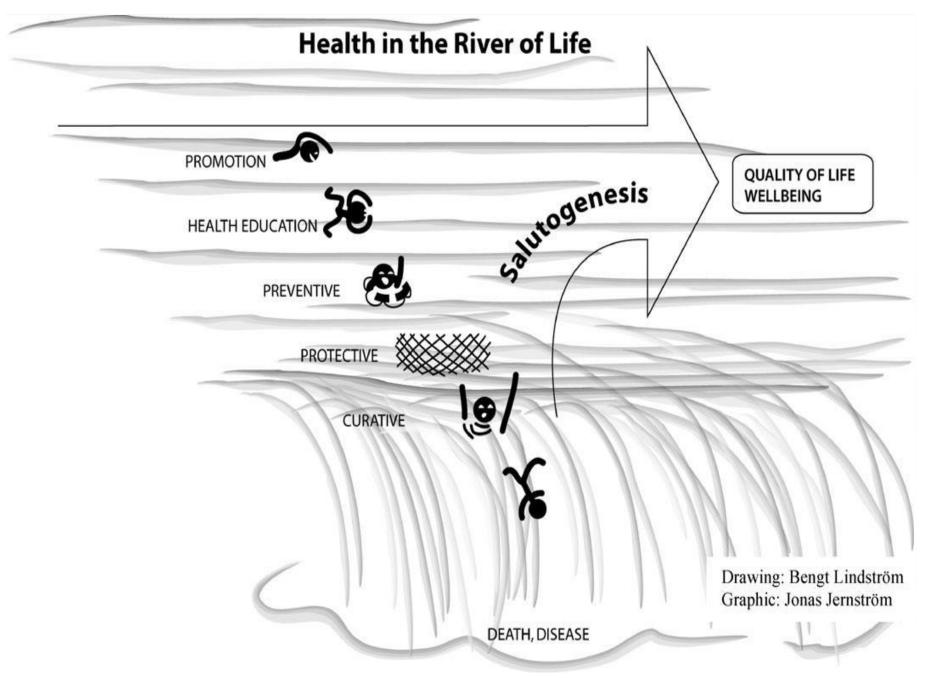


## Health Promotion within public health



Mæland, 2010

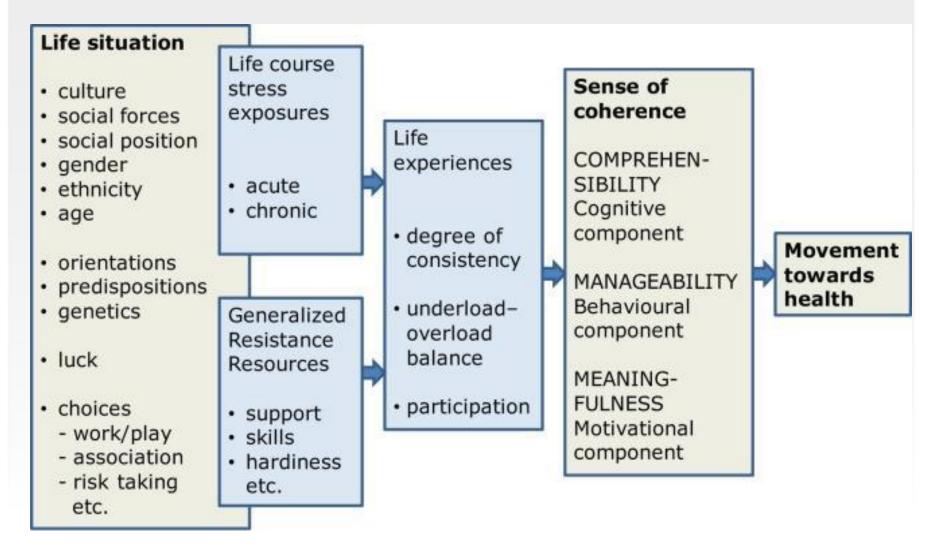




Eriksson, M. & Lindström, B. (2008). A salutogenic intepretation of the Ottawa Charter. Health Promotion International, 23(2), 190-199



# Salutogenesis model





# Reflecting on Agenda 2030 and global mental health

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

How can we ensure that we leave no one behind?





### **Recommended readings**

Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. (2013). A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries. *BMC Public Health, 13*(1), 1.

Eriksson, M. & Lindström, B. (2008). A salutogenic intepretation of the Ottawa Charter. *Health Promotion International*, 23(2), 190-199.

Johnson, K. (2012). Global mental health, cultural specificity and the risk of neocolonialism: Challenges for critical community psychology. In C. Walker, K. Johnson & L. Cunningham (Eds.) *Community Psychology & the Socio-Economics of Mental Distress. International Perspectives.* Pallgrave Macmillan. Chapter 17, pp. 269-283.

Samdal, O., & Wold, B. (2012). Introduction to health promotion. In B. Wold & O. Samdal (Eds.), *An ecological perspective on health promotion: systems, settings and social processes* (pp. 3-10). Sharjah, UAE: Bentham Books.

United Nations (2015). *Transforming our World: The 2030 Agenda for Sustainable Development.* Retrieved from:

https://sustainabledevelopment.un.org/post2015/transformingourworld/publication

World Health Organization and Calouste Gulbenkian Foundation (2014). Social determinants of mental health. Geneva: World Health Organization.



### 



#### UNIVERSITY OF BERGEN

