

Global Mental Health: A Powerful Investment in the Economies and Peoples of the World

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In 2007, Canada's Ambassador to the United States, Michael Wilson, the country's onetime Minister of Finance and an international business leader, said major issues such as "energy, security and trade demand international solutions and I absolutely include mental health in that."

'Global mental health' expresses that view as a strategic approach to what was once called - in a report for the World Bank and World Health Organization- "an unheralded crisis in world mental health."

Mental health is a state of healthy brain function which confers wellbeing and a capacity to contend with the stuff of life. Mental health has now assumed inarguable economic importance in a global economy where it's been estimated that 75% of new jobs will demand cerebral not manual skills.

In this light, we now speak of a 21st century brain-based economy where a brain-based disorder – depression – is the leading cause of disablement in the workplaces of nations.

From this flows the stated interest of major international economic interests – corporations, investors, governments – in the advancement of mental health as a pre-condition or underlying feature of productive economic capacity in these times of radical change and social dislocation.

On a global scale, mental health is also tied to human rights, and UN members are "deeply concerned (about) widespread discrimination" afflicting those who live with mental illness.

A widely-supported UN resolution says member states must “take active steps to fully-integrate a human rights perspective into mental health and community services. “

Global Mental Health

In the early 21st century, most mental disorders are diagnosable and treatable. Yet more than 500 million people around the world suffer not only from mental disorders but from the shame and stigma and discrimination heaped upon them. Some say that the stigmatization of mental illness is worse than the illness itself.

“Global Mental Health” embraces an ‘essential cluster’ of public health (prevention, education); primary health care and mental health care. From this, we can see and, in time, deploy, a total health strategy, an integrated system of care with resources organized to finance this model and measure its performance.

Alas, there is no jurisdiction in the world known to have engineered the reforms needed to create an integrated system of the kind envisioned here but there is hope on the horizon shedding light on the management of co-occurring conditions.

Projects in countries as diverse as China, India, Iran and Romania have produced remarkably similar data in the experience of their people with co-occurring depression and cardiovascular disease. An important insight.

Chronic Disorders

Non-communicable diseases now drive 30-45% of disability and 14% of the global burden of disease affecting hundreds of millions of people worldwide as well economic performance in low, middle and high income countries alike – a truly global phenomenon.

Dr. Thomas Insel, former director of the US National Institute for Mental Health and now head of health sciences at Alphabet, the corporate parent of Google, believes that the cost that co-occurring depression imposes on the course and outcome of heart disease, stroke, diabetes and other major chronic disorders could emerge as the single most significant cost associated with mental illness.

Right now, that cost is universally unknown, but the London School of Economics has estimated that the unmanaged effects of mental disorders – principally, depression - on the treatment of chronic disorders add nearly ten per cent to the annual health care costs of the United Kingdom.

The challenge of tackling this complexity is born of the fact that health care systems are currently organized along specialty lines – in silos – which seldom come together, and, as a result, the overlap between co-occurring conditions are missed and go untreated.

A ‘total health model’ is called for, and such a model is being developed by the co-author of this paper, Eliot Sorel, and colleagues in China, India, Iran and Romania, a remarkable consortium of experts. Yet, a stubborn question persists:

Why is the quality of, and access to mental health care such a low priority when the impact of these conditions are so profound across whole generations of whole populations?

Misalignments and Conflicting Incentives

The elite global consulting firm, KPMG, in a remarkable report with the World Economic Forum, points to a series of ‘misalignments’ - or conflicting incentives and ‘structural restrictions’ - within, and between health and related sectors (such as schools.)

The KPMG study cites cultures of denial (as to the need), lack of integration of services and resources used in cost-ineffective ways and chaotic global goals and metrics. Global mental health will go a considerable distance in dealing with issues like this, and it can be the vehicle through which to demonstrate that solving the world mental health crisis is not just a cost challenge, it is an investment challenge.

The World Health Organization makes that point brilliantly. In a report released in April, the WHO for the first time, set out a global investment case for a “scaled up” response to the massive public health and economic burden of depression and anxiety disorders” based on investment principles.

The WHO reports says, clearly, that investments in mental health produce benefit-to-cost ratio’s that amply exceed existing standards as to what is a good investment to make. This answers the question: Global Mental Health is a good business and economic investment.

Therefore, future investors in Global Mental Health must not be restricted to government but to the broader business and investment community. This will open new doors to new possibilities in combatting mental illness in the early 21st century.