Urging Ministries to Invest in

Mental health

GUIDE

GLOBAL MENTAL HEALTH ACTION NETWORK

Demonstrating the Case for Mental Health Investment to Finance Ministers

A Guide for Campaigners and Advocates

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ABOUT GMHAN

This guide has been developed by the Financing Mental Health Working Group of the Global Mental Health Action Network (GMHAN). The GMHAN is an open community of over 1,000 mental health professionals from 90 countries who share a mission to improve support of mental health globally. The membership includes individuals from academia, governments, UN agencies, the private sector, and civil society, meaning the Network is well-positioned in developing robust, informed, and cross-sectoral resources serving a broad range of mental health sector priorities.

The GMHAN works collectively to accelerate political and financial support for global mental health through joint communications, advocacy projects, and thought leadership. It is the largest global mental health network of its kind in the world.

INTRODUCTION

What is this guide for?
This guide has the intention of helping all those who are or want to influence a finance ministry to increase investments in mental health. This guide will provide language, approaches, and resources — as opposed to advocacy and campaigning strategies — that may be critical in persuading finance ministries to invest more in mental health.

This guide is written for all those seeking to increase government mental health funding, especially those in civil society and therefore on the outside of government. The authors hope that this guide will provide a helpful framework and overarching guidance, but the most important component to making the case for investment is always the national and local context that must be added by the reader — every finance ministry is different.

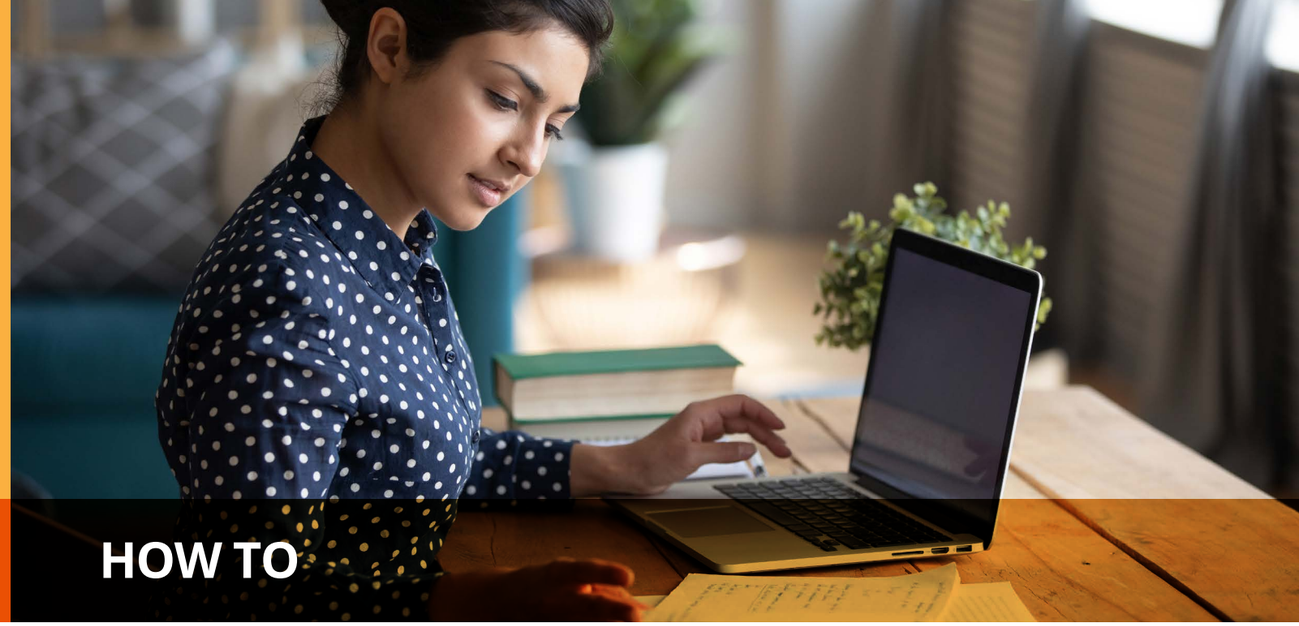
The authors/GMHAN would be open to working with local CSOs in case they are interested in creating a document specific to their country

Why finance ministries?
The mental health of any population is not simply a healthcare concern. Mental health is a cross-societal issue fundamental to sustainable development[1] and basic human rights[2] — therefore, a cross-governmental approach is essential. The most effective mental health systems include the education sector, social welfare systems, justice systems, the workplace, and numerous additional areas that governments have responsibility for.

In this multifaceted cross-sectoral context, finance ministries are uniquely placed to be able to have a significant, sustained positive impact on the mental health of a country or state. While health ministries are central to protecting and promoting public health via both provision and oversight of health services and advocacy toward securing and managing public expenditure for health, it is the finance ministries that generally control the allocation of this public expenditure and of resources broadly speaking — that is, across the many areas that governments have responsibility for. Hence, finance ministries are the key decision makers in allocating such resources amongst potentially competing needs and priorities, and amongst competing sectors.

This said, note that while we shape our language herein toward finance ministries, the same arguments and strategies we detail here may also be quite useful and applicable in approaching any domestic governmental body influencing financial decisions (e.g., legislatures), as well as private foundations, international donors, non-governmental organizations, and other allocators of funding.

Framework presented in this guide



HOW TO

1. **PROVIDE A QUICK, HIGH-LEVEL SUMMARY**
2. **DESCRIBE THE MAGNITUDE OF THE PROBLEM**
3. **DESCRIBE THE RETURN ON INVESTMENT (ROI) IMPACT OF INVESTMENT**
4. **DESCRIBE CLEAR, EFFECTIVE PATHWAYS FOR INVESTMENT**
5. **MAKE CLEAR WHY NOW IS THE TIME TO ACT**
6. **SUMMARIZE: REVISIT IMPORTANCE, IMPACT, AND PATHWAYS FOR INVESTMENT**

TEMPLATE: EXAMPLE FOR CAMPAIGNER USE

1. PROVIDE A QUICK, HIGH-LEVEL SUMMARY

As with general approaches to the crafting of persuasive arguments, key to effective communication of the urgency and need for investment in mental health is the ability to make this case for investment succinctly. This becomes particularly relevant given that campaigners and advocates may be faced with limited time in front of ministry and general government officials — they must therefore make their case quickly and effectively, and ideally in a manner that prompts ministers and officials to gain interest, and delve into further discussions of approaches to and pathways for such investment.

Taking this into account, the first key component to communicating the need for mental health investment effectively is a high-level summary (to be communicated in anywhere from less than a minute to a few minutes of time). This summary should succeed in simultaneously capturing the magnitude of mental health concerns, presenting clear and actionable pathways for investment (and attendant ROI/impact of such pathways), and communicating why investment via such pathways is of an urgent nature.

As an illustrative example, it may be helpful to see how our own group has approached the crafting of such a summary. The following example is taken from a Devex op-ed[3] published on October 15, 2020, which was based on a brief[4] communicated to Ministers of Finance gathered at the 2020 Annual Meetings of the International Monetary Fund and World Bank, both of which were written by members of GMHAN.

These pieces were written to urge finance ministries across the world to invest in mental health — which is to say this is a much more general call to action than would be most appropriate for a specific national, state, or city government.

After you have read this example, we will break down the various components of this short summary-level piece in hopes of better illustrating an easy-to-follow, applicable framework for crafting both written and spoken appeals for mental health investment.

The original text of the op-ed summary statement (provided in blue):

"Even before COVID-19, the world was not equipped to respond to the mental health needs of its populations. Mental health and substance-use conditions are the global leading cause of years lived with disability, 1 in 5 of the world's children have a mental health condition, and suicide is the second-leading cause of death among those aged 15 to 29. COVID-19 is set to exacerbate this situation.

"The enormous human cost of mental health ought to itself galvanize government investment. But the unique economic costs — and potential benefit of investment — combined with the need to address the impact of COVID-19 on society, only strengthen the case for financing mental health. As finance ministers attend the annual meetings of the International Monetary Fund and World Bank this month, now is the perfect time to increase human capital through investment in mental health."

A breakdown of the approach we employed here:

1. **Encapsulate the magnitude of the problem:**

"Even before COVID-19, the world was not equipped to respond to the mental health needs of its populations. Mental health and substance-use conditions are the global leading cause of years lived with disability, 1 in 5 of the world's children have a mental health condition, and suicide is the second-leading cause of death among those aged 15 to 29. COVID-19 is set to exacerbate this situation."

a. What we included: Here, we have included information on the prevalence of mental health conditions, on the burden of these conditions, and on the scale of life lost due. We have also focused on potential impacts of the COVID-19 pandemic here.

b. What else could be included: For specific country- to local-scale settings, as well as international settings, advocates might also consider incorporating some statistics or figures around the economic cost of mental health conditions. For example, is there measurable health-related productivity loss (e.g., how many days were lost due to impaired performance?)? Is there measurement or estimation of the cost, in terms of GDP equivalent or USD/local currency amount?

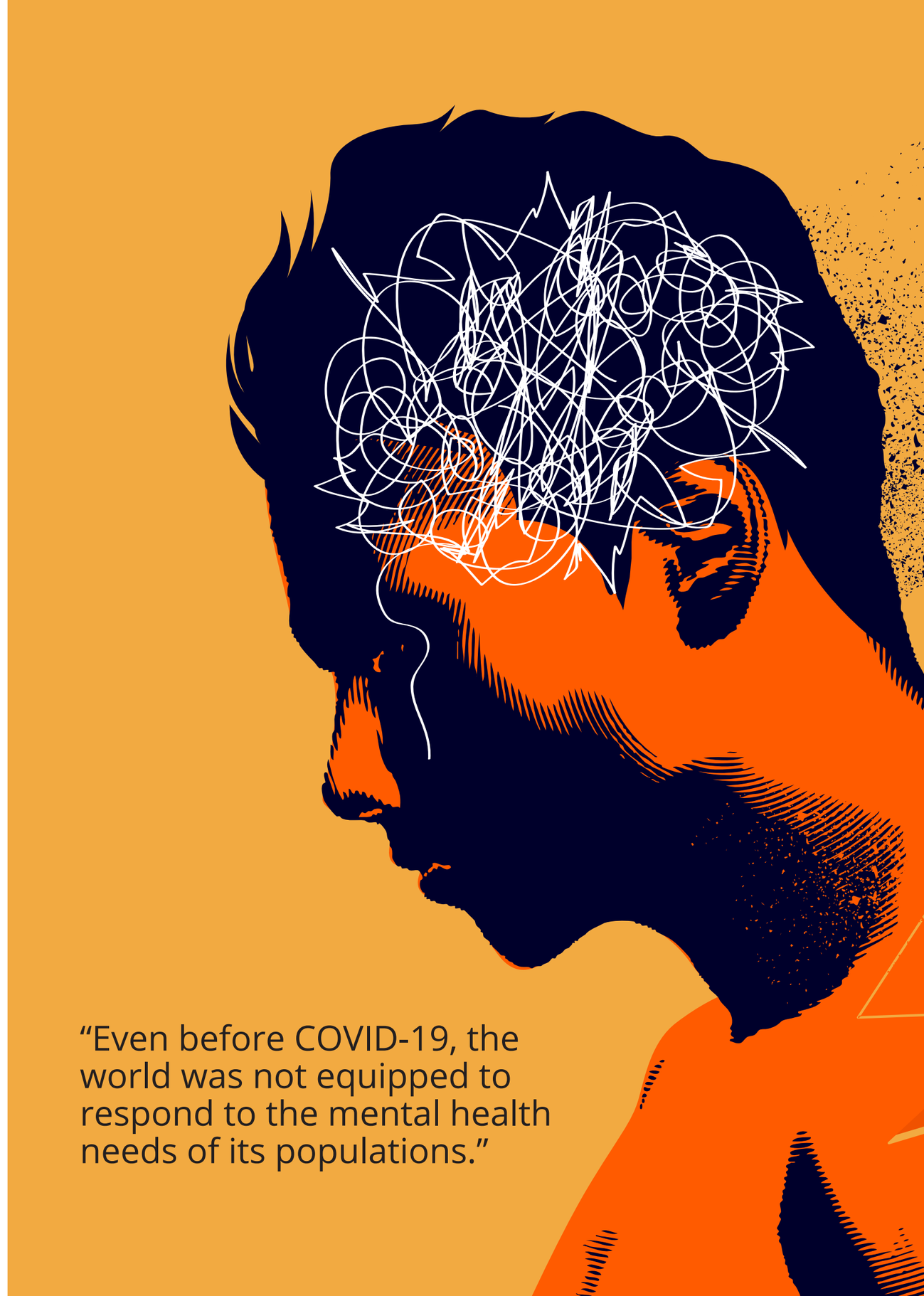
c. What else could be included: Forecasts or projections of the disease burden of mental health conditions can also be effective means by which to demonstrate the (growing) magnitude of the problem. In our example, we have alluded to an anticipated increase in mental health challenges and attendant burden due to COVID-19. What challenges are projected for your specific country setting? If this information is lacking, general WHO projections on the composition of global disease burdens due to various conditions can be effective, as well.

2. **Describe the return on investment** (both in monetary terms, and in terms of health, societal, individual, etc. returns and benefits):

a. We have not specifically addressed ROI or impact in the summary above, aside from generally alluding to the "potential benefit of investment." As with pathways for investment, the ROI/impact of investment should be tailored for specific national- to local-level contexts. For further discussion of communicating ROI and impact of investment, see Section 3, "DESCRIBE THE ROI/IMPACT OF INVESTMENT," below.

3. **Provide proven pathways for investment:**
a. In the example above, we have not provided specific examples of pathways to effective and impactful investment in mental health, but, these should be included for country- and state-level applications. For discussion of how to present such pathways, see Section 4, "DESCRIBE CLEAR, EFFECTIVE PATHWAYS FOR INVESTMENT," below.

4. **Finish the high-level summary by stating why now is the time to act.**
That is, answer the question of why investment in mental health is terribly urgent and needed for your particular setting and context:



a. What we included: Due to the general, intentionally broad nature of our call for investment, our justification for the urgency of investment includes both the "magnitude of the problem" wording, described briefly above, an appeal due to the growing burden of COVID-19 (the succinct text "COVID-19 is set to exacerbate this situation.") and an appeal due to the specific context in which we sought to appeal to ministries, being the Fall 2020 IMF/World Bank Meetings (communicated with the text "As finance ministers attend the annual meetings of the International Monetary Fund and World Bank this month, now is the perfect time to increase human capital through investment in mental health.").

Final note of importance

As stated in the Introduction to this guide, "the most important component to making the case for investment is always the national and local context that must be added by the reader" — and so, too, is this true of crafting the High-level Summary statement to be communicated succinctly to ministries and government funding bodies. The magnitude and nature of mental health issues, the impact and ROI, the examples of successful pathways for investment (e.g., successful programming and initiatives), and the reasoning for why investment is urgent should all be tailored to the national context within which a campaigner or advocate employing this guide is operating.

HOW TO:
2. DESCRIBE THE MAGNITUDE OF THE PROBLEM

In order to make the case for mental health investment, it may be necessary to describe the current situation and the scale of the mental health problem at hand, and demonstrate and make evident that mental health issues represent a problem of tremendous magnitude. By analysing and communicating the problem, the solutions that are put forward (such as greater investment by the government) can be seen as addressing a real problem. This can be done in various ways.

The economic impact of poor mental health

Given that finance ministries are concerned about the economic activity of the population they serve, describing how poor mental health can affect this is effective in capturing the attention of decision makers. There are many factors that impact the performance of economies, and perhaps the best example with regard to mental health is discussion of the workforce — such as how poor mental health prevents significant portions of the workforce from attending work, or, how poor mental health negatively impacts work performance.

It will be best to use data and other evidence that is based on the country or area that the finance ministry is responsible for, however, it may also be useful to give the global context or evidence from other similar countries, particularly when national evidence is scarce or lacking. Furthermore, whenever possible, it is important to use the language of finance ministries or economists, such as highlighting impacts on national measures of economies like gross national product (GDP) or gross national income (GNI).

Resources for communicating such can be gleaned from a variety of sources, such as academic papers, government reports, global institution reports (such as the World Health Organization, the International Labour Organization, or the World Bank), and civil society organizations. Many private sector organizations have also researched the impact of good or poor mental health on companies and economies.

Below, we have provided some examples of the sort of global mental health and economic context, in the form of compelling data and figures, that can be conveyed in demonstrating the magnitude and extent of the economic burden of mental health.

Mental health and economic performance are interlinked. Mental health issues limit people's opportunity to work and earn an income. This fall in productivity results in significant output losses for the economy, and reduces local economic reinvestment normally produced by spending

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of wages. Poor mental health also has broader economic costs to society with issues such as substance misuse often leading to increased rates of crime and incarceration.

• Globally, close to 1 billion individuals are living with a mental disorder — it is estimated that in some economies as many as 21% of the working population has some form of mental health issue at any given time.[5]

• An estimated 12 billion productive days are lost each year due to depression and anxiety alone.[6] As a result, the global economy loses about US$1 trillion every year in productivity due to depression and anxiety — more than cancer, diabetes, and respiratory diseases combined.[6]

• Wider mental health and substance use conditions are the global leading cause of years lived with disability (22.9% of all YLDs),[7] contributing to economic output losses of US$2.5–$8.5 trillion globally — a figure which is projected to nearly double by 2030.[8]

These are losses of human capital countries cannot afford, particularly in times of economic uncertainty.

Despite this high disease burden and attendant economic impacts, mental health continues to suffer from historic underinvestment.

• Globally, government mental health expenditure is less than 2% of total government health expenditure.[9] This equates to a global median annual government mental health expenditure of just US$2.50 per capita, with wide geographical variation and disparity — for instance, in low-income countries annual expenditure is just US$0.02 per capita per year.[9] The health impacts of poor mental health on the population and the cost of health systems

Although usually the responsibility of the health ministry, it can be beneficial to make clear to the finance ministry the health burden of ill mental health.

It has been estimated that 76–85% of those living in low- and middle-income countries with a mental disorder do not receive treatment.[10]

Over time, poor mental health and failure to address such also carries significant costs for national health systems,[11] which are facing challenges from growing, diversifying, and ageing populations, rising prevalence of chronic illnesses, use of expensive technologies, and the COVID-19 pandemic.

COVID-19 is causing further concern — for governments, companies, and individuals. WHO recently released evidence stating that 33% of countries have reported complete or partial disruption across at least 75% of specific mental, neurological, and substance use-related interventions/services. This level of disruption was the highest within countries in the community transmission stage of COVID-19 (44% disruption).[12] Early evidence already demonstrates higher rates of distress, depression, and anxiety in affected populations,[13] and what's more, mental ill health typically rises during economic recession. Therefore, mental as well as physical resilience in the face of uncertainty is critically important. Individuals, business, and society as a whole need to ensure sufficient investment in addressing mental health now and in the future as we face global uncertainty — some national governments have realised this, shown leadership, and are acting quickly.[14]

HOW TO:
3. DESCRIBE THE ROI/IMPACT OF INVESTMENT

Critical to any successful campaign directed at finance ministries is a clear demonstration of favorable return on investment (ROI) in mental health.

Campaigners and advocates to finance ministries should certainly include information describing ROI in terms of a financial return (for example, communicating a figure such as "there is a

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return of US$4 for every US$1 invested — i.e., a 4x return"). However, campaigners should also think about and include broad examples on the impact of mental health investment — for example, health and social outcomes, and the full impact on individuals' lives and on their communities, businesses, economies, and society at large. Again, such examples will be all the more effective if tailored to a campaigner's specific country or regional setting and situation — and better yet if this ROI and impact is tailored to specific programmes and interventions brought up by the campaigner for Section 4. DESCRIBE CLEAR, EFFECTIVE PATHWAYS FOR INVESTMENT.

Broadly speaking, investment in mental health gives a direct return on investment, as healthy individuals are able to actively participate in workplaces, community, and family.

Campaigners can cite recent research, which found that for every US$1 invested in scaled-up treatment for common mental issues, there is a return of around US$4 in improved health and productivity.[15]

Despite this, most governments spend less than 2% of their budget on mental health.[16] Because this is much lower than the actual needs of most communities, this dearth of funding results in high out-of-pocket expenditure on mental health services by communities and their members. Campaigners can make the case that increasing expenditure on mental health to the recommended 5–10% of total health expenditure would help in achieving SDG Target 3.8 (Universal Health Coverage) by 2030.[17]

This general information on ROI aside, and as written above, it will be most compelling and effective if campaigners are able to cite specific facts, figures, and data to convey the ROI, impact, and full suite of positive outcomes of specific interventions and pathways for investment according to their national- to local-scale context.

HOW TO:

4. DESCRIBE CLEAR, EFFECTIVE PATHWAYS FOR INVESTMENT

This is a key section. Any case presented to finance ministries or similar funding bodies is rendered most effective if campaigners and advocates provide ministries/potential funders with very tangible, specific pathways for investment in mental health.

Below, we provide multiple examples of tangible pathways and options for "most impact" interventions and programming that campaigners and advocates may point to when engaging with finance ministries (wherein "best buy" denotes "affordable, feasible and cost-effective intervention strategies"[18] — which can be quite useful examples to cite in demonstrating significant ROI to government funding bodies such as finance ministries).

As in other sections, it should be noted that the most effective approaches should identify key targets for investment that are specific to a campaigner's geographic region (whether national or local) — and accordingly, not all examples listed below will necessarily be appropriate or reasonable in all settings.

Generally, the easier, more direct, and more straightforward the pathway for investment, the better the advocate's case for investment to target ministries and governmental funding bodies. However, we remind the campaigner, and strongly emphasize, that cost-effectiveness is but one of numerous criteria that must be assessed when prioritizing mental health investment. Prioritizing cost-effective interventions is not always fair or equitable — for example, treatment of schizophrenia may be deemed less cost effective due to severity of illness and resultant scale of treatment needed, but, withholding such treatment on the basis of cost-effectiveness would not only be deleterious to the health, wellbeing, and ability to productively engage in the workplace and society at large of individuals requiring such treatment, but would be unjust and a violation of basic human rights.[19,20]

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At the most fundamental level, campaigners must be able to convincingly and compellingly answer for ministries the question of: "Where should we put our money?" (With the follow-up question being, "Why?" which is where conveying the ROI and impact of investment becomes critical.)

Examples of tangible pathways and programming:

1. Integrate mental health services into primary care and priority health care programmes:[21]

a. Integrate mental health services into primary care: In a 2008 WHO-Wonca report, former WHO Director-General Dr Margaret Chan and Professor Chris van Weel wrote that "integrating mental health services into primary care is the most viable way of ensuring that people have access to the mental health care they need."[22] Primary care providers, clinics, and health workers are an essential potential touch point for effective mental health interventions, given that up to 60% of individuals visiting primary care clinics have diagnosable mental health conditions.[22] Finance ministries could facilitate this by providing adequate budget for employee benefits in government organizations.

b. Integrate mental health services into priority health care programmes: Integration of mental health interventions into priority health areas such as HIV/AIDS, tuberculosis, and maternal, newborn, and child health has been demonstrated to strengthen prevention and care outcomes, improve access to care, and increase cost effectiveness of programming.[23,24,25]

2. Support interventions for children and adolescents: Evidence-based psychosocial interventions for children and adolescents such as peer support, crisis counselling, and community referral pathways can be effective and should be of high priority, given the importance of early intervention in mitigating the development of more serious disorders later in life, and, in moving an individual more quickly to recovery.[26]

3. Encourage and support programming in the workplace: Workplace policies and programming benefit not only the health of employees, but also create significant increases in worker productivity (and thus, productivity of a given company) as well as increases in overall community wellbeing.[27]

4. Develop specific programmes to meet the needs of marginalised groups:

a. For example, create mental health services for persons who experience domestic violence, which should include services well beyond counselling services (such as temporary housing, employable skill development, and legal services). Create mental health services for impoverished demographics, for unemployed and out-of-work individuals, for individuals generally discriminated against on the basis of race or ethnicity, gender or religion.

b. Create social support for people living with mental health challenges. These could include providing support in helping individuals find employment, providing continuation of education, and providing monetary support for persons with long-term mental health support needs.

c. Important note: It should be noted that any development of programmes should include both service delivery and care provision as well as anti-stigma and awareness efforts.

5. Invest in non-specialist community-based programmes to improve access to care:

a. For example, innovative mental health service delivery models (such as collaborative, low-cost programmes in Kenya, Pakistan, India, and Zimbabwe highlighted by WEF[28] or community projects providing pandemic-era mental health

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support, recently provided investment by the U.K. Government[29]) could help in bridging the mental health treatment gap.

b. As a more detailed example, the accredited social health activist (ASHA) program[30] empowers community health workers appointed by the Government of India's Health Ministry to work on various health issues. These workers are usually women in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. Such a model can be adopted to deliver mental health services.

6. Establish technology-based national helplines and/or crisis lines:
a. Integrate counselling services into existing helplines already in use by the government (e.g., helplines already established for the reporting of crimes, informational helplines for child and maternal health, etc.).

b. Important note: It must be ensured that there are ethical guidelines issued for usage of such technology (to include both appropriate privacy measures as well as training of helpline operators).

7. Integrate mental health services with emergency and disaster relief:
a. Successful integration should involve capacity building of emergency relief committees, disaster management bodies, and mental health professionals in conjunction for the provision of psychosocial support during emergency and disaster situations.

b. Ensure that monetary relief includes funding for mental health services.

8. Develop and implement regulations and policies:
a. Create a National Mental Health Policy that establishes the philosophy and comprehensive approach to mental health.

b. Reevaluate any existing Mental Healthcare Act: Ensure compliance with UN CRPD

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(Convention on the Rights of Persons with Disabilities).[31] Provide rights to persons with mental health issues.

c. Important note: It must be ensured that the committee undertaking policy and regulatory work has representatives from various marginalised groups, as well as people who have lived experience, to include those with caregiving responsibilities.

9. Strengthen information gathering, exploration of evidence-based practice, and research for mental health:[32]

a. Invest in undertaking research to assess the extent of mental health issues faced by the country.

b. Invest in research to document and measure effective local practices that build community mental health.

c. Important note: It must be ensured that any such data collection is not stigmatising, and protects the confidentiality of any subjects or participants involved.

HOW TO:
5. MAKE CLEAR WHY NOW IS THE TIME TO ACT

An integral part of communicating the case for mental health investment to finance ministries is communicating a sense of urgency and of immediate need for this investment.

The COVID-19 pandemic has shown us that when countries perceive a global health issue as an imminent national threat, they are ready and willing to rapidly pivot their policies and programmes in response, and to scale up national investments in health.

Accordingly, we have provided some examples below that any campaigner or advocate should feel free to use in communicating the urgent need for investment, and in making clear to finance ministries that now is the time to act.

a. The prevalence and burden of mental illness is growing

In addition to affecting one in four of us over a lifetime, mental health conditions represent a growing burden of disease. If we don't intervene now, this burden may continue to rise.

WHO reports a 13% rise in mental health conditions and substance use disorders since 2017.[33]

b. Mental illness represents a substantial, growing cost to the global economy

Adequately financing mental health services and programmes now could save millions to billions of dollars — or more — in the future.

Mental ill-health represents a significant economic burden, with depression and anxiety alone estimated to cost the global economy US$1 trillion every year.[33]

c. Allocation of economic resources for mental health has been severely limited

Outlining how poorly mental health has been financed historically can help make the case that significant investment is needed immediately if we are to have any hope of meeting the targets set out in the WHO Mental Health Action Plan.

The WHO Mental Health Action Plan 2013–2030 was adopted unanimously at the World Health Assembly in 2013. However, only 53% of countries globally have resourced policies for this, with wide disparity — for example, only 27% of African countries have resourced policies.[34]

Overall, less than 2% of global median government health expenditure goes to mental health.[33]

There is also a lack of development aid for mental health. For example, in 2015, development aid to mental health totalled US$132 million, just 0.4% of total development aid to health.[35]

With an estimated 75% of individuals with a mental disorder in lower- and middle-income countries (LMICs) receiving no treatment at all for their disorder, scaling up access through increased mental health financing for LMICs is of utmost urgency.[36]

d. COVID-19 has significantly affected mental health

As Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, highlighted:

"COVID-19 has interrupted essential mental health services around the world just when they're needed most. World leaders must move fast and decisively to invest more in life-saving mental health programmes — during the pandemic and beyond." [37]

The COVID-19 pandemic has presented unprecedented challenges to all aspects of global life. By disrupting critical mental health services in 93% of countries worldwide and exacerbating the already-growing burden of mental illness, the pandemic has shown us that investment in mental health is needed now more than ever before.[37]

The pandemic and its impact on known risk factors for mental ill-health (such as bereavement, isolation, and loss of income) is triggering new mental health conditions and exacerbating existing ones. We have seen high — and growing — rates of anxiety, depression, post-traumatic stress disorder, and psychological distress amongst the general population worldwide through the COVID-19 pandemic.[38,39]

The mental health impact arising from the pandemic is expected to be long-lasting, with experts predicting a "tsunami of psychiatric illness" to come.[40] Extrapolating from previous

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disasters such as Hurricane Katrina suggests the impact of COVID-19 on bereavement, fearing for loved ones' well-being, and lacking access to medical care and medications could lead to adverse impacts on public mental health for up to 12 years into the future.[41]

Immediate action is needed to address the rising prevalence of mental health conditions and to support individuals to recover from COVID-19 in a way that prevents potential longer-term negative impacts on mental health.

e. The relationship of COVID-19, global poverty, and mental health

In addition to the direct psychosocial impacts of the COVID-19 pandemic, we also expect to see indirect impacts on global mental health from the wider economic fallout.

Under the baseline scenario, COVID-19 could push an additional 176 million into poverty, most of whom will be concentrated in countries already struggling with high poverty rates in South Asia and Sub-Saharan Africa.[42] We know that mental illness and poverty interact in a vicious cycle, and this increase in poverty will therefore likely have a significant impact on the global burden of mental illness.

However, investing in mental health interventions now could help break the bidirectional relationship between poverty and mental illness and improve people's economic and social wellbeing.[43]

f. COVID-19 presents an opportunity to "build back better"

As Dévora Kestel, Director of the Department of Mental Health and Substance Use at WHO, argued:

"The scaling-up and reorganization of mental health services that is now needed on a global scale is an opportunity to build a mental health system that is fit for the future.

This means developing and funding national plans that shift care away from institutions to community services, ensuring coverage for mental health conditions in health insurance packages, and building the human resource capacity to deliver quality mental health and social care in the community." [44]

g. Examples of countries investing in mental health

A campaigner could include examples of other countries making ambitious investments in mental health as a means to further motivate investment by their own government.

New Zealand announced its first-ever wellbeing budget in 2019, which included nearly NZ$500 million of investment in mental health services and suicide prevention services, as well as commitments to tackle wider determinants of mental health such as homelessness and child poverty.[45]

Indonesia reported total government expenditure on mental health as 6% of total government health expenditure in 2017.[46] They also reported that care and treatment of persons with major mental disorders was included within national health insurance or reimbursement schemes and that fully insured persons would pay nothing at the point of service.

This investment surpasses the standard set by the Lancet Commission on Global Mental Health, whereby lower- and middle-income countries should be spending at least 5% of their health services budget on mental health.[47]

The U.K. National Health Service (NHS) Long Term Plan[48] commits to grow investment in mental health services faster than the NHS budget overall, which represents at least a further £2.3 billion a year by 2023–2024. The NHS in England is already meeting the goal set by the Lancet Commission on Global Mental Health,[47] whereby high-income countries should be spending at least 10% of their health services budget on mental health.

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In consecutive years, the NHS in England has increased local funding for mental health by at least as much as the overall increase in the money available to local clinical commissioning groups. This is called the mental health investment standard.[49]

h. We need to be prepared for future global challenges

COVID-19 will not be the last adverse event to impact global mental health. If we act now, we can build a more resilient and mentally healthy society that is better prepared to tackle future global challenges.

For example, with projected environmental modifications, upheavals, and climate disasters expected as a result of climate change, we can expect an increased number of threats to our mental health and wellbeing in the future.[50] This includes both the immediate mental health impacts of extreme weather events as well as longer-term indirect impacts such as mass climate-related migration.

HOW TO:
6. SUMMARIZE: REVISIT IMPORTANCE, IMPACT, AND PATHWAYS FOR INVESTMENT

Campaigners should succinctly wrap up their presentations of the case for mental health investment to finance ministries. In many ways, the final summary section is similar to the introductory High-Level Summary (the 30-second-or-so "pitch" of the project) given by an advocate or campaigner. Repetition is highly effective in both conveying and convincing a target party of a given point.

Overall, this summary should incorporate key points of the above five sections. This final summary should likely include final short words on the importance and impact of investment, with a particular focus on ending with some immediate, meaningful pathways for investment in mental health by the specific ministry. That is, campaigners should end with and emphasize a clear call to action (a clear "ask" of the ministry). For example, the campaigner might end with a statement such as, "We would like xx amount of funding for xx prevention program, which will result in xx ROI and include xx impacts."

TEMPLATE EXAMPLE
FOR CAMPAIGNER AND ADVOCATE USE

The text below provides an example of how one might approach communicating the case for mental health investment to finance ministries. Note that this example is very general, in that it does not target any single national context, but is rather presented as a global call for mental health investment from finance ministries.

Accordingly, the campaigner or advocate using this guide should be sure to include examples of the magnitude of mental health challenges that are specific to their national or local context, examples of returns on investment and impacts of investment that are tailored to their national context, pathways for investment and examples of effective programming that are specific to their national setting, and any additional points of evidence or motivation for investment by their local finance ministry or fund-granting body.

EXAMPLE:
THE CASE FOR INVESTMENT IN MENTAL HEALTH

SUMMARY

Even before COVID-19, the world was poorly equipped to address the enormous and growing health, economic, and human capital costs of mental health challenges.

Before COVID-19, 12 billion productive days were being lost every year due to depression and anxiety alone, resulting in productivity losses of US$1 trillion each year. Pre-pandemic, economic losses of US$2.5 trillion to US$8.5 trillion occurred due to broader mental health and substance use conditions every year — a cost predicted to double by 2030. COVID-19 is set to significantly exacerbate this cost to societies and economies — for example, not only did 93% of countries report disruption or complete halting of critical mental health services as early as October 2020, but the uncertainty, stress, and forced isolation brought on by the pandemic is itself giving rise to a marked

rise in anxiety, depression, burnout (including of critical frontline workers), and myriad mental health challenges.

Fortunately, finance ministries are uniquely positioned to harness numerous proven pathways for investment in effective mental health programming and services, as well as to benefit from significant returns on investment and invaluable impacts to individuals, communities, and local and national economies brought about by transformative investment in mental health. In the wake of COVID-19, finance ministries have the chance to take on a crucial role in ensuring that societies and nations rebuild better — in a manner that harnesses the powerful complementary impacts of investment in mental health as integral to not only COVID-19 recovery, but also to effectively addressing priority health areas (such as HIV/AIDS, TB, and maternal, newborn, and child health), to ensuring attainment of basic human rights, and to ensuring sustainable development, economic growth, and prosperity in the years and decades ahead.

Given the looming post-COVID-19 mental health crisis predicted by global health and development experts — but also the tremendous significant returns on mental health investment and positive impact of investment to individuals, societies, and national economies — now is the time to act. Finance ministries should take the lead in providing catalytic investment in mental health for the profound betterment of both national economies and society at large.

MAGNITUDE OF THE PROBLEM

Mental health and substance-use conditions are the leading cause of years lived with disability in the world, with 23% of all YLDs attributable to these conditions. Globally, nearly 1 billion individuals are living with a mental disorder. These conditions significantly affect all ages, with 1 in 5 of the world's children living with a mental health condition. Unfortunately, suicide is the second-leading cause of death among individuals 15 to 29 years of age.

These enormous health, human, and societal costs alone are losses no country can afford. But, to exacerbate the situation, mental health conditions also carry tremendous economic costs, losses to productivity, and significant detrimental impacts in the workplace. Before the pandemic, depression and anxiety alone were resulting in a loss of 12 billion productive days every year, translating to annual economic losses of US$1 trillion.

Broader mental health and substance use conditions were resulting in economic losses of US$2.5 trillion to US$8.5 trillion every year — a figure which, before the pandemic, the World Economic Forum and Harvard T. H. Chan School of Public Health forecast to double by 2030. COVID-19 is set to significantly exacerbate this cost to societies and economies.

Despite this high disease burden and attendant economic impacts, mental health continues to suffer from historic underinvestment. Globally, government mental health expenditure is less than 2% of total government health expenditure. This equates to a global median annual government mental health expenditure of just US$2.50 per capita, with wide geographical variation and disparity — for instance, in low-income countries annual expenditure is just US$0.02 per capita per year.

This historic underinvestment is connected to existing health outcomes. For example, 76–85% of those living with a mental disorder in low- and middle-income countries do not receive treatment — and therefore are oftentimes impaired in their ability to not only meet their full productive potential in contributing to their local economies, but also to lead meaningful and healthy lives.

This historic underinvestment has been a significant detriment to attainment of desirable mental health outcomes in the past, but also offers opportunity — investment is proven to go a long way, with significant returns both in economic terms and in terms of benefit to individuals, their workplaces, and their communities.

Demonstrating the Case for Mental Health Investment to Finance Ministers

THE RETURN ON INVESTMENT (ROI)/IMPACT OF INVESTMENT

In purely economic terms, the return on investment in mental health is tremendous. Previous workers have demonstrated that for every US$1 invested in treatment for common mental health issues, there is a return of US$4 in improved health and productivity.

And, this significant economic return only scratches the surface of the myriad meaningful health, social, and economic benefits of such investment, and only begins to illustrate the full impact that investment has on individual's lives, their communities, their businesses and local economies, and society at large. What's more, such investment will be fundamental in achieving much-needed impact on sustainable development, universal health coverage, and attainment of fundamental human rights.

Investment in mental health makes good economic sense. This investment will not only bring finance ministries substantial economic returns, but will also constitute a catalytic contribution to transformative health, societal, and economic outcomes — as well as favorable sustainable development outcomes at large — for the future wellbeing, growth, and prosperity of every community, government, and nation.

CLEAR, EFFECTIVE PATHWAYS FOR INVESTMENT

Fortunately, there are numerous proven, straightforward pathways for high-return, impactful investment in mental health. At the highest level, increasing government expenditure on mental health to the recommended 5–10% of total health expenditure would increase service coverage by 40–80%.

Such investment can support integration of mental health services into primary care (which has been described by WHO as the most viable way of ensuring mental health care access), as well as integration into priority health programmes (such as HIV/AIDS, TB, and maternal, newborn, and child health — and, also including integration with emergency and disaster response programmes), which is proven to strengthen prevention and care outcomes, access to care, and cost effectiveness for both priority programmes and mental health interventions.

Workplace policies and programming should be harnessed as highly beneficial not only to employee mental health, but as a significant mechanism for increasing worker productivity and overall productivity of the worker's employer and local economy at large.

Programmes focused on marginalized groups and on non-specialist, community-based solutions can be particularly effective, low-cost pathways to realizing significant mental health outcomes.

Numerous additional effective pathways for investment exist, such as technology-based counseling and crisis line services, development of national policy and regulatory instruments, and research and development, information- and data-gathering, and development of new evidence-based practices.

WHY NOW IS THE TIME TO ACT

As we emerge from the COVID-19 pandemic and face the challenge of addressing and recovering from first the immediate and then the long-term, long-lasting effects of the pandemic, finance ministries have a unique chance to set the stage for decades of sustainable development ahead.

The economic and societal burden of mental health was tremendous in the years leading up to the pandemic. This burden has already grown significantly and rapidly due to COVID-19, and is only predicted to grow much worse.

At this pivotal moment in history — this moment that will surely be remembered for decades to come with regard to how leadership and governments led the way in recovery from the pandemic, and in lifting nations from the health and economic crises felt worldwide — it is critical that finance ministries take the lead in providing transformative investment in mental health in order to ensure sustained wellbeing, productivity, and prosperity for their nations for many years to come.

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