

# Affordable mental health care

## Background

With the rise in awareness of the importance of mental health, it is now more important than ever for countries to address the importance of mental health, and provide access to adequate treatment and care options for individuals suffering from these conditions.

According to the World Health Organization, nearly 20% of the world's youths have a mental health condition. As a result of the increase in mental health problems worldwide, suicide has become the second leading cause of death among 15-29-year-olds.<sup>1</sup> Mental health is impacted by many parts of an individual's life, ranging from financial and career situations, to romantic and familial relationships. However, the impact of mental health issues caused by one or more areas can also impact many other aspects of their livelihood, along with that of those around them.

Unfortunately, mental health policies are implemented in 59.5% of the world's countries, resources put into this area are severely lacking. Of all government expenditures on healthcare, less than 2% goes towards mental health. Clearly, not enough resources are being implemented in mental health.

Table 1

Mental health policies, programmes and legislations in countries of the WHO Regions

WHO Region	Presence of a mental health policy (%) (N=185)	Presence of national mental health programme (%) (N=185)	Presence of a law in the field of mental health (%) (N=170)	Presence of disability benefits for psychiatric patients (%) (N=179)
Africa	47.8	73.9	71.1	46.5
Americas	64.5	80.6	67.9	87.1
Eastern Mediterranean	68.2	86.4	57.1	75.0
Europe	67.3	55.1	91.7	98.0
South-East Asia	70.0	80.0	70.0	90.0
Western Pacific	48.1	59.3	76.0	61.5
World	59.5	69.7	75.3	75.4

Figure 1. Presence of Mental Healthcare Policies Around the World<sup>2</sup>

## History

<sup>1</sup> [https://www.who.int/health-topics/mental-health#tab=tab\\_2](https://www.who.int/health-topics/mental-health#tab=tab_2)

<sup>2</sup>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489823/#:~:text=As%20shown%20in%20Table%20%E2%80%8B,a%20national%20mental%20health%20programme.>

Mental health has always been a tricky area in the medical field. Historically, those with mental health problems were not given the care that they needed, or were completely misdiagnosed with some physical illness or such. In the United States, before the prison and mental asylum reform period, individuals with perceived mental health problems were often thrown into prisons, workhouses, and other institutions and were severely mistreated and denied their rights. Starting around 1841, Dorothea Dix, a leading figure in the belief that mentally ill needed proper care and treatment, helped found tens of facilities within the United States specifically to help care for the mentally ill. She would later on help create similar institutions around the world and challenge the notion that mental illnesses are socially taboo.<sup>3</sup>

In the late 19th and early 20th century periods, major leaps in psychology by individuals such as Sigmund Freud and Carl Jung brought psychoanalysis and the individual psyche into the scientific focus. Freud would pioneer the field of psychoanalysis - an approach mainly consisting of therapeutics and targeting the unconscious mind. While many aspects of psychoanalysis would later be debunked and determined to be little more than pseudoscience, the field helped set a standard for treatments for mental disorders based on therapy, emotional exploration, focusing on the subject experience, and new norms for mental health care.<sup>4</sup>

Since many new advancements in psychology and medicine, the definition of mental health has expanded far beyond traditional “conditions” such as insanity, bipolar disorder, schizophrenia to include broader categories of mood, anxiety, personality, eating, substance abuse, and trauma-related disorders.

Recent advancements have also helped target medication-based treatment options for mental illnesses and complications, rather than therapy-based options. These include the use of psychedelics, such as CBD, in tandem with therapy, which has caused a great deal of controversy.

## **Mental Health Around the World**

Around the world, different countries face many different problems when it comes to mental health problems. These problems often seep into many different parts of their

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<sup>3</sup>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470530/#:~:text=Dorothea%20Dix%20played%20an%20instrumental,not%20be%20cured%20or%20helped.>

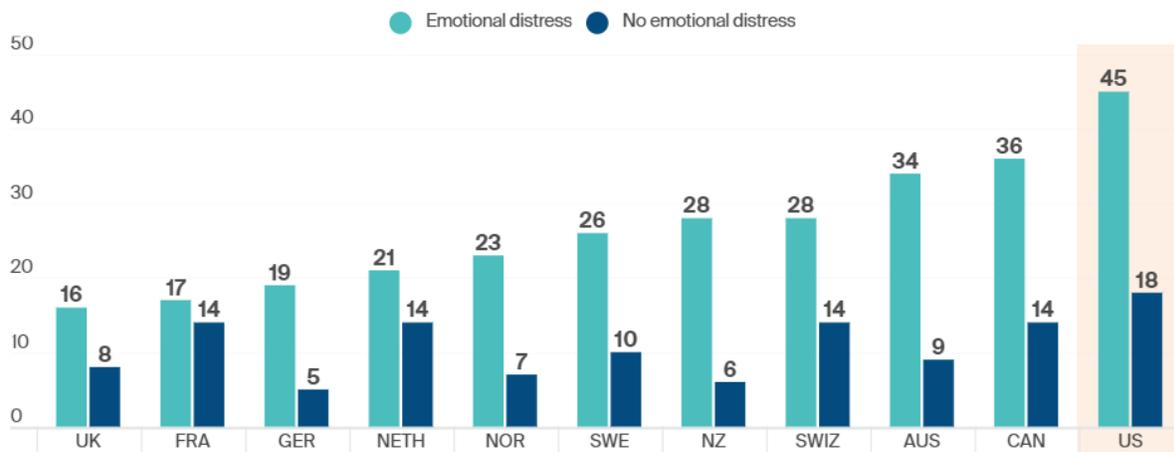
<sup>4</sup>

[https://www.researchgate.net/publication/323942529\\_Psychoanalysis\\_in\\_modern\\_mental\\_health\\_practice](https://www.researchgate.net/publication/323942529_Psychoanalysis_in_modern_mental_health_practice)

lives. Below is a diagram of rates of self-reported mental health difficulties related to socioeconomic need around the world.

### Socioeconomic Needs Among Adults Who Had and Had Not Experienced Emotional Distress, 2016

Percent who said "always" or "usually"\*



Download data

Question: In the past 12 months, have you "always" or "usually" been worried or stressed about one or more of the following: having enough money to buy nutritious meals, crime or drugs in your neighborhood, and/or having enough money to pay your rent or mortgage?

\* Other response categories: "sometimes," "rarely," "never."

Data: 2016 Commonwealth Fund International Health Policy Survey.

Source: Roosa Tikkanen et al., *Mental Health Conditions and Substance Use: Comparing U.S. Needs and Treatment Capacity with Those in Other High-Income Countries* (Commonwealth Fund, May 2020). <https://doi.org/10.26099/09ht-rj07>

Countries often face very different problems when trying to address these problems. For example, in countries with difficult terrain and limited cross-national transportation infrastructure like Brazil, there is often difficulty transporting materials and resources for mental health (and medical care in general).<sup>5</sup>

Individual groups within nations also face access to mental health care. Asylum seekers, refugees, and internally displaced persons (IDPs) often face some of the worst difficulties and pressures due to their circumstances. Yet, there are often little to no options for them to help combat anxiety, depression, and other conditions. Regions of the world in or close to conflict, such as Palestine and the Ukrainian-Russian border, often face similar shortages in care, according to the Doctors Without Borders. Young children and adults of these populations are some of the most vulnerable, as problems can lead to life-long struggles.

<sup>5</sup> <https://synergyhealthprograms.com/a-look-at-mental-health-around-the-world/>

Nations like China, with large populations and large variances of wealth, also struggle to bring access to mental health care. In an effort to improve matters, China's National Planning Guideline for the Healthcare Service System promoted direct measures that include, "The treatment and care of patients with serious mental disorders, improvement of mental health services and systems, and the dissemination of mental health education. One of the main objectives of this planning document is to achieve the licensing of the needed 40,000 psychiatrists (and assistant psychiatrists) by 2020," states the China Briefing in their article "The Mental Healthcare Industry in China."<sup>6</sup>

Mental health care has had much more improvement in wealthier nations. Australia, for example, in 1992 stated "The Commonwealth, State and Territory Governments of Australia endorsed the National Mental Health Strategy. This strategy had the following aims: to improve the lives of people with mental illness and people who care for them, to promote the mental health of the Australian community (where possible), to prevent the development of mental health problems and mental disorders, to reduce the impact of mental disorders on individuals, families and the community and to assure the rights of people with mental disorders," according to the Organization for Economic Co-Operation and Development (OECD) report.

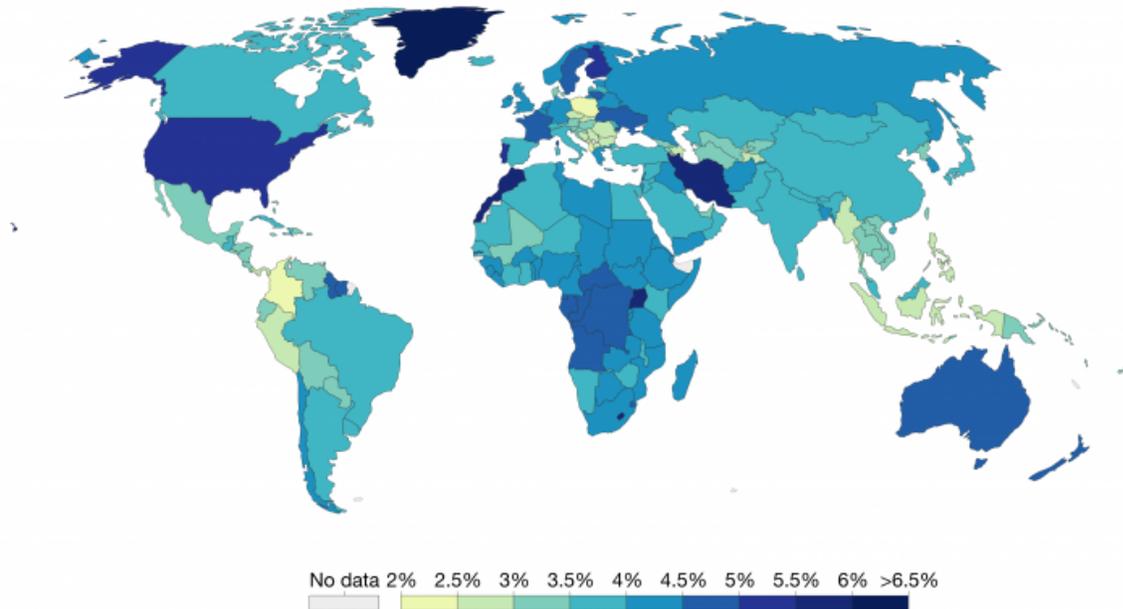
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<sup>6</sup> See 5.

## Share of the population with depression, 2016



Prevalence of depressive disorders in a given population. This is measured as the age-standardized prevalence, which assumes a constant age structure to compare between countries and through time. Figures attempt to provide a true estimate (going beyond reported diagnosis) of depression prevalence based on medical, epidemiological data, surveys and meta-regression modelling.



Source: IHME, Global Burden of Disease

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The international response has also been limited but growing. The World Health Organization in 2000 initiated **Project Atlas**, a plan to publish data, policies, and changes around the world regarding mental health every three years. In addition to this report, in 2013, WHO initiated the Mental health action plan 2013 - 2020 at the 66th World Health Assembly. It listed many new goals and areas which member states were to invest resources in helping create access to mental health care. Unfortunately, as of 2020, many of the goals were missed, and the plan has since been extended to 2030.<sup>7</sup>

### Questions to Consider

1. What steps should be taken to lessen the stigma against mental health problems?
2. Is mental health something that should be addressed on a personal basis or at a government-directed level?
3. How can we make sure the 2030 goals are not missed as well?

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<https://www.who.int/news/item/08-10-2021-who-report-highlights-global-shortfall-in-investment-in-mental-health>