



MENTAL HEALTH FOR ALL

ADVOCACY TOOLKIT

INTEGRATING MENTAL HEALTH
INTO UNIVERSAL HEALTH COVERAGE

UNITED
FOR
GLOBAL
MENTAL
HEALTH

“Developing mental health services of good quality requires the use of evidence-based protocols and practices, including early intervention, incorporation of human rights principles, respect for individual autonomy and the protection of people’s dignity.”

WHO Comprehensive Mental Health Action Plan 2013–2030

INTRODUCTION

Universal health coverage (UHC) will be an important item on the agenda of most if not all global health moments leading up to the UN high-level meeting on UHC scheduled for 2023. National governments will also be keen to ensure they have positive developments to report at the high-level meeting concerning their commitments to achieving UHC. This makes it an opportune moment for advocates to ensure that mental health is meaningfully integrated into UHC commitments and discourse, or risk it being left behind.

To support such calls, United for Global Mental Health (UnitedGMH), with the support of key partners, launched a report on integrating mental health into UHC in 2020. It put forth a rights-based argument, an economic argument and a health-related argument. These arguments were explored further through a set of three policy briefs, all of which contain key messaging, data and resources on the issue.

This Mental Health For All Advocacy Toolkit is designed to support partners in making use of that report and those briefs to support global and national advocacy. The toolkit introduces the concept of UHC and the commitments made towards achieving it. It contains the key messages, calls to action, resources and reading materials presented through the report and the briefs.

The toolkit also includes an advocacy roadmap detailing the key global moments from now until the UN high-level meeting on UHC, complete with potential entry points for mental health that advocates can leverage for each moment. This is complemented by an analysis of the key global and national actors and the role they can play in helping integrate mental health into UHC. Finally, there are some generic tools, such as templates for engaging policy makers, press releases and social media assets that advocates can adapt and use for their work.

Although the toolkit was designed with specific audiences in mind – such as civil society organisations (CSOs), mental health champions in government ministries and multilaterals/INGOs, and global agencies – it can be easily adapted for use by anyone interested in the cause. The toolkit can also be helpful for organisations that do not work directly in the mental health space and are looking for a ‘one-stop shop’ on how to integrate mental health into their UHC advocacy strategies.

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**INTRODUCTION TO UNIVERSAL
HEALTH COVERAGE (UHC)**

WHAT IS UHC?

The concept of UHC originated in the [WHO constitution of 1948](#). It is based on the idea that everyone, everywhere should be able to access the health services they need without suffering financial hardship. The constitution defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity. It includes the full spectrum of essential, good-quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

The Constitution of the World Health Organisation

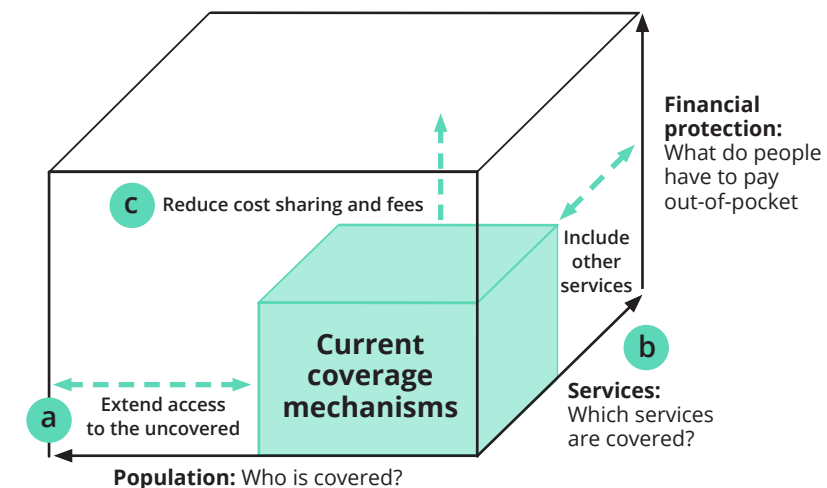
At least [half of the world's population](#) still do not have full access to, or coverage for, essential health services. At the current pace, up to one third of the world's population will remain underserved by 2030. A measurable acceleration is urgently needed to reach the health-related targets of the SDGs by 2030.

In addition, some [100 million people are being pushed into extreme poverty](#) – those living on under \$1.90 a day – because they have to pay for health care. Around 12% of the world's population – some 930 million people – spend at least 10% of their household budgets to pay for their health care, and 210 million spend more than 25%.

THE UHC CUBE

UHC can be thought of working [along three dimensions – sometimes referred to as the 'UHC cube'](#):

1. the range of effective and high-quality services covered
2. the financial accessibility of these services (i.e. financial protection of service users)
3. the proportion of the population that have access to these affordable services.



UHC aims to fulfil all these dimensions so everyone can “obtain the services they need at a cost that is affordable to themselves and to the nation as a whole”. As such, UHC is a critical instrument to making the right to the best attainable health care a reality for everyone – it is “the right to health in action”.

UHC AND MENTAL HEALTH

There is an increasing acknowledgment of the importance of integrating mental health care into UHC.

“The world is accepting the concept of universal health coverage. Mental health must be an integral part of UHC. Nobody should be denied access to mental health care because she or he is poor or lives in a remote place.”

Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO (2019)

But today we are faced with a coverage gap of care and services for common mental health conditions, such as depression and anxiety, of up to [90% in some low-income countries](#). Even where services are available, they are not necessarily rights-based and cost-effective.

WHAT HAVE COUNTRIES COMMITTED TO FOR UHC?

All UN member states have agreed to try to achieve UHC by 2030, as part of the Sustainable Development Goals (UHC is included in SDG3.8). To achieve this, at least 1 billion more people will need to have access to essential health services in each five-year period between 2015 and 2030.

At the [2019 high-level meeting for UHC](#), an important landmark on the journey to health for all, the [UN political declaration on UHC](#) committed countries to advance towards full coverage (1 billion additional people covered by 2023, all people by 2030; with further attention to reverse the trend of catastrophic out-of-pocket expenditure). Described as the most comprehensive agreement ever reached on global health, the declaration stressed the need for bold national leadership.

WHAT HAVE COUNTRIES COMMITTED TO ON INTEGRATING MENTAL HEALTH INTO UHC?

The World Health Organisation recognises UHC as a cross-cutting principle and approach that is essential to the success of its [Comprehensive Mental Health Action Plan 2020](#). The WHO also calls for the integration of mental health into UHC, stating that: “Responses will be stronger and more effective when mental health interventions are firmly integrated within the national health policy and plan.”

It adds that: “The inclusion and mainstreaming of mental health issues more explicitly within other priority health programmes and partnerships ... as well as within other relevant sectors’ policies and laws ... are important means of meeting the multidimensional requirements of mental health systems and should remain central to leadership efforts of governments to improve treatment services, prevent mental disorders and promote mental health.”

MEMBER STATES IN ADOPTING THE WHO’S ACTION PLAN, AGREED TO THE FOLLOWING TARGETS:

- 80% of countries will have developed or updated their policy or plan for mental health in line with international and regional human rights instruments by 2030.
- 80% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments by 2030.
- Service coverage for mental health conditions will have increased at least by half by 2030.
- 80% of countries will have doubled the number of community-based mental health facilities by 2030.
- 80% of countries will have integrated mental health into primary health care by 2030.
- 80% of countries will have at least two functioning national, multisectoral mental health promotion and prevention programmes by 2030.
- The rate of suicide will be reduced by one-third by 2030.
- 80% of countries will have a system in place for mental health and psychosocial preparedness for emergencies and/or disasters by 2030.
- 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems by 2030.
- The output of global research on mental health will have doubled by 2030.

THE THREE KEY ARGUMENTS FOR INTEGRATING MENTAL HEALTH INTO UHC

When we talk about integrating mental health into UHC, this is what we mean:

- including mental health care in all relevant aspects of health systems, such as health promotion, illness prevention, treatment and rehabilitation
- putting mental health care on a relative par with physical health care
- ensuring mental health conditions are covered by population-wide financial protection measures.

Based on the data and policies of globally recognised authorities, we use three arguments to support the integration of mental health in UHC:

A rights argument

An economic argument

A health argument



**UHC, HUMAN RIGHTS
AND THE RIGHT TO HEALTH**

UHC, HUMAN RIGHTS AND THE RIGHT TO HEALTH

The right to health includes the right to mental health. Without including mental health, UHC cannot put the right to health into practice.

Integrating high-quality, rights-based, evidence-based mental health practices in health systems – with a focus on primary and community-based care – would reduce the opportunities for the kinds of human rights abuses that frequently occur. It would also support the implementation of the Convention on the Rights of Persons with Disabilities (CPRD) to achieve the full range of rights – including the right to health – for people living with mental health conditions.

This section contains the key messages, quotes, facts, calls to action and excerpts from the various human rights instruments on adopting a rights-based approach to integrating mental health into UHC. To read more and for links and references for the points below, please see the 2020 report, [No Health without Mental Health](#) and the policy brief [Mental Health as a Matter of Rights](#).

KEY MESSAGES

THE PROBLEM

- Universal health coverage (UHC) means that [all people have access to the health services they need, when and where they need them, without financial hardship](#).
- Services, where available, are [rarely accessible](#) for people with mental health conditions, denying them the right to the 'highest attainable level of physical and mental health'.
- People with mental health conditions suffer from stigma and discrimination in their communities, places of work and education, and even within health systems.
- Human rights abuses can occur in institutional care. In some parts of the world shackling, chaining and beating are still considered treatment methods. [A Human Rights Watch report](#) found evidence of shackling in at least 60 countries around the world.
- People with mental health conditions can have their [right to make decisions for themselves taken away](#), including having a say in their own treatment.
- Modern, rights based legislation can pave the way for improving everyone's mental health through progressive and non-coercive approaches, taking into account the capacity of people with mental health conditions to make decisions. [However, 120](#)

[countries across the globe are still to develop and/or implement rights-based mental health legislation](#).

- Only [57% of the 192 WHO member states have standalone mental health laws](#). Of these just [39% align with human rights instruments](#).
- As per the WHO's Mental Health Atlas 2020, [49% of the WHO member states with mental health policies and plans are yet to align them with human rights instruments](#) and [only 31% of member states hold mental health-specific data](#).

THE COMMITMENTS

- [The UN high-level meeting on UHC in 2019](#) expressly reaffirmed the right of everyone to the highest attainable standard of physical and mental health.
- [The United Nations Convention on Rights of Persons with Disabilities \(CRPD\)](#), ratified by 164 countries, safeguards people with mental health conditions from discrimination and promotes the enjoyment of decision making capacity on an equal basis.
- Several international human rights instruments expressly prohibit treatment methods that take away a person's liberty or are inhumane or degrading.

THE CALLS TO ACTION

- Mental health must be integrated so that people with mental health conditions can access essential health and social services without the risk of financial hardship.
- Mental health must be integrated as a cross-cutting component of UHC, using a human rights-based approach
- National mental health legislation, policy and implementation must be brought in line with modern human rights covenants
- Mental health systems must be decentralised and move towards predominantly primary and community-level mental health care, which is evidence- and rights-based.
- Mental health community outreach and education programmes must be fully integrated into the UHC approach to health systems.
- People with lived experience of mental ill health must be included in UHC legislative and policy dialogue and development.
- Human rights relating to mental health within health systems must be monitored, and governments held accountable to commitments.

PULL OUT QUOTES

“Sometimes I do feel like I’m treated like I’m a danger to society. People need to get to know us better and then they will relate to us in terms of how they judge us, perhaps.”

Anonymous

“I have an intellectual disability. In the community, I feel very stigmatised. They look at you differently. As if you are not able to become independent. We are all human and we are all living in a world where we should be loved and accepted.”

Shavonne Wagner (Mental Health Service User - South Africa)

“Develop, strengthen, keep up-to-date and implement national policies, strategies, programmes, laws and regulations relating to mental health within all relevant sectors, including protective monitoring mechanisms and codes of practice, in line with evidence, best practice, the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.”

WHO Comprehensive Mental Health Action Plan 2013–2030

“Developing mental health services of good quality requires the use of evidence-based protocols and practices, including early intervention, incorporation of human rights principles, respect for individual autonomy and the protection of people’s dignity.”

WHO Comprehensive Mental Health Action Plan 2013–2030

“Lack of awareness about mental health conditions and poor access to mental health care can be important drivers of human rights abuses.”

WHO Mental Health Gap Action Programme (mhGAP)

HUMAN RIGHTS INSTRUMENTS AND RELEVANT COMMITMENTS

DOCUMENT	NATURE OF COMMITMENT	RELEVANT TEXT
UN Convention on the Rights of Persons with Disabilities	Ratified by 164 signatory countries	<ul style="list-style-type: none">• Art3: 1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake: a) To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention; b) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities; c) To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes; d) To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention; e) To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise. 3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.• Art 7: 1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.• Art 12: 2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.• 4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law.



		<ul style="list-style-type: none">• Art 15: 1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.• Art 25: States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. (d): Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent.• Art 27: a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions; b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances.
<u>Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment</u>	Ratified by 171 signatory countries	<ul style="list-style-type: none">• Article 2) 1. Each State Party shall take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.• Article 16) 1. Each State Party shall undertake to prevent in any territory under its jurisdiction other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined in article I, when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.
<u>Convention on the Rights of Child</u>	Ratified by 194 United Nations member states	<ul style="list-style-type: none">• Art 23: 1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.• Art 24: 1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

<u>The International Covenant on Civil and Political Rights</u>	172 UN member states are parties to the covenant	<ul style="list-style-type: none"> • Art 7: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. • Art 27: All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
<u>The International Covenant on Economic, Social and Cultural Rights</u>	171 UN member states are party to the covenant	<ul style="list-style-type: none"> • Art 12: 1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
<u>Constitution of the World Health Organisation</u>	Adopted by all WHO member states	<ul style="list-style-type: none"> • Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. • The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
<u>WHO Comprehensive Mental Health Action Plan 2013-2030</u>	Adopted by ministers of health of 194 WHO member states	<ul style="list-style-type: none"> • 1. Universal health coverage: Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, and following the principle of equity, persons with mental disorders should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health. • 2. Human rights: Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.

<u>Sustainable Development Goals</u>	Adopted by all UN member states in 2015	<ul style="list-style-type: none"> • Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
<u>2019 Political Declaration in the UN High Level Meeting on UHC</u>	Political declaration by heads of states and representatives present at the UN on 23 September 2019	<ul style="list-style-type: none"> • 1. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health. • 36. Implement measures to promote and improve mental health and well-being as an essential component of universal health coverage, including by scaling up comprehensive and integrated services for prevention, including suicide prevention, as well as treatment for people with mental disorders and other mental health conditions as well as neurological disorders, providing psychosocial support, promoting well-being, strengthening the prevention and treatment of substance abuse, addressing social determinants and other health needs, and fully respecting their human rights.

ADAPTABLE EXECUTIVE SUMMARY

Partners can use this executive summary, which captures a lot of the above, to advocate that the right to health includes mental health. As one of our partners, you are welcome to use the text exactly as it is under your own branding. Or you can edit the highlighted text to insert relevant facts and figures from your own national or local contexts, or tailor it to suit the needs of any particular stakeholder your advocacy work is targeting. You are also encouraged to add the key messages and calls to action as they apply to your context.

You should always, where possible, encourage stakeholders to read the full policy brief [here](#).

MENTAL HEALTH AS A MATTER OF RIGHTS

The concept of universal health coverage (UHC) originated in the [WHO constitution of 1948](#). It's based on the idea that everyone, everywhere should be able to access the health services they need without suffering financial hardship. The constitution defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity.

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

The Constitution of the World Health Organisation

But the coverage gap in care for common mental health conditions, [which is as wide as 90% in some low-income countries](#) (**recommended to replace with country specific data**), underlines that we are failing to provide the right to the highest attainable standard of health as set out in the WHO constitution. At the same time, the resources available for mental health are too focused on specialist hospital or institutional care, rather than primary and community-based care, which are proven to be more effective.

All of society, including policy makers and civil society organisations, must acknowledge this all comes at a high cost. This cost is not just in the form of a lack of services, but in a failure to address the human rights abuses of people living with mental health conditions, particularly children and caregivers. (**National partners may want to add some text on specific human rights abuses and highlight vulnerable groups most relevant to their context**)

To address these issues, we need a rights-based approach to integrating mental health into UHC. Commitments have already been made, through instruments such as the [UN Convention on Rights of Persons with Disabilities \(CRPD\)](#) and the [WHO Comprehensive Mental Health Action Plan 2013–2030](#), and at high-level meetings such as the [UN High-Level Meeting on UHC in 2019](#). The time has now come to implement those commitments.

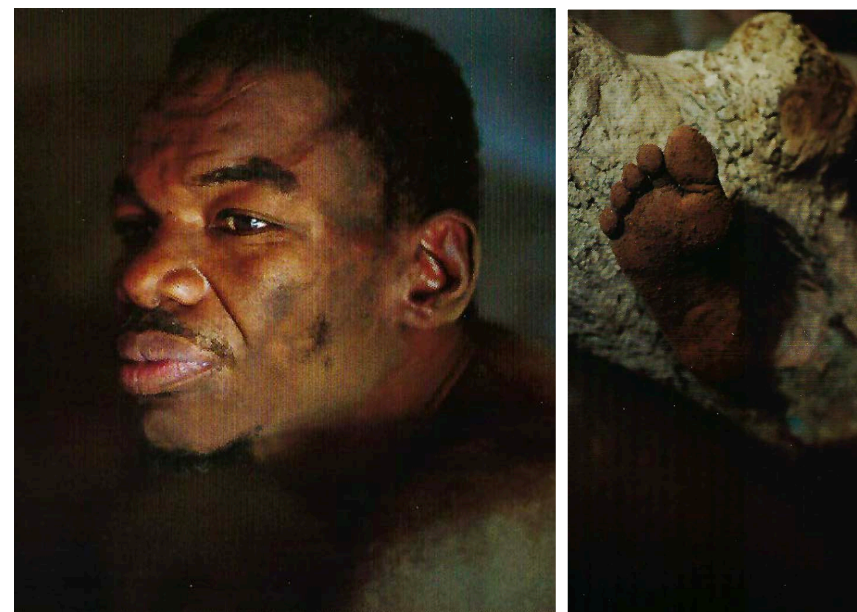
To make good on those commitments to a rights-based approach to mental health and the full integration of mental health into UHC, we propose that: (**national partners may want to reframe to their specific contexts**):

- 1) National mental health legislation, policy and planning must be brought in line with modern human rights conventions.
- 2) Mental health systems must be decentralised and move towards predominantly primary and community-level mental health care, which is evidence- and rights-based.
- 3) Mental health community outreach and education programmes must be fully integrated into UHC systems. People with lived experience of mental health conditions must be properly included in UHC policy and legislative dialogue and development.
- 4) Human rights relating to mental health within UHC systems must be monitored, and governments held accountable for their commitments.

CASE STUDY

FRANCIS PII: THE ABSENCE OF RIGHTS (GHANA)

"I didn't know I was having a mental problem. They removed my clothing, and then they locked me on the log. I thought I had nobody. I saw it that way."



Francis Pii Kugbila never got to see a psychiatrist. A teacher at the Baptist primary school in Bolgatanga, Ghana, he was struggling with a mental health condition as a result of using Indian hemp to cope with his worries.

After neighbouring villagers complained about his supposedly aggressive behaviour, his brothers took him to a traditional healer. The healer forced his leg through a hole in a heavy length of tree trunk, pushing a metal rod through one half of the hole to trap Francis's limb. He was confined like this for almost two years: naked, in an empty room, on a bare concrete floor upon which he ate, slept and relieved himself.

In November 2010, he was rescued by the BasicNeeds team in Ghana. They paid approximately US\$5 for him to begin treatment with a community psychiatric nurse, and then supported the rest of his treatment with the help of the Talensi/Nabdam District Education Office. In addition to this care, Francis's friends offered social and psychological support. As a consequence, he is now happy, healthy and reunited with his family, and working again as a teacher in another district.

For every person like Francis, there are countless others who remain undiscovered and without the support they desperately need. These people live in terrible conditions, their human rights consistently violated, because of lack of access to mental health services, a lack of awareness and a lack of agency to decide their own treatment.

To change this, and prevent the appalling suffering of more people like Francis, it is essential that governments adopt a rights-based approach to integrating mental health into UHC.



UHC AND MENTAL HEALTH FINANCING

UHC AND MENTAL HEALTH FINANCING

Investment in mental health should be seen as just that – an investment for a future economic return and an opportunity to increase national prosperity. Integrating mental health into UHC is highly cost-effective and can make health spending more efficient.

This section contains the key messages, quotes, facts, calls to action – as well as a cost to coverage comparison – to make the case for increased financing to facilitate the integration of mental health into UHC. To read more and for links and references to the points below, please see the 2020 report, [No Health without Mental Health](#) and the policy brief [Financing Mental Health for All](#).

KEY MESSAGES

THE PROBLEM

- Universal health coverage (UHC) means that [all people have access to the health services they need, when and where they need them, without financial hardship](#).
- Mental health budgets account for only [2.1% of global median government health expenditure](#). The underfunding of mental health services [affects both the supply of and demand for these services](#).
- Treatment coverage gaps can [force people to resort to paying out of pocket for other formal or informal treatment methods, or to go without treatment altogether](#). Today the treatment gap for common mental health conditions can be [as high as 90% in low-income countries](#).
- Studies have found treatment gaps in low-income countries of up to [90% for depression, anxiety and bipolar disorder](#); [88% for psychosis](#); and [86.9% for epilepsy](#). Even in high-income countries, where spending is much greater, there is a [63.2% treatment gap for depression, anxiety and bipolar disorder in 2022](#).
- When mental health services are not offered free of charge as part of primary health care or a lack of community-based care forces people to incur travel costs to reach services, many are priced out of accessing them.
- Too often, financing for mental health is [disproportionately focused on tertiary care](#). The [WHO's Mental Health Atlas 2020](#) reports that 66% of all mental health

spending goes to mental hospitals, leaving little in reserve for primary, secondary and community-based care, or promotion and prevention programmes

- It is important to highlight that the costs of preventing poor mental health up front are a [fraction of those paid by society throughout the life course](#).
- The [State of the World's Children report](#) estimates an annual cost of US\$387billion in lost human capital from mental health conditions such as depression and anxiety among children and adolescents, and the loss of lives to suicide.

THE COMMITMENTS

- [The WHO's Comprehensive Mental Health Action Plan 2013-2030](#) recommends integrating mental health into UHC. It sets member states the target of increasing their existing mental health service coverage by 50% by 2030, 'away from long-stay mental hospitals towards non-specialised health settings'.

THE CALLS TO ACTION

- Mental health must be integrated into UHC so that people with mental health conditions can access essential health and social services, without the risk of financial hardship.
- To truly achieve health for all, treatment gaps for mental health services need to be addressed through increased financing for mental health as a cross-cutting component of UHC.
- Governments must commit adequate domestic finance to ensure that an essential package of mental health services is available to all, including particularly vulnerable groups such as children, adolescents and their caregivers, without causing financial hardship.
- Governments must commit the resources necessary to increase mental health service coverage by 50% by 2030 – the target set by the WHO. This coverage needs to prioritise primary and community-based care.
- The financing of good mental health services is not the sole responsibility of the health sector. Many other areas of government can play a role in delivering a holistic approach to prevention, promotion and treatment in mental health, and should share the cost of doing so.

- International aid donors must commit to increase funding in development assistance in mental health (DAMH) to US\$1.9bn per year, and ensure DAMH is integrated into existing emergency responses, development programmes and established financing mechanisms. In 2019, only [US\\$160m of development assistance for mental health \(DAMH\) was available to spend, against the US\\$1.9bn required annually](#). Philanthropic donors contributed [one third of total DAMH \(US\\$364.1million\) between 2000 and 2015](#).
- Domestic and international donors must support governments and civil society organisations to capitalise on the opportunities presented by the global commitments and financing mechanisms related to integrating mental health in UHC.

THE RETURN ON INVESTMENT

- There is a clear link between mental health and economic performance. Investment in mental health that focuses on primary health care and community based healthcare settings leads to large productivity gains.
- The WHO projects a return of [US\\$5 for every US\\$1 spent](#) on increasing coverage for common mental health conditions, thanks to productivity gains.
- The [State of the World's Children report](#) found that every US\$1 spent in this way over 80 years would yield US\$21.5. For low-income and lower-middle-income countries, that return was estimated to be a massive US\$88.7 and US\$67.6 respectively.
- Financing for mental health shouldn't be viewed in isolation from spending on physical health care – especially as evidence suggests [the overall cost of care can be reduced by integrating mental health into UHC](#).

PULL-OUT QUOTES

"It is now crystal clear that mental health needs must be treated as a core element of our response to and recovery from the Covid-19 pandemic. This is a collective responsibility of governments and civil society, with the support of the whole United Nations system. A failure to take people's emotional well-being seriously will lead to long-term social and economic costs to society."

Dr Tedros Adhanom Ghebreyesus (Director-General WHO)

"We must increase investment in #mentalhealth services on a massive scale, so that access to quality #mentalhealth services becomes a reality for everyone."

Dr Tedros Adhanom Ghebreyesus (Director-General WHO)

"Investment into mental health is an investment in a better life and future for all."

Dr Tedros Adhanom Ghebreyesus (Director-General WHO)

"World leaders must move fast and decisively to invest more in life-saving mental health programmes – during the pandemic and beyond."

Dr Tedros Adhanom Ghebreyesus (Director-General WHO)

"The scaling-up and reorganisation 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."

Devorah Kestel (Director Mental Health & Substance Use Department WHO)

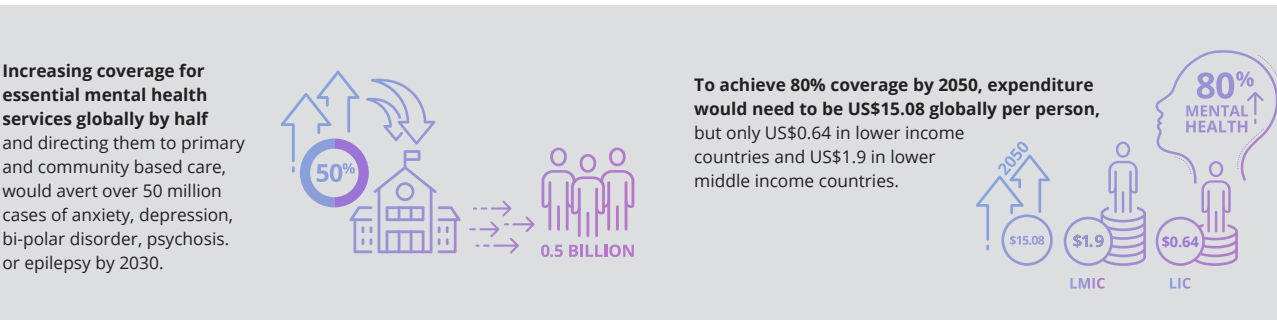
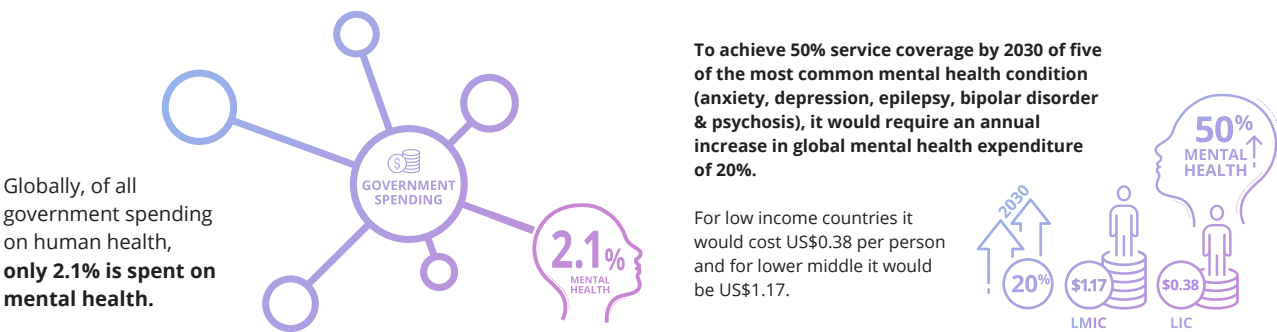
COST TO COVERAGE COMPARISON

The following image shows the cost of achieving the WHO’s target mental health service coverage rates for five common conditions: anxiety, depression, bi-polar disorder, anxiety and psychosis.

It is the product of research commissioned by United for Global Mental Health and conducted by Deakin University using the WHO’s OneHealth Tool.

All modelling of this type has limitations. A significant limitation here is not accounting for the potential diseconomies of scale when seeking to achieve very high coverage rates. In other words, as the coverage of mental health services increases, the need to account for patient preferences about accessing mental health care combined with the additional resources needed to identify cases and promote treatment-seeking could increase the cost of scaling up mental health treatment coverage.

The data is a forecast and should be seen as a guide to what could be achieved and how much that would cost. To see the information in more detail and for additional data, please see the brief and its annex [here](#).



ADAPTABLE EXECUTIVE SUMMARY

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FINANCING MENTAL HEALTH FOR ALL

The concept of universal health coverage (UHC) originated in the [World Health Organisation constitution of 1948](#). It means that everyone, everywhere should be able to access the health services they need without suffering financial hardship. The WHO constitution defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity.

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

The WHO constitution

The reality, however, is that there’s a huge gap in the global coverage of care for mental health conditions – [as wide as 90% in some low-income countries](#) **(recommended to replace with country specific data)**. On top of that, the care that is available is all too often disproportionately focused on tertiary or secondary rather than primary and community-based care. As things stand, we are failing to uphold people’s right to the highest attainable standard of health, as set out in the WHO constitution.

Median global government spending on mental health as [a percentage of government health expenditure is only 2.1%](#) **(recommended to replace with country specific health expenditure data)**. According to UNICEF’s [State of the World’s Children report](#), only

a small fraction of this expenditure goes to those most vulnerable, such as children, adolescents and caregivers *(replace with national figures if available on vulnerable groups most relevant to local context)*.

It is essential to address this coverage gap. The best way of doing that is by integrating mental health into national UHC policies, plans and funding mechanisms, and by strengthening primary and community-based care. Mental health is not separate from physical health. A holistic person-centred approach takes comorbidities into account, influences physical health outcomes and makes care more cost-efficient.

This is the right time to advocate for integration. Right now, UHC now has a prominent role in global discourse and planning on:

- **achieving the health-related Sustainable Development Goals**
- **strengthening health-systems**
- **emergency – including pandemic – preparation, response and recovery.**

[The WHO's Comprehensive Mental Health Action Plan 2013-2030](#) recommends integrating mental health into UHC. It sets member states the target of increasing their existing mental health service coverage by 50% by 2030, 'away from long-stay mental hospitals towards non-specialised health settings'. Achieving this goal for five of the most prevalent mental health conditions (anxiety, bipolar disorder, depression, epilepsy and psychosis) only requires a year-on-year increase of US\$0.2 in global per capita mental health investment until 2030 *(can replace with per capita figure required by specific country if available or replace with figures per income categorisation below)*.

This is well within the means of many governments, even those requiring external assistance. For low- and lower-middle-income countries, it would mean increasing year-on-year expenditure by US\$0.004 and US\$0.02 per capita respectively *(see above)*. These figures are tiny as the current coverage levels of many countries are very low, and financing is very small. So only modest rises in financing are needed to increase coverage by 50% – but doing so would have a considerable impact on individual lives. Indeed, according to [research commissioned by United for Global Mental Health](#), steadily increasing global health financing to achieve this target between now and 2030 for five common mental health conditions – anxiety, bipolar disorder, depression, epilepsy and psychosis -- could mean:

- **23.9 million healthy life years gained**
- **51.5 million prevalent cases averted**
- **478,000 deaths avoided. (Replace with realistic target figure according to context and national level data where available)**

Achieving UHC for mental health must be the goal. This is in line with the guiding vision of the SDGs and the realisation of the right of everyone, everywhere to good mental health.

The research shows that steadily increasing global health financing to achieve UHC (90% coverage) between now and 2050 for the five mental health conditions would result in even more startlingly positive health outcomes: over 500 million healthy life years gained over 6 million deaths prevented just under 1.5 billion cases of mental health conditions averted. *(Replace with national level data if available)*

THE ECONOMIC CASE FOR MENTAL HEALTH COVERAGE

There is a compelling economic case for this increase in mental health financing, which prioritises primary and community-based care. The [State of the World's Children report](#) estimates an annual cost of US\$387billion in lost human capital from mental health conditions such as depression and anxiety among children and adolescents, and the loss of lives to suicide.

Conversely, the WHO projects [a return of US\\$5 for every US\\$1 spent](#) on increasing coverage for common mental health conditions, thanks to productivity gains. *(Replace with country level investment case data if available)*

FINANCING THE INTEGRATION OF MENTAL HEALTH INTO UHC

The following three ways may be utilised to finance the integration of mental health into UHC:

- 1) UHC financing: integrating mental health into UHC financing schemes
- 2) Cross-government financing: the integration of mental health into health and other relevant budgets across sectors; into medium-term budgetary frameworks; and into cross-government and national development plans
- 3) Integrating development assistance for mental health into existing emergency responses, development programmes and established financing mechanisms.

Closing the gap in mental health service coverage is necessary, achievable and beneficial. It is essential that mental health be integrated into UHC, particularly at primary and community level, and underpinned by up-to-date laws, plans, strategies and budgets. To make this happen, the following actions must be prioritised (***national partners may want to reframe to their specific contexts***):

- Governments must commit adequate domestic finance to ensure that an essential package of mental health services is available to all – particularly vulnerable groups such as children, adolescents and their caregivers – without causing financial hardship.
- Governments must commit the resources necessary to increase mental health service coverage by 50% by 2030 – the target set by the WHO. This investment should prioritise primary and community-based care.
- Domestic and international donors must support governments and civil society organisations to capitalise on the opportunities presented by the global commitments and financing mechanisms related to integrating mental health in UHC.

CASE STUDY: ZEESHAN AHMAD (PAKISTAN)

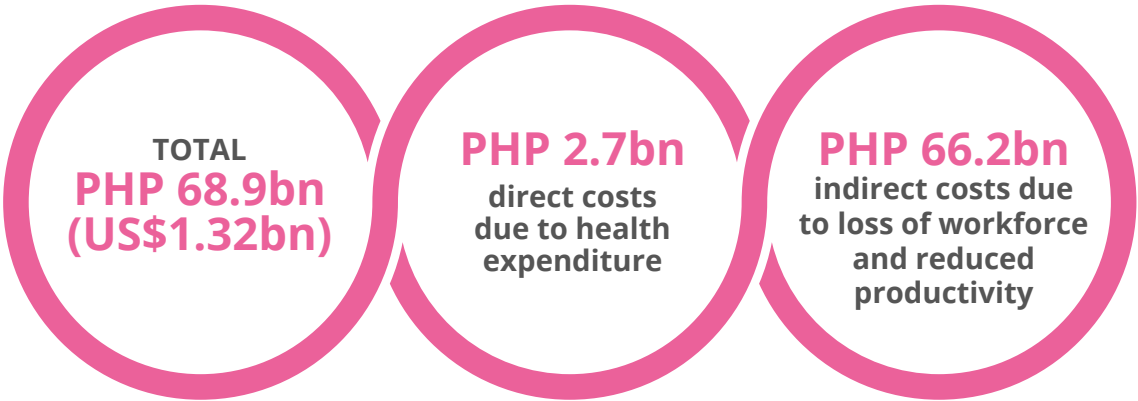
Zeeshan Ahmad from Pakistan had difficulty accessing treatment for depression. In the video below he makes the case for greater financing for mental health to address the lack of services – and the stigma surrounding mental ill health – that made getting treatment difficult.

He calls for doctors to be equipped to identify mental health conditions, as well as physical health problems, given the interconnections between the two.



PHILLIPINES INVESTMENT CASE

BURDEN OF MENTAL HEALTH CONDITIONS



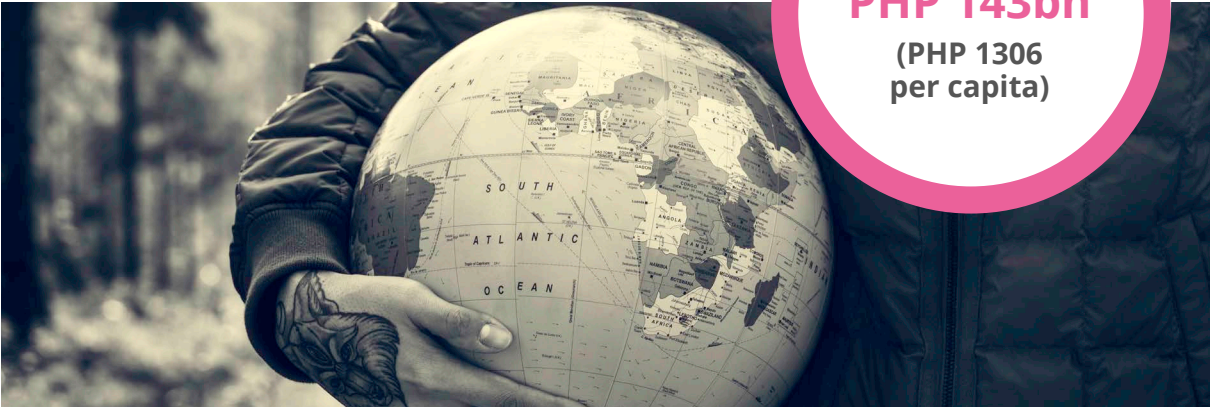
The case for investment in mental health services in the Philippines^{xxxiii}

The following table outlines the case for investment to close the mental health treatment gap for certain clinical packages in the Philippines, a WHO Special Initiative Country. ^{xxxii} It recommends an investment framework over 10 years and projects the return on investment.

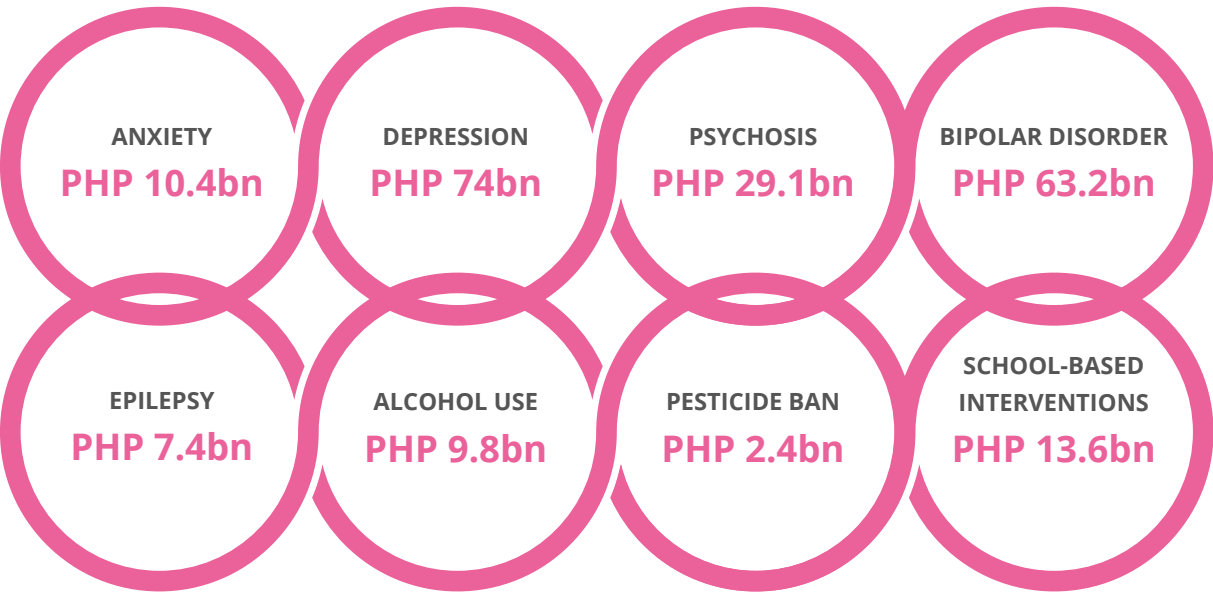
The treatment gap (using basic coverage figures)

Type	Anxiety	Depression	Psychosis	Epilepsy	Bipolar disorders	Alcohol use	Pesticides ban	School based
Current coverage	5%	5%	20%	40%	20%	5%	70%	5%
Target coverage (by 2040)	30%	30%	60%	90%	60%	30%	100%	100%

Recommended investment over 10 years



Investment breakdown



The return on investment

Total return on investment:	PHP 217bn
Healthy life years gained:	724,195
Prevalent cases averted:	1,748,020
Deaths avoided:	5,344
Productivity gains:	PHP 216bn

The table above outlines both the health and economic rationale for investing in evidence-based, WHO-recommended interventions that are in line with community-based, integrated approaches. The Philippines investment case shows that increased financing for mental health not only prevents mental health cases but can provide a decent return.



UHC POLICIES, PROGRAMMES AND MENTAL HEALTH

UHC POLICIES, PROGRAMMES AND MENTAL HEALTH

In a world where nearly 1 billion people live with a mental health or a substance use condition, there is a staggering – and growing – need to address mental health directly. Moreover, mental health and physical health are inextricably linked, and improving mental health cannot fail to improve other areas of health. To achieve truly universal health coverage, and save countless lives, mental health care must be included in UHC.

This section contains the key messages, quotes, facts and calls to action that make the health argument for integrating mental health into UHC policies and programmes. To read more and for links and references to the points below, please refer to the 2020 report, [No Health without Mental Health](#) and the policy brief [What can we Achieve if we Meaningfully Integrate Mental Health into UHC?](#)

KEY MESSAGES

THE PROBLEM

- Universal health coverage (UHC) means that [all people have access to the health services they need, when and where they need them, without financial hardship](#).
- In most countries, mental health is not integrated into health systems, meaning most people with mental conditions cannot access support. At the same time, there is a danger that mental health will not be integrated into new health sector reforms driven by the global push for UHC.
- [There is a gap in access to mental health services of up to 90% in low-income countries](#), and resources are too focused on [specialist hospital or institutional care](#). A [2022 research report](#) found that mental health service use for depression ranged from 33% in high-income countries to 8% in low- and lower-income countries.
- Using data on psychosis as a proxy for severe mental health conditions, the [WHO's Mental Health Atlas 2020](#) reported that just 212.4 per 100,000 people with psychosis used mental health services in 2020, with high- and upper-middle-income countries showing more than seven times higher rates of usage than low-income countries.
- The proportion of people suffering from depression who receive minimally adequate treatment ranges from [22.4% in high-income countries to only 3.7% in lower-middle-income countries](#).
- There is also a shortage of frontline workers for mental health services. The WHO reports that [there are fewer than 1.4 mental health workers per 100,000 of the population in low-income countries and only 13 per 100,000 globally](#).

- [1 in 7 children and young people experience mental health conditions](#). However the number of health workers for child and caregiver mental health services are only [0.01 per 100,000 in low-income countries and 3.4 per 100,000 globally](#).

THE RELATIONSHIP BETWEEN MENTAL AND PHYSICAL HEALTH

- The impact of fully integrating mental health into health systems so that everyone who needs mental health support can get it could be enormous, for both physical and mental health.
- A recent study found that people with mental and physical health comorbidities had a [six times higher mortality rate and 11.5 years lower life expectancy](#) than the general population.
- The World Mental Health Surveys found an [increase in mortality of 8-12%](#) among people with common mental disorders through smoking, diabetes, history of myocardial infarction, and hypertension.
- It has also been reported that [one in four cancer patients suffer from depression, and the risk of becoming depressed is five times higher in cancer patients than for the general population](#).

THE CALLS TO ACTION

- Mental health must be integrated as an integral and cross-cutting part of UHC policies and planning across sectors so that people with mental health conditions can access essential health and social services, without the risk of financial hardship.
 - The integration of mental health into UHC policies and programmes must keep people of lived experience at the core of planning and implementation.
 - Coverage for mental health services must be expanded by shifting the focus of care away from hospital and institution-based care towards primary and community care
 - Health workers must be trained to deliver evidence-based, culturally appropriate and rights-based mental health and social care services in non-specialised settings
- Go beyond the health sector and coordinate and implement a multi-sectoral strategy that combines universal and targeted interventions for promoting good mental health, preventing mental health conditions, reducing stigma and encouraging people who need help to seek it.

THE RETURN ON INVESTMENT

- As per research commissioned by UnitedGMH the health outcomes of investing in mental health and integrating it meaningfully into UHC could be huge.
- By increasing access to services globally for five common mental health conditions (anxiety, depression, psychosis, bi-polar disorders and epilepsy) by 50% by 2030, we could avoid 51.5 million cases, see 23.9 million healthy life years gained and avoid just under half a million deaths.
- By achieving universal coverage (90% plus) for five common mental health and neurological conditions (anxiety, depression, psychosis, bi-polar disorders and epilepsy) globally by 2050, over 1.4 billion prevalent cases could be avoided, more than 500 million healthy life years could be gained and around 6 million deaths could be averted worldwide.
- By increasing access to services for depression by 50% by 2030, low and lower-middle income countries stand to gain over 4 million healthy life years, avert 10.4million cases of depression and avoid just over 20 thousand deaths caused by depression alone
- By increasing access to services for epilepsy by 50% by 2030, the global community could avert just under 2 million cases of epilepsy, avoid just over 168,000 epilepsy deaths and gain over 3 million healthy life years.
- Using UNAIDS data from 2019 and research commissioned by United for Global Mental Health, it is estimated that HIV infection rates could be reduced 10%-16.5% faster as a result of integrating mental health into HIV programmes. That would mean more than 924,000 people across the world could avoid HIV infections by 2030.
- Using official WHO data on SDG 3.3.1 and research commissioned by United for Global Mental Health, it is estimated that TB infection rates could be reduced between 12.6% to 20% faster by integrating mental health into TB and HIV programmes. This means that up to 14 million TB cases could be avoided by 2030.

PULL OUT QUOTES

"The world is accepting the concept of universal health coverage. Mental health must be an integral part of UHC. Nobody should be denied access to mental health care because she or he is poor or lives in a remote place."

Dr Tedros Adhanom Ghebreyesus, (Director-General WHO)

"The Covid-19 pandemic is reminding us once again that mental health is just as important as physical health."

Dr Tedros Adhanom Ghebreyesus, (Director-General WHO)

"All too often there is a lack of quality medical and social care, and mental health is not always considered to be a priority. The resources available to the medical health sector remain too limited. In this perspective, the inclusion of mental health as part of universal health coverage should be generalised."

Queen Mathilde of Belgium

"One more task is the battle for the mental health of our people. Following what Ukrainians have experienced during the occupation, at the front, in bomb shelters, under shelling. They need rehabilitation in the same way as those who are physically wounded."

Olena Zelenska (First Lady of Ukraine)

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WHAT CAN WE ACHIEVE IF WE MEANINGFULLY INTEGRATE MENTAL HEALTH INTO UHC?

Universal health coverage (UHC) is the concept that everyone, everywhere should be able to access the good-quality health (including mental health) services they need without suffering financial hardship. There is an increasing acknowledgment of the importance of integrating mental health care into UHC.

“The world is accepting the concept of universal health coverage. Mental health must be an integral part of UHC. Nobody should be denied access to mental health care because she or he is poor or lives in a remote place.”

Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO (2019)

WHY MENTAL HEALTH CARE NEEDS TO BE INTEGRATED INTO UHC

The [World Health Organisation’s constitution](#) recognises mental health as an integral part of its definition of health (the H in UHC). Therefore, there can be no UHC without the meaningful integration of mental health. Yet, today the treatment gap for common mental health conditions can be as high as [90% in low-income countries](#) *(recommended to replace with country specific data)*. And most often it is the poorest and most marginalised people who lack access to services. Moreover, most of the funding for mental health services is disproportionately spent on institutionalised care, rather than primary and community-based care *(country specific data on this would be quite helpful if available)*.

World leaders have committed to address these mental health treatment coverage gaps at several international meetings, including at the UN high-level meeting on UHC in 2019, and as part of the Sustainable Development Goals under SDG3. UHC is one of the six cross-cutting principles of the [WHO’s Comprehensive Mental Health Action Plan 2013-2030](#), agreed by all health ministers, which aims to increase service coverage for mental health conditions by 50% by 2030. It also aspires to move mental health funding away from institutional care towards primary and community-based health care, as part of a system including strong secondary health care and referral pathways.

WHAT INTEGRATING MENTAL HEALTH INTO UHC MAKES POSSIBLE

According to new United for Global Mental Health research (see methodology annex 2), scaling up coverage for five common mental and neurological conditions (depression, anxiety, bi-polar disorders, psychosis and epilepsy) could have substantial health benefits. For example, hitting the WHO’s target of increasing service coverage for the five conditions listed above by 50% by 2030 could contribute to avoiding nearly half a million deaths, averting around 51.5 million cases of common mental and neurological conditions and gaining almost 24 million healthy life years *(to be replaced with country specific data if available)*.

If the world achieves UHC (over 90% coverage), the projected gains for the five conditions are even more pronounced, as shown in table 1 *(to be replaced with country specific data if available)*.

Table 1: Approximate projected global health outcomes of achieving universal mental health service coverage

Achieving universal (90% plus) mental health service coverage	Prevalent cases averted	Healthy life years gained	Deaths avoided
By 2030	299.7 million	126 million	1.6 million
By 2050	1.4 billion	531 million	6.1 million

The link between mental and physical health in creating ‘comorbidities’ is also well established. For example, common mental health conditions such as anxiety and depression are known risk factors for [HIV, TB, cardio-vascular diseases, diabetes and cancer](#). And HIV, TB, cardio-vascular diseases, diabetes and cancer are all conditions that can lead to higher rates of anxiety and depression, among other mental health

conditions. That's why it's crucial to integrate mental health services into UHC – doing so will lead to tangible improvements in people's mental and physical health.

HOW THE INTEGRATION OF MENTAL HEALTH INTO UHC IS POSSIBLE

Leading international organisations, such as the WHO and World Bank, agree on two key principles on integrating mental health:

- **transitioning from institutional care to primary and community-based mental health care (Note: 'community-based' is a term the WHO uses to refer to any mental health care provided outside of a psychiatric hospital)**
- **adopting a multi-sectoral approach to mental health care.**

Achieving UHC is a core part of the Sustainable Development Goals under SDG3. It is also increasingly a part of the world's response to and recovery from the Covid-19 pandemic, as well as the work to prepare for future pandemics. This creates an historic opportunity to strengthen UHC around the world.

The prevailing focus on UHC, mental health and the relationship between the two – as set out in the WHO's [Comprehensive Mental Health Action Plan 2013-2030](#) and through efforts such as the [WHO Special Initiative for Mental Health](#) – makes this the right time to push for the meaningful integration of mental health into UHC.

CASE STUDY: JOSEPHINE'S STORY (LIBERIA)

The 2014 Ebola outbreak in Liberia changed Josephine Karwah's life forever. She was diagnosed with Ebola and went to an Ebola Treatment Unit (ETU) operated by Médecins Sans Frontières, where she received treatment and mental health counselling.

Returning to her community, Josephine entered a world that was not the same as before Ebola. The stigma surrounding the disease, including baseless myths about contracting it, permeated her community, making her return to normal life impossible.

Then she was introduced to the Carter Center, which was working to transform Liberia's mental health system. It provided Josephine with access to services and counselling to help her cope with the mental anguish of being stigmatised. She is now living what she refers to as a 'normal' life in the community and is studying biology. Without the integration of mental health services into her treatment, this would not be possible.



**ESSENTIAL READINGS AND
RESOURCES**

ESSENTIAL READINGS AND RESOURCES

WHO RECOMMENDATION	RESOURCE
Integrate mental health into UHC policies and programmes, keeping people with lived experience at the core of planning and implementation	<ul style="list-style-type: none">• WHO Comprehensive Mental Health Action Plan (2013-2030)• WHO Mental Health Gap Action Programme (mhGAP)• WHO Draft Menu of Cost-effective Interventions for Mental Health• WHO Quality Rights• WHO Mental Health Policy and Service Guidance Package• WHO UHC Compendium• WHO World Mental Health Report (2022)
Expand coverage for mental health services by shifting the focus of care away from institutional and tertiary care settings towards evidence-based primary and community care	<ul style="list-style-type: none">• WHO Comprehensive Mental Health Action Plan (2013-2030)• WHO Mental Health Gap Action Programme (mhGAP)• WHO Quality Rights• WHO UHC Compendium• WHO World Mental Health Report (2022)
Train health workers to deliver evidence-based, culturally appropriate and rights-based mental health and social care services in non-specialised settings	<ul style="list-style-type: none">• WHO Mental Health Policy and Service Guidance Package• WHO Quality Rights• WHO UHC Compendium• WHO World Mental Health Report (2022)
Coordinate and implement a multi-sectoral strategy that combines universal and targeted interventions for promoting good mental health, preventing mental health conditions, reducing stigma and encouraging people who need help to seek it	<ul style="list-style-type: none">• Out of the Shadows: Making Mental Health a Global Development Priority (WB)• Moving the Needle: Mental Health Stories from Around the World (WB)• Harnessing Technology to Address the Global Mental Health Crisis: An Introductory Brief (WB)• WHO UHC Compendium• WHO World Mental Health Report (2022)

Including mental health in emergency (including pandemic) preparedness, response and recovery planning and programmes	<ul style="list-style-type: none">• Building Back Better: Sustainable Mental Health Care After Emergencies (WHO)• Mental Health among Displaced People and Refugees: Making the Case for Action under Humanitarian Response and Development Programmes (WB)• Mental Health and COVID-19: Early Evidence of the Pandemic's Impact: Scientific Brief, 2 March 2022• WHO World Mental Health Report (2022)
Integrate mental health into health data collection and identify, collate, routinely report and use core mental health data disaggregated by sex and age to improve mental health service delivery, and promotion and prevention strategies	<ul style="list-style-type: none">• Countdown Global Mental Health 2030: Using Data to Inform Action published by UnitedGMH 2021• WHO World Mental Health Report (2022)





ADVOCACY ROADMAP

ADVOCACY ROADMAP

As we close in on the midway point of the SDGs 2030 Agenda, our advocacy work has reached a critical stage.

The second high-level meeting of the UN on UHC takes place in 2023, four years on from the 2019 resolution that saw substantial commitments to achieving UHC targets by 2030.

We have a vital opportunity to make sure governments deliver a step change in the coverage and effectiveness of mental health services by integrating mental health into UHC.

A series of international political moments in 2022 – in the run up to the UN high-level meeting in September 2023 – can help us galvanise action on mental health. There are also upcoming opportunities to press for extra global funding, especially through the Global Fund to Fight AIDS, TB and Malaria; Global Financing Facility; and the World Bank.

This advocacy will take place against a backdrop of restricted public funding and economic turmoil exacerbated by the Covid-19 pandemic. This makes the call for change all the more urgent, especially given the impact the economic crisis is likely to have on many people’s mental health.

Below is a roadmap of key global moments, goals capturing what success looks like and who the relevant stakeholders are, as well as the role they can play in achieving these goals.

Global and national advocacy is needed around these moments to keep up the pressure on governments to recognise mental health as a cross-cutting issue that is at the heart of UHC and integral to its success.



KEY MOMENTS AND GOALS FOR 2022/2023

GLOBAL MOMENT	OVERVIEW	ENTRY POINTS FOR MENTAL HEALTH
United Nations General Assembly 2022	The UN General Assembly (UNGA) is the main policy-making organ of the UN. Comprising all UN member states, it provides a unique forum for multilateral discussion of the full spectrum of international issues covered by the Charter of the United Nations. Each of the 193 member states has an equal vote on all resolutions. The Assembly meets in regular sessions from September to December each year, and thereafter as required. It discusses specific issues through dedicated agenda items or sub-items, which lead to the adoption of resolutions.	<ul style="list-style-type: none"> • UNSG report on UHC progress • HIV/AIDS • Human Rights of Persons with Disabilities • Human Rights in Ukraine • Humanitarian assistance in disaster relief settings • Build up to high-level meeting in 2025 on NCDs and mental health (under the Millennium Summit Agenda item)
World Mental Health Day 2022	The theme of this year's World Mental Health Day is 'Making Mental Health and Well-Being for All a Global Priority'. This will be an opportunity for people with mental health conditions, advocates, governments, employers, employees and other stakeholders to come together to recognise progress in this field and to be vocal about what we need to do to make mental health a global priority for everyone.	<ul style="list-style-type: none"> • Covid-19 pandemic preparedness and response • Mental health in emergency settings (specifically Ukraine and other wars) • Health systems strengthening • Displacement and refugee crisis • Stigma and discrimination
Mental Health Ministerial Summit 2022	The summit's main objective is to strengthen global action from governments, international organisations and civil society to: <ul style="list-style-type: none"> • address the key issues related to mental health care, which has been upended under the pressure of the recent health and humanitarian crises • overcome the structural weaknesses that prevent millions of people from receiving adequate care for their mental health needs. 	<ul style="list-style-type: none"> • Covid-19/pandemic preparedness and response • Mental health in emergency settings (specifically Ukraine and other wars) • Displacement and refugee crisis • Community mental health / deinstitutionalisation • Inclusion of people with lived experience

IMF and World Bank Annual Meeting 2022	The annual meeting of the various banks that make up the World Bank Group convenes all finance and many development and health ministers from around the world.	<ul style="list-style-type: none"> • Covid-19/pandemic preparedness and response (including economic response) • Mental health in emergency settings (specifically Ukraine and other wars) • Displacement and refugee crisis
Global Fund Replenishment Conference 2022	The Global Fund's seventh replenishment is looking to raise at least US\$18 billion to: <ul style="list-style-type: none"> • get the world back on track toward ending HIV, TB and malaria • build resilient and sustainable health systems and strengthen pandemic preparedness, making the world more equitable and safer from future threats. 	<ul style="list-style-type: none"> • HIV/TB and malaria
G20 Leaders' Summit 2022	Under the Indonesian presidency, the G20 in 2022 will focus on the theme 'Recover Together, Recover Stronger'. The Leaders' Summit is the climax of the G20 process and the work carried out over the year through ministerial meetings, working groups and engagement groups. Heads of government adopt a declaration containing key commitments at the summit's conclusion.	<ul style="list-style-type: none"> • Global health architecture and specifically Covid-19/pandemic response and recovery
World UHC Day 2022	International Universal Health Coverage Day aims to raise awareness of the need for strong and resilient health systems and universal health coverage with multi-stakeholder partners. Each year, on 12 December, UHC advocates raise their voices to share the stories of the millions of people still waiting for health, champion what we have achieved so far, call on leaders to make bigger and smarter investments in health, and encourage diverse groups to make commitments to help move the world closer to UHC by 2030.	<ul style="list-style-type: none"> • UHC • Covid-19/pandemic preparedness and response

WHO Executive Board Meeting 2023	<p>The Executive Board is composed of 34 technically qualified members elected for three-year terms. The annual Board meeting is held in January, when the members agree on the agenda for the World Health Assembly and the resolutions to be considered by the Health Assembly.</p>	<ul style="list-style-type: none"> • UHC • Covid-19/pandemic preparedness and response • Emergency settings (specifically Ukraine and other wars) • Health systems strengthening • Displacement and refugee crisis • Global Action Plan on NCDs • Sustainable Development Goals
UN Parliamentary Hearing 2023	<p>Every year, during the General Assembly, the Inter Parliamentary Union organises a hearing for members of parliament to exchange views with UN officials, representatives of the UN diplomatic community, scholars and leading academics.</p> <p>The meeting has evolved into a substantive debate about the main issues on the international agenda. The conclusions and recommendations of the hearing provide parliamentary input into the work of UN bodies. The debates serve two main purposes:</p> <ul style="list-style-type: none"> • they help parliamentarians better understand UN decision-making processes and the status of negotiations on a variety of issues • they make it possible for parliamentarians to convey to UN member states their views based on their own national and local experiences. 	<ul style="list-style-type: none"> • 75th anniversary of the Universal Declaration on Human Rights • Sustainable Development Goals • Covid-19/pandemic preparedness and response • emergency settings (specifically Ukraine and other wars) • Displacement and refugee crisis
World Bank Annual Meeting 2022	<p>The annual meeting of the various banks that make up the World Bank Group convenes all finance and many development and health ministers from around the world.</p>	<ul style="list-style-type: none"> • Covid-19/Pandemic preparedness and response (including economic response) • Mental health in emergency settings (specifically Ukraine and other wars) • Displacement and refugee crisis

UN high-level meeting on UHC multistakeholder hearing	<p>The President of the UN General Assembly, with the support of the WHO and UHC2030, will convene an interactive multi-stakeholder hearing as part of the preparatory process for the 2023 UN high-level meeting.</p> <p>The hearing aims to engage the active participation of “appropriate senior-level representatives of Member States, observers of the General Assembly, parliamentarians, representatives of local government, relevant United Nations entities, non-governmental organisations in consultative status with the Economic and Social Council, invited civil society organisations, philanthropic foundations, academia, medical associations, the private sector and broader communities, ensuring the participation and voices of women, children, youth and indigenous leadership”.</p> <p>Participants will be encouraged to exchange views on key priorities to raise with heads of state during the high-level meeting, while underscoring experiences and best practices on the ground, and highlighting the special challenges faced by civil society organisations, the private sector and other stakeholders.</p> <p>The outcome of the hearing will inform the preparation of the zero-draft political declaration on UHC that will be negotiated by member states.</p>	<ul style="list-style-type: none"> • UHC • Covid-19/pandemic preparedness and response • Emergency settings (specifically Ukraine and other wars) • Health systems strengthening • Global Action Plan on NCDs • HIV/TB
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G7 Summit Japan 2023	The Group of Seven (G7) is an inter-governmental political forum consisting of Canada, France, Germany, Italy, Japan, the UK and the US. In addition, the European Union is a 'non-enumerated member'.	<ul style="list-style-type: none"> • UHC • Climate change • Covid-19/pandemic preparedness and response • Emergency settings (specifically Ukraine and other wars)
World Health Assembly 2023	The World Health Assembly is the decision-making body of the WHO. It is attended by delegations from all WHO member states and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the WHO's policies, appoint its Director-General, supervise its financial policies, and review and approve its proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland.	<ul style="list-style-type: none"> • Pandemic Treaty • UHC • Covid-19/pandemic preparedness and response • Emergency settings (specifically Ukraine and other wars) • Health systems strengthening • Displacement and refugee crisis • Global Action Plan on NCDs • Sustainable Development Goals - SDG 3
G20 Health Ministers Meeting India 2023	The G20 Health Ministers' Meeting is one of the ministerial meetings organised as part of the G20 Leaders' Summit 2023, which will be hosted by India near the end of 2023. This meeting is an important opportunity to discuss and develop health issues, and build consensus around specific shared deliverables. This ministerial meeting is organised independently from the Summit, where the Heads of State and Government endorse some of the key outcomes achieved by ministers.	<ul style="list-style-type: none"> • Health systems strengthening • Covid-19/pandemic preparedness and response • Build up to the UN high-level meeting on UHC in 2023 • Sustainable Development Goals - SDG 3

High Level Political Forum on Sustainable Development 2023	The High Level Political Forum is the central UN platform for the follow-up and review of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). The focus for 2023 will be on SDGs 6,7,9, 11 and 17.	<ul style="list-style-type: none"> • Accelerating the recovery from Covid-19 • Implementation of the 2030 SDG Agenda - UHC in the context of SDG3
United Nations High Level Meeting on TB 2023	The first-ever UN General Assembly high-level meeting on tuberculosis on 26 September 2018 endorsed an ambitious political declaration to accelerate progress towards End TB targets. The 2023 meeting is expected to contain a comprehensive review by Heads of State and Government on the commitments made, and to produce a fresh political declaration.	<ul style="list-style-type: none"> • TB
Sustainable Development Goals Summit 2023	The second SDG Summit will be convened during the General Assembly high-level week in New York. The summit will mark the mid-point review of the implementation of the 2030 Agenda and the Sustainable Development Goals.	<ul style="list-style-type: none"> • SDG 3 • Covid-19/pandemic preparedness and response • Emergency settings (specifically Ukraine and other wars) • Health systems strengthening • Displacement and refugee crisis
UN High Level Meeting on UHC 2023	The second high-level meeting on universal health coverage marks the midpoint of the SDGs. It's an opportunity to mobilise the global community and secure political commitment to accelerate progress toward achieving universal health coverage by 2030. The meeting will track progress on the commitments made at the first UN high-level meeting in 2019 and pave the way towards achieving UHC targets by 2030.	<ul style="list-style-type: none"> • UHC • Covid-19/pandemic preparedness and response • Emergency settings (specifically Ukraine and other wars) • Health systems strengthening • Global Action Plan on NCDs • HIV/TB



KEY STAKEHOLDERS FOR UHC

KEY GLOBAL STAKEHOLDERS FOR UHC

STAKEHOLDER	ROLE
WHO	<p>UHC was the key element of the WHO's General Programme of Work 13, a status it is likely to retain in the coming years. The WHO's Comprehensive Mental Health Action Plan 2013-2030 recognises UHC as a cross-cutting theme and its special initiative on mental health is about integrating mental health into UHC. The WHO are also driving the pandemic treaty, which in turn will inform the new Financial Intermediary Fund.</p> <p>The WHO director-general will submit a report in preparation for the UN high level meeting on UHC, which will be adopted at the World Health Assembly. It is crucial that this contains strong language on mental health.</p>
UN Secretary General	<p>The UN Secretary General will be one of the key convenors of the UN high-level meeting on UHC in 2023. He is expected to give an opening statement. He will also provide a progress report on the state of UHC at the 77th session of the UNGA to be discussed at the UN high-level meeting. If this progress report meaningfully includes mental health, it would greatly increase chances of mental health being part of the final declaration at the high-level meeting.</p> <p>The Secretary General is a vocal supporter of mental health and released a briefing on mental health and Covid-19 during the early stages of the pandemic.</p>
Other UN organisations	<p>The various UN organisations will be heavily involved in the planning and delivery of sessions at UNGA. Specific organisations, such as UNICEF, are drivers of mental health discourse at key moments, advocating on behalf of key groups such as children and adolescents.</p>
World Bank	<p>The World Bank sees UHC as key to achieving its twin goals of ending extreme poverty and increasing equity and shared prosperity. As such, it is the driving force behind all of the World Bank Group's health and nutrition investments. Its Global Financing Facility, in particular, is key to providing additional national-level financing for mental health under the umbrella of UHC. The World Bank Springs and Annuals Meetings are good opportunities to push for increased financing for mental health.</p>

Global Fund to Fight AIDS, TB and Malaria	<p>The Global Fund will go through its seventh replenishment in 2022, calling for US\$18 billion to end AIDS, TB and malaria – and accelerate progress towards UHC. Country-level applications through the Global Fund's Country Coordinating Mechanisms will largely determine how these funds are used at the national level. Given the comorbidities between mental health and HIV/TB, it is essential that calls for mental health's integration are made at both the replenishment conference and through the CCM applications.</p>
Group of Friends of UHC and Global Health	<p>The Group of Friends of UHC is an informal platform for UN member states to exchange information on events and initiatives that seek to support and advocate for achieving UHC by 2030. It provides an opportunity for UN member states to hear from relevant experts, partners and advocates on health system strengthening, including monitoring, accountability and the measures necessary to achieve and sustain UHC.</p> <p>With its partners, the Group of Friends can also support or organise special events at the UN on UHC, building momentum towards the high-level meeting on UHC in 2023 and towards achieving UHC by 2030. They could be an excellent entry point for promoting the issue of mental health at the UN high-level meeting agenda.</p>
UHC2030	<p>UHC2030 provides a global platform for multiple stakeholders to work together and influence national and international commitments on UHC. UHC2030 mobilises collective action on the UHC key asks, informed by their State of UHC Commitment review process. Getting mental health included in the key asks increases its chances of inclusion in the political declaration at the high-level meeting.</p>
UHC Movement Political Advisory Panel	<p>The UHC Movement Political Advisory Panel provides guidance to the UHC2030 Steering Committee to strengthen political support for UHC. The political panel also conveys UHC2030's messages to political leaders to ensure that any commitments translate into action. The political advisors have no legal status or binding obligations, they provide a purely advisory role. They are likely to be participants at the UN high-level meeting on UHC and so are potentially important champions of mental health's integration into UHC.</p>

UHC Partnership	<p>The UHC Partnership is one of WHO's largest platforms for international cooperation on UHC and primary health care. It comprises a broad mix of health experts working to promote UHC and primary care. They foster policy dialogue on strategic planning and health systems governance, developing health financing strategies and supporting their implementation, and enabling effective development cooperation in countries.</p> <p>They bridge the gap between global commitments and country implementation on the ground. That makes them key stakeholders in ensuring any commitments made on integrating mental health into UHC at the high-level meeting are put into practice.</p>
Coalition of Partnerships on UHC and Global Health	<p>The co-chairs of the UHC2030 and stakeholders in NCD, HIV/AIDS, TB, malaria, and maternal, newborn and child health work together in coalition on various health initiatives. They make sure commitments made at high-level meetings are delivered, and include vulnerable populations.</p> <p>They will be ensuring the these health agendas and groups are represented at the high-level meeting on UHC. It is important that they recognise mental health cross-cuts all these areas of health and include it in their advocacy.</p>

KEY NATIONAL STAKEHOLDERS FOR UHC

STAKEHOLDER	ROLE FOR MENTAL HEALTH
Mental Health Ministries/ Departments/Units	<p>These stakeholders can uphold the implementation of the WHO's Comprehensive Mental Health Action Plan (2021-2030). They can call for increased investment in mental health, and ensure other ministries include mental health in their policies, planning and budgets.</p> <p>They can make sure the reporting of mental health data is accurate and timely. They can support CSOs in their calls to integrate mental health into UHC, and bridge the gap between mental health CSOs and policymakers and government departments.</p> <p>They can make sure that meaningful text on mental health is included in the high-level statements of government officials at key global moments.</p>
Ministries of Health	<p>They can uphold the implementation of the WHO's Comprehensive Mental Health Action Plan (2021-2030), and the meaningful integration of mental health into UHC policies, programmes and budgets. They can make sure mental health is meaningfully included on the agendas and in the commitments, resolutions and declarations of health ministers at key global moments. They can include mental health in all health-related policies and programmes, regardless of disease type, recognising the cross-cutting role of mental health and the comorbidities between mental and physical health.</p> <p>They can call for mental health financing as per Lancet Commission recommendations as part of health budgets. They can ensure mental health is included in national health insurance schemes.</p>
Policy Makers	<p>They can commit political support and funding for mental health as part of UHC, so that global and national commitments can be implemented.</p> <p>They can develop, review and improve the legislative framework around mental health and UHC. This ensures the foundations are in place for mental health's meaningful integration into UHC and so that the WHO's Comprehensive Mental Health Action Plan (2021-2030) targets can be met.</p> <p>They can include mental health in statements, commitments, resolutions and declarations at key global and national moments. They can play an active role in reducing the stigma surrounding mental health in their local constituencies. And they can ensure mental health is included in national health insurance schemes.</p>



Ministries of Education, Employment, Labour, Social Welfare, Environment etc.	The link between mental health and the areas these ministries cover, means they can include mental health in relevant strategies, policies, programmes and budgets, and support the implementation and financing of national mental health policies. They can join the calls for integrating mental health into UHC at key global and national moments. And they can promote the issue of mental health to stakeholders, including the CSOs and private companies, they engage with or regulate.
Mental Health Civil Society Organisations	<p>These organisations can lead the call at key global and national moments for mental health's meaningful integration in UHC policies, programmes and financing. They can hold government departments and policy makers accountable for commitments made at global and national fora, including commitments towards meeting the WHO Comprehensive Mental Health Action Plan (2021-2030) targets.</p> <p>They can provide the bridge between the community and government departments, particularly concerning recommendations and language on mental health's integration into UHC. And they can make sure with lived experience are included in advocacy efforts.</p> <p>They can bring together a diverse network of stakeholders to support the calls for mental health's integration into UHC, particularly stakeholders relevant to UHC outside the mental health space. They can support government officials and policy makers to include mental health in their statements, commitments, resolutions and declarations at key global and national moments around UHC. They can support the regular collection and reporting of accurate data on mental health as part of UHC data collection.</p>
All Civil Society Organisations	<p>Civil society organisations can integrate mental health into existing advocacy strategies and support the calls for mental health's meaningful integration into UHC. They can support government officials and policy makers to include mental health in the context of their work in statements, commitments, resolutions and declarations at key global and national UHC-related moments.</p> <p>They can support the regular collection and reporting of accurate data on mental health as it relates to their area of work, as part of UHC data collection.</p>

Experts and Researchers	Experts and researchers can support calls for the integration of mental health into UHC, and develop tools and resources to help advocacy efforts on it. They include people with lived experience in the design and delivery of mental health research. They can identify and support common approaches and measurement tools for integrating mental health into UHC. And they can help scale up quality services as part of UHC, particularly to those in low- and middle-income countries and among the most vulnerable groups.
Workplaces and Private Corporations	<p>Workplaces and private companies can support the calls for increased investment in mental health as part of UHC by lending weight to the productivity gains argument. They can include mental health as part of employee health insurance and other relevant benefits. They can support and implement the new mental health workplace guidelines launched by WHO in 2022 and advocate for policy makers and government departments to formalise them as part of laws, policies and regulatory frameworks.</p> <p>The can integrate mental health in private health insurance schemes and in health insurance packages purchased by governments.</p>



ADDITIONAL TOOLS



ADDITIONAL TOOLS

The following section contains communications tools that advocates can use with policymakers and members of the public, which are:

- **Template letter** for policymakers, with the launch of the policy brief “What can be achieved if we meaningfully integrate mental health into UHC” used as an example. The text can be adapted to cover any content that partners share with their policymakers and even for general engagement.
- **Press release template**, with the upcoming World UHC Day on december 12th 2022 used as an example.
- **Social media copy**, with content that can easily be adapted or used as is on various social media platforms.

TEMPLATE LETTER FOR POLICYMAKERS

[DATE]

[Full Name and Title]

[Ministry of XXX]

Dear [XXX],

We are pleased to share with you the policy brief titled **WHAT CAN WE ACHIEVE IF WE MEANINGFULLY INTEGRATE MENTAL HEALTH INTO UNIVERSAL HEALTH COVERAGE (UHC)?** It was released on 30 May 2022 by [United for Global Mental Health](#), a global mental health organisation with expertise in policy, advocacy and financing, of which **[insert the name of your organisation]** is a national partner. The briefing was developed with experts from the WHO, USAID, Harvard University and Kings College London.

It builds on the WHO recommendation that all countries should seek to ensure they have universal health coverage (UHC) for both physical and mental health conditions. How UHC could be achieved was a key part of discussions at the World Health Assembly in 2022, attended by [name of health minister] on behalf of the Government of X. We were very pleased to see a statement from [the government/minister] that reiterated the commitment of the Government of [insert name] to UHC.

The policy brief uses ground-breaking research to highlight the substantial mental and physical health benefits of integrating mental health into UHC. **[add local data if available in support of this argument or use the global statistics from the brief]**. It explains how this integration can be achieved, with a set of recommendations based on WHO guidelines. It includes a list of available resources on the implementation of those guidelines.

The meaningful integration of mental health into UHC remains a long way off however. As things stand, the treatment gap for common mental health and neurological conditions such as depression, anxiety, bi-polar disorders, psychosis and epilepsy is as high [as 90% in low-income countries](#). And most often it is the poorest and most marginalised people who lack access to services. **[replace figure with local data specific to your country if possible]**.

We commend the **[name of the country]** government on the progress made on **[highlight the progress on mental health, e.g. increased funding, new legislation]** to date and particularly your efforts to integrate mental health into UHC. We would like **to urge you now more than ever to further prioritise mental health as a cross-cutting component of UHC**. We ask you to ensure that mental health is integrated into UHC policies, programmes, planning and financing mechanisms. We hope that this brief will help to serve as evidence for the long-term benefits of doing so.

[Placeholder to list the most pressing Key Asks from your organisation]

[Name of your organisation] is committed to working with the **[Name of the Ministry]** and would like to offer our support [add what support you can offer] to help **[name of the country]** achieve the impact that is urgently needed on mental health and UHC.

We will be pleased to discuss the report in more detail. We would also appreciate it if you can share the report with your counterparts across [mention relevant Government departments].

Sincerely,

[Name (printed and signature)]

[Organisation]

About your organisation: XX

PRESS RELEASE TEMPLATE

Press release (e.g. pegged to UHC Day, 12 December)

LOCATION, DATE

This World Universal Health Coverage (UHC) Day a spotlight shines on the inextricable links between mental health and UHC. Achieving UHC means that everyone, everywhere would be able to access the health services they need – including mental health services – without suffering financial hardship.

But today there is a coverage gap of services for common mental health conditions, such as depression and anxiety, of up to 90% in some countries. Even where services are available, they are not necessarily rights-based and cost-effective.

- The case for making mental health care a meaningful part of health systems and services is compelling:
- By achieving universal coverage (90% plus) for five common mental health and neurological conditions (anxiety, depression, psychosis, bi-polar disorder and epilepsy) globally by 2050, over 1.4 billion prevalent cases could be prevented, over 500 million healthy life years could be gained and around 6 million deaths could be averted.
 - HIV infection rates could be reduced 10%-16.5% faster as a result of integrating mental health into HIV programmes, meaning over 924,000 people across the world could avoid HIV infections by 2030.

Global Leaders have committed to achieving UHC by 2030, but today, in most countries, mental health is not integrated into health systems. That means most people with mental health conditions cannot access support.

At the same time, there is a danger that mental health will not be integrated into new health sector reforms driven by the global push for UHC.

SUGGESTED QUOTE

“UHC will not be a success without the integration of mental health. The integration of mental health in UHC is a way to improve both the mental health outcomes of populations – critical in its own right – but also to support the effective delivery of physical health care.” said XXX. “Evidence suggests that when mental health services are integrated with physical health programmes, the combined physical and mental health treatment contributes to better overall health outcomes. The overall care may also cost less, meaning more can be done with the same resources – a crucial consideration for UHC.”

The WHO has produced guidelines for countries seeking to ensure they implement UHC for both physical and mental health conditions. The need for action has never been greater, and all key stakeholders need to move together – and move now.

We are calling on:

- **international agencies** to strengthen the case integrating rights-based mental health in UHC
- **national governments** to fully integrate mental health into national health legislation, policies and programmes, and commit 5-10% of health budgets to mental health
- **funders** to support the integration of mental health in UHC by providing catalytic funding
- **academia** to further strengthen the evidence base for integration and rights-based intervention
- **civil society** to advocate for the urgent need to integrate rights-based mental health in UHC, holding national governments and global institutions to account for the commitments they’ve made.

SUGGESTED CLOSING QUOTE

“We have never been better informed on how to achieve the successful integration of mental health in UHC, and on the rewards this could bring,” said XX.” Now is the time to make this integration a reality, so that we leave no one behind. Only then can we truly reach our goal of a world where everyone, everywhere, has access to the health care – both mental and physical – they need.”

— Ends —

SUGGESTED SOCIAL MEDIA COPY

KEY HASHTAGS TO USE:

#UHC
#MentalHealth
#UHCDay
#UHC2030

TWITTER

- Access to affordable, quality and rights-based healthcare, including mental health care, is a right, not a privilege. That's why #mentalhealth must be integrated into national and global #UHC programmes if we are to meet our targets for 2030
- Did you know that if we integrated mental health care into universal health coverage, we could avoid around 6 million deaths worldwide? That is what research shows in this report by @UnitedGMH <https://bit.ly/3z7b4ni> #UHC #MentalHealth
- Just 57% of WHO member states have stand-alone mental health laws, with only 39% of these aligning with international human rights instruments. It's time for governments to step up progress and ensure a rights-based approach to mental health in #UHC plans. bit.ly/3Dk4VCC
- Mental health must be integrated as a cross-cutting part of UHC using a human rights-based approach. Why? Because there is no health without mental health. Learn more: bit.ly/3Dk4VCC #UHC #MentalHealth
- Everyone, everywhere should be able to access rights-based health services without financial hardship. Yet half the world's population don't have access to support they need, including #mentalhealth care. Read more in the latest #UHC report by @UnitedGMH bit.ly/3fWXIE2

LINKEDIN

- This #UHCDay we're marking the launch of @United for Global Mental Health's latest policy brief. It outlines the need for a rights-based approach to integrate mental health in UHC plans worldwide. With just 57% of WHO member states having stand-alone mental health laws, and only 39% of these aligning with international human rights instruments, it's clear that urgent action is needed.
- UHC is based on the idea that everyone, everywhere should be able to access the health services they need without suffering financial hardship. That includes mental health services.
- Find out more about the links between mental health, human rights and UHC in @United for Global Mental Health's latest policy brief. bit.ly/3Dk4VCC
- Did you know that if we integrated mental health into universal health coverage (#uhc) we could avoid around 6 million deaths worldwide?
- Universal health coverage (that's 90% or more) globally could help avert over 1.4 billion prevalent cases of five common mental health and neurological conditions (anxiety, depression, psychosis, bi-polar disorder and epilepsy). Why mental health needs to be integrated into UHC, how to achieve this and recommendations based on @WHO guidelines as well as resources on the implementation of WHO's guidelines.

This report makes the case for universal mental health! <https://bit.ly/3wX5ocL>

- Integrating mental health care into #UHC could help avert around 6 million deaths worldwide.

This is just one of the important findings from a briefing by @UnitedGMH to learn more about:

- Why mental health needs to be integrated into UHC
- How we can integrate mental health into UHC
- Recommendations based on [World Health Organization](#) guidelines

MENTAL HEALTH FOR ALL

ADVOCACY TOOLKIT

INTEGRATING MENTAL HEALTH
INTO UNIVERSAL HEALTH COVERAGE

UNITED
FOR
GLOBAL
MENTAL
HEALTH