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Transforming mental health for all

Healthcare services must be affordable, personalised, and integrated

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The World Health Organization's latest world mental health report aims to inspire and inform the transformative action necessary to improve mental health for everyone everywhere.¹

Since WHO's inaugural 2001 report our understanding of the epidemiology and experience of poor mental health has improved because of increased research and better data.¹⁻³ We have a clearer understanding of the consequences of mental health problems for the lives of affected people around the world³ and for our shared global economy.⁴ The development of mental health interventions has also become an urgent public health priority.⁵ We are having more open and honest conversations about mental health, and many countries have put in place policies and are building the infrastructure to make mental healthcare more accessible.¹

Yet the effects of mental health problems continue to be devastating for individuals, communities, and economies around the world.^{1,2,6} Some 129 million years of full health are lost to poor mental health globally.³ Nearly 800 000 lives are lost to suicide annually.¹ The economic cost of mental health problems will rise to \$6tn a year by 2030.⁷ Fundamental gaps in information, governance, resources, and services make mental wellbeing unachievable for many people around the world, especially those in low and middle income countries.¹

It is against this backdrop that the latest WHO report describes avenues through which stakeholders and decision makers can turbo charge a transformation to improve mental health for all. The recommendations are comprehensive but may benefit from more targeted guiding principles: mental health services must be affordable, personalised to an individual's needs and circumstances, and integrated within existing systems of caregiving and community life.

Affordability

Around the world, access to mental health services remains hampered by the cost, commercialisation, and institutionalisation of those services.¹ Many continue to consider good mental health a privilege of the wealthy because of the high costs of care. Considerations of cost and affordability should be part and parcel of all research, policy, and practice. Innovative care delivery methods—such as task shifting, tiered caregiving models,⁸⁻¹⁰ digital options,¹ and inventive financing options such as pooled financing and employee benefits—should be carefully considered by decision makers. If we make mental healthcare better and more affordable, we can scale it to everyone who needs it.

Personalised care

The experience of poor mental health varies across societies and cultures, yet often efforts to improve it are not salient to the individual and contextual features of mental distress.^{11,12} The guiding question should shift from “How can we replicate this intervention that worked in this context in another?” to “How can we build context informed interventions that are adaptable to individual needs?” Recent research has shown how to put personalisation at the heart of improving mental health—for example, by using localised diagnostic tools to capture features of mental distress specific to the person's context.¹³ Inclusion of diverse multicultural perspectives strengthens our ability to accommodate for nuance in research, practice, and policy.¹⁴ Finally, technology also offers a cost effective route to personalisation. Precision care algorithms, for example, allow us to tailor mental health services to individual and local contexts.¹⁵ A commitment to personalisation should be a guiding principle for all renewed efforts.

Integrated care

Mental healthcare must also be integrated within existing systems of caregiving and community life. In the past, researchers, practitioners, and policy makers worked in silos, hampering efforts to improve the accessibility of mental health services.

Researchers developing an intervention often fail to consider how it will be implemented and scaled up within existing care systems (the responsibility of the “implementation” scientist). Similarly, when mental health policy is formulated, how a policy translates into practice is often a secondary consideration.

How do individuals seek care? And how can we embed mental health services within these systems of caregiving? Recent efforts—such as WHO's call for mental health to be integrated with the universal health coverage agenda¹⁶—have given impetus to the movement for integration. Our work in Kenya shows that it is possible to involve all local stakeholders in efforts to improve the mental health of communities.¹⁷

This is an exciting time to be working in global mental health. Research dedicated to mental health is increasing, public health funding for mental healthcare is growing, and the policy environment continues to be favourable. The new WHO report will galvanise efforts to improve mental health through better and more accessible care. If these efforts can privilege services that are universally affordable, personalised to individual and community contexts, and integrated within existing systems of care we can hope to improve mental health for all.

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