

# “No Health without Mental Health”: the Urgent Need for Mental Health Integration in Universal Health Coverage (UHC) in Pakistan

“Addressing mental health is central to achieving universal health coverage. It deserves our commitment”

Antonio Guterres, UN Secretary General, 10 Oct 2020

Despite numerous commitments, progress on mental health has been limited in Pakistan and must be urgently accelerated. A key approach to achieving this is to integrate mental health in universal health coverage (UHC) as part of the National Health Vision 2016 - 2025. If this is not addressed, we put at risk both the quality of mental health outcomes and the overall attainment of UHC in Pakistan.

## THERE IS NO HEALTH WITHOUT MENTAL HEALTH

The need for high-quality, rights-based mental health care is vast – and growing. **More than 50 million people in Pakistan live with a mental health or a substance use problem<sup>1</sup>**. Tragically, **around 15,000 suicides<sup>2</sup>** take place every year in the country and over **half a million people attempting suicide annually**. **10-20% of children and adolescents experience mental health problems**, while **an estimated 15-23% of children live with a parent affected by a mental health condition** – with potentially damaging consequences for their development. The COVID-19 pandemic has only exacerbated an already challenging situation with a study conducted in low socio-economic groups in June 2020 indicating that more than 60% of respondents experienced signs of poor mental health.

The psychological and physical aspects of human health are deeply connected. Integrating mental health in UHC will not only improve mental health outcomes but will also lead to an improvement in outcomes of physical illnesses like chronic diseases with implications on enhancing quality of life. Individuals living with mental health conditions are more likely to have comorbidities with other chronic health conditions. Mental illnesses such as depression can reduce treatment compliance in diseases such as diabetes, hypertension, and cancer. The relationship between mental and physical health holds true also for COVID-19, and research has shown that a mental health diagnosis is strongly linked to a higher mortality and morbidity in COVID-19 patients.

A mental health component is, therefore, a critical component of making UHC a success, and delivering holistic, person-centred care. Integrating rights-based mental health care in UHC provides an opportunity to meet both the mental health needs of the population, and to improve their overall health outcomes.

## MENTAL HEALTH SPENDING IS AN INVESTMENT, NOT A COST

Integration of mental health in UHC provides economic benefits, both within the healthcare system and outside of it.

<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/27572143/>

<sup>2</sup> <https://www.thenews.com.pk/print/68652-every-year-almost-15000-pakistanis-end-their-own-lives>

Direct mental health spending be highly cost-effective: **mental health interventions can cost as little as PKR 15,000 per year of healthy life to deliver**, which is, for example, a fraction of the coverage already being provided under the Sehat-Insaaf card initiative.

Given the frequent comorbidity between physical and mental health conditions, mental health investment can also improve productivity and ‘de-risk’ investments in other areas of health care, including TB and maternal and child health, by improving prevention of physical conditions and lowering direct healthcare spending to treat those conditions. This contributes to more effective use of existing resources. Given the added pressure on health systems and public finances due to COVID-19, integrating mental health in health systems must be made a priority.

Benefits of mental health spending can be seen outside the healthcare system also. While mental health conditions are estimated to cost the global economy US\$16 trillion from 2010 to 2030, investment in common mental health conditions could generate **\$5 in productivity gains and value-of-health benefits for every \$1 spent**<sup>3</sup>. Mental health conditions are **costing the Pakistani economy \$4.6 billion per annum (as of 2006) and about \$5.4 billion in 2020 at the same prevalence**.

Timely investment in common mental health conditions could generate Rs.5 in direct and indirect benefits for every Rs.1 spent. The synergistic approach in treating mental illness in concurrence with other health conditions will also decrease overall spending on chronic disease management. These resources can be diverted to the COVID-19 related expenditures in the country.

## **MENTAL HEALTH, UHC AND HUMAN RIGHTS**

Integrating mental health in UHC is also key for protecting and promoting human rights. People living with mental health conditions are often among the most vulnerable in society, enduring incarceration, chaining, coercion, over medicalisation, institutionalisation, stigma, and exclusion. Those with severe mental health disorders are likely to have their life expectancy shortened by up to 20 years than people without these conditions. This is a stark indication of the neglect and human rights abuses they endure.

By contrast, transition to high quality and evidence-, rights- and community-based mental health care integrated in health systems would enable a more complete achievement of the right to health. It would help accelerate “de-institutionalisation” of mental health and thus would ultimately allow countries to action their commitments in the Convention on the Rights of Persons with Disabilities (CPRD) to achieve the full range of rights of people living with mental health conditions.

## **HOW THE INTEGRATION OF MENTAL HEALTH INTO UHC CAN BE ACHIEVED**

Given the many advantages of integrating mental health in UHC, it is clear Pakistan needs to move from intention to implementation as quickly as possible. Fortunately, we are today well-placed to benefit from many years of programmatic, technical, and operational work by international organisations, the voluntary and academic sectors, as well as countries and communities that have already begun integrating mental health in UHC.

Although there is no “one-size fits all” approach, based on this collective experience there are a number of activities

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<sup>3</sup> <https://gospeakyourmind.org/return-individual-report>

that will likely need to take place to support the integration of mental health in UHC:

- The creation and implementation of **national mental health laws and policies**, aligned with international human rights conventions.
- An amplification of the **voice of mental health lived experience** in policy design and implementation
- Integration of **mental health in all UHC strategies and planning**, including the Model Health System development program being implemented in 12 ICT districts.
- Inclusion of mental health services within the **UHC Benefit (“Sehat Sahulat”) package of essential services** to ensure population-wide financial protection measures for mental health care provision.
- Increase in **sustainable funding for mental health** to 5-10% of the health budget.
- Ensuring that the health budget is at least 3% of the GDP.
- A focus on **prevention, promotion and rehabilitation**, including through intersectoral collaboration, i.e. by including mental health components in the Lady Health Workers or Family Practice Approach programs etc.
- Strengthening the **national mental health workforce by integration within the Human Resources for Health initiative**, both supporting mental health specialists and upskilling general health staff and other relevant professions (e.g. teachers, police, social workers)
- Shifting service delivery towards **non-specialised settings in the community**
- Setting up a robust **monitoring and evaluation system** for mental health

## THE TIME TO ACT IS NOW

We call on all key stakeholders to move together on this and act now:

- **International agencies** can help strengthen the case for integrating rights-based mental health in UHC through policy development, research and dissemination, and galvanise political will.
- **National and provincial governments** to support the complete integration of rights-based mental health into national legislation, policies and programmes, and commit to 5-10% of health budgets to mental health.
- **International and national funders** to facilitate the integration of rights-based mental health approaches in UHC by providing catalytic funding, including through priority health programmes (e.g. COVID-19, HIV/AIDS, TB, and maternal and child health programmes)
- **Researchers** to help further strengthen the evidence for integration and rights-based interventions
- **Civil society** to advocate for the urgent need to integrate mental health in UHC in a way that upholds human rights, holding governments and institutions to account for the commitments made.

**As the world grapples** with the impact of COVID-19 and redesigns the future of healthcare, we need the global community to come together now and commit its political will towards action and investment in mental health. There is no health without mental health. **The time to act is now.**