






SUSTAINABLE FINANCING FOR GLOBAL MENTAL HEALTH: WHY AND HOW EXTERNAL ORGANISATIONS INVEST IN LOW- AND MIDDLE-INCOME COUNTRIES

 <p>+1 billion</p>	 <p>3 out of 4</p>	 <p><1 in 10</p>	 <p>Only 1.6%</p>	 <p>COVID-19</p>
<p>People live with mental disorders (PLMDs) (including substance use disorders, self-harm and dementia) worldwide</p>	<p>PLMDs live in low- and middle-income countries (LMICs) and their number is projected to increase</p>	<p>PMLDs in LMICs receive support, although effective and low-cost interventions are available</p>	<p>Of LMIC government health budgets and 0.4% of development assistance for health allocated to mental health</p>	<p>MDs are likely to be exacerbated by COVID-19, the effects of lockdown and its socio-economic consequences</p>



Most LMIC governments are already under considerable economic pressure, COVID-19 response and recovery is likely to intensify it:
external funding is needed

7 arguments for investing in mental health



Public Health

This argument focuses on the scale of the problem and availability of solutions. The size of the problem is described as the number of people affected (eg, prevalence), the amount of disability attached to the condition (eg, disability-adjusted life years) and the amount of unmet needs (eg, treatment gap, which is the gap between need for and provision of services). Available effective solutions are recommended to address needs.



Human Rights

This argument focuses on human right abuses (eg, chaining, torture, sterilisation) and inequities (eg, lack of parity between physical and mental health care). Often deploys illustrative before-and-after stories highlighting the effectiveness of available solutions to seize people's imaginations and to create an emotional connection.



Economic Effects

This argument highlights productivity losses and societal costs of mental disorders, with economic impacts at individual (eg, income loss) and societal levels (eg, gross domestic product loss), and the potential return on investment in interventions.



Moral Considerations

This argument frames contributions to global mental health as the 'right thing to do'.



Country Priorities

This argument emphasises requests for support from source and recipient countries. Requests for support from source countries highlight the importance of donor-driven priorities, whereas requests for support from recipient countries align with the principles of ownership (ie, recipient-driven priorities) and sustainability of impact beyond funded activities.



Happiness

This argument portrays mental health as the major cause of unhappiness. It transcends the public health argument.



ORGANISATIONS' MENTAL HEALTH

- 1. Wellbeing activities** – Wellbeing programmes and activities for all employees aim to promote mentally healthy environments.
- 2. Mental health awareness training** – Mental health awareness training aims to strengthen mental health literacy; for instance, Mental Health First Aid courses provide employees with knowledge and skills needed to recognise mental health symptoms and support colleagues in recovery.
- 3. Mental health peer support** – Peer support groups for individuals living with or caring for people with mental disorders aim to create support networks and advocacy entities within the organisation; support groups are easier to introduce in organisations that have already established other employee groups (eg, for minorities or women).
- 4. Mental health support** – Support programmes for employees living with mental disorders aim to improve their work experience and recovery.

ORGANISATIONS' MENTAL HEALTH CAPACITY

- 5. Mental health advisors** – Creation of mental health advisors aim to establish focal persons who can advise on, coordinate and amplify the organisation's activities in mental health; in larger organisations, they might be assisted by regional and sometimes country advisors.
- 6. Mental health communities of practice** – Networks of employees working in or interested in mental health aim to offer employees platform for sharing useful resources and lessons learnt through funded activities, and reference groups to turn to for advice.
- 7. Mental health training** – Mental health training across different departments with two purposes: 1. initial learning journeys not only to strengthen mental health capacity but also to identify possible entry points for the organisation; 2. more regular mental health training, especially recommended in organisations with high staff turn-over.
- 8. Mental health guidelines** – Production of guidelines describing the organisation-specific approach to mental health aims to harmonise contributions across the organisation.
- 9. Mental health activities monitoring and evaluation** – Monitoring of mental health activities funded outside the organisation to ensure transparency and accountability; evaluation to inform future investments and to strengthen mental health capacity through knowledge building and sharing, especially when included in mental health guidelines.

OUTSIDE ORGANISATIONS

- 10. Requirements for all projects** – Mental health considerations across all projects, with broad variation in scope: from recommending integration of mental health components to recipients (though with difficult uptake), to ensuring all recipients meet relevant development requirements (eg, non-discriminatory practices toward people with mental disorders), and requiring the inclusion of mental health components within funded activities.
- 11. Standalone programmes** – Standalone mental health programmes or initiatives, often with a health focus.
- 12. Integration into existing programmes** – Integration of mental health into organisations' existing priority areas, and across different health conditions (eg, HIV/AIDS), sectors (eg, education, employment, criminal justice), and themes (eg, gender, disability, youth); integration is beneficial not only for addressing mental disorders but also for amplifying the impact of investments in existing priority areas.
- 13. Priority areas** – Mental health as a priority area.
- 14. Convening power** – Use of the organisation's convening power to advance the global mental health agenda and increase contributions.

This policy tool is adapted from and should be cited as: Lemmi V (2021). Motivation and methods of external organisations investing in mental health in low- and middle-income countries: a qualitative study. *Lancet Psychiatry*. Freely available (after registration) at [http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30511-3/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30511-3/fulltext) Icons courtesy of <https://www.flaticon.com>