



# **MENTAL HEALTH**

A HUMAN RIGHT LEFT BEHIND

Key recommendations from War Child Sweden

Stora Nygatan 45, 111 27 Stockholm

[info@warchild.se](mailto:info@warchild.se)

Swish: 900 55 47 Bankgiro: 900-5547

**[WWW.WARCHILD.SE](http://WWW.WARCHILD.SE)**

## Background

Millions of people around the world live with the consequences of conflict, violence, terrorism, poverty, disasters and oppression. They run an increased risk of developing mental health conditions that cause individual suffering and impair their ability to care for themselves or their families. Despite the great need for mental health and psychosocial support (MHPSS), it receives insufficient attention in humanitarian response and international development. Mental wellbeing is crucial in reconstruction efforts, fighting multidimensional poverty and preventing gender-based violence.

At a seminar in the Swedish Parliament on 3 October 2019, these matters were discussed by international and Swedish experts. Based on these discussions and different reports, War Child Sweden has compiled this paper, also containing seven key recommendations.

## Bridging the Mental Health Gap

The relationship between mental illness and poverty is cyclical. Income equality, unemployment, lower educational attainment, low quality housing, poor nutrition, and a lack of social support can be both risk factors and results of mental illness. Furthermore, mental illness does not only affect the individual. Studies show that there is a higher likelihood of developing a mental illness if one is growing up with a parent affected by it.

The human rights stipulate the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. But in midst of things mental health has been left behind. More than 75% of the people with mental health conditions in low- and middle-income countries receive no support at all. This is likewise where the biggest increases in the incumbrance of mental illnesses will be. From a financial perspective, the economic cost of mental illness is enormous.<sup>1</sup> Between 2010-2030, mental illness will cost the global economy \$16 USD trillion in lost economic output— more than cancer, diabetes, and respiratory diseases combined. However, the return on investment is grand. Every \$1 USD invested in care for mental illnesses yields a \$3-5 USD return. Research has demonstrated there are cost-effective ways of providing mental health even in low-resource settings. Just \$2 USD per capita could extend mental health care to nearly half of the population living with mental illness in low- and middle-income countries.<sup>2</sup>

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<sup>1</sup> Grace Ryan, Onaiza Qureshi, Natasha Salaria, Julian Eaton. Mental health for global prosperity: We cannot afford to ignore the impact of mental health on the global economy. Mental Health Innovation Network, Centre for Global Mental Health, London, UK: London School of Hygiene & Tropical Medicine, 2019.

<sup>2</sup> Ibid.

## MHPSS: A Human Right left behind

The focus on human rights is prominent in the Swedish development cooperation, however there is a lack of attention on MHPSS. Article 19 of the Convention on the Rights of the Child outlines the duty of governments to protect children from all forms of maltreatment by parents or others responsible for the care of the child and to establish social programmes to prevent abuse and support psychosocial recovery.<sup>3</sup> Furthermore, in line with the UN Convention on the Rights of Persons with Disabilities, governments must ensure their mental health legislation, policies and plans take appropriate measures to tackle discrimination against people with mental illness and actively encourage more end-user involvement in developing and adopting more inclusive regulations and standards for care.<sup>4</sup> With Sweden's focus of Leaving No One Behind and the Policy framework for Swedish development cooperation and humanitarian assistance stating that:

- *'Sweden will be a global voice in combating discrimination in all its forms, whether on the basis of sex, age, gender identity and gender expression, sexual orientation, disability, ethnicity, or religion or other belief.*
- *As part of the rights perspective, the child rights perspective will be prioritised in development cooperation in line with the Convention on the Rights of the Child.*
- *Sweden will work preventively to protect children in both peace and conflict.*
- *Sweden will contribute to improving the living situation of people living in poverty by strengthening human rights and promoting livelihood opportunities, as well as tackling environmental and climate-related threats and reducing the risk of humanitarian crises that could lead to forced migration.*
- *Sweden will strengthen the link between long-term development cooperation and humanitarian assistance.*
- *Sweden will contribute towards effective national health systems and institutions that deliver services to prevent illness and injury, and good quality, integrated and gender-equal health and medical care for all.*
- *Sweden will work to ensure that greater attention is paid to non-communicable diseases on the international agenda and in national health programmes.'*<sup>5</sup>

there is surprisingly little being done on MHPSS, and even less on MHPSS with a focus on children. With the overarching objective of Swedish development cooperation and humanitarian assistance being 'to create preconditions for better living conditions for people living in poverty and under oppression' one would expect a greater focus on MHPSS.<sup>6</sup>

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<sup>3</sup> The United Nations. "Convention on the Rights of the Child." *Treaty Series* 1577 (1989): 3. Print.

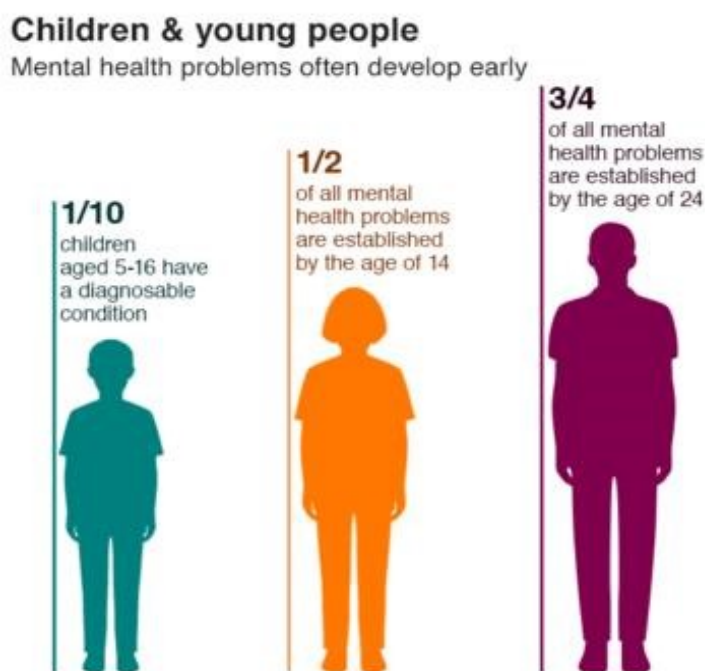
<sup>4</sup> The United Nations. "Convention on the Rights of Persons with Disabilities." *Treaty Series* 2515 (2006): 3. Print

<sup>5</sup> the *Policy framework of Swedish development cooperation and humanitarian assistance* (Govt Comm. 2016/17:60)

<sup>6</sup> Ibid.

## A need for a focus on children and adolescents

Today there is growing evidence of how early mental health disorders develop and the importance of early action and intervention. Moreover, with the increasing number of children and families affected by conflict and crises across the world there is a growing need. 10-20% of children and adolescents experience mental health disorders globally. Half of all mental health problems are established by the age of 14 and three-quarters by the age of 24.<sup>7</sup> With these numbers in mind the need to focus the work on children and adolescents become self-evident. UNICEF reports that



almost one in ten children around the world live in areas affected by conflict and over 400 million children live in extreme poverty.<sup>8</sup> At the end of 2016 the United Nations High Commissioner for Refugees (UNHCR) reported that ‘the number of displaced people was at its highest ever, a total of 65.6 million, and that almost 100,000 children were separated or unaccompanied in 78 countries.’<sup>9</sup> Children today are facing more and more threatening challenges, ranging from displacement and large-scale conflict to exploitation, violence and poverty in many forms. Due to the protracted nature and the intensification of conflicts as well as the rise of migration of families in search of safety and economic opportunity, we are today facing a child protection crisis. As UNICEF writes ‘Terrorism, disease outbreaks, intensifying natural disasters and the impacts of climate change also contribute to the changing dynamic of threats for children, families and communities in such contexts. They may lack adequate security, access to psychosocial support and recreational activities, and school for months, sometimes years. Moreover, in such vulnerable situations children can also be targeted by violent extremist groups and may experience various forms of violence or recruitment into extremist ideologies.’<sup>10</sup>

<sup>7</sup> Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593.

<sup>8</sup> UNICEF Child Alert, ‘Danger Every Step of the Way: A harrowing journey to Europe for refugee and migrant children’, June 2016.

<sup>9</sup> UNHCR, *Global Trends: Forced displacement in 2016*.

<sup>10</sup> United Nations Children’s Fund. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version). New York, UNICEF, 2018.

## Community-based approaches: A cost-effective response

There are several community-based approaches developed and used already, such as WHO's mhGAP and Psychological First Aid, just to mention two. However, these methods are in need of scaling and there are still several gaps to fill. While numerous of the approaches in place have provided great results, the evidence is lacking. There is also a need for standardized approaches with theoretical foundation. With this in mind War Child's research department

<b>FAMILY NETWORK INTERVENTION:</b> focuses on supporting families with multiple problems	<b>FOCUSED PSYCHOLOGICAL SUPPORT INTERVENTION:</b> for more severely affected children	<b>CASE MANAGEMENT:</b> process of helping individual children and families
<b>PARENT SUPPORT INTERVENTION:</b> psychosocial support to parents through a group intervention	<b>I-DEAL:</b> psychosocial support to children and young people through a group intervention	<b>COMMUNITY BASED CHILD PROTECTION:</b> working in communities on violence, abuse, neglect and exploitation of children
<b>TEACHER PROFESSIONAL DEVELOPMENT:</b> capacity building of teachers	<b>SAFE SCHOOLS:</b> spaces for learning and healing where children can reach their full potential while exercising their rights	<b>CAN'T WAIT TO LEARN:</b> innovation approach to provide quality education for children affected by conflict

have developed several interventions each filling an existing gap.<sup>11</sup> The interventions are built on standardized approaches with theoretical foundation. War Child is trying to deal with the problems of MHPSS among children affected by war through new, innovative and evidence-based methods. War Child's research

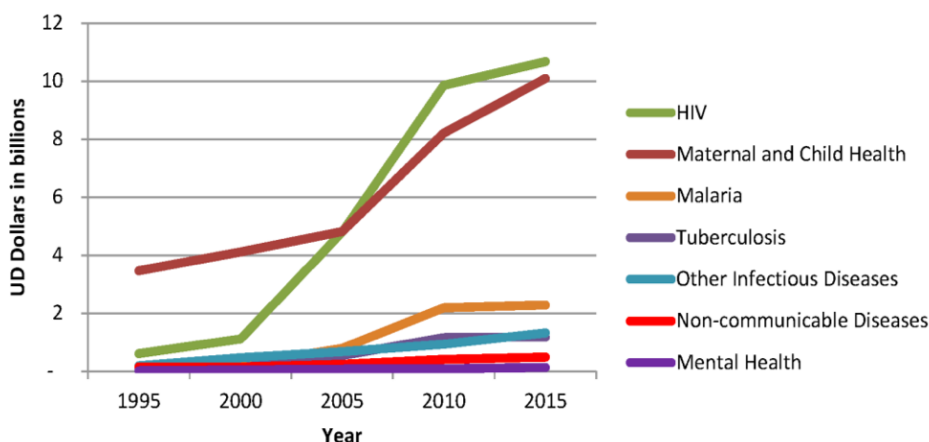
department is currently working on collecting evidence of all its interventions and will soon be able to provide the global community with evidence-based methods to be scaled.

Studies have shown that 'a community-based approach to MHPSS in emergencies strengthens the care and protection environment for the benefit of all children and families. The approach works with and through a community's natural supports and systems. This contributes to a stronger overall care environment, which promotes inclusion of the most vulnerable children and families in existing supports and reduces the potential for stigma. Mapping and systematically building on local resources such as community networks, practices and processes helps to build scalable and sustainable programmes. Strengthening natural supports and systems also helps to link MHPSS responses to recovery and regular, non-humanitarian response programming. Emergency situations focus attention on the mental health needs of the population and provide an opportunity to transform MHPSS care for children and families for the long term – including specialized psychological and social services for those in need, for example children and caregivers with mental, neurologic and substance abuse (MNS) disorders, protection risks or serious distress.'<sup>12</sup>

<sup>11</sup> Miller, Kenneth. "Caregiver Support Intervention." Fact sheet. War Child. Amsterdam. July 2019. Web.; Radford, Kate. "Can't Wait to Learn." Fact sheet. War Child. Amsterdam. August 2019. Web.; van den Broek, Myrthe. "Community Case Detection Tool Intervention." Fact sheet. War Child. Amsterdam. July 2019. Web.; Ellermeijer, Rinske. "Community-Driven Child Protection." Fact sheet. War Child. Amsterdam. July 2019. Web.; Coetzee, April. "CORE for Teachers." Fact sheet. War Child. Amsterdam. July 2019. Web.; Brown, Felicity. "EASE: Early Adolescent Skills for Emotions." Fact sheet. War Child. Amsterdam. July 2019. Web.; Brown, Felicity. "Family Intervention." Fact sheet. War Child. Amsterdam. July 2019. Web.; Hartog, Kim. "Stigma Reduction Approach." Fact sheet. War Child. Amsterdam. July 2019. Web.; Bleile, Alexandra. "Team Up." Fact sheet. War Child. Amsterdam. July 2019. Web.; Steen, Frederik. "WE ACT Tool." Fact sheet. War Child. Amsterdam. July 2019. Web.

<sup>12</sup> United Nations Children's Fund. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version). New York, UNICEF, 2018.

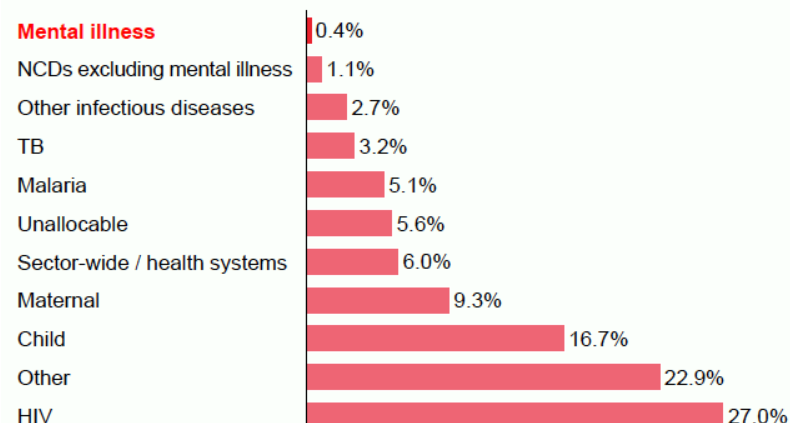
## Marginal funding provided



Even though the methods are there the funding is not. The average country allocates less than 2% of their health budgets to mental health, which does not reflect the high global burden of mental illness. In order to meet the existing needs experts are encouraging low- and middle-income countries to spend at least 5% and high-income countries to spend at least 10% of their health budgets on mental health. Less than 1% of international aid for health is spent on mental health. As previously mentioned, cost-effective solutions that already exist are not being implemented or scaled up due to resource limitations. Although there have been modest increases in the aid available for mental health, these have not kept pace with increases in aid for other health conditions.<sup>13</sup>

### Development assistance for health per areas from 2010 to 2014

% of total<sup>1</sup>



On average, LICs allocate 0.5% of their health budgets to mental health, resulting in reliance on DAH or out of pocket spend. Lower-middle income countries allocate ~1.9% of their health budgets to mental health

<sup>13</sup> Grace Ryan, Onaiza Qureshi, Natasha Salaria, Julian Eaton. Mental health for global prosperity: We cannot afford to ignore the impact of mental health on the global economy. Mental Health Innovation Network, Centre for Global Mental Health, London, UK: London School of Hygiene & Tropical Medicine, 2019; SOURCE: The Global Economic Burden of NCDs, A report by the World Economic Forum and the Harvard School of Public Health, September 2011; Mental Health Foundation's Fundamental Facts About Mental Health 2015, World Health Organization



As numbers show there is very little attention being paid towards MHPSS issues. With the cyclical relationship between mental illness and poverty, a focus on MHPSS proves necessary in order to extinguish poverty. Furthermore, with half of all mental health problems being established by the age of 14 and three-quarters by the age of 24, early interventions are needed and can make a huge difference. Mental illness induces a substantial cost for the global economy and with a \$3-5 USD return on every \$1 USD invested in care for mental illnesses the benefits of investing in MHPSS should be self-evident. The only country at this point responding to the needs of a focus on MHPSS is the UK and there is a lot of inspiration to be drawn from its response.

Derived from the facts presented in this report War Child Sweden has concluded seven key recommendations mainly directed towards the Swedish government, the Swedish International Development Cooperation Agency (Sida), the Folke Bernadotte Academy (FBA) and other stakeholders concerned.

## KEY RECOMMENDATIONS

1. Include a focus on children and MHPSS in Swedish development cooperation and humanitarian assistance
2. Create an overarching system ensuring better cooperation, among all sectors, both globally and nationally
3. Ensure more funding and resources are set aside for MHPSS
4. Push for MHPSS to be prioritized on the global agenda
5. Enable the implementation of community-based systems
6. Facilitate for more research to be done on the topic of MHPSS and children
7. Make it a standard that MHPSS is included in humanitarian response

For more information and questions, please contact:

Peter Brune  
Managing Director  
War Child Sweden  
[Peter.Brune@warchild.se](mailto:Peter.Brune@warchild.se)  
+46 722 530 082

Author: *Therese Carlbrand*, War Child Sweden  
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