

## POLICY BRIEF

# Global Mental Health & Well-being – A Crosscutting Issue

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A Community Paper of the Global Health Hub Germany Community on Global Mental Health

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## Background of this Paper

For the first time since the foundation of the Global Health Hub Germany in 2019, the members voted on an overarching and crosscutting topic for 2022: mental Health and well-being. By choosing this topic, Community members aimed for a deeper understanding of the relevance of mental health for the work of various Hub Communities and to start a conversation on the cross-cutting topic of mental health and health system strengthening. The Communities include key stakeholders across the fields of academia, clinical practice, civil society, and private sector in Germany and therefore hold a unique and multifaceted perspective on the Global Health landscape in Germany.

### About the authors

The policy paper reflects the results of the discussions in the Hub Community. Written contributions to this policy paper were made by: Solveig Kemna (lead author), Eric Hahn, Niklas Jeske, Jinan Abi Jumaa, Sarah Kline, Ruth Kopelke, Franziska Laporte-Urbe, Maureen McGowan, Isabella Otto, Laura Roth, Andrea Winkler, Michael Wirsching, Hub Community on Non-Communicable Diseases, Hub Community on Global Urban Health, Hub Community on Global Women's Health, Hub Community on Global Child Health, Hub Community on Climate Change & Health, Hub Community on Global Health & Migration, and Hub Community on Global Mental Health.

## Introduction

About one in eight people around the world live with one or more mental disorders. These mental health disorders account for almost 15% of the global disease burden. They are the leading cause of years lived with disability, with one in six due to mental disorders<sup>1</sup>. Life expectancy of persons with severe mental disorders is up to 10-20 years less than the general population<sup>2</sup>. Nevertheless, only 2% of health spending globally is allocated to mental health<sup>3</sup>. There is a lack of services, skills and funding for mental health, especially in low and middle-income countries (LMIC) – where around 80% of all people with a mental illness live<sup>4</sup>. Furthermore, patients with mental health conditions face stigmatisation, which leads to delayed treatment-seeking behaviour, discrimination and human rights violations<sup>5</sup>. The worldwide need for mental health care therefore remains unmet.

*« Mental health is more than the absence of illness: it is an intrinsic part of our individual and collective health and well-being. »*

Dr Tedros Adhanom Ghebreyesus,  
Director-General, World Health Organization

Mental health services need to be improved urgently around the world. As one of the most prominent actors in global health, Germany has a responsibility for strengthening health system capacities to provide adequate services for mental illnesses. Otherwise, Sustainable Development Goal (SDG) 3, Good Health for All, and particularly the indicators for SDG 3.8 – mental

health and well-being – will not be achieved by 2030.

As the Hub Community on Global Mental Health of the Global Health Hub Germany, we argue that cross-cutting approaches must guide interventions designed to improve global mental health. In this paper we discuss and propose recommendations for various German stakeholder groups, including policy-makers, physicians, the health workforce, scientists, civil society and patients.

As defined by the World Health Organization (WHO), mental health is a 'state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community'<sup>2</sup>. It is determined by a complex interplay of factors on the individual level (biological and psychological factors), and also by social factors (such as family) as well as structural factors, for instance the levels of poverty that shape daily life.

Understanding mental health as an intrinsic element of health and well-being is essential. In a transdisciplinary consultation process, global health experts were asked about the importance of mental health in their field and how the integration of mental health and other global health issues can lead to more resilient health systems. On this basis the following cross-cutting themes were identified and recommendations were developed for German stakeholder groups:

- Firstly, the effective prevention and early treatment of mental illness transcends population health. Planning and implementing interdisciplinary prevention measures is more cost-effective than treating

- mental disorders late or not at all, leading to more resilient health systems and economies.
- Secondly, facilitating access to mental health care is the first step to improving care.
- Finally, there can be no health without mental health. Deconstructing disciplinary silos leads to more robust and adaptable healthcare systems.

### Definition of Global Health

'Global health' can be defined as "collaborative trans-national research and action for promoting health for all" where global health is concerned with all strategies for health equity and improvement, on population-level as much as focusing on individuals, "and across all sectors, not just the health sector." Applying the framework of health defined by Huber et al. as the ability to adapt to and self-manage mental health allows a focus on capacities and deficits by connecting bio-psycho-social health aspects<sup>6</sup>.

## Core topics

The Global Health Hub Germany is a global health network connecting various stakeholders and sectors in Germany. It aims to identify synergies and help streamline the activities of multiple stakeholder groups. In 2022, the Hub Community on Global Mental Health Community launched a consultation of the Hub Communities on the relevance of mental health and wellbeing in their work area. In total, six Hub Communities took part in this consultation:

the Hub Communities on Non-communicable Diseases (NCDs), Global Urban Health, Global Women's Health, Global Child Health, Climate Change & Health and Global Health & Migration. This reflects the fact that mental health is a deeply ingrained topic in many contexts. Several overarching issues and challenges can be identified, ranging from risk factors, living conditions and other social determinants of health to prevention and access to health services.

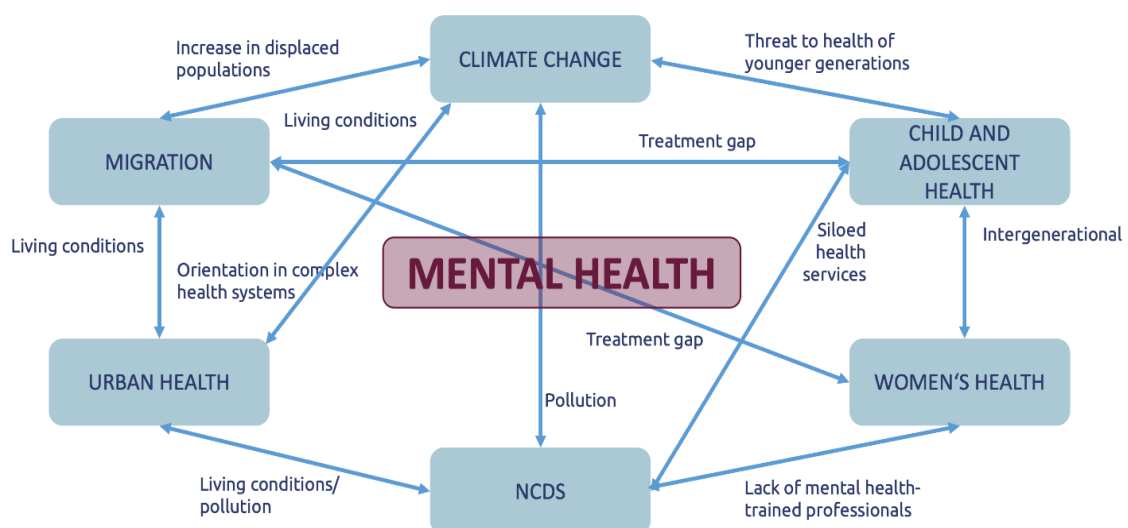


Figure 1 illustrates some of the complex and multifaceted interlinkages.

Three core areas ('clusters') were identified as central in the interlinkage of global mental health and other global health fields. These are set out below,

with details of the current main challenges and strategies for tackling them.

## Effective prevention and early treatment of mental illness goes beyond the concept of population health

Prevention of mental ill health can reduce disease burdens and save health system resources. However, prevention is seldom promoted. It needs to be understood as an intergenerational responsibility. We have identified three clusters in which preventive measures can simultaneously address mental health and multiple health-related challenges. Firstly, preventive measures in the areas of climate change, migration and urban health show significant overlap. Secondly, encouraging prevention in urban settings can have a positive impact on NCDs as well as mental well-being. Thirdly, prevention of mental health disorders in both parents and children is essential to break cycles of intergenerational transmission.

### Climate change and migration

Prevention is at the heart of any discussion on climate change: it is imperative to take action now to protect the living environments of future generations. Climate change poses a great threat to mental health given the increasing frequency of extreme weather events, the ensuing economic and financial instability, and an increasingly uncertain future<sup>7</sup>. The prospect of impaired living conditions can cause chronic fear of 'environmental doom', also referred to as 'climate anxiety'<sup>8</sup>. It leads to an increase in displaced populations, particularly in rural areas that are subject to crop failure and in areas that suffer from insufficient water or extreme heat<sup>9</sup>. Challenges in the field

of mental health, migrant health and climate change are overarching and mutually reinforcing. The climate crisis is also a mental health crisis. Consequently, preventive action that transcends disciplinary silos – if well designed – has the potential to respond to multiple needs simultaneously.

### NCDs and urban health

Similar overlaps can be seen in the closely connected second cluster, which focuses on interactions of prevention in mental health with non-communicable diseases (NCDs) and urban health. The prevalence of NCDs is affected by risk factors that also influence mental health, and interrelated NCDs have been shown to cluster in persons with mental health disorders<sup>10</sup>. Persons with NCDs are more frequently subject to mental health disorders. The environment and physical inactivity are common risk factors for NCDs and mental health disorders in the UN five-by-five approach<sup>11</sup>. For example, the Lancet Commission on dementia prevention, intervention, and care has identified air pollution, among others, as a modifiable risk factor for dementia<sup>12</sup>. Living conditions and daily habits can in turn be substantially influenced by urban planning. This indicates that preventive efforts in the field of NCDs and urban health can also benefit mental health. Urban living conditions designed to encourage and enable a healthy lifestyle have a positive impact not only on physical but also on mental health.

## Parent and child health

The third cluster encompasses interactions between mental health prevention measures, parental, and child and adolescent health. Prevention also entails taking intergenerational responsibility. Children of parents with mental health conditions are more likely to develop a mental disorder<sup>13</sup>. Poor maternal mental health care increases the risk of intergenerational transmission of mental health conditions due to inadequacies in the caregiving environment of a child<sup>14</sup>. Poor maternal mental health can affect infant birth weight and a child's physical and mental development. Therefore, providing mental health care for parents can have preventive effects with respect to the development of a physical or mental health condition, not only for the parents but also for the child.

### Recommendations:

- We recommend raising awareness (through community-led approaches) of mental health and well-being with a special focus on climate-related mental health issues.
- Germany's policy-makers should accord greater recognition to the impact of climate change on mental health to better prepare for and respond to the climate crisis. This should include the establishment of infrastructure to disseminate information.
- Policy-makers should provide more funds for research on the interrelations of climate change and mental health. Governmental research funds are required to design highly efficient preventive measures.
- Policy-makers should plan inclusive and health-promoting living environments. These environments should enable people to live without air and noise pollution in healthy and secure housing. They should ensure access to green and public spaces and institutions fostering the creation of social networks for positive impacts on NCDs and mental health.
- Policy-makers should place greater emphasis on the prevention of physical and psychiatric conditions in the health care system. Screenings for the early detection and prevention of mental health conditions need to be included in primary health care visits.
- Regular cooperation at local level between actors dealing with children (youth welfare officers/school staff/psychiatrists/paediatricians) can result in synergies, lower costs and better patient outcomes.
- Parental mental health should be a priority for policy-makers given its impact on both parents and the child.

## Facilitating access to mental health care is the first step to improving care

Access to good physical and mental health support is enshrined in Universal Health Coverage (UHC). Accessibility of health care infrastructure is a prerequisite for the prevention and treatment of mental health conditions.

It is the first necessary step to connect patients with professionals. Nevertheless, a number of barriers impede access to mental health care.

As these barriers persistently affect the most vulnerable communities,

clear political commitment and targeted action are called for. Certain population groups carry a disproportionate burden of risk for mental health conditions and have particularly poor access to health infrastructure – refugees and asylum seekers, for example. Due to pre-, peri- and post-migration stressors, this is a population with specific mental health needs. These needs are poorly addressed by the complex German health system: cultural and language barriers exist and mental health services for refugees and asylum seekers are rarely reimbursed, except in emergencies. Here, civil society plays an important role by offering psychosocial consultations, education and orientation in the mental health care system.

Furthermore, population groups with lower socio-economic status can face restricted access despite the higher risk of mental ill health<sup>15</sup>. For example, some urban settings show a clustering of individuals with low socio-economic status, a factor known to contribute to mental disorders. In deprived neighborhoods, the prevalence of mental health disorders is elevated<sup>16</sup>. For these population groups, access to health services can be impeded by financial and knowledge barriers, as well as spatial segregation. Stigmatisation and low mental health literacy can lead to strong reluctance or even avoidance of seeking professional help.

Furthermore, children, adolescents and women encounter challenges when it comes to appropriate care. It is estimated that globally only 25-35% of children and adolescents with mental disorders have access to mental health services. This can be attributed to logistic and financial barriers such as a lack of providers, lack of insurance or inadequate insurance coverage, inability to pay for services, as well as the inaccessibility of services due to location and/or hours<sup>17</sup>. Additionally, people

with caregiving responsibilities may have difficulty in availing themselves of services.

### Recommendations:

- All health care personnel dealing with vulnerable population groups in Germany should be trained in delivering culturally competent and trauma-informed care; this fosters a more resilient and responsive health care system.
- A professional interpreter workforce should be financed systematically to tackle language and cultural barriers in mental health care systems.
- Health care should be culturally and linguistically appropriate for people from different cultures, religions, belief systems and gender identities.
- Funding programmes and systems should be put in place to reduce discrimination and barriers to health care access for all genders.
- We advocate for greater support for patients in navigating complex health systems by providing low-threshold entry points.
- Access to mental health care should be facilitated by promoting policies to help people with caregiving or childcare responsibilities (e.g. affordable childcare services).
- Civil society and policy-makers should encourage help-seeking behaviour by providing information and education on mental health literacy (e.g. being able to identify when 'sadness' qualifies as 'depression') and raising awareness.
- Health care funders (e.g. insurance companies) can help to lower communication barriers between refugee communities and German health care providers through awareness-raising campaigns and public health outreach.

## No health without mental health

The provision of health care, the gathering of evidence and health system planning are fragmented into disciplinary silos despite the many interlinkages and cross-cutting issues between the various areas of global health.

This is exemplified in the treatment of NCDs and mental health disorders. As stated above, many physicians who specialise in NCDs lack training in the field of mental health, although there is a clear correlation between the population groups affected and risk factors. The chronic nature of NCDs and mental health disorders increases the risk of a treatment gap, as continuous treatment is needed.

Communicable health conditions also require treatment for both physical and mental health needs. Integrating mental health provision into tuberculosis (TB) care would avert as many as 14 million TB cases – more than the predicted number of cases for any year between now and 2030. Robust evidence suggests that treating depression and substance-use disorders can improve sustained antiretroviral therapy (ART) adherence, with one study showing an 83% improvement in HIV treatment adherence for participants who received mental health services (including pharmacological services rather than only psychological services). Integrating mental health into HIV and TB prevention and treatment programmes has been adopted under the Global Fund Strategy 2023-28 and is a priority for WHO, UNAIDS and other donors such as PEPFAR (President's Emergency Plan for AIDS Relief)<sup>18</sup>.

Mental health care needs for all women (not only mothers) must be addressed wherever there is a high burden of mental health stressors and few relevant services available that are tailored specifically for women. For example, throughout the world it is

chiefly women who provide primary caregiving and health care services – with around 67% of the global health care workforce being female<sup>19</sup>. The challenges became apparent during the COVID-19 pandemic and were reflected in the subsequent poor mental health outcomes for female health care workers. A cyclical effect was the result: the health workers faced the challenge of providing continuous health care for the general population while the resilience of the health system itself was being challenged. As mentioned, there is a scarcity of services and professionals specialising in mental health issues specific to women. The relevant topics include (but are not limited to) caregiving responsibilities, sexual and reproductive health, sexual violence/gender-based violence survivorship, and miscarriage/stillbirth. Even fewer services use an intersectional lens to deal with the experiences of migrant women (e.g. lack of post-partum depression screenings for migrant women), minority and indigenous women, women with disabilities, elderly women and LGBTQI+ women, to list only a few.

Furthermore, specialists such as midwives, gynaecologists and paediatricians often lack sufficient training to recognise signs and symptoms of mental disorders. Although integrated mental health strategies exist in Germany, such as psycho-oncological liaison services and primary psychosomatic care, further development is required. Moreover, early recognition of mental health conditions in children is hindered because the various services concerned act in silos (paediatricians, child welfare services, schools, etc.). Since 75% of mental health problems begin before the age of 24 years, it is critically important to ensure that

mental health services are available throughout childhood, adolescence and early adulthood in as seamless a way as possible<sup>20</sup>. Crossing disciplinary boundaries when designing preventive measures in health care can create more cost-effective and impactful interventions.

### Recommendations:

- More integrative boundary-crossing education and training is needed, not only for physicians specialised in treating NCDs and/or communicable diseases, but also for gynaecologists, midwives and paediatricians to support the earlier detection of mental health disorders.
- The health care system should be structured to allow for interdisciplinary patient-centered collaboration, focusing on double burdens such as NCDs and mental health, communicable diseases and mental health, and the early detection of female and child physical and mental health needs.
- We recommend the integration of gender and intersectional lenses into all mental health and well-being policies, procedures and programmes.
- We recommend promoting the sharing of knowledge, experiences and best practices with respect to child, adolescent and women/maternal mental health.
- Sex and gender-specific research must be conducted to gather evidence on the mental health concerns of women – specifically on the mental health outcomes of female health care workers and their role in contributing to resilient health care systems.
- Based on these findings, more specialists need to be trained in mental health concerns relevant to all women (including migrant women, minority/indigenous women, women with disabilities, LGBTQI+ women, elderly women, etc.).
- We advocate for parity in leadership positions – especially in decision-making bodies within the health system, health system governance and health system financing – which can lead to a more inclusive health system representing the needs of women.
- Governmental research funds must be used to encourage interdisciplinary and multisectoral research on double burdens, risk factors, prevention and comprehensive management.
- Basic, translational, clinical, social science (structural, policy) and implementation research should be funded.



## Conclusion

An interdisciplinary analysis of intersectoral burdens can lead to a more targeted and impactful approach when designing health system interventions. It is essential to see that mental health is inherent in all areas of global health, and that indeed there is no health without mental health. UHC means access to both physical and mental health services. Efficient and tailored measures to improve mental health have the potential to help tackle other global health challenges.

It is vital to communicate the importance of the interconnectedness of mental health and other global health topics and their overlaps in prevention and treatment to policy-makers, health officials and the medical community at large. All stakeholders in global mental health – such as policy-makers, physicians, the health workforce, scientists, civil society and patients – must have an intersectoral understanding of mental health policy, planning and legislation.

### Purpose of this Paper

The work of the Global Health Hub Germany covers various global health issues such as antimicrobial resistance, climate change, migration and global mental health. Actors from civil society to youth, politics and economy work together to synergize and streamline global health activities in a multidisciplinary, multisectoral hub. For the first time since the foundation of the Global Health Hub Germany in 2019, the members voted on an overarching and crosscutting topic for 2022: Mental Health and well-being. By choosing this topic, Community members aimed for a deeper understanding of the relevance of mental health for the work of various Hub Communities and to start a conversation on the cross-cutting topic of mental health and health system strengthening. The communities include key stakeholders across the fields of academia, clinical practice, civil society, and industry in Germany and therefore hold a unique and multifaceted perspective on the Global Health landscape in Germany.

In a bottom-up consultation, the Hub Communities were asked about the interrelations of their work with Global Mental Health and Well-being and the importance of strengthening mental health capacity regarding increasing the resilience of health systems and achieving Universal Health Coverage (UHC). UHC refers to all people having access to the health services they need, when and where they need them, without financial hardship. Key barriers and challenges to integrating with the mental health field were to be identified. Additionally, communities were asked to formulate concrete, targeted and specific recommendations for German stakeholder groups (policymakers, physicians, health workforce, scientists, civil society, beneficiaries etc.). The goal was to distil key messages on how diverse global health topics can be connected more systemically in a German context by understanding how beneficial relationships between disciplines can contribute to constructing more resilient health systems. Six Hub Communities participated in the consultation process: The Hub Communities on Non-Communicable Diseases, Global Urban Health, Global Women's Health, Global Child Health, Climate Change and Migration. The answers were provided in written form and submitted to the Global Mental Health Community. Additionally, an internal webinar with all involved Communities and the support of United for Mental Health was conducted to present the findings and discuss them further.

### **About the Global Health Hub Germany**

The Global Health Hub Germany offers all individuals and institutions active in the field of global health the opportunity to connect in an independent network across eight different stakeholder groups: International organisations, youth, politics, foundations, think tanks, business, science and civil society. The members of the Hub work together on current issues of global health. The interdisciplinary exchange generates themes, issues and solutions that the Hub brings to policymakers to support informed policy-making and advance global health.

Founded in 2019, the Hub now has around 1,500 members. For more information: [www.globalhealthhub.de](http://www.globalhealthhub.de)

### **About the Hub Communities**

The Hub Communities are working groups led by the members of the Global Health Hub Germany themselves. They meet regularly to exchange ideas, share expertise and work together on global health issues. If you would like to join a Hub Community or learn more about their work, contact Merle Wangerin, Head of Community Management: [merle.wangerin@globalhealthhub.de](mailto:merle.wangerin@globalhealthhub.de)

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