International Diabetes Federation

WHO Consultation on the Zero Draft Global Mental Health Action Plan 2013-2020
International Diabetes Federation (IDF) Submission

The International Diabetes Federation (IDF), an umbrella organisation of 220 national diabetes associations in over 170 countries, is the unique global voice of the diabetes community. IDF welcomes the opportunity to respond to WHO's consultation on the Global Mental Health Action Plan 2013-2020.

The global diabetes epidemic is an urgent and overwhelming health and development challenge which no country has under control. In 2011 there were 366 million people with diabetes worldwide, and this number is expected to rise to 552 million people by 2030. 80% of people with diabetes live in low- and middle-incomes countries, where there is little or no social protection for families and out of pocket payments for lifesaving treatment can trap households in cycles of poverty. Although cost-effective solutions exist to prevent diabetes and delay its complications, over four million people are still dying every year from diabetes and tens of millions more suffer disabling and life-threatening complications. Diabetes shares common risk factors and multiple morbidities with the four major non-communicable diseases and mental health issues, including depression, stress, dementia, and Alzheimer's disease.

While the challenge remains immense, the global diabetes community has made significant progress in securing political recognition and commitment to action. The success of the 2006 UN Resolution on Diabetes and the 2011 UN High-Level Summit on NCDs has firmly placed diabetes on the political and development agenda. The interconnections between diabetes and other global health and development priorities, including mental health, have been recognised and co-benefit approaches are being leveraged in the global response. And IDF's Global Diabetes Plan 2011-2021 sets out a ten year framework for action with three priority objectives – to improve health outcomes for people with diabetes, prevent the development of type 2 diabetes and prevent discrimination against people with diabetes.

In responding to the Zero Draft Global Mental Health Action Plan 2013-2020 IDF recommends:

- WHO to **expand the definition of mental health to include neurological disorders**, specifically dementia and Alzheimer's. These diseases pose a major burden worldwide, are fundamentally connected to other mental disorders and require similar interventions across health and social care.

- **Improved coordination between the responses to diabetes, NCDs and mental health**, ensuring that the planning processes for the Global Mental Health and Global NCD Plans 2013-2020 are fully aligned, and the connections between these health issues are leveraged at global and national levels.

- **Strengthened principles of a 'life course', 'multi-sectoral', 'empowerment' and 'rights based' approach to mental health** within the Plan, to include a greater focus on people-centered services, multisectoral prevention across the whole of society and patient education.

- **Explicitly recognise the interconnections between diseases, specifically diabetes and mental health.** We recommend WHO strengthen the focus on integrated health systems, which can address multiple health issues and the interactions between them, in the Plan.

- **WHO address the urgent need to increase access to essential treatment and care in low and middle income countries**, including for essential medicines and the lack of human resources for health and social care.

- **The Plan to be fully costed and include concrete actions for all stakeholders**, including bilateral aid agencies and non-governmental organisations, whose role in the response to mental health goes beyond advocacy.

Background

Demographic and epidemiological changes have created two interconnected tsunamis in global health – the global epidemic of diabetes and non-communicable disease (NCDs), and mental health. IDF defines mental health to include the full range of mental and neurological disorders, including depression, anxiety, dementia and Alzheimer's diseases, as stated in the UN Political Declaration on NCD Prevention and Control.[1]

Global demographic, societal and economic changes have had major consequences for human health. Progress in public health has resulted in the 'triumph of longevity' worldwide and by 2050 people over 60 will outnumber children for the first time, with the fastest growth in the developing world.[ii] The global demographic transition has been accompanied by a major epidemiological transition to diabetes, NCDs and mental disorders. Underlying social and economic determinants – including trends in economic development, urbanisation and the globalisation of unhealthy lifestyles – increase exposure to shared diabetes and mental health risk factors, including unhealthy diets, physical inactivity and alcohol consumption. These global health tsunamis have profound implications for health and social systems worldwide, with developed economies face rising costs, and the sustainability of health systems in low- and middle-income countries (LMCs) threatened. The example of China – an ageing society due to its one child policy, which faces 92 million people with diabetes, and an additional 150 million at high risk – highlights that demographic and epidemiological changes are overwhelming health systems.

These two global health tsunamis not only share common global drivers, but are interconnected and are fuelling one another. Mental disorders can be the cause or consequence of diabetes and NCDs, or the result of interactive effects. For example, mental health disorders increase the risk of diabetes, and people with diabetes are more likely to suffer from mental disorders, including depression, dementia, Alzheimer's, stress and anxiety. Diabetes significantly increases the risk of depression. Mental health disorders present major barriers to effective diabetes treatment and management, and have a significant impact upon quality of life for people with diabetes. Treating diabetes and depression together has a double return, both improving self-care management and reducing healthcare costs.[3]

Both health issues impact disproportionately on low and middle income countries (LMICs), where the diabetes and mental health tsunamis are accelerating fastest. 4 out of 5 people with diabetes now live in LMICs, and Africa, Asia and the Middle East will experience the greatest increases over the next 20 years. Marginalized populations – such as indigenous communities, slum dwellers and women – are particularly exposed to diabetes risk and experience barriers in accessing essential treatment and care. Inequality also increases vulnerability to mental health problems, with the poorest households, minority groups and women at greatest risk.

The economic costs of these two parallel epidemics are unsustainable. Diabetes cost at least 465 billion US Dollars in healthcare related expenditure alone in 2011. Dementia, largely from the burden placed on social care costs, was estimated to cost over 600 US Dollars in 2010.[4] In addition to health and social costs, diabetes and mental disorders have a significant impact on economic growth for individuals and societies. The co-existence of diabetes and depression has a synergistic effect on the odds of disability and in turn reduced work productivity, increased absenteeism, and reduced quality of life. The high costs of health care, and substantial role of informal care by family members, has a major impact on household income and can drive individuals and families into cycles of poverty. At the global level, NCDs and mental health are identified as leading economic risks. It is estimated that NCDs will cause $47 trillion in economic loses by 2030, $16 trillion of which will come from mental health.

The Political Context

Although the challenge from these global health tsunamis remains immense, there is now a political mandate for action. Last year's UN High-Level Summit on NCDs, and unanimous adoption of the UN Political Declaration fundamentally reframed diabetes and NCDs as development issues. NCDs were recognised as a leading challenge to global health and development in the 21st century, and governments formally acknowledged that mental and neurological disorders, including Alzheimer's disease, contribute significantly to the NCD burden worldwide. The Political Declaration recognised that mental health and neurological diseases, including Alzheimer's disease and other dementias, ***"as an important cause of morbidity that contribute to the global NCD burden and that NCD prevention programmes and health care interventions provide equitable access to effective programmes for these illnesses."***

Significantly, the UN Political Declaration launched a process to establish a Global Monitoring Framework for NCDs, including a set of global targets for diabetes and NCDs. All 193 Member States have already adopted the target to reduce preventable NCD mortality by 25% by 2025, progress towards which will have significant implications for the prevention and control of diabetes and mental health disorders.

IDF's Recommendations on the Global Mental Health Plan Zero Draft 2013-2020

IDF commends the WHO Zero Draft Global Mental Health Action Plan 2013-2020 (GHMAP) and makes the following recommendations to strengthen the Plan:

1. **Expand the definition of mental health to include neurological disorders, including dementia and Alzheimer's Disease:** The GMHAP recognises that dementia is part of the WHO definition of mental disorders, but the actions and strategies within the Plan do not fully address it. The scale and burden of dementia – which affects 35.6 million people now, and is set to double every 20 years to 65.7 million in 2030 and 115.4 million in 2050[5] – and fundamental connections with mental health makes it essential that dementia is fully integrated into the GMHAP. Dementia is a complex illness that is considered to be one of the most disabling of all chronic diseases, and requires various social and medical interventions. Mental health authorities may often be the only resources available to deliver such interventions, particularly for issues of stigma. The Plan should support the recommendations made in the WHO report *Dementia: A Public Health Priority* (2012). Without inclusion in the Plan, dementia and Alzheimer's risks falling through the cracks and being overlooked in global health.
2. **Strengthen synergies between mental health and diabetes and NCDs:** Despite the rising burden of diabetes and mental disorders and their interconnections, a lack of awareness and knowledge about these major public health issue remains. A coordinated response at the global level is necessary to advance progress and improve quality of life for people with mental disorders and diabetes. As WHO is undergoing a parallel process to define a new Global NCD Action Plan 2013-2020, these two planning processes should be aligned and coordinated to ensure maximum benefit for people with mental disorders and diabetes. IDF recommends that WHO provide more detail on how the GMHAP will link to the next Global NCD Plan 2013-2020, and leverage strategic synergies between mental health and NCD responses at both global and national levels. Close coordination and collaboration between these two Plans will be needed to promote a holistic response to health.
3. **Strengthen the principle of a life course approach:** A whole life course approach, inclusive of all ages, is vital for effective prevention, detection and diagnosis, management, treatment and care for diabetes, NCDs and mental health. IDF commends the inclusion of the life course approach as a cross cutting principle in the Plan, and stresses that this needs to urgently deliver people-centred services, which can provide integrated care for multiple diseases and conditions across the life course.

4. **Expand the principle of multisectoral action for prevention:** IDF commends the principle of a multisectoral approach for mental health, but stresses that this needs to extend beyond the "health, education, employment, housing and social" sectors. Diseases such as diabetes and mental disorders are born from the societal conditions in which people live, and have an impact that go far beyond health and social sectors. The engagement and cooperation of sectors including trade, agriculture, finance and transport, is urgently needed to tackle the leading risk factors of diabetes and mental disorders such as dementia. We recommend WHO builds on the multisectoral approach to prevention enshrined in the UN Political Declaration on NCDs, and expand this principle to take a more comprehensive view of health promotion and prevention.

5. **Holistic health system response:** Health systems should recognise the strong interconnections between diseases – including communicable diseases, diabetes, NCDs and mental disorders – and work towards an integrated health approach which addresses the spectrum of people's health needs and the interactions between them. A holistic approach to NCDs and mental health, that increases the level of interaction between formal and informal health and social care provision, is urgently needed. Health systems, particularly in LMCs, need to be re-orientated from the traditional focus on acute care to primary prevention, early diagnosis and on-going treatment and management for diabetes, NCDs and mental health. IDF calls for an end to the siloed approach to global health, and a greater emphasis on holistic health systems that treat people, not the disease. Although the GHMAP established the provision of "*comprehensive, integrated and responsive mental health and social care services in community-based settings*" as an objective, there is no mention how action on mental disorders will be integrated with the diabetes and NCD response.

6. **Access to essential treatment and care:** Access to essential treatment and care for diabetes and mental health remains a major challenge in many LMCs. Formal care provision for dementia for example in many LMCs is virtually non-existent, and basic diagnosis, medicine and treatment regimens for diabetes are severely lacking. Where treatment and care is available, it is often beyond the financial grasp of most families, who are pushed into cycles of poverty and catastrophic expenditure from the high costs of health and social care. There is an urgent need to improve human resources for diabetes and mental health, which require multidisciplinary healthcare teams and coordinated clinical care. In addition to the urgent need to address the global shortage of health workers for the on-going care of diabetes and mental health, the GMHAP should focus on strategies for informal care provision – which for many people in LMCs is the only option.

7. **Education and patient empowerment:** IDF recommends that the principle of empowerment within the GMHAP be strengthened with patient education. Both empowerment and education are fundamental to enabling self-care, improving treatment adherence and quality of life for people with mental disorders and diabetes, and are recognised in the UN Political Declaration on NCDs. It is vital for people with diabetes and those at risk of diabetes to have access to diabetes self-management education and on-going support.

8. **Rights and discrimination, community awareness:** IDF commends the cross cutting principle of human rights within the GMHAP, and explicit attention on equity and human rights within the policy response to mental health. The human rights approach to health, enshrined in IDF's International Charter of Rights and Responsibilities for People with Diabetes, is fundamental for tackling the inequality, stigma and discrimination which pose major barriers to the prevention and treatment of diabetes and mental disorders. We recommend WHO strengthen this principle with clearly defined policy interventions for the alleviation of inequality and protection of human rights.

9. **Costing of the Plan:** A major omission from the GMHAP is the absence of costing. The plan needs to be fully resources and identify actions to secure sustainable financing for mental health at the global, regional and national levels. This should explicitly specify action needed from bilateral aid agencies and multilateral funders,, given the significant impact of mental disorders on the poor and vulnerable.

10. **Role of NGOs:** Additionally, the actions for NGOs are too limited in scope and do not reflect the wide range of support which NGOs can provide. In addition to the advocacy items called for on page 16, NGOs can, among other actions, contribute technical support, identify best practices, and build the evidence base. In addition, the Plan does not recognise the unique contribution of strategic civil society alliances, particularly alliances which cut across many different diseases and disorders. These alliances, like the NCD Alliance, are a key component to advancing progress.

[1] A/66/L.1 *Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*. Sept 2011

[ii] United Nations Population Fund, *Ageing in the 21st Century: A Celebration and a Challenge*, UNFPA, New York, 2012.

[3] International Diabetes Federation, *Diabetes Atlas: Fourth Edition* – Background Paper, Diabetes and Depression.

[4] Alzheimer's Diseases International, *World Alzheimer Report 2010: The Global Economic Impact of Dementia*, September 2010

[5] World Health Organisation, *Dementia: A Public Health Priority,* WHO, Geneva. 2012.