

# Mental health in an unequal world



# About World Mental Health Day

World Mental Health Day (WMHD) is celebrated annually on 10 October.

WMHD aims to raise awareness of mental health around the world and to mobilize efforts to eliminate stigma.

It provides an opportunity for all stakeholders working on mental health to talk about their work, and what more needs to be done to make accessible and appropriate mental health care a reality for people worldwide.

Lundbeck has been a proud supporter of WMHD since 2015, working in close collaboration with our global and local mental health advocacy partners to raise mental health awareness and fight stigma.

This year's WMHD theme is **Mental health in an unequal world**. This booklet provides a summary of Lundbeck's views on the theme, our recommendations to stakeholders, and our commitment to mental health.



## About Lundbeck

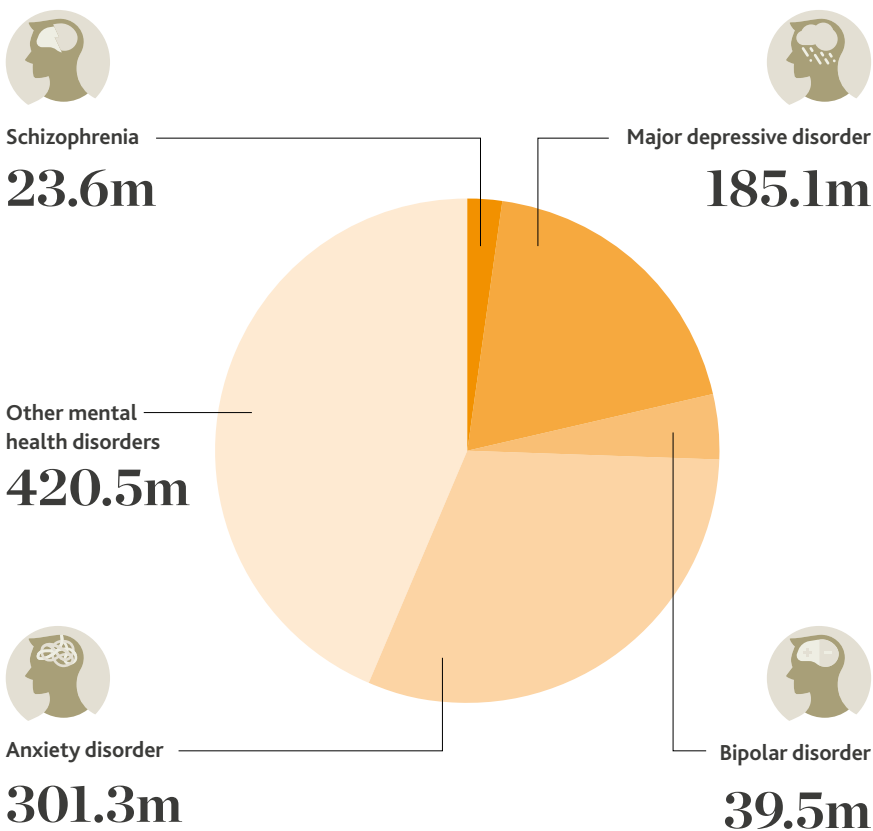
We are a global pharmaceutical company specialized in brain diseases. We are tirelessly dedicated to restoring brain health, so every person can be their best. To fulfill this purpose, Lundbeck is engaged in the research, development, manufacturing, and commercialization of pharmaceuticals across the world. For more than 70 years, Lundbeck has been at the forefront of neuroscience research.

# The global mental health burden at a glance

The global burden of mental health disorders is growing and mental health well-being, care and treatment should be prioritized by all stakeholders.

In 2019, 970m people globally were estimated to live with at least one mental health disorder.<sup>1</sup>

## BREAKDOWN OF THE MOST PREVALENT MENTAL HEALTH DISORDERS<sup>2</sup>



The socio-economic burden of mental health disorders is hugely significant. Not only is the prevalence of mental health disorders growing globally, but so is its burden. Mental health disorders carry a significant societal and economic impact that needs to be addressed.

## The economic burden of mental health disorders

The global cost of mental health disorders is expected to reach \$16 trillion (US) by 2030.<sup>3</sup>

**US\$ 16 trillion**

Anxiety and depression alone cost the global economy US\$ 1 trillion each year.<sup>4</sup>

**US\$ 1 trillion**

It is estimated that mental health disorders account for €1.75 trillion per year in productivity losses.<sup>5</sup>

**€1.75 trillion**



## The societal burden of mental health disorders

The burden of a disease to society can be measured in DALYs – a DALY is a disability-adjusted life year. One DALY represents the loss of the equivalent of one year of full health.<sup>6</sup>

In 2019, the most common mental disorders amounted to 125.3m DALYs globally.<sup>7</sup> This number has a knock-on effect on people's well-being and quality of life, as well as on their productivity and contribution to society and the economy.

**125.3m DALYs**

Mental health disorders cause 1 in 5 years lived with disability.<sup>8</sup>

**1 in 5 years**

# Inequality and mental health

Inequality fosters current issues in global mental health. In the context of mental health care, all countries are ‘developing’ to some extent.<sup>9</sup>



## THE SOCIO-ECONOMIC DETERMINANTS OF MENTAL HEALTH

They include social and economic factors that have an influence on an individual’s mental health.<sup>10</sup> There is a strong association between childhood adversity, social disadvantages and poor mental health,<sup>11</sup> especially as most mental health disorders emerge in adolescence and young adulthood.<sup>12</sup>

The mental well-being of each individual is the unique results of social and environmental influences, combined with genetic and neurodevelopmental processes affecting the biology of the brain.<sup>13</sup>

## THE UN SUSTAINABLE DEVELOPMENT GOALS AND MENTAL HEALTH<sup>14</sup>

1 Demographic	2 Economic	3 Neighbourhood	4 Environmental events	5 Social and cultural
<p><b>5 GENDER EQUALITY</b></p>	<p><b>1 NO POVERTY</b>      <b>2 ZERO HUNGER</b></p> <p><b>8 DECENT WORK AND ECONOMIC GROWTH</b>      <b>9 INDUSTRY, INNOVATION AND INFRASTRUCTURE</b></p> <p><b>10 REDUCED INEQUALITIES</b></p>	<p><b>6 CLEAN WATER AND SANITATION</b>      <b>7 AFFORDABLE AND CLEAN ENERGY</b></p> <p><b>11 SUSTAINABLE CITIES AND COMMUNITIES</b>      <b>12 RESPONSIBLE CONSUMPTION AND PRODUCTION</b></p>	<p><b>13 CLIMATE ACTION</b>      <b>16 PEACE, JUSTICE AND STRONG INSTITUTIONS</b></p>	<p><b>4 QUALITY EDUCATION</b></p>
<p>Distal factors are the upstream societal structures in which we all live</p>				
<ul style="list-style-type: none"> <li>• Community diversity</li> <li>• Population density</li> <li>• Longevity</li> <li>• Survival</li> </ul>	<ul style="list-style-type: none"> <li>• Economic recession</li> <li>• Economic inequality</li> <li>• Macroeconomic policy</li> </ul>	<ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Neighbourhood deprivation</li> <li>• Built environment</li> <li>• Setting</li> </ul>	<ul style="list-style-type: none"> <li>• Natural disasters</li> <li>• Industrial disasters</li> <li>• War or conflict</li> <li>• Climate change</li> <li>• Forced migration</li> </ul>	<ul style="list-style-type: none"> <li>• Community social capital</li> <li>• Social stability</li> <li>• Cultural</li> </ul>
<p>Proximal factors are how distal factors are experienced by individuals</p>				
<ul style="list-style-type: none"> <li>• Age</li> <li>• Ethnicity</li> <li>• Gender</li> </ul>	<ul style="list-style-type: none"> <li>• Income</li> <li>• Debt</li> <li>• Assets</li> <li>• Financial strain</li> <li>• Relative deprivation</li> <li>• Unemployment</li> <li>• Food security</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and security</li> <li>• Housing structure</li> <li>• Overcrowding</li> <li>• Recreation</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma</li> <li>• Distress</li> </ul>	<ul style="list-style-type: none"> <li>• Individual social capital</li> <li>• Social participation</li> <li>• Social support</li> <li>• Education</li> </ul>

## Five key domains have been identified as the main social determinants of mental health

### 1 The demographic domain

The demographic domain includes sex, age and ethnicity. These factors have an impact on mental health. For example, women are at increased risk of common mental health problems such as depression and anxiety, and men are at increased risk of substance use disorders.<sup>15</sup> In addition, ethnic minority populations, particularly in the context of racial discrimination or migration, and members of the LGBTQI+ community, are especially vulnerable to a range of disorders, including psychosis, depression and anxiety disorders.<sup>16</sup>

### 2 The economic domain

The economic domain includes income, employment and financial strain. A worse economic status is associated with adverse mental health outcomes, including suicide and psychosis.<sup>17</sup>

### 3 The neighborhood domain

The neighborhood domain, such as stable housing and access to water, can also influence the mental health of populations.<sup>18</sup>

### 4 The environmental domain

The environmental domain includes migration, war, trauma, violence and natural disasters, which we now know can have numerous adverse mental health consequences for those exposed to them.<sup>19</sup>

### 5 The social and cultural domain

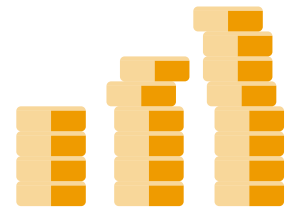
The social and cultural domain includes community, culture and education. These factors are important because they influence mental health through proximal social arrangements, such as communities and families.<sup>20</sup> Moreover, access to quality education is vital because it helps develop the brain's cognitive reserve, which is protective against common mental disorders.<sup>21</sup>

## Despite the significant global burden of mental health disorders, there are major investment shortages in mental health care.

The global median mental health expenditure is only \$2.5 (US) per capita.<sup>22</sup> The global median general government expenditure for mental health is less than 2%.<sup>23</sup>

These figures are disproportionately low in all countries, when compared to the burden of mental health disorders.<sup>24</sup>

Universal Health Coverage (UHC) aims to ensure all people have access to quality health care when and where they need it, without suffering financial hardship. UHC, especially cost-effective early interventions and community-centered care, presents an opportunity to tackle the growing global mental health burden.<sup>25</sup>



## Access to mental health care continues to be a global issue

**A** There are many obstacles faced by those who wish to seek mental health care in the first place. Stigma is a key factor in creating socio-cultural barriers to access mental health care.<sup>26</sup> In certain cultural and social contexts, stigma prevents those who need mental health care from seeking it, creating a barrier to demand.

**B** There continues to be significant barriers in access to quality mental health care, especially at community level:

### Lack of mental health professionals

Overall, there is an insufficient number of mental health professionals available. The global median is nine healthcare workers or less per 100.000 people, but this number can go below two per 100.000 in low-income countries.<sup>27</sup>

Globally, less than 2% of general practitioners and nurses in all World Health Organization (WHO) regions received training courses to recognize and to treat patients with severe and common mental disorders in recent years.<sup>28</sup> This is alarming since increasing mental health care resources at community and primary level will help alleviate care and treatment shortages.

### Not enough hospital beds

There is a global shortage of hospital beds for people with severe mental health disorders in need of hospitalization. This ranges from 50 beds per 100.000 people in high-income countries, to as little as two beds per 100.000 people in low-income countries.

### Barriers to innovative treatments

Insurance and public bodies do not always value and prioritize improved psychiatric treatments, hindering patients' access to innovation and treatments that improve their quality of life.



## THE COVID-19 PANDEMIC HAS HIGHLIGHTED THE CURRENT ISSUES AND INEQUALITIES IN GLOBAL MENTAL HEALTH

### The negative impact of Covid-19 on population mental health

Outbreaks of infectious diseases can have a negative impact on people's mental health,<sup>29</sup> and the Covid-19 pandemic is no exception. The WHO has stressed the need for improved response to the mental health impact of public health emergencies.<sup>30</sup>

Although data is still being collected, the Covid-19 pandemic is having a negative impact on people's mental health, with higher-than-usual levels of symptoms of depression and anxiety being recorded in various countries.<sup>31</sup>

Covid-19's impact on the brain is primarily of an inflammatory nature, and while more research is needed, its effects on the brain are of concern.<sup>32</sup>

### Vulnerable populations and those with a pre-existing mental health disorder are in urgent need of mental health care and treatment

Covid-19 has exacerbated existing socio-economic disadvantages, healthcare inequalities and traumas for vulnerable populations.<sup>33</sup>

The effects of the Covid-19 pandemic on mental health of vulnerable populations are particularly significant, as they face various risks, including increased rates of mental ill health and disruption to treatment, medications and access to support services. Covid-19 is also likely to exacerbate existing mental health symptoms or trigger relapse among people with pre-existing mental health disorders.<sup>34</sup>

### The negative impact of Covid-19 on mental health services

According to the WHO, more than 120 countries saw one or more of their mental, neurological and substance use services disrupted by the Covid-19 pandemic, with outpatient and community-based services predominantly more affected.<sup>35</sup> Over 45 countries saw their emergency services for vulnerable people directly affected by Covid-19.<sup>36</sup>



# Recommendations

To continue to raise awareness about mental health, and address inequalities in mental health, we ask:

- All stakeholders to invest in and prioritize efforts to promote mental health and eradicate stigma through educational campaigns, in close partnership with the advocacy community and those with lived experience.
- Policymakers and governments to accelerate their efforts to reach the targets set out in the United Nations Sustainable Development Goals (UN SDGs), with a focus on SDG 3, to decrease the socio-economic determinants of mental health, reducing inequalities in mental health.
- Governments to increase their investment in mental health care to strengthen systems, with a focus on early interventions, and mental health care at community, primary and secondary level.



- For parity of care to be achieved between physical diseases and mental health disorders, especially considering the high socio-economic burden of mental health.
- Governments and other funders to increase their investment in neuroscience and brain health research to better understand mental health disorders.
- For innovative treatments to be evaluated with a patient-centric model in mind, prioritizing the patient benefits brought by incremental innovation.

# Lundbeck's commitment

As a leader in brain health, Lundbeck will continue to support mental health awareness and education efforts, such as WMHD, to eradicate stigma and enable policy and societal change.



At Lundbeck, we believe that in order to restore brain health we need to work in partnership. We partner, support and collaborate with the mental health advocacy community and lived experience representatives.

In recent years, we have taken proactive steps to further support mental health care by way of

our patient and carer support programmes,<sup>37</sup> our support for policies facilitating early interventions in mental health and access to our innovative treatments.<sup>38</sup>

We have recently launched a new diversity and inclusion strategy to ensure all our activities take into account the diversity of the people

and communities we aim to serve. We also strive to become an even more inclusive employer, where everyone is presented with, and experiences equal opportunities regardless of gender, religion, ethnicity, socio-economic background and other potential discriminatory factors.

## Notes

- 1 GBD 2019 Diseases and Injuries Collaborators, Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019, *Lancet* 2020; Oct 17;396(10258):1204–1222. doi: 10.1016/S0140-6736(20)30925-9, accessed May 2021
- 2 GBD 2019 Diseases and Injuries Collaborators, Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019, *Lancet* 2020; Oct 17;396(10258):1204–1222. doi: 10.1016/S0140-6736(20)30925-9, accessed May 2021
- 3 V. Patel et al., The Lancet Commission for global mental health and sustainable development, *Lancet* 2018; 392: 1553–98, DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)
- 4 WHO, Health topics, Mental Health, Burden: Mental health (who.int) (accessed March 2021)
- 5 Bloom, D.E., Cafiero, E.T., Jané-Lllopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011). The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum.
- 6 World Health Organization, The Global Health Observatory, <https://www.who.int/data/gho/indicator-metadata-registry/indicator/158>, accessed May 2021
- 7 GBD Tool, GBD 2019 Diseases and Injuries Collaborators, Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019, *Lancet* 2020; Oct 17;396(10258):1204–1222 doi: 10.1016/S0140-6736(20)30925-9, accessed June 2021
- 8 WHO, Health topics, Mental Health, Burden: Mental health (who.int) (accessed March 2021)
- 9 Patel V, Saxena S. Achieving universal health coverage for mental disorders *BMJ* 2019; 366: l4516 doi:10.1136/bmj.l4516
- 10 V. Patel et al., The Lancet Commission for global mental health and sustainable development, *Lancet* 2018; 392: 1553–98, DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)
- 11 V. Patel et al., The Lancet Commission for global mental health and sustainable development, *Lancet* 2018; 392: 1553–98, DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)
- 12 V. Patel et al., The Lancet Commission for global mental health and sustainable development, *Lancet* 2018; 392: 1553–98, DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)
- 13 V. Patel et al., The Lancet Commission for global mental health and sustainable development, *Lancet* 2018; 392: 1553–98, DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)
- 14 V. Patel et al., The Lancet Commission for global mental health and sustainable development, *Lancet* 2018; 392: 1553–98, DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)
- 15 Whiteford HA, Degenhardt L, Rehm J, et al. Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *Lancet* 2013; 382: 1575–86.
- 16 Veling W. Ethnic minority position and risk for psychotic disorders. *Curr Opin Psychiatry* 2013; 26: 166–71.
- 17 V. Patel et al., The Lancet Commission for global mental health and sustainable development, *Lancet* 2018; 392: 1553–98, DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)
- 18 V. Patel et al., The Lancet Commission for global mental health and sustainable development, *Lancet* 2018; 392: 1553–98, DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)
- 19 Goldmann E, Galea S. Mental health consequences of disasters. *Annu Rev Public Health* 2014; 35: 169–83.
- 20 V. Patel et al., The Lancet Commission for global mental health and sustainable development, *Lancet* 2018; 392: 1553–98, DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)
- 21 Brayne C, Ince PG, Keage HA, et al, and the ECLIPSE Collaborative Members. Education, the brain and dementia: neuroprotection or compensation? *Brain* 2010; 133: 2210–16.
- 22 Mental health atlas 2017. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.
- 23 Mental health atlas 2017. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.
- 24 V. Patel et al., The Lancet Commission for global mental health and sustainable development, *Lancet* 2018; 392: 1553–98, DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)
- 25 Achieving universal health coverage for mental disorders, V. Patel and S. Saxena, *BMJ* 2019;366:l4516, <http://dx.doi.org/10.1136/bmj.l4516>
- 26 Patel V, Saxena S. Achieving universal health coverage for mental disorders *BMJ* 2019; 366: l4516 doi:10.1136/bmj.l4516
- 27 Mental health atlas 2017. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.
- 28 Mental health atlas 2017. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.
- 29 United Nations policy brief: covid-19 and the need for action on mental health, May 2020
- 30 <https://www.who.int/news/item/11-02-2021-who-executive-board-stresses-need-for-improved-response-to-mental-health-impact-of-public-health-emergencies>
- 31 <https://www.who.int/news/item/11-02-2021-who-executive-board-stresses-need-for-improved-response-to-mental-health-impact-of-public-health-emergencies>
- 32 <https://www.who.int/news/item/11-02-2021-who-executive-board-stresses-need-for-improved-response-to-mental-health-impact-of-public-health-emergencies>
- 33 Allwood L. et al: Covid-19: understanding inequalities in mental health during the pandemic, Centre for Mental Health briefing, 2020 (accessed April 2021)
- 34 The impact of Covid-19 on global mental health: A brief, 2020, United for Global Mental Health, 2020 (accessed April 2021)
- 35 The Impact of COVID-19 on Mental, Neurological and Substance Use (MNS) Services, WHO infographic, October 2020 (accessed April 2021)
- 36 The Impact of COVID-19 on Mental, Neurological and Substance Use (MNS) Services, WHO infographic, October 2020 (accessed April 2021)
- 37 <https://www.kcl.ac.uk/short-courses/caring-psychosis-schizophrenia-future-learn>
- 38 <https://www.lundbeck.com/global/sustainability/access-to-brain-health>

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