

September 2019

Multisectoral action for mental health

Synergy between sectors: fostering and protecting mental health through multisectoral action

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life and can contribute to his or her community. Mental disorders, by contrast, represent disturbances to a person's mental health that are often characterized by some combination of troubled thoughts, emotions, behaviour and relationships with others. Mental disorders are one of the most important public health challenges in the WHO European Region since they are the main cause of disability in many countries and a major burden to economies.

The Sustainable Development Goals emphasize the promotion of mental health and well-being as an integral part of combatting noncommunicable diseases and ensuring healthy lives. Achieving the Sustainable Development Goals requires recognizing mental health as a fundamental human right and applying

multisectoral approaches to promote and protect mental well-being and prevent and treat mental disorders. Key reasons for including mental health in Health 2020 and the 2030 Agenda for Sustainable Development include the intrinsic value of good mental health, the wide-ranging effects of mental disorders and the multisectoral nature of its formation, preservation and restoration. Action is necessary across sectors to promote mental well-being, since there is indeed no health without mental health.

Mental disorders are treatable, with evidence of effectiveness of both psychosocial and pharmaceutical interventions. However, much of the challenge lies in a lack of access to high-quality, evidence-informed mental health services; accordingly, WHO and other international partners emphasize the need to enhance access to these services. Achieving increased

treatment coverage requires mental health services to work in partnerships with other sectors.

The association between inequality and childhood mental health problems, such as hyperactivity, conduct disorders and anxiety, is strong. These mental health problems are also strongly associated with deprivation, poverty, inequality, and social and economic determinants of health. Mental health problems are exacerbated by higher levels of smoking, alcohol and drug abuse, unemployment, obesity and poor nutrition, which affect some populations more than others. Comorbidities of mental health problems are also risk factors for noncommunicable diseases, just as noncommunicable diseases are risk factors for mental health. Mental health problems and comorbidities are clustered in the bottom socioeconomic quartile of the population in the European Region.

Key messages

The goal of Health 2020 is to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality.



1

Physical and mental health and well-being are public goods and assets for human development that contribute to strong, dynamic and creative societies.



2

Physical and mental health and well-being are best achieved if the whole of government works together, and Health 2020 promotes whole-of-government and whole-of-society approaches.

HEALTH 2020



5

Social progress is best measured by objective indicators of physical and mental health, health equity and well-being, and this includes the conditions in which people are born, live and work.



4

Different countries, cities and communities have different starting-points: each is unique and can pursue common goals through different pathways.



3

Physical and mental health and well-being can be improved and health inequalities reduced through appropriate policies and working with other sectors.



Setting the scene: mental health and mental disorders in the WHO European Region

In 2017, 4.2% of the population had depression (37 million people) and 4.5% anxiety (40 million people), with women being disproportionately affected by both, making them the most common mental disorders in the WHO European Region. Other mental disorders, classified as more severe, include bipolar disorder and psychotic disorders and afflict about 1% of the population each. One fourth of the population in a given year has mental ill health, and mental disorders are a major burden to economies. The annual direct cost from depression alone in the European Union was estimated to be €617 billion in 2013, mainly caused by costs to employers from absenteeism and costs to the economy from lost output.

Mental ill health is also strongly related to suicide, and men have a five-fold greater risk of completing suicide than women. In 2016, the suicide rate in the Region was 12.9 per 100 000 population, corresponding to about

300 suicides per day every day of the year in the Region, affecting individuals, families, communities and society as a whole.

Because of lack of access, many people with mental ill health or mental disorders either receive no treatment or experience long delays. For example, 3 of 4 people with major depression in the Region do not receive adequate treatment. The life expectancy of people with mental disorders is 10–20 years lower than that of the general population because of unrecognized and untreated physical health conditions.

When access to mental health services is increased, leaving no one behind is also essential. This includes targeting populations at risk such as refugee and immigrant populations and LGBTQ individuals, whose rates of mental health conditions are at least three times as high as the general population.

4.2%

estimated depressions
of the population in the
WHO European Region

37m

people (2017)

4.5%

estimated anxiety of the
population in the WHO
European Region

40m

people (2017)

The Sustainable Development Goals

All 193 Member States of the United Nations adopted the United Nations 2030 Agenda for Sustainable Development at the United Nations Sustainable Development Summit in 2015. The 17 Sustainable Development Goals are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. They build on the successes of the Millennium Development Goals

while including new areas such as climate change, economic inequality, innovation, sustainable consumption and peace and justice. The Goals are interconnected and require multisectoral and intersectoral action – the key to success for any one Goal involves tackling issues more commonly associated with another.



Health 2020: a framework for action

The goal of Health 2020 is to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality.

All Member States of the WHO European Region have agreed to monitor progress against six common targets:

1. Reduce premature mortality in the European Region by 2020
2. Increase life expectancy in the European Region
3. Reduce health inequalities in the European Region
4. Enhance the well-being of the European Region population
5. Ensure universal health coverage and the right to the highest attainable level of health
6. Set national goals and targets related to health in Member States

What makes societies prosper and flourish can also make people healthy: policies that recognize this have more impact. Building awareness and capacity to make health objectives part of society's overall socioeconomic and human development is essential. All policy fields, including health, need to reform their ways of working and use new forms and approaches to policy at the global, national and local levels.

Multisectoral action for mental health across the lifecourse

A comprehensive and coordinated response to mental health promotion, protection and care requires strong and enduring partnerships across multiple public and private sectors, including health care, education, employment, judiciary, housing, social welfare and other relevant sectors. These sectors must work across the life-course, as demonstrated in Fig. 1. The mental health problems of parents and caregivers can also affect children, worsening the quality of care they receive and increasing the risks

of anxiety, depression and poor school performance. This, in turn, affects children's life chances and outcomes across the life-course.

For example, an economic crisis can produce mental health effects that may increase suicide and alcohol death rates. These effects also differ by sex, with women especially having higher risk of being diagnosed with anxiety after a recession. However, the effects of an economic crisis can be prevented by social welfare

and other policy measures, such as active labour market programmes and family support. These interventions are proven helpful in addressing mental health problems, preventing job loss and promoting faster re-employment when necessary – with subsequent benefits for children. Likewise, unaffordable housing can quickly exacerbate the effects of social disadvantage and is a major risk factor for mental health problems among children and their families.

Parents, families and households

Child protection
Education
Health
Housing
Labour

- Deprived parental material conditions (income, resource access, housing and employment)
- Low level of pregnancy and maternal care and social support
- Experiences of child abuse

Schools

Education
Health
Justice
Social affairs

- Bullying or discrimination
- Substance misuse
- Poor nutrition

Cross-cutting aspects

- Age and sex
- Gender
- Socioeconomic status
- Minority status
- Genetic factors

Workplaces

Education
Health
Justice
Labour
Social Affairs

- Job stress
- Job insecurity and unemployment
- Bullying and discrimination

Care of older people

Housing
Education
Health
Transport
Welfare

- Social isolation
- Experience of elder abuse or neglect
- Poor physical health

Fig. 1: Different sectors and mental health challenges at different stages of the lifecourse

Intersectoral policies and interventions to address the determinants of mental health and well-being

As reflected in Fig. 1, given the diversity of government actors involved in mental health, interventions within and outside the health sector are needed to address the underlying determinants of health. The following charts include examples of adequate joint actions to promote and protect mental health and prevent and treat mental disorders.

Promoting mental health

CHALLENGES	MAIN SECTORS INVOLVED	JOINT ACTION TO IMPROVE MENTAL HEALTH AND WELL-BEING
Ensuring that mental health is considered in all policies	Housing, judiciary, employment	Contact with green areas, good-quality living conditions and wellness at work are examples of factors known to positively affect mental health. Access to these factors must be ensured through multisectoral cooperation, incorporating the goal of promoting mental well-being into the agendas of all actors involved
Addressing common misunderstandings of the causes of mental health problems and promoting the importance of mental health as an integral part of well-being	Education, health, government	Awareness programmes and anti-stigmatization campaigns have been shown to improve mental health literacy, and these efforts therefore need to be implemented further
Building resilience to adverse life events and promoting socio-emotional intelligence in the population	Education, health, government	Evidence-informed school interventions addressing the socio-emotional intelligence of young people need to be implemented further

Protecting mental health

CHALLENGES	MAIN SECTORS INVOLVED	JOINT ACTION TO IMPROVE MENTAL HEALTH AND WELL-BEING
Maintaining and protecting the mental health of individuals or households at risk	Judiciary, social welfare	Individuals and households at risk need legal protection (such as child welfare), social protection (such as support for low-income households) and financial protection (such as protection for people who are unemployed or in debt) to lower the risk of mental health problems
Ensuring legal protection against violence and abuse, including the highly marginalized and vulnerable group of adults with psychosocial and intellectual disabilities living in institutions	Judiciary, health, social welfare	Policies and legislation urgently need to be revised to assure alignment with the United Nations Convention on the Rights of Persons with Disabilities and other human rights conventions, including the right to exercise legal capacity; community-based care needs to be developed as an alternative to institutions



Preventing mental disorders and self-harm

CHALLENGES	MAIN SECTORS INVOLVED	JOINT ACTION TO IMPROVE MENTAL HEALTH AND WELL-BEING
Reducing rates of self-harm, suicide and mental disorders	Education, judiciary	Evidence-informed school programmes to reduce bullying, problem behaviour and substance misuse need to be implemented; introducing population-based restrictions on the availability and marketing of alcohol and tobacco have shown positive results on adolescent mental health and indicate that these need to be further expanded
Improving the proportion of children who are developmentally on track in health, learning and psychosocial well-being	Social welfare, health	Providing family support programmes for those at risk, such as families in which one or more parent has a severe mental disorder; these programmes show robust evidence for improving the social and emotional skills of both children and parents

Treating people with mental disorders

CHALLENGES	MAIN SECTORS INVOLVED	JOINT ACTION TO IMPROVE MENTAL HEALTH AND WELL-BEING
Ensuring early identification of mental health or behavioural problems and providing access to effective interventions, since they are key to recovery	Education, employment, health	Awareness campaigns and educational programmes are needed in schools and workplaces to encourage individuals to seek help early; investing in easily accessible support services at schools and workplaces as a first line of help or a referral point is needed
Mental health services are often fragmented and lack coordination	Health, social welfare	Joint planning of health services and social care must be improved for people with severe mental health disorders

Intersectoral response to other key challenges beyond mental disorders

In addition to key mental health efforts targeting individuals with severe mental disorders, efforts to promote and protect mental health in the general population should also be strengthened. Mental health is a fundamental human right for all people. We must move away from a binary approach of individuals being mentally well or unwell and move towards interven-

tions and approaches that recognize and support individuals as they move on a spectrum throughout their lives from freedom of mental distress, through non-specific symptoms causing intermittent mental distress to clear syndromes causing increasingly severe functional impairment.

Cross-cutting aspects

Reducing health inequalities and achieving health for all requires implementing joint policies and interventions between actors and sectors with full respect for the principle of non-discrimination and, overall, following a human rights approach. Special attention must be given to individuals at risk of mental health problems such as those with a family history of mental illness, members of minority groups, those at risk of vulnerability, people who live in deprived communities, excluded groups including the homeless and those who live in unstable household conditions with violence or abuse. Further, interventions must consider social determinants when trying to achieve the greatest impact, such as

women's increased risk of depression and anxiety and men's increased risk of completing suicide.

Applying an equity lens to health and non-health interventions will positively affect outcomes across the whole population, since those at the greatest risk will benefit the most while also benefiting society as a whole by effectively preventing more severe mental health problems.

Reducing health inequalities requires addressing the following

LIFE-COURSE STAGE

- Adequate social and health protection for those at risk of mental health problems
- Universal, high-quality and affordable early-years education and care system
- Secure healthy workplaces and access to employment and high-quality work
- Intersectoral action to tackle inequalities at old age, both to prevent and manage comorbidities of mental health problems

WIDER SOCIETY

- Improve social protection, according to need
- Co-creating partnerships with those affected by mental health problems, civil society and civic partners to reduce inequalities
- Action to reduce social exclusion and empower people affected by mental disorders and psychosocial disabilities
- Gender equity approach

BROADER CONTEXT

- Increase budget spending on mental health
- Long-term planning by working with environmental, social and economic factors affecting mental health

SYSTEMS

- Comprehensive response from governments in promoting and protecting mental health
- Regular reporting of inequalities in health

2030 Agenda for Sustainable Development: a political mandate and transformative call for action

Achieving the Sustainable Development Goals (SDGs) requires working in a transformative way in order to implement a set of coherent, evidence-informed policies that address health, well-being and all their determinants throughout the life course

and across all sectors of government and society. Revitalized global and regional partnerships are essential, and will provide the support and momentum to this societal and global effort.

Transformative governance for action in mental health

The adoption of the Health 2020 health policy framework for the WHO European Region in 2012 by all European Member States, with governance for health as a twin strategic objective alongside improved health equity, marked an invigorated strategic approach in the Region to strengthen governance for health and intersectoral action. This provides an excellent foundation for putting into operation and implementing the 2030 Agenda and the Sustainable Development Goals, which call for good governance, new models

of partnership and scaling up intersectoral work as the means to achieve global, regional and national goals and targets and to meet today's complex global challenges. Moving towards models of governance that deliver through their design health, equity and well-being is an example of the transformative response called for by the 2030 Agenda. Involving, managing, coordinating, developing accountability and coherence and supporting the implementation of action between diverse actors across all levels of government and beyond



are necessary to achieve global, regional and national goals and targets and to effectively address today's complex global challenges.

The transformative approach to improved governance is facilitated through whole-system approaches at each individual level or node within a system (such as whole of government, whole of society, whole of city and whole of school) that engage all levels of governance within a system, from the international through the national and the regional to the local.

Capacity for intersectoral governance for health and well-being depends on three key factors:

1. The right to health and sector mandates for multisectoral and intersectoral action for health and well-being
2. Resourcing organization for multisectoral and intersectoral action for health and well-being
3. The capacity of institutions and individuals for designing, implementing and delivering multisectoral and intersectoral action for health and well-being

For further information, see [the Concept note: assessment tool for governance for health and well-being](#).

Sustainable Development Goal targets for action in promoting mental health

GOAL

SUSTAINABLE DEVELOPMENT GOAL TARGET

JOINT ACTION TO IMPROVE MENTAL HEALTH AND WELL-BEING



Sustainable Development Goal 1:

End poverty in all its forms everywhere

1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

Income inequality, financial strain, relative deprivation



Sustainable Development Goal 2:

End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

Food security



Sustainable Development Goal 3:

Ensure healthy lives and promote well-being for all at all ages

3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

Access to health care, exposure to risk factors

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all



Sustainable Development Goal 4:

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

Community and individual social capital, social stability, social support

4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations



Sustainable Development Goal 5:

Achieve gender equality and empower all women and girls

5.1 End all forms of discrimination against all women and girls everywhere

Community diversity, gender equality



Sustainable Development Goal 6:

Ensure availability and sustainable management of water and sanitation for all

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

Infrastructure, neighbourhood deprivation



Sustainable Development Goal 7:

Ensure access to affordable, reliable, sustainable and modern energy for all

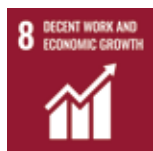
7.1 By 2030, ensure universal access to affordable, reliable and modern energy services

Infrastructure, safety and security

GOAL

SUSTAINABLE DEVELOPMENT GOAL TARGET

JOINT ACTION TO IMPROVE MENTAL HEALTH AND WELL-BEING



Sustainable Development Goal 8:

Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services

8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment

Economic recessions, income, debt, assets



Sustainable Development Goal 9:

Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all

Infrastructure, safety and security



Sustainable Development Goal 10:

Reduce inequality within and among countries

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

Relative deprivation



Sustainable Development Goal 11:

Make cities and human settlements inclusive, safe, resilient and sustainable

11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums

11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries

Built environment, housing structure, overcrowding, recreation



Sustainable Development Goal 12:

Ensure sustainable consumption and production patterns

12.2 By 2030, achieve the sustainable management and efficient use of natural resources

Built environment



Sustainable Development Goal 13:

Take urgent action to combat climate change and its impacts

13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries

Natural disasters, climate change, forced migration



Sustainable Development Goal 16:

Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1 Significantly reduce all forms of violence and related death rates everywhere

16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all

War and conflict, industrial disasters, trauma

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
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Montenegro
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North Macedonia
Norway
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Portugal
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