USAID
Mental Health
POSITION PAPER

MAY 2024

Mental health encompasses emotional, cognitive, psychological, and social well-being. It affects how humans think, feel, learn, work, make decisions, and build relationships.

INTRODUCTION AND PROBLEM STATEMENT

Mental health encompasses emotional, cognitive, psychological, and social well-being. It affects how humans think, feel, learn, work, make decisions, and build relationships. The importance of mental health to individual well-being, as well as to social and economic progress, is becoming more widely recognized.[1] Mental health affects physical health (including nutrition, substance abuse, outcomes for infectious diseases, and incidence of noncommunicable diseases); child health and development; education outcomes; and workforce participation, among others. Evidence also shows that mental health conditions are higher among populations exposed to environmental stressors such as extreme poverty; war and conflict; food insecurity; high levels of community violence, including gender-based violence (GBV); and stigma and discrimination.[2,3,4] Crucially, mental health also affects service providers, community workers, and activists who drive development progress. Taken together with the growing evidence of an emergent global mental health crisis,[5,6,7,8] these factors make it clear that mental health is intricately tied to USAID's ability to meet its development objectives across sectors and should be seen as an intersectional priority for the Agency.

The substantial impact of mental health challenges on individuals and societies was becoming more widely recognized prior to the COVID-19 pandemic. However, factors associated with the pandemic, in combination with other escalating and interrelated circumstances—such as democratic backsliding, human rights deterioration, and increasing threats to citizen security and safety, poverty, climate change, and extreme inequality—have amplified existing issues and resulted in additional mental health challenges.[9,10,11,12] For example, the World Health Organization reports 27 percent and 25 percent increases, respectively, for depression and anxiety during the first year of the COVID-19 pandemic.[13] These impacts are compounded when gender and historical marginalization are taken into account.[14,15,16] For the past two years, the World Economic Forum's global survey of leaders and experts has identified severe mental health deterioration among the most imminent threats to global stability.[17,18]

Although failure to address mental health is often a hidden barrier to achieving development and humanitarian goals, addressing mental health needs can accelerate progress due to the connective and multidirectional nature of the relationship between such goals and mental health.[19,20,21,22,23] For instance, shifts in mental well-being can affect economic security and physical health, while levels of economic security and physical health can reciprocally influence mental health, each affecting the other in a reinforcing cycle. These intertwined relationships span development and humanitarian goals.

This position paper signals USAID's commitment to advancing mental health around the world, which is central to achieving interagency objectives and long-term development goals. The Agency aims to address these challenges by strategically integrating mental health considerations into its programs and leveraging development diplomacy, global partnerships, expertise, and strategic guidance for a more coordinated and effective approach to this escalating issue.
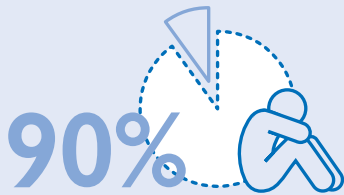
MENTAL HEALTH BY THE NUMBERS

50%

Approximately half of all people will meet the criteria for a mental health condition at some point in their lifetime.[24]
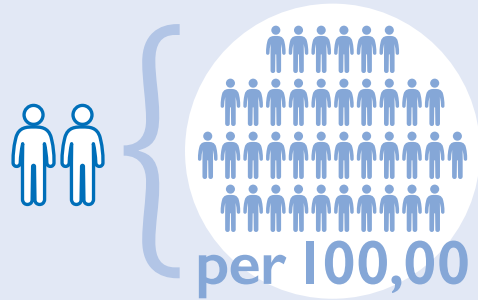
per 100,00

Only about 2 percent of health budgets are allocated to mental health, resulting in a shortage of mental health workers, sometimes as few as two per 100,000 population.[28]

90%

Although approximately one in four people globally live with a mental health condition, some countries have up to a 90-percent treatment gap.[25]

$16 trillion

Mental health conditions are increasing worldwide and are projected to cost the global economy $16 trillion (U.S. dollars, or USD) by 2030.[29]

reduced life by 10–20 years
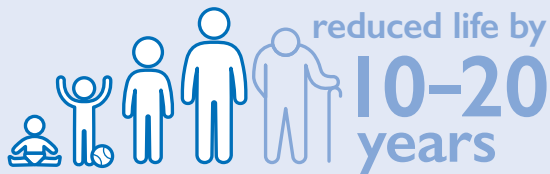
Severe mental health conditions reduce life expectancy by 10 to 20 years.[26]

4–8% GDP

The economic value of disability-adjusted life years (DALYs) for mental health conditions was estimated to be 4 to 8 percent gross domestic product (GDP).[30]

20 suicide attempts / per death
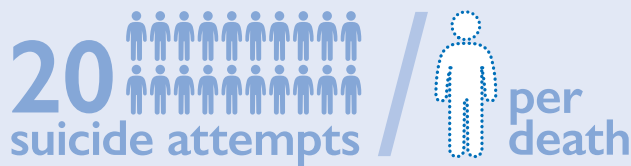
Globally, needs related to suicide are high. For example, there may be 20 suicide attempts (around 14 million) for every death.[27]

12 billion working days
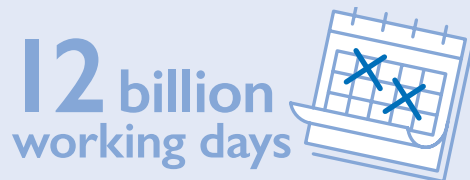
Twelve billion working days are lost each year due to anxiety and depression.[31]

BACKGROUND

In spite of efforts to address the growing mental health crisis across the globe, in almost every country, including high-income countries, the gap between people's needs and mental health systems, supports, and services remains wide, with treatment gaps of up to 90 percent in some countries.[32] Mental health remains one of the most under-resourced health concerns in many countries, and, in international development, mental health garners less than 1 percent of the funding directed toward health overall.[33]

In addition, people with mental health conditions can be subject to pervasive human rights abuses, including coercive treatment, forced seclusion, physical and sexual abuse, and denial of self-determination.[34,35] Only 51 percent of countries have mental health policies that align with human rights instruments such as the Universal Declaration of Human Rights and the Convention on the Rights of Persons with Disabilities.[36,37]

In addition to reducing human suffering, there is a clear economic case for investing in mental health.[38,39] A recent meta-analysis found evidence that mental health treatments can significantly improve performance and reduce the number of days people are not able to work.[40] Additionally, a global cost-benefit analysis looking at just one segment of the global population (10- to 17-year-olds) in only one type of situation (humanitarian emergencies) estimated that failing to address mental health and psychosocial support needs would result in the equivalent loss of $203 billion in potential lifetime earnings.[41]

With increased evidence of what works in supporting and treating mental health at the population, community, and individual levels, there are feasible, effective, and accessible mental health care interventions that can be delivered through primary health care and other community-based settings to reduce suffering and save lives. However, despite progress in building an evidence base for addressing mental health, there are still research gaps, particularly in population- and systems-level approaches, locally developed mental health approaches in low- and middle-income countries, and digital and other types of innovations. The lack of inclusion of diverse populations in global mental health research has limited our understanding of mental health conditions and impeded the development of contextually appropriate interventions to meet the needs of specific populations.

VISION

USAID envisions a future where mental health and well-being are universally valued such that prevention is prioritized; desirable support and services are easily accessible; a state of positive psychological, emotional, and social well-being is considered and acted upon as a crucial goal; and individuals with mental health needs are free from stigma or discrimination.

USAID's Approach

Eleven evidence briefs and consultations with nearly 200 diverse stakeholders from 39 countries provide strong evidence and guidance for the recommended approaches (below) that USAID can deploy to advance this vision (Appendix 1).

The conditions in which people are born, grow, live, work, and age have a significant impact on mental health outcomes. Improving mental health requires addressing the structural and systems-related factors affecting mental health, including increased access to the factors that promote psychological, emotional, and cognitive health (such as economic security, safety, equality, free exercise of rights, social inclusion, and access to high-quality support and services).

ADDRESS KEY BARRIERS

Promote sustainable enabling **environments** at all levels that support mental health for individuals, families, and communities.

APPROACH

Promote the use of ethics, human rights, and "**do no harm**" practices.

Apply **contextually appropriate** approaches for mental health developed in partnership with local communities, paradigms, supports, and services.

STRENGTHEN AND DIVERSIFY PARTNERSHIPS | FIGHT STIGMA AND DISCRIMINATION

Addressing these factors requires collaboration across multiple segments of societies and sectors, including education, employment, housing, and social protection. It also requires balancing efforts to respond to current mental health needs with preventive efforts that address the most contextually influential determinants of mental health status to decrease future needs. USAID recognizes that significant progress cannot be made with scattershot, one-off programs; it requires strategic, coordinated approaches that consider the broad range of factors influencing mental health—from those at the population, community, and individual levels—and identifying and addressing gaps in impactful and sustainable ways.
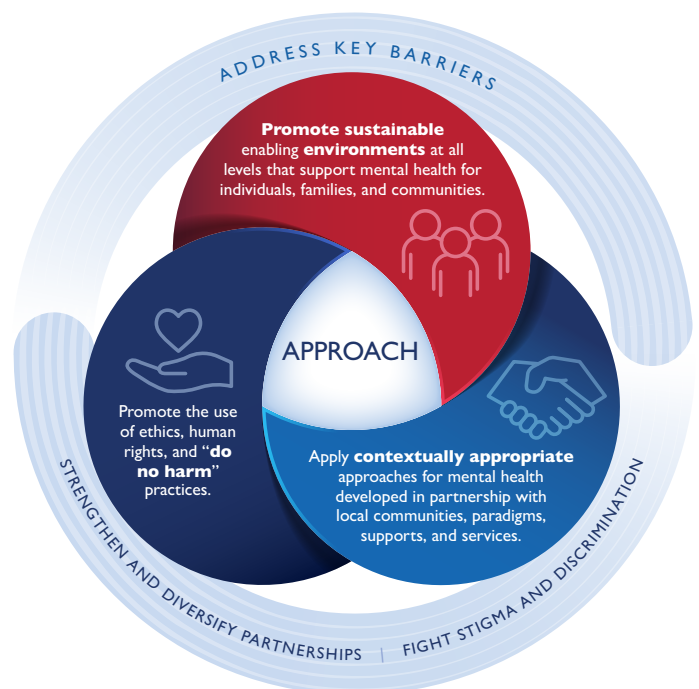
1 **Promote sustainable enabling environments at all levels that support mental health for individuals, families, and communities.**

Population- and systems-level approaches include the following actions:

- **Advance national programs, policies, and budgeting** that equitably improve access to mental health services, such as support for the development of mental health systems and integration of mental health care into primary care and other systems, including national suicide prevention hotlines, insurance schemes, and national health care programs that fully cover mental health services.

- **Integrate mental health considerations** in international fora, such as addressing mental health in international agreements and increasing protections for people with mental health conditions in human rights mechanisms, specifically targeting the types of human rights violations experienced by people with mental health challenges.

- **Strengthen and support the mental health workforce** through professionalization, systems of accountability, supervision, and access to care.

Community-level approaches include the following actions:

- **Promote social-emotional learning** through education systems that equip a new generation with the knowledge and skills to recognize and respond to their own mental health needs and those of others.

- **Advance programs and policies** that help parents and caregivers support the mental health of children, adolescents and older people, including high-quality, accessible childcare, parenting assistance, and caregiver mental health services.

- **Engage and support local mental health systems** where people and communities naturally seek help—rather than create parallel and isolated systems such as institutional care—to ensure sustainability and seamless access to services.

Individual- and relational-level approaches include the following actions:

- **Increase equitable access** to high-quality, effective mental health prevention, treatment, case management, and other services that can decrease distress and suffering and bolster an individual's resilience and well-being.

- **Address the diverse mental health needs** in communities across the lifespan and mitigate barriers, including affordability, accessibility, discrimination, and stigma.

- **Promote services that address interpersonal dynamics**, including those that have a reciprocal relationship with mental health such as intimate partner violence, family interactions, and workplace psychological safety.

The following approaches are relevant to all levels:

- **Map existing components of enabling environments** and—in partnership with local actors—identify high-impact opportunities based on local needs and priorities, potential sustainability, contextual, resource availability, and other factors.

- **Address gaps in enabling environments** by adding mental health components to activities in other sectors including social protection, health, economic security, or education activities.

- **Evaluate the integration of mental health considerations** into programs focused on other development and humanitarian goals (such as assessing mental health components as mechanisms of change or mental health outcomes alongside other outcomes of interest).

2 Apply contextually appropriate approaches for mental health developed in partnership with local communities, paradigms, supports, and services.

All mental health work must involve collaboration with local communities—including people with mental health challenges, service users, caregivers, and members of historically marginalized groups—to incorporate ways of thinking about mental health that are circumstantially and contextually appropriate. Whether initiatives focus at the population, systems, community, relational, or individual level, a comprehensive approach should include language considerations; integration of appropriate cultural concepts, practices, symbols, and metaphors; a culturally suitable balance between working with individuals, families, and communities; and efforts to address social context and practical barriers such as childcare, safety, scheduling, transportation needs, and resource availability.[42]

Contextualization also recognizes that concepts related to mental health (such as notions about individuality, freedom, identity, and methods of consensus and decision making) vary across cultures, and approaches should be relevant for those notions and context and might include more collectivist, spiritual, and strengths-based mental health practices.

Opportunities for this approach include the following.

- **Collaborate with local actors** to develop a nuanced understanding of social, economic, and historical factors as well as cultural norms, values, and beliefs related to mental health, making sure to incorporate differences for subgroups into programming.

- **Prioritize culturally and contextually rooted approaches** that will resonate and, therefore, have the greatest likelihood of sustainability.

- **Partner with local actors** to understand financial and other resource contexts and use locally identified priorities and needs to guide decision making.

- **Use guidance from other USAID policies**—such as for gender, inclusive development, indigenous peoples, LGBTQI+, youth, localization, and religious engagement—to ensure robust, inclusive local partners in all phases of the contextualization process.

- **Build, diversify, and use high-quality evidence** by promoting local leadership and expertise (including from service users and people who have or have had mental health conditions) and bring local, traditional, or other approaches—such as traditional, Indigenous, and ancestral healing practices—into the evidence ecosystem.

See the evidence brief on contextualization for additional background on this topic.

3 Promote the use of ethics, human rights, and "do no harm" practices.

USAID recognizes the paramount importance of elevating ethical standards to ensure the well-being and dignity of individuals and communities. Development and humanitarian organizations have typically relied on "do no harm" guidelines developed for specific sectors or populations.[43] Mental health professionals have developed additional and relevant ethical principles, but many of these have not been adapted to work in international settings.[44] Even so, it is increasingly acknowledged that mental health initiatives can have unique and significant unintentional harms. USAID recognizes it is essential to move beyond the minimal standard of "do no harm" and current guidelines by expanding our understanding and use of human rights and ethical best practices to ensure mental health initiatives have the intended transformative results.

Critical components of this effort include the following.

- **Broadly incorporate trauma-informed approaches** into programs and operations. Regardless of sector or type of programming, trauma-informed approaches are integral to upholding "do no harm" guidelines by recognizing the impact trauma can have on individuals, families, and communities and by taking proactive steps to create safe, compassionate, and respectful environments that increase program accessibility; resiliency of individuals, families, and communities; and program impact. (For more information, see this evidence brief that summarizes evidence on trauma-informed approaches.)

- **Recognize the multidirectional relationship** between human rights and mental health. A person's mental health can affect their ability to claim and exercise their rights; human rights violations can affect one's mental health. People with mental health issues are often subjected to human rights abuses as a matter of course in their daily lives and as a part of systems designed to address mental health or other issues. Addressing the multifaceted human rights considerations related to mental health is critical for achieving basic rights, development, security, and humanitarian objectives.

- **Integrate approaches** that address the mental health needs of staff, frontline workers, service providers, and others who offer support in development and humanitarian situations. People working in these environments are often subject to significant stressors, human rights abuses, and situations with the potential to contribute to the development or exacerbation of mental health symptoms, trauma (including that experienced as exposure to the suffering and trauma symptoms of others), moral injury, and compassion fatigue. Organizations that operate in these settings should provide staff access to mental health services and other supports and ensure they feel safe utilizing resources without negative professional repercussions.

Opportunities for this approach include the following.

- **Collaborate with local actors** to identify contextually specific ethical and "do no harm" concerns for mental health initiatives, consider cultural and other context-specific implications of existing ethical guidelines and tools, and integrate culturally and contextually appropriate harm-reduction strategies into programming.

- **Convene a wide array of partners** (in line with Approach 2, above) to explore ways to develop more robust ethical principles. Expanded guidelines might adapt professional ethical principles; better integrate protection issues such as child labor, exploitation, neglect or abuse, and GBV into programming; address harmful practices related to mental health interventions, such as so-called conversion therapy, coercive care, criminalization of mental health symptoms and conditions, and long-term institutionalization; and establish frameworks for balancing potential risks of possible actions with inaction.

- **Integrate human rights considerations into analyses** of mental health-enabling environments in partnership with local actors (including governments and people who have or have had mental health conditions) to integrate these considerations into systems- and population-level approaches, such as policy and regulatory reform, justice system strengthening, professionalization efforts and accountability mechanisms.

- **Integrate the mental health needs of staff, implementing partners, and providers** into programs and operations, e.g., ensuring that systems strengthening efforts include support for staff, integration of staff mental health needs into activity designs and reflection of these design features in solicitations, and integration of trauma-informed approaches into programs and organizational operations.

- **Apply a human rights-based approach** to mental health to prevent violations of human rights, protect individuals who suffer mental health-related issues, and promote access to justice to ensure human rights accountability.[45,46]

- **Consider ways of intentionally integrating mental health** in program and activity designs across sectors, relying on best ethical and human rights practices to reduce the chances of unintentional harm and enhance protection of people with mental health symptoms and conditions. For example, consider integration of ethical and human rights considerations related to mental health into efforts such as promoting democracy, responding to human rights abuses (including access to justice and legal representation for people with mental health conditions), addressing GBV and integrating patient's rights regulations into health system-strengthening programs.

4 Address key barriers to effective programming across all mental health-related work.

It is critical to identify and implement solutions to overcome key barriers to progress across all mental health-related work. The following two are especially important.

- **Fight stigma and discrimination.** USAID recognizes that serious efforts to improve mental health must address the pervasive impact of stigma across all levels of societies and inclusive of the specific needs of different groups.[47] Stigma not only perpetuates discrimination, social isolation, and exclusion of individuals with mental health conditions[48]—and reduces the availability of support and likelihood that someone will seek it—it is also often engrained in policies, laws, and organizational practices. This creates enduring barriers to change. Reduce the potential impact of these barriers on program implementation—and significantly increase progress toward sustainably strengthened enabling environments—by including factors related to stigma and discrimination throughout all levels of the entire Program Cycle of mental health initiatives.

- **Strengthen and diversify partnerships.** USAID recognizes that strengthening and diversifying how it partners with others is essential to progress on mental health issues. As the critical importance of mental health has become more widely recognized, the global community has made substantial progress in developing and implementing approaches to address mental health concerns; however, these efforts have often not had adequate input from the people most affected. While this is not an uncommon barrier to progress for many areas of development, the mental health field is affected by a unique set of challenges. For example, stigma against people experiencing mental health symptoms can reduce their perceived credibility as contributors and leaders, and cultural differences in how people define and approach mental health can reduce opportunities to contribute.

USAID commits to a proactive approach to identifying, diversifying and engaging partners; equitably including people who have or have had mental health conditions, service users, caregivers, women, and historically underserved communities (such as people with disabilities, youth, the LGBTQI+ community, Indigenous populations, displaced persons, and people from non-dominant ethnic and religious groups)[49]; and continuously working to balance power dynamics among local actors, international partners, and funders. This commitment includes ensuring local communities have leadership roles in defining, shaping, and governing holistic approaches to strengthening enabling environments and solutions to mental health challenges. The approach utilizes USAID's Principles for Equitable Partnership,[50] which are based on mutual respect throughout the program cycle and as a critical component of all efforts, including for goal identification and monitoring, evaluation, and learning.

USAID is committed to collaboratively addressing these urgent mental health issues by pursuing the outlined vision while adhering to principles of humility, mutuality, respect, and alignment with inclusive development, locally led development, gender, human rights, and other relevant policies and initiatives.

CONCLUSION

Global mental health is a growing and critical concern that is reaching an inflection point amid challenges such as the COVID-19 pandemic, democratic backsliding, climate change, war, mass migration, drought, food insecurity, and increasing levels of human rights violations, including massacres, forced displacement, and GBV. Despite facing significant stigma and discrimination, global voices are increasingly sharing experiences of mental health issues; noting substantial resource gaps; emphasizing its profound impact on individuals, communities, and broader global concerns; and demanding increased attention to this issue.

USAID is committed to collaboratively addressing these urgent mental health issues by pursuing the outlined vision while adhering to principles of humility, mutuality, respect, and alignment with inclusive development, locally led development, gender, human rights, and other relevant policies and initiatives. To this end, the Agency is redefining relationships with local partners and emphasizing local resources, leadership, and accountability as we expand our work in this area.

APPENDIX 1. EVIDENCE BRIEFS

An extensive literature review of Agency resources informed the development of this position paper. The following evidence briefs summarize some of the findings on key topics.

"Proposed Theory of Change for Global Mental Health" summarizes research on determinants of mental health to inform a possible theory of change for global mental health.

"Contextualization of Mental Health Interventions in Global Mental Health" provides a summary of literature on current concepts, terms, and accepted practices for the contextualization of mental health interventions; discusses barriers and limitations when contextualizing interventions, challenges regarding use of the term "cultural adaptation" in global mental health, and promising approaches to consider.

"Trauma-informed Approaches in Global Mental Health" provides an overview of trauma-informed approaches at the organizational and service levels.

"Mental Health Research in Humanitarian and Development Settings" identifies gaps in global mental health research and offers recommendations for how policies and programs may address pressing research needs in international development and humanitarian settings.

"Mental Health Terminology" discusses global terms to describe mental health and contextualizes terminology; provides a list of standard terms with accompanying definitions for mental health.

"Terms and Approaches to Address Mental Health" examines terms and approaches used across professions that work in global mental health; provides suggestions for integration into mental health policy and programming.

"Mental Health Stigma and Discrimination" examines how mental health stigma and discrimination influence policy and implementation efforts in development and humanitarian contexts.

"Conceptualization of Mental Health" provides a review of literature about how mental health is conceptualized across regions and cultures and discusses implications for programming.

"Ethical Principles in Global Mental Health" reviews "do no harm" and safety principles and discusses an appropriate broader set of ethical principles.

"Ethical Principles Across Professions" summarizes the ethical codes used by mental health professional organizations and discusses relevance to development and humanitarian contexts.

"Mental Health Treatment Approaches in the Global South" discusses treatment approaches used in the Global South and acknowledges that many evidence-based approaches were developed in the Global North and that opportunities for evidence generation in relation to promising approaches developed in the Global South may have been limited.

Endnotes

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