

COMMENTARY

Financing Global Mental Health Services and the Role of WHO

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Abstract

A concrete indicator of a government's commitment to mental health services is the amount of financial resources it allocates. To encourage the government to increase mental health funding, it would require additional research and dissemination findings on the economic consequences of mental health disorders, cost-effectiveness benefits of alternative treatment, and alternative methods of financing for mental health illnesses. In addition, an organized consumer group can be an effective means in informing legislative and government policy makers. Public financing alone is not sufficient for treating mental illness. Private financing may supplement public funding. It would be important to combine both public and private funding to deliver adequate services for mental illness patients. WHO has been very effective in global tobacco control and SARS epidemic. The new administration should use this successful momentum to initiate a global funding campaign for mental health disorder as a top priority.

Until the publication of the "Global Burden of Diseases" (GBD) by the World Health Organization (WHO) and the World Bank in 1996, the global impact of the socioeconomic repercussions of mental health disorders had not been fully recognized.¹ One possible reason for the lack of recognition of the importance of mental health disorders is that mental illness has not been as easily recognized as a physical illness. Many physical illnesses can be easily diagnosed and lead to immediate death. In many countries, the public may not be aware of or admit that a person has a mental illness due to social or cultural stigma. This explains the lower priority that has been given to the provision of mental illness treatment in many countries around the world.

A concrete indicator of a government's commitment to mental health services is the amount of financial resources it allocates. Only with sufficient financial resources can the

society expand adequate resources for mental health services. Therefore, information on the availability of fiscal resources is critical for evaluating and planning for future mental health services. The WHO has made important research contributions regarding the negative health burden of mental health disorders around the world.¹ A logical follow-up to the WHO report would be to examine how each government engages in their responsibility to provide mental health services. In this issue of the Journal, Saxena, Sharan, and Saraceno, reviewed the budget and financing of mental health services based on the 2001 WHO global survey in 89 countries.² The results indicated that 32% of 191 countries did not have a specific budget for mental health. Furthermore, among the 89 countries that responded with key financial information, 36% of them (32 countries) spent less than one percent of their total health budget on mental health. A majority of them are from low-income countries in Africa, South East Asia, and Asia. There are more than 2 billion residents in these regions. Even in high-income countries, many also spent less than one percent and most of them spent less than five percent on mental health. The 2001 World Health Report estimated that mental and neurological disorders were responsible for 13% of the world's Disability of Adjusted Life Years (DALY).¹ In light of the current infinitesimal government financial support on mental health, there is an urgent need to encourage government policymakers to allocate more funding for mental health services. There is a serious imbalance between the burden of mental health disorders and governments' effort for reducing the burden of mental illnesses.

The Saxena *et al.* paper also shows that as a result of under financing, there have been deficiencies in both mental health inpatient facilities and development of the mental health force.² Currently, the most common method of financing mental health services are tax-based, but a large number of low-income countries depend on out-of-pocket expenditures, which is the least desirable method of financing mental health services. The findings from Saxena *et al.* provide an important message for world mental health policy makers and for the services research community. The challenge is

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how to correct the inadequacy of mental health care financing around the world.

Perhaps, experiences in the U.S. over the past twenty years can shed some light on how mental health budgets can be maintained at around 8% of the national overall health care budget.³ The U.S. has one of the highest mental health budget shares in the world. This magnitude may be attributable to two major factors: first is the effort of the research community and their active dissemination of findings on the economics of mental health to policymakers. Second, is the effort made by family members of mentally ill patients and other public consumer groups to form an advocacy group that influences the policymakers budget allocations for mental health services.

Before 1980, research was not funded to study the economics of mental health. However, since the first conference of the economics of mental health organized by the National Institute of Mental Health,⁴ there have been thousands of papers and books published in this field. Generally encompassing three types of research. One addresses the economic consequences of mental health disorder. This type of research attempts to make both the public and policymakers aware that ignoring mental health disorders has very high social and economic costs. The second focus of the research is on cost-effectiveness or cost-benefit analysis of alternative treatments for mental health disorder or delivery system. This provides a justification for the effective allocation of funding for alternative mental health services to providers and funding agencies. A third type of research focuses on alternative methods of financing services so that incentives can be fully utilized by funding agencies to achieve cost-efficient or cost-effective services delivery.

Research alone cannot mobilize the government and legislative bodies to allocate more funding for mental health services. Research findings require dissemination and interpretation for use in the policy arena. One of the key entities is the consumer group organized by family members of mentally ill patients, the National Alliance of the Mentally Ill (NAMI <www.nami.org>). NAMI was founded in 1979 and currently has more than 210,000 members, including state and local affiliates in the U.S. It has also helped start sister organizations in Japan, Australia, and other countries. This is a very effective group, which has been working with the research community as well as with members in U.S. Congress. NAMI has also obtained prominent movie stars and media figures to make the public aware about the need for more resources for mental health services. In addition, NAMI influences votes and thus influence elected representatives' budget allocations and the passage of important legislations. For instance, it was through the joint effort of the research community, NAMI, and political leaders, that the U.S. Congress established the Mental Health Parity Act, which provides benefit coverage for mental health that is the same for other medical conditions.^{5,6}

So far, the findings by Saxena *et al.* are limited to public financing. It would be useful to have more information about the status of private financing for mental health services. When some governments do not have well-established public

financing systems, they may require private sectors to supplement mental health financing. Private financing may reduce financial pressure on the public system. Also, private financing may satisfy the heterogeneous demand, especially for high-income group, thus leaving more resources for the lower income group. Furthermore, private finance may provide more flexibility and less political entanglement in providing mental health services. Therefore, it would be important to understand private sector financing capability. In fact, the exclusive reliance on public financing of mental health services may not be realistic, especially among lower income countries. It would be ideal to have a combination of both public and private sectors to meet mental health services need in a society.

It should also be noted that while sufficient financing is necessary, a well-designed and organized delivery system is equally important. A comprehensive system should involve the integration of social welfare services, community services, housing services, medical services, as well as mental health services. How these services can actually be best integrated will depend on the different types of health care systems and social welfare systems in each country. Financing mechanism is a critical element in providing incentives and effective services referral. It would be important to combine both adequate financing and appropriate organization in designing an effective public mental health services system.

A recent announcement from the Global Forum for Health Research <www.globalforumhealth.org>, affiliated with WHO, has requested proposals to identify research capacities and research activities for mental, neurological, and behavioral health disorders among middle/low income countries in Africa, Asia, and Latin America. This is a concrete first step based on findings from the article by Saxena *et al.* The capacity of low- and middle-income countries to conduct research in the field of mental health is very limited. An important first step is to systematically assess the current research situation and identify research capacity. Through this assessment, research priorities and agendas can be formalized and matched with appropriate and suitable researchers. This can lead to more research findings that can provide the inputs for future mental health policy and program formulation. It is hoped that this entire process would lead to more funding and resources for mental health services in a country.

During the past seven years, WHO has developed a major initiative resulting in the formation of the Framework Convention of Tobacco Control (FCTC), first-ever use of WHO's treaty authority. In May 2003, the World Health Assembly (WHA) adopted the document and is now working with each country to ratify this treaty. More recently, the WHO has taken a critical role on monitoring and providing technical assistance for the SARS epidemic around the world. With this successful momentum, WHO together with countries around the world can assume leadership on making the treatment of mental health disorders a priority in the new administration.

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