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A Report by the All-Party Parliamentary Group on Global Health

New Directions for the Mental Health Workforce Globally

Summary and recommendations

July 2021

All-Party Parliamentary Groups

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This is the Summary and Recommendations from the report *New Directions for the Mental Health Workforce Globally*

Copies of the full report can be downloaded from
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Foreword

COVID-19 has shaken the world, causing enormous damage to the physical and mental health of millions. We need an urgent and powerful global response to this developing mental health crisis.

This report argues that the mental health workforce needs to change dramatically both in its composition and in the way mental health specialists work with the wider public and civil society in order to meet this need. It also calls for much greater investment in mental health.

The report builds on current trends and developments to set out new directions for the workforce and makes recommendations for governments, international bodies, service providers and educators. The mental health workforce is already changing. There are new roles such as peer supporters and experts by experience and new initiatives to integrate physical and mental health which enable general health workers to provide treatment and care.

It was very striking that so many of the experts interviewed for this report spoke of the need for further radical change. They also pointed us to many examples globally where innovators are developing new service models and approaches and where policy makers are introducing new concepts and guidance.

Much of this change is happening piecemeal and on a relatively small scale. We argue in this report that the time has come to build on the work of these pioneers and establish a new approach to developing the mental health workforce and bringing about radical change strategically and at scale.

This report builds on our earlier report *Mental Health for Sustainable Development* and recommends that mental health is fully integrated into all development policies. The UK Government has a significant part to play in promoting mental health and wellbeing globally as well as in the UK and we urge the government to reverse its disastrous cut in development aid.

We are greatly indebted to all the witnesses who spoke with us and to Jonathan Rolfe, Miriam Etter-Falcao and Thomas Canning of Implemental who carried out the research for the report. We are also very grateful for the participation of parliamentary colleagues – Sarah Champion MP, Baroness Sheila Hollins, Lord Bernie Ribeiro and Baroness Mary Watkins - and for the support from our Policy Officer Dr Nicole Votruba who coordinated the witness sessions and delivery of the report, and Jonathon Foster who provided additional support.

Dr Daniel Poulter MP
Chair

Lord Nigel Crisp
Co-Chair

On behalf of the All-Party Parliamentary Group on Global Health
15 July 2021

Summary

The COVID-19 pandemic is causing enormous damage to the mental health of populations globally. This is happening both directly through the trauma of loss, increased levels of fear and anxiety and the, as yet not fully known, consequences of Long COVID. It is also happening indirectly through the temporary closure of services and the disruption to education and employment. Poverty is growing again globally and many of the development gains of recent years are being lost.

COVID-19 has also highlighted the fact that what happens to people in their homes, schools, workplaces, and communities profoundly affects their mental health and wellbeing. Moreover, most of the care that people receive when they are mentally ill is provided by family, friends, neighbours, schools, employers, places of worship and voluntary organisations rather than by the formal health or care services.

The COVID-19 pandemic has demonstrated all too clearly how important these societal and environmental factors are in shaping both health and life chances and what a vital role all sectors of society can play in mental health – for good or ill.

Most of the people who contributed to this report emphasised these and similar points. However, the way that mental health services are currently organised, staffed and resourced simply do not reflect these important realities. They are the starting point of this report and the reason why radical change is needed.

The central message of this report is that the mental health workforce needs to change dramatically by combining its existing professional expertise in the provision of specialist care and treatment with a greatly strengthened role in helping people, communities, and organisations to provide care, prevent mental ill health and create health. It also needs to integrate non-professionals fully and work far more closely with general health services. The report makes five major points.

1. There is a massive and growing need for mental health services and they need to be given greater priority and increased investment.
2. There is a need to continue the development and improvement of services for people with chronic and enduring severe mental ill health as well as for those with more common and less severe illnesses.
3. The mental health workforce needs to be widened to integrate non-professionals fully and engage primary care and general health services.
4. Mental health workers need to develop new ways to work with people, communities, and organisations on care, prevention of disease, and health creation.
5. The education and training of mental health workers needs to be adapted to this new approach and to enable them to work as agents of change, leading and facilitating improvements in mental health across society.

Time and again, witnesses and stakeholders spoke of the need for radical change. The quotations shown in Box 1 begin with one from Dr Dinesh Bhugra, who has held some of the most senior positions within his profession. He makes the simple but striking statement that *mental health is too important to be left to the specialists*.

The World Health Organisation (WHO) Regional Adviser for Africa is equally direct in talking of *fighting against the psychiatrists* as are others arguing that *should also have persons with lived experience involved at inception*, that *the mental health workforce needs turning on its head*, there is *a need for a new workforce that can emerge deep in community* and stressing the importance of *addressing people's lost livelihoods and the need for inclusion and reintegration into society*.

Box 1 – The need for radical change

"Mental health is too important to be left to the specialist, it is everyone's business."
Professor Dinesh Bhugra – Former President of the Royal College of Psychiatrists, the World Psychiatric Association, and the British Medical Association.

"Almost 90% of the funding goes to the psychiatric hospitals so there is a resistance to move that funding out or even finding new funding to put into the community or primary care levels and we are fighting against the psychiatrists. I know I am one myself but I find myself fighting them."
Dr Florence Baingana – WHO African Region Advisor for Mental Health and Substance Abuse

"We need to think about a new strategy for addressing community needs, a new workforce that can emerge deep in community by community and for community."
Benjamin Miller – President, Well Being Trust

"The mental health workforce needs turning on its head. We need more specialists, because populations are growing and so the needs are growing. But we need to build up some of those first level responses in everybody. Particularly in those places that people go to: schools, workplaces, community agencies, first responders."
Helen Wood – Independent Consultant

"To fully address people's needs it need to be multi-sector, it needs to consider that mental illness is impoverishing and has a multi-generational impact, and if we don't also address people's lost livelihoods and the need for inclusion and reintegration into society then we are doing a poor job of [supporting] recovery."
Dr Charlotte Hanlon – Reader in Global Mental Health and Co-Director of WHO Collaborating Centre, Kings College London and Addis Ababa University

"A workforce should not only comprise of mental health professionals but should also have persons with lived experience involved at inception and have a seat at the table as their experience and knowledge is invaluable to discussions pertaining global mental health"
Claudia Sartor – Deputy CEO of the Global Mental Health Peer Network

There are already many examples of people and organisations who are leading the way globally in developing different aspects of this new approach. These include, for example, MIND in the United Kingdom (UK) in working with employers on workplace mental health,[1] the development of community support systems by Sangath in India,[2] and the work of the PRIME project around the world which has demonstrated that mental health care by general health workers increases treatment coverage in ways that are safe and effective.[3]

This report argues that there is now sufficient experience and evidence available that the time has come to build on and expand the work of these pioneers across health and care systems globally.

1. The Need for Action and Investment

Mental health has a growing profile globally and has been given greater priority in many countries in recent years. The problems are widespread; in 2019, almost one in seven people globally were living with a mental health or substance use problem.[4] The COVID-19 pandemic has increased psychological distress globally,[5] and further increased awareness of the damage done by poor mental health and wellbeing. However, there is still not parity of esteem and equality of investment with physical health anywhere in the world. The UK is one of the few countries that has adopted this as a policy and is working towards its achievement but there is still a very long way to go.

Box 2: The Need for Action

Mental health problems are common
Up to one in four people will have a mental health problem over their lifetime.[6]

There is little care available
Around 60% of people living with mental health problems globally do not receive care, but this can be over 90% in low-income settings.[7]

Underfunded and under prioritised
Mental health budgets around the world are only 2% of median governmental expenditure on health[8]. Just 0.3% of international development funding is specifically for mental health.[9]

Cost impacts beyond people's lives
Estimated cost to economies around the world from mental health problems is expected to be USD $16.3 trillion between 2010 to 2030.[10]

Stigma and human rights abuses are pervasive
Stigma towards people living with mental health around the world has led to under prioritisation in policy and planning and damaging impacts on people, such as neglect and human rights abuses.[11]

Action makes economic sense
Action on mental health has returns of $3-5 USD for each dollar invested.[12]

Impact of humanitarian emergencies
Emergencies have a devastating impact on communities around the world. COVID-19 has caused psychological distress in up to a third of adults.[13]

Box 2 illustrates the extent of the problem, the lack of services and resources to tackle it and the benefits that would come from greater investment and more concerted action. Action and investment make human and economic sense, reducing human suffering and creating economic benefits from having a healthier population.

These problems are reflected in the number, distribution and challenges facing the specialist mental health workforce globally:

- There is a lack of workers around the world. Only 1% of health workers provide mental health care. In 2011, there was an estimated shortage of 1.2 million mental health workers across low- and middle-income countries (LMICs).[13] No newer figures are available but it is likely that this shortage will have increased rather than decreased.

- There is an uneven and inequitable distribution of the workforce both between richer and poorer countries and within countries, between, for example, urban and rural settings and between hospitals and primary health clinics.

- Many mental health workers suffer from stigma, and poor pay and working conditions meaning that the recruitment and retention of professionals is difficult, especially in LMICs from which many emigrate to seek a better life and conditions abroad in the so-called "brain drain"..

Greater priority and investment are clearly needed and mental health should be fully part of all policies that promote universal health coverage (UHC) and health systems strengthening in LMICs. In some countries where there has been little development of mental health services this may mean starting at a very basic level to build up the necessary policy, plans and funding over several years.

High income countries such as the UK, which have a commitment to improving health globally, have a fundamental role to play in promoting and supporting the development of policies and services in lower income countries. Mental health needs to be better integrated into the UK's development agenda with support for policy, education and training and service development.[14]

The UK and other similar countries have a particular responsibility to maintain ethical recruitment policies and implement the WHO Code of Conduct. Furthermore, there needs to be a far greater focus in development policy on educating and training health workers in LMICs and there is enormous scope for extending partnerships between health workers in the UK and those abroad for mutual learning and co-development.

The UK is, however, currently reducing its support for overseas development and thereby putting some recent development gains and its own reputation as a leader in the field in jeopardy.

There is still not parity of esteem and equality of investment with physical health anywhere in the world. The UK is one of the few countries that has adopted this as a policy and is working towards its achievement but there is still a very long way to go.

2. Continuing the development of services for chronic and enduring severe mental ill health

Continuing the development of services for chronic and enduring severe mental ill health needs to take place alongside strengthening the role of the workforce in helping people, communities, and organisations to provide care, prevent mental ill health and create health.

It is essential to recognise the full range of mental health conditions and the different services they require. Many common mental health problems, such as less severe anxiety and depression, may not require medication and can be managed with informal psychosocial support and interventions such as talking therapies.

People with chronic and enduring severe mental health conditions, such as schizophrenia, drug induced psychosis and bipolar disorder, however, need access to full psychiatric assessment and treatment including antipsychotic medication. Throughout their recovery journey, people may require different levels of service at different times.

These severe problems are a small percentage of the total prevalence of mental ill health, but often have huge impacts on the most vulnerable in society and they are where human rights abuses are rampant, from chaining to coercion, institutionalisation and stigma.

This report recognises the need for continuing investment in tackling severe mental health conditions and that the mental health services in LMICs may be very underdeveloped and, in some case, non-existent. The workforce, particularly specialists, underlie the services and care responses that are needed.

It is also essential to continue the investment in the development of these more specialist services, building up better knowledge of causes and treatments, investigating the links between neuroscience and mental illness, the use of technology in diagnosis and treatment, the different genetic and environmental factors involved, and the impact of government policies, for example, on illegal and legal drugs or on food and agriculture.

Research is needed across the whole spectrum of disorders and in relation to prevention and health creation as well as to diagnosis, treatment, care and implementation. It is essential to continue to build up the body of shared knowledge that enables mental health specialists to undertake their own direct clinical work and to lead, support and inform others.

These severe problems are a small percentage of the total prevalence of mental ill health, but often have huge impacts on the most vulnerable in society and they are where human rights abuses are rampant, from chaining to coercion, institutionalisation and stigma.

3. Widening the workforce to integrate non-professionals and engage with primary care and general health services

The central message of this report is that the mental health workforce needs to change dramatically by combining its existing professional expertise in the provision of specialist care and treatment with a greatly strengthened role in helping people, communities, and organisations to provide care, prevent mental ill health and create health. It also needs to integrate non-professionals fully and work far more closely with general health services.

This report argues that the mental health workforce needs to change in three core ways:

- Integrating non-professionals workers such as experts by experience, peer workers, advocates, community workers and others fully into the system so that knowledge can be shared, planning and management of patients can be improved and more people suffering from mental health problems can be reached.

- Engaging with health workers in primary health, community care and other settings – where most people seek care - to support them in providing care, prevention and health creation. Providing this support will enable far more people to be reached with appropriate care and treatment and, very importantly, meet the needs of the many people with both physical and mental health problems who too often fall between the two systems.

- Developing the skills and ability of specialist mental health professionals to influence practice across all health and care settings, providing expertise, advocacy and leadership for change and improvement and, crucially, providing support as required in community and non-health settings.

The mental health workforce is at very different stages of development in different countries with massive differences in investment both between and within countries. It is the lowest income countries that have the greatest shortages of health workers globally and the poorest population in any country that receive the poorest mental and physical health services.

Whatever the level of investment and stage of development, countries need to take action in all these areas - integrating non-professionals, engaging with general health workers and supporting developments in the community.

These are fundamental changes that will take planning, determination, and resources over a significant period of time to bring fully into effect. The benefits, however, will be even more significant for people, society and the economy.

It is the lowest income countries that have the greatest shortages of health workers globally and the poorest population in any country that receive the poorest mental and physical health services.

4. Working with people, communities and organisations on care, prevention and health creation

Most common mental problems and, the evidence suggests, some severe and long-term conditions can be managed effectively with a combination of specialist input, support from general health workers and from family, friends, employers, teachers, religious and community leaders and others in a locality.

These groups from outside the health system who are not part of the workforce can also have a major role in preventing mental ill health, for example, by reducing stress in the workplace, and in creating health – by which is meant creating the conditions for people to be healthy and helping them to be so.[15]

This approach means that mental health workers will need to acquire additional competencies alongside their existing professional skills. Additional competencies would need to focus on the key themes represented in Figure 1. Some of these are related to working with other health workers but most of them such as addressing the social and environmental determinants of health, tackling stigma and helping build a health creating society are concerned with engaging with people and organisations outside health.

As leaders, enablers and agents of change, health professionals will need to play an active role in integrating mental health care across sectors and promoting healthy communities. This approach will mean focusing on local solutions informed by evidence of good practice and research both nationally and globally.

Specialist mental health workers will also need to re-double their efforts to engage with a wide range of people who are not in any sense part of the workforce – family members, friends, teachers, employers, religious and community leaders, sports coaches, artists and many more – all of whom are motivated by their own concerns and interests.

In addition, specialist mental health workers will need to work more closely with bodies responsible for the environment, housing, utilities and other services to prevent mental health problems and help create the conditions for healthy living. The pandemic has highlighted the importance of the natural and built environment with, on the one hand, green spaces having a positive impact while poor housing can have the negative impact of people becoming socially isolated and trapped.

The approach advocated in this report will mean a shift in focus to providing services in more accessible settings, where all parts of the community from schools to local employers, people with lived experience, the generalist health workforce and the specialist mental health workforce can meet, collaborate and work together. This shift will mean support being available, for example, in areas such as schools, workplaces, markets and places of worship. It will mean bringing together the private, public and not-for-profit sectors in new partnerships.

There also needs to be a new and deeper understanding of prevention – tackling the causes of disease – and of health creation or promoting the causes and drivers of health. All three activities – care, prevention and health creation – are vital for the future.

Figure 1 Key themes for workforce development

5. The Education and Training of Mental Health Workers for this new approach

The mental health workforce needs to take on a greatly strengthened role as leaders, enablers and agents of change in helping people, communities, and organisations in all sectors to provide care, prevent mental illness, create health, and tackle stigma and discrimination.

The education and training of all groups of health workers will need to change to support these developments including:

- A new focus for mental health professionals on becoming leaders, influencers and agents of change is needed. Informative education provides them with the knowledge to be experts, formative education enables them to become values-based and accountable professionals, while transformative education will allow them to become leaders and agents of change.[16]

- New training pathways need to be created for innovative and existing mental health roles such as experts by experience, lay counsellors, community health workers and peer support workers.

- The pre-service education of all health and care professionals will need to include comprehensive and relevant mental health training.

- Appropriate supervision, support and professional development will need to be provided for all health workers to permit continuous development of skills and practice. Digital technology can be used effectively for the training and supervision of the workforce in more remote areas.

This radical shift in focus requires health and care professionals to be constantly supporting others and looking for better ways of bringing all the resources of the community to bear on mental health and on reducing stigma.[16] This will place even greater emphasis than now on listening, influencing and enabling skills, as well as sensitivity to the fact that what may be appropriate and work well in one culture may not in another.

It is also important that health literacy and a basic understanding of mental health and mental illness is promoted among the general population.

More generally, the management of the workforce is important with governments and employers:

- Tackling stigma attached to people working in and suffering from mental illness.

- Promoting safe and healthy workplaces with competitive salaries and opportunities to progress.

- Providing fair and equal opportunities for people who have mental health problems to be employed within the workforce.

Conclusions and recommendations

This report is based on a wide-ranging review of developments in mental health staffing and practice globally.

It demonstrates the scale of change underway around the world and the way in which pioneers in every region of the world are developing new approaches based on new and current research, experience and understanding.

Cultures, traditions, resources and experiences are different in different parts of the world but there are also similarities and, very importantly, we can all learn from each other.

The report's main conclusion is that the mental health workforce needs to change dramatically by combining its existing professional expertise in the provision of specialist care and treatment with a greatly strengthened role in helping people. It also needs to integrate non-professionals fully and work far more closely with general health services.

The report also recognises the continuing importance of scientific evidence and knowledge but requires a new mindset and a better understanding of context, culture, and experience.

Resources are needed both to provide services and to support the training and development that will be needed to implement these far-reaching changes.

The All-Party Parliamentary Group on Global Health (APPG) accordingly makes the following recommendations:

There are two overarching recommendations addressed to every sector of society:

1. **Mental health and wellbeing need to be seen as everybody's responsibility** and all sectors of society need to work together to provide care, prevent ill health and build health-creating societies as well as tackling stigma, discrimination against and exclusion of people living with mental health problems.

2. **The mental health workforce needs to take on a greatly strengthened role as leaders, enablers and agents of change** in helping people, communities, and organisations in all sectors to provide care, prevent mental illness, create health, and tackle stigma and discrimination.

All governments, policy makers and international health bodies in addition need to:

3. **Develop long term plans for investing in mental health and give it parity of esteem and equity in funding with physical health. These will involve:**

   - Integrating mental health fully into all plans for universal health coverage and health systems strengthening.
   - Enabling primary care and general health services to provide mental health care services in close collaboration with more specialist mental health care.
   - Ensuring that people with lived experience are fully, fairly and continuously engaged in the development, delivery, implementation and evaluation of new services, systems and plans.
   - Supporting research into all aspects of mental health care, prevention and health creation.

The UK Government in addition needs to:

4. **Urgently reverse the cut in development assistance restoring it to 0.7% of GNI.**

5. **Integrate mental health into the sustainable development agenda**

   - The UK, Foreign, Commonwealth and Development Office (FCDO) and Health Education England (HEE) should take a global lead by prioritising partnerships and educational exchange schemes to share learning and experience in a spirit of co-development.
   - Integrate mental health into the international development agenda and ensure the impact on mental health and wellbeing is considered and evaluated in all appropriate programmes.
   - Invest in stigma reduction programmes as a core development activity.
   - Invest funding and research into developing solutions for the underlying social challenges and inequalities and the impact this has on mental health.
   - Learn from what worked and what did not work for people in mental health care and people seeking mental

health support throughout the COVID-19 pandemic and other humanitarian crises. Take forward the positive actions from these evaluations to strengthen health and social care systems and build back better.

6. Work towards responsible recruitment

- Ensuring compliance with its Code of Practice guidance 2021, which aims to implement international recruitment in line with WHO Code of Practice.
- Developing international agreements to promote equitable and fair distribution of members of the workforce.

Service providers, health professionals and professional bodies need to:

7. Develop current and new roles

- Strengthen specialist professional roles as the key to training, teaching, and supervising other members of the mental health workforce and to focus on complex and severe mental health problems.
- Work to develop and implement, new and established workforce roles that are locally and contextually appropriate, such as peer and community health workers, delivering mental health care and community support where and how it is needed.
- Develop a team approach to mental health care with a skill mix of different specialists, generalists, peer workers and community workers to provide comprehensive and holistic care within a network of support for people with mental health problems and their family.
- For paid roles, ensure competitive salaries and work benefits in line with comparative roles for physical health. For volunteer roles working within the health profession ensure clear lines of responsibility and recognise the effort and contributions of people in these roles.
- The workforce should develop their skills still further in working together with people living with mental health problems, carers, family members and traditional support systems to reduce stigma.

8. Create healthy workplaces

- Leaders, managers and staff should work together to create healthy workspaces that are safe and nurturing.
- Value managers and use available health and social care managerial training to provide a supportive work environment and effective team leadership.
- Give space for staff to talk about their own mental health and wellbeing and include people with lived experience sharing their story.

Health Educators need to:

9. Reform pre-service education and career pathways

- Embed substantial mental health content from day one in pre-service educational health care curricula.
- Include and embed people with lived experience in reorienting educational content and sharing their experiences of care.
- Create skills and competency-based education across health and mental health specialist education and promote professionals to act as agents of change in the communities they work in.

10. Support continuous development and supervision

- Invest in continuous professional development for both specialist and non-specialist staff, allowing for career, responsibility and skill progression.
- Develop capacity for supervision and leadership support, strengthening national and international training programmes, and using available online tools such as the WHO's Ensuring Quality in Psychological Support (EQUIP) training.
- Harness digital platforms to support the delivery of training programmes and use them as a way to enable remote supervision in hard-to-reach locations, and internationally.

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References

1 Mental Health at Work. https://www.mentalhealthatwork.org.uk/ (accessed June 11, 2021).
2 Sangath. https://www.sangath.in/ (accessed Feb 18, 2021).
3 PRIME Project. http://www.prime.uct.ac.za/prime-home (accessed June 11, 2021).
4 Global Burden of Disease. Inst. Heal. Metrics Eval. http://ghdx.healthdata.org/gbd-results-tool (accessed March 3, 2021).
5 Wang Y, Kala MP, Jafar TH. Factors associated with psychological distress during the coronavirus disease 2019 (COVID-19) pandemic on the predominantly general population: A systematic review and metaanalysis. *PLoS One* 2020; 15: 1–27.
6 WHO. The World Health Report 2001 Mental Health: New Understanding, New Hope. 2001.
7 Patel V, Maj M, Flisher AJ, et al. Reducing the treatment gap for mental disorders: A WPA survey. *World Psychiatry* 2010; 9: 169–76.
8 World Health Organization. Mental Health Atlas 2017. Geneva, 2017.
9 Liese BH, Gribble RSF, Wickremsinhe MN. International funding for mental health: A review of the last decade. *Int Health* 2019; 11: 361–9.
10 Bloom DE, Cafiero E, Jané-Llopis E, *et al.* The Global Economic Burden of Noncommunicable Diseases. 2011.
11 Thornicroft G, Sunkel C. Announcing the Lancet Commission on stigma and discrimination in mental health. *Lancet* 2020; 396: 1543–4.
12 Patel V, Saxena S, Lund C, et al. The Lancet Commission on global mental health and sustainable development. *Lancet* 2018; 392: P1553-1598.
13 Kakuma R, Minas H, Van Ginneken N, *et al.* Human resources for mental health care: Current situation and strategies for action. *Lancet.* 2011; 378: 1654–63.
14 Silva M De, Roland J. Mental Health for Sustainable Development. All-Party Parliamentary Group on Global Health, London, 2014.
15 Crisp N. Health is Made at Home, Hospitals are for Repairs - building a healthy and health-creating society. Billericay: Salus, 2020.
16 Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet.* 2010; 376: 1923–58.

Mental health and the mental health workforce

Mental Health is the capacity of thought, emotion, and behaviour that enables every individual to realise their own potential in relation to their developmental stage, to cope with the normal stresses of life, to study or work productively and fruitfully, and to contribute to their community.[12]

Mental health can be viewed as a continuum or spectrum from good mental health and wellbeing on one end across to mental ill health on the other. **Mental ill health or mental health problems** refer to an individuals compromised mental health.

If these mental health problems are longer term, or impact severely on people's ability to cope with normal life, and may require clinical mental health care, these are referred to as a **mental health condition or disorder**.

Recovery is gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. Importantly, recovery is defined by the person themself.[1]

More generally, there are different types of mental ill health. **Common mental health problems** refer to a group of conditions including anxiety and depression. **Severe mental health problems** refer to a group of conditions such as bipolar disorder or psychosis.

In this report, **people with lived experience or people living with mental health problems** refers to people who have experienced or are currently experiencing mental ill health. **Service users** refer to people who use mental health services of any kind.

The report recognises **the overarching importance of self-care and the role played by family, friends, carers and all sectors of society** – from employers to schools – in providing support and care, tackling the cause of ill-health, and creating health and wellbeing.

This report refers to the **mental health workforce** in two broad areas:

Specialist: Specialty mental health service staff working in inpatient mental health services, community settings or mental health and general hospitals, such as psychiatrists, psychiatric nurses, social workers, occupational therapists, psychologists and counsellors. This group increasingly includes experts by experience, peer supporters and others with specialist knowledge and skills. All these specialist staff provide mental health services as their focus.

Generalist: This includes health and social care staff who are non-specialist mental health workers such as primary health care staff, general nurses and doctors, allied health staff and community health workers. These generalists have other roles aside from contributing to mental health services.

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