

Editorial

Mental and physical health parity: not a luxury but a necessity

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Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning.

Einstein

A recent report entitled 'The Anatomy of Health Spending',¹ produced by the UK Nuffield Institute, shows that there has been a 40% real-terms increase in secondary care spending across the UK NHS and private health sector between 2003 and 2012. Despite this significant investment, spending on secondary care mental health services in the UK during the same period has remained virtually static. This is also the story in many other countries across the world.

'The Anatomy of Health Spending' provides a further imperative for those of us who work with patients with mental health problems, for service users, patients and carers and other stakeholders with an interest in promoting improved mental health, to continue to argue for parity of esteem between mental and physical health. We need to learn lessons from the past and from the here and now so that we can more effectively progress the mental and physical health parity agenda.

The NCD (Non-Communicable Disease) Alliance has done a great deal to highlight the need to address the burden on society imposed by some non-communicable diseases. This advocacy movement was successful in highlighting the importance of developing a coherent global response to meet the challenge of addressing the health burden associated with NCDs.² Although mental health was mentioned in the final United Nations Political Declaration, it was never fully addressed.³

Each year, the World Federation for Mental Health (WFMH) proposes a theme for the annual World Mental Health Day (WMHD) celebration.⁴ This provides a unique opportunity to coordinate global action about mental health issues, and enables global consolidation of progress during the annual

cycle of the campaign. The notion of learning from yesterday led me to think about the 'Defeat Depression Campaign', which resulted in substantial gains in the destigmatisation and management of depression by bringing together a broad range of stakeholders who campaigned around this theme for many years.^{5,6} Perhaps, in addition to their annual WMHD Campaign which addresses the here and now, the WFMH should, in collaboration with other organisations, adopt a single theme over a 3- to 5-year cycle to provide a sustainable single global mental health focus to bring together a range of stakeholders across the world and thereby enable us to achieve more gains through mental health advocacy by being able to 'Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning.'

As mental health workers, advocates, service users, patients, carers and opinion leaders we can make our lives more worthwhile by providing a voice for mental health patients and service users, by demanding parity of mental and physical health. A concrete example has been provided by US legislation to ensure parity.⁷

Another way to provide parity of mental and physical health is by improving access to primary care where holistic care can provide parity of mental and physical health, and this works.⁸ Ensuring parity of mental and physical health is not only clinically effective but also cost-effective.⁹ In some countries this will require closer working with traditional healers and religious and spiritual leaders, including licensing of traditional healers to ensure that their interventions continue to be of high standards, so that patients are not exploited.

Primary care should take a bold step and reach out to work more closely with service users and patients, secondary care providers and pre-primary care to develop the appropriate skill mix and pathways to make parity of mental and physical health a reality for patients.

REFERENCES

- 1 Jones NM and Charlesworth A. *A Review of NHS Spending and Labour Productivity. The Anatomy of Health Spending 2011/12*. Research report. Nuffield Trust: London, 2013. www.nuffieldtrust.org.uk/sites/files/nuffield/publication/130305_anatomy-health-spending_0.pdf (accessed 18 March 2013).
- 2 United Nations. *Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases*. United Nations: New York, 2011.
- 3 Ivbijaro G. Mental health: a resilience factor against both NCDs and CDs. In: Robertson A and Jones-Parry R, eds. *Commonwealth Health Partnerships*. Commonwealth Secretariat: London, 2012. pp. 17–20.
- 4 World Federation for Mental Health. www.wfmh.org/00WorldMentalHealthDay.htm (accessed 18 March 2013).
- 5 Rix S, Paykel ES, Lelliott P *et al*. Impact of a national campaign on GP education: an evaluation of the Defeat Depression Campaign. *British Journal of General Practice* 1999;49:99–102.
- 6 Hegerl U, Althaus D, Schmidtke A *et al*. The alliance against depression: 2-year evaluation of a community-based intervention to reduce suicidality. *Psychological Medicine* 2006;36:1225–33.
- 7 United States Department of Labor (2008) *The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)*. Employee Benefits Security Administration, United States Department of Labor: Washington, DC, 2008.
- 8 World Health Organization and World Organization of Family Doctors. *Integrating Mental Health into Primary Care: a Global Perspective*. World Health Organization: Geneva, 2008.
- 9 Wells KB, Sherbourne C, Schoenbaum M *et al*. Impact of disseminating quality improvement programs for depression in managed primary care: a randomized controlled trial. *Journal of the American Medical Association* 2000;283:212–20.

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