

Editorial

Mental health as an NCD (non-communicable disease): the need to act

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In his recent editorial in the *British Journal of Psychiatry*,¹ Graham Thornicroft noted that life expectancy for men who suffer from mental illness continues to be 20 years less than the general population, and for women who suffer from mental illness 15 years less than that of the general population. He concluded that this premature loss of life shows disregard for those people who suffer from mental health problems and can be seen as a violation of the 'right to health' as set out in Article 12 of the International Covenant on Economic, Social and Cultural Rights.²

The recently concluded United Nations High Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, held in New York in September 2011,³ recognised that NCDs were a threat to member states and lead to inequality, and indeed that NCDs are a major burden on health and well-being. The Political Declaration adopted by the UN General Assembly specifically recognised diet, physical activity, alcohol and tobacco use and NCDs including diabetes, cardiovascular disease, cancer and chronic respiratory disease as particular challenges for member states to act upon. Reference to mental health, which is inextricably linked to NCDs and their outcome, was limited and this was highlighted prior to the UN meeting by mental health advocates.⁴⁻⁸

Despite the best efforts of a range of global mental health advocates, mental health was only referred to twice in the final Political Declaration as follows

'5. Reaffirm the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'

'6. Recognize the urgent need for greater measures at global, regional and national levels to prevent and control non-communicable diseases in order to contribute to the full realization of the right of everyone to the highest attainable standard of physical and mental health;'

What does this tell us? It tells us that mental health advocacy could be more effective in making the case for a global recognition that improvements in mental health will help our population.

All is not lost. There are still two windows of opportunity to highlight the importance of targeting mental health promotion and treatment. One such opportunity will arise at the Commonwealth meeting being held in London, UK in 2013 and a second opportunity is highlighted in section 65 of the UN Political Declaration which states:

'Request the Secretary-General, in collaboration with Member States, WHO, and relevant funds, programmes and specialized agencies of the United Nations system to present to the General Assembly at the sixty-eighth session a report on the progress achieved in realizing the commitments made in this Political Declaration, including on the progress of multisectoral action, and the impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.'

Mental health advocacy groups need to come together, just as the NCD Alliance came together,⁹ to provide coherent evidence and arguments for including mental health as the fifth NCD that should be focussed upon in addition to cancer, diabetes, cardiovascular disease and chronic respiratory diseases so that people with mental health problems are no longer so disadvantaged.

REFERENCES

- 1 Thornicroft G. Physical health disparities and mental illness: the scandal of premature mortality. *British Journal of Psychiatry* 2011;199:441-2.
- 2 Office of the United Nations High Commissioner for Human Rights. *International Covenant on Economic, Social and Cultural Rights*. United Nations, 1966.

- 3 United Nations General Assembly. *Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*. A/66/L.1. United Nations, 2011. <http://daccess-dds-ny.un.org/doc/UNDOC/LTD/N11/497/77/PDF/N1149777.pdf?OpenElement> (accessed 11/12/11).
- 4 Ivbijaro G. Mental health: the aspiration to reality gap. *Mental Health in Family Medicine* 2011;8:63–4.
- 5 Jenkins R, Baingana F, Ahmad R, McDaid D and Atun R. Mental health and the global agenda: core conceptual issues. *Mental Health in Family Medicine* 2011;8:69–8.
- 6 Jenkins R, Baingana F, Ahmad R, McDaid D and Atun R. Social, economic, human rights and political challenges to global mental health. *Mental Health in Family Medicine* 2011;8:87–96.
- 7 Jenkins R, Baingana F, Ahmad R, McDaid D and Atun R. International and national policy challenges in mental health. *Mental Health in Family Medicine* 2011;8:101–14.
- 8 Jenkins R, Baingana F, Ahmad R, McDaid D and Atun R. Health system challenges and solutions to improving mental health outcomes. *Mental Health in Family Medicine* 2011;8:119–27.
- 9 The NCD Alliance. www.ncdalliance.org/takeaction (accessed 11/12/11)

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