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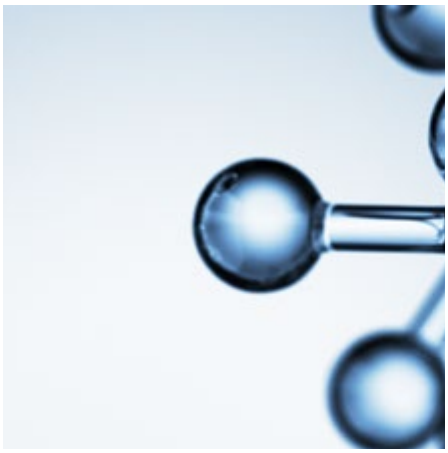
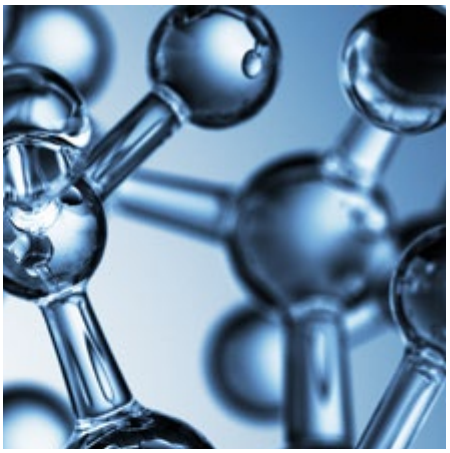
How Can Philanthropists Make a Difference to Mental Health? A Donor Brief

October 2020





Building your philanthropic agenda to support mental health

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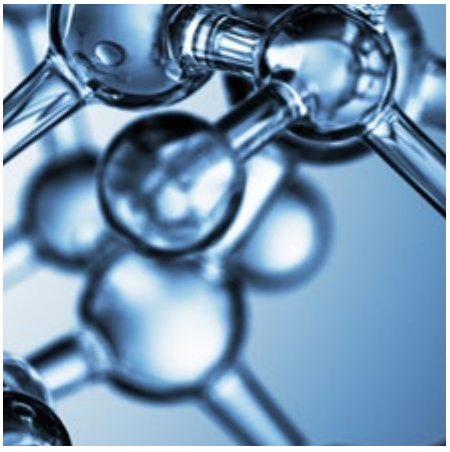


A Donor Brief

- What is mental health and why does it matter
- Understanding the scale of the global mental health challenge
- How can impact investing help prevent and address mental ill health?
- 7 case studies

"The case for mobilising capital for mental health is compelling. With increasing rates of emotional disorders and suicide among youth, we need to act with a new level of ambition."

Publication of Lombard Odier

Dr Maximilian Martin,
Global Head of Philanthropy, Lombard Odier

Important information
Please read important information at the end of this document.
Data as of 29 September 2020

White Paper #6
How Can Philanthropists Make a Difference to Mental Health? A Donor Brief

1 – Introduction

Dear Reader,

Mental illness remains one of the biggest challenges facing modern society. Current estimates suggest that almost one billion people currently have a mental health condition.[1] And this number could rise further. For example, social media use affects mental health by influencing how people view, maintain, and interact with their social network, and there seems to be a statistically significant positive correlation between depressive symptoms and time high school students spend on social networking sites.[2] Beyond the immediate effects on family and caregivers, mental illness affects all spheres of public life, ranging from education and employment to law and justice.

The current COVID-19 pandemic and the resulting limitations on service access, increase in substance use and isolation-associated rise in depression and suicide have triggered a wave of public interest and awareness surrounding mental health and people living with mental illness.

In spite of its frequency, mental illness is still considered taboo in many parts of the world. An unfortunate outcome of this is that individuals suffering from mental health problems are often subject to discrimination and social stigma. This stigma causes many people with mental illness to avoid seeking the necessary help. Moreover, despite costing society billions of dollars annually in lost earnings and spending on health and social care services, mental health remains underfunded and under-resourced. Fragmented service delivery systems are the rule rather than the exception.

How can the current state of affairs related to mental health be improved? Stronger emphasis on progress and development of mental health services will help people with mental illness live more dignified and better lives. Given that most mental health problems emerge in childhood and adolescence, targeting these delicate periods of brain development represents a key opportunity. Along with research to advance our scientific understanding of mental illness and the underlying drivers of positive mental health, mental health promotion and early intervention represent the most resource-effective forms of engagement. Strategic support for mental health research, along with the mobilisation of financial resources to develop mental health services, holds the promise of economic benefit resulting from increased work productivity.

For a philanthropist seeking to lend support in the mental health space and achieve social impact, it is important to be able to access current, evidence-based and scientifically accurate information. This white paper therefore offers a snapshot of current developments, as well as seven case studies and numerous examples that illustrate leading philanthropy-backed work in mental health. In the concluding section, we offer some pointers for how to start planning your mental health philanthropy programme.

For the research for this white paper, we have retained an experienced neuroscientist as principal consultant, convened a prestigious Scientific Advisory Board, and contributed our own insights on effective philanthropy stemming from our advisory work and research at Lombard Odier Philanthropy Services.

I would thus like to warmly thank our principal consultant, Dr Byron Bitanihirwe, for the able research conducted for this project and for

Dr Maximilian Martin,
Global Head of Philanthropy

running the expert interviews, as well as the numerous experts who generously shared their insights. Moreover, I am grateful to the fellow members of the white paper's Scientific Advisory Board, Dr Aline Cossy-Gantner, Professor Martin Knapp, and Professor T. Wilson Woo; as well as our dedicated advisory team. The members of the Scientific Advisory Board kindly participated in the research interviews and reviewed a complete draft of the white paper, offering numerous valuable suggestions. We also value comments by Dr Mark Van Ommeren of the World Health Organization (WHO). Moreover, we are grateful to the organisations who kindly

provided us with insight into their work so we could feature it in case studies throughout this report. In addition to the WHO Foundation, the case studies feature AIM Youth Mental Health, the Forward Trust, the International Committee of the Red Cross, StrongMinds, Together for Mental Wellbeing, and the Unit for Research in Schizophrenia of the Centre for Psychiatric Neuroscience at the Lausanne University Hospital.

Whether you are engaging "upstream" at the level of research, or "downstream" at the level of service provision, we hope this donor brief will stimulate conversations around philanthropic giving and inspire potential donors to make their own meaningful contributions to address a pressing public health issue in our society.

I am particularly delighted that we are able to launch this white paper in association with the WHO Foundation and World Mental Health Day 2020. This is a moment of additional visibility for the mental health challenge, when sound, empirical, science-based analysis tailored to the interests and needs of those who wish to make a contribution is especially needed.

Do not hesitate to contact us if you wish to draw on our professional insight and abilities in the service of your philanthropic goals in this rapidly evolving field.

Mental health at a glance – 10 key facts

- Almost a billion people worldwide currently experience a mental health problem, with the vast majority of these conditions emerging at an early age.[3]
- Most mental health problems stem from a complex interaction of hereditary (or genetic) predispositions and environmental factors like trauma, violence and poverty.[4]
- Depressive and anxiety disorders are currently ranked among the top ten causes of years lived with disability worldwide.[5]
- Each year, almost 800,000 individuals across the globe die from suicide.[6]
- Mental health and physical health are interconnected, with individuals suffering from bipolar disorder, depression and schizophrenia dying an average 25 years earlier than the general population. This is largely due to physical health problems like cardiovascular disease, as well as adverse behaviours such as substance abuse. In a similar fashion, people affected by cardiovascular disease are more likely to suffer from mental health problems like depression and anxiety.[7]
- Poor mental health costs the world economy approximately US$2.5 trillion per year in reduced economic productivity and direct cost of care. This cost is projected to rise to US$16 trillion by 2030.[8]
- Despite direct evidence pointing towards the economic benefits of investing in mental health—through improved health and productivity—mental health services continue to remain underfunded, with countries allocating on average just 2% of their health budgets to mental health.[9]
- Access to (quality) mental health services remains an obstacle to many people around the world, especially in low- and middle-income countries (LAMICs), where it is estimated that as much as 90% of people suffering from mental, neurological and substance use disorders do not receive the treatment they need—the so-called "mental health treatment gap."[10]
- As the world's population continues to age, dementia is a rapidly evolving into a major public health concern, with an estimated cost to the global economy of US$2 trillion in the next ten years.[11]
- Mental health policies and legislation remain inadequate in many countries around the world, which unfortunately perpetuates the stigma, discrimination and gross human rights violations of people suffering from mental illness.[12]

2 – What is mental health and why does it matter?

> *"Mental health is a state of good well-being, helping somebody to achieve whatever they want in life. They are happy, they are productive, and they have good interpersonal relationships. A good mental health status means that nothing is really holding you back."*
>
> **Sean Mayberry**,
> Executive Director of StongMinds, USA

Mental health is fundamental to our wellbeing and how we navigate through personal experiences in everyday life. It shapes the way we think, feel and behave. Perhaps more than anything else, mental health is vital to our individual ability to participate and contribute to society.[13]

As with physical health, mental health fluctuates throughout life, with episodes of poor mental health leading to changes in behaviour and personality. These changes typically stem from interactions between inherited and environmental factors, and manifest in various forms, ranging from acute panic attacks to more enduring and debilitating mental health problems such as depression and schizophrenia.[14] If left unchecked, these conditions can prove fatal: suicide accounts for almost 800,000 deaths globally each year, many of which are linked to mental health concerns.[15]

Current estimates suggest that mental health and substance abuse problems affect one in every four people at some point in their lives,[16] with around three quarters emerging by age 24, coinciding with the time when the brain achieves its final maturation.[17] Notable in this respect is the mounting evidence linking manmade disasters (e.g., armed conflict and climate change) and global catastrophes (e.g., COVID-19) to an exacerbation of pre-existing mental health conditions.[18,19,20,21]

Beyond costing national economies billions of dollars each year as a result of disability and lost productivity,[22] mental health problems represent a leading and pervasive cause of social inequality,[23] disability and premature death, particularly in LAMICs. Individuals suffering from mental illness are, unfortunately, also much likelier to be victims of human rights violations, including chaining, burning and whipping, which perpetuate stigma and discrimination.[24] In addition, because of inadequate resources and funding, many people do not receive any mental health support at all.[25]

Fortunately, recent years have witnessed an upsurge of general interest in mental health, aided by campaigns such as "Heads Together" and "Time to Change." Mental health is now entering the mainstream. It is being increasingly recognised as one of the priority areas in health policies around the world, and has been included in the United Nations (UN) Sustainable Development Goals (SDGs) for 2030.[26] The UN seeks to raise capital from a wide range of external resources—including philanthropy—as a means to foster more progressive thinking and to drive innovative research in relation to the SDGs, including the promotion of mental health.[27,28]

Innovation in scientific research and service development is currently sweeping the mental health landscape. This innovation stems largely from philanthropic pioneers, including organisations such as the Allen Institute for Brain Science and StrongMinds in the United States. Philanthropy is well placed to make a difference in this historically underfunded area, not only by building a better understanding of the brain, but also by financing research and advocacy to help achieve mental health policies that will ultimately lead to better mental health care for more people.

Recent months have seen growing calls for mobilising capital for mental health with the publication of several documents aimed at spurring philanthropic support for mental health.[29,30,31,32] One key message is the need to enhance the visibility and value of mental health at the societal level through civil society organisations. The adverse implications of the COVID-19 pandemic in terms of increased personal and economic stress, paired with reduced mobility, freedom to physically interact, and provision of health and social services, are currently compounding the mental health challenge.

3 – The Forward Trust: Disrupting the interlinked cycles of addiction or crime

> *"Forward empowers people to break the cycles of addiction and crime to move forward with their lives."*
>
> **Motto of the Forward Trust**

Background

In 2013, the Centre for Social Justice determined that the level of addiction in the UK made it the "addiction capital of Europe."[33] One in 20 adults in England (1.6 million) is dependent on alcohol and one in 100 (380,000) is addicted to heroin or crack cocaine, deteriorating mental well-being and potentially causing damage in all parts of life.[34] Dependence syndrome can develop with repeated use of all types of psychoactive substances, including alcohol and illicit drugs, and encompasses a cluster of behavioural, cognitive, and physiological phenomena, including a strong desire to take the drug despite harmful consequences and prioritising drug use over other activities and obligations.[35] It is thus unsurprising that addictive behaviours have a negative impact on all aspects of an individual's life, including work performance, sociability and decision-making.

This complex social challenge takes yet another dimension when considering prisoners and ex-offenders. Of 84,546 prisoners in England and Wales, over half commit offences connected to their drug usage.[36] 57% of drug-using offenders are reconvicted within a year of their release. For many individuals, substance abuse creates a vicious cycle: it increases the likelihood of offending in the first place, impedes their ability to re-integrate effectively into the community, and raises the risk of recidivism.

This cycle is not only a social tragedy, but also an economic one. In the UK, re-offending is estimated to cost the taxpayer a total of £15 billion per year, or approximately £200,000 per single re-offender.[37]

It is Forward's belief that lasting positive change can be achieved by anyone, no matter their past. Created in 1991, the organisation works with prisoners, ex-offenders and those with substance abuse issues. Initially focused on providing addiction recovery programmes, Forward now provides its clients with holistic support, ranging from housing and employment services to mental health and relationship interventions. By helping people develop coping strategies, positive attitudes and personal strengths that allow the development of positive lifestyles, the Forward Trust aims to break these cycles of marginalisation.

Housing

Housing is an essential aspect of life in our societies and a cornerstone for personal development. Research by the Ministry of Justice reported that 60% of prisoners believe that having accommodation upon release would stop them from committing further crime.[38] However, 15% of all offenders are homeless before entering prison and around a third of all people leaving prison say they have nowhere to go.[39] Housing therefore plays a significant part in determining whether a drug-using ex-offender will be able to recover from their addiction, avoid re-offending, and maintain a positive and healthy mental state.

In order to effectively empower their clients, Forward tailors housing support to the individual, taking into account factors such as their ability to live alone and the level of support they need with their finances and maintaining their tenancies. For those able to live independently, Forward provides support with finding, securing and maintaining tenancies, as well as "wrap-around" programmes geared towards recovery, empowerment and independence. Alternatively, others may benefit from supported or communal housing as they make the initial transition from prison to the community.

Forward's Recovery Houses

In 2019, Forward launched their first "Recovery Houses" in Kent and Hull. Linked to Forward's local community-based substance dependence treatment programmes, these two houses provide a space where groups of 3-4 people in recovery can live together, offering mutual support and motivation. Research indicates that recovery housing provides individuals with substance use disorders with a greater chance of achieving long-term recovery, with lower recorded rates of substance use, relapse (31% compared to 65%) and re-incarceration (3% vs 9%).[40]

Source: The Forward Trust, UK

Forward is now planning to create more Recovery Houses, with targets to open at least four new houses each year. These houses will initially be concentrated around Forward's community services in Kent and Hull, but they eventually hope to have Recovery Houses near to each prison they work in, in order to provide "through the gate" support for their clients.

The annual cost per client in a recovery house is around £12,000. The majority of this cost (£7,000) is covered by the resident's enhanced housing benefit; however, a further £5,000 of philanthropic support is required per client in order to ensure high-quality accommodation and wrap-around support. This includes one designated Recovery Worker per house, who provides one-to-one and group support with health and wellbeing, cooking, budgeting and other life skills, tailored to each individual's specific care plan. As Forward starts to establish clusters of Recovery Houses outside of Kent and Hull, they would like to further enhance the support offered by establishing a community-based substance dependence treatment programme in each area. Doing so, however, would require additional philanthropic funding.

For more information visit https://www.forwardtrust.org.uk/

4 – Understanding the scale of the global mental health challenge

> *"The biggest challenge facing mental health right now is not leaving psychiatric patients behind."*
>
> **Professor Clemente Garcia-Rizo**
> University of Barcelona

Mental illness may be a taboo subject in certain cultures, but in reality, it permeates all spheres of life and society. The implications of this situation can be dramatic. Mental health not only affects the sufferer, but also impacts social relationships and can place emotional and financial strain on family members.[41] This multidimensional aspect of mental illness can affect children's school performance and diet—a factor known to influence brain development.

Take a holistic view of mental health

Mental health and its implications must be thought of in a broad sense. One of the most prominent features observed in people suffering from mental illness is an elevated incidence of physical health conditions. For instance, individuals with depression are twice as likely to develop cardiovascular disease compared to the general public.[42] The converse is also true: individuals with cardiovascular disease are at an increased risk of neuroses including anxiety, depression and schizophrenia.[43] Today, the ancient Latin adage "*mens sana in corpore sano*" (a healthy mind in a healthy body) is backed up by research suggesting that mental and physical health conditions are interconnected. This link between mental and physical health has been found to contribute to the elevated mortality (related to cardiovascular and metabolic diseases) reported in people with mental illness, compared with the general population—known as the "mortality gap."[44] Furthermore, studies from both high- and low-income countries suggest that 80 to 90% of people who take their own life were experiencing some form of mental health condition at the time of their death.[45,46]

Socio-economic status represents a key driver of social differences in mental health, physical health and mortality. Some of the socio-economic consequences of mental illness include an increased risk of unemployment, poverty and social stigma. These factors can trigger unhealthy behaviours (including smoking and substance abuse) and psychological stress, which in turn increase the risk of chronic mental illness.

The global burden of mental illness is staggering

Around the world, about one billion people live with a mental health or substance abuse disorder.[47] This estimate should be considered conservative, given widespread under-diagnosis and lack of global coverage of prevalence data for mental disorders (see **Figure 1**).

Mental illness is a strong contributor to years lived with disability.[49] According to data from the Institute of Health Metrics and Evaluation, about 10.4% of the global population disease burden, expressed in Disability-Adjusted Life Years (DALYs), is due to mental illness.[50] Depressive, anxiety and headache disorders, in particular, represent leading causes of disability globally.[51]

The economic costs of mental illness are also substantial. Between 2011 and 2030, it is projected that mental illness will cost the global economy as much as US$16 trillion, accounting for 35% of the overall global economic burden attributable to non-communicable diseases.[53] These projections are rooted in a sharp increase in people living with dementia (which will alone account for US$2 trillion)[54] alongside soaring rates of emotional and addiction disorders (including social media and Internet addiction) observed among children and young people.[55,56]

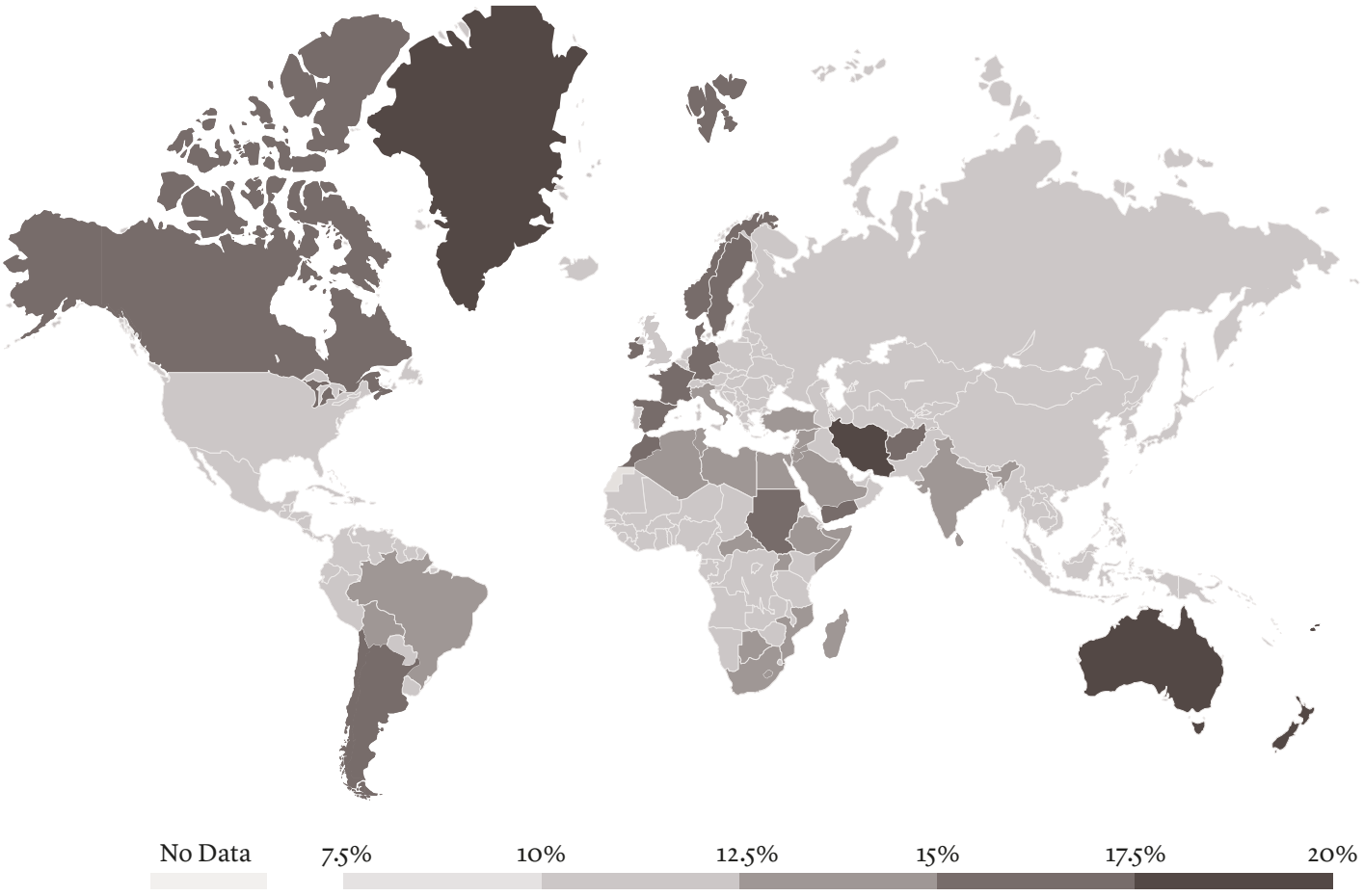
What drives mental health inequalities?

Some populations are more likely to be exposed to certain factors or experiences that increase the likelihood of developing a mental illness: the so-called social determinants of mental health. Social and economic inequalities are key determinants of mental health, with large disparities often leading to worse mental health outcomes.[57] For instance, a high level of income inequality has been associated with a greater prevalence of mental illness,[58] reduced social cohesion,[59] increased levels of violent behaviour,[60] and lower levels of subjective well-being (such as feelings of happiness and life satisfaction).[61] That said, autonomy, competence and relational aspects also play an important role in children's feelings of wellbeing, which cannot be reduced to financial and material means alone.

Interventions provide lifelong benefits for children and young people that extend to future parenting skills and can play a role in breaking the intergenerational cycle of social

***Figure 1**: Share of population with mental health and substance use disorders.*[48]

Share of population with mental health and substance use disorders, 2017
Share of population with any mental health or substance use disorder; this includes depression, anxiety, bipolar, eating disorders, alcohol or drug use disorders, and schizophrenia. Due to the widespread under-diagnosis, these estimates use a combination of sources, including medical and national records, epidemiological data, survey data, and meta-regression models.



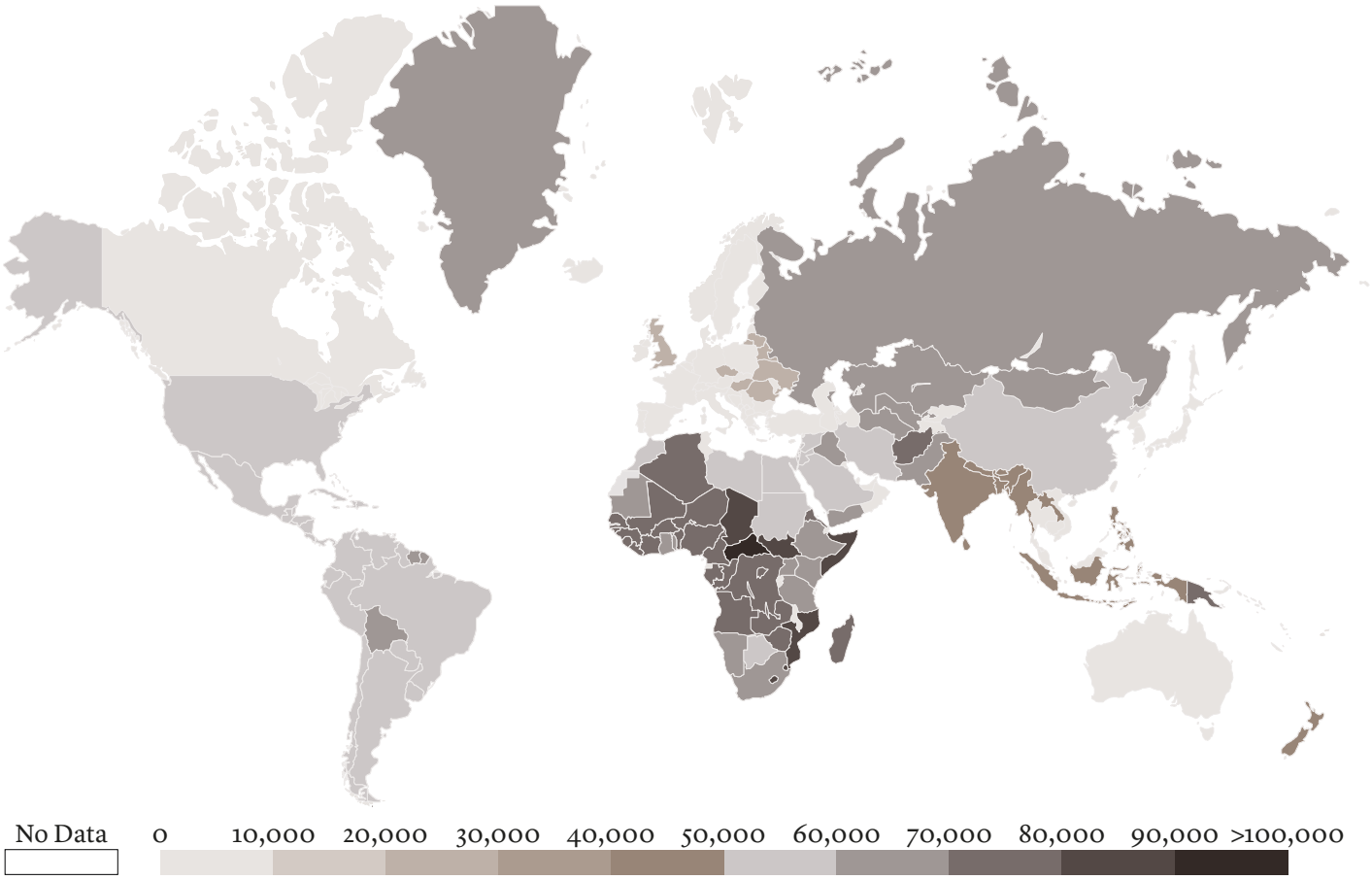
Source: Our World in Data

and economic inequalities. Moreover, interventions that directly focus on eliminating systemic social inequalities—such as access to educational and employment opportunities, healthcare, and safe neighbourhoods—are powerful tools to promote mental health and reduce mental illness. Finally, ethnic minority, refugee and LGBTQ communities often experience the greatest inequalities associated with mental health as a result of prejudice, discrimination, bullying and isolation, from their peers as well as from healthcare providers.[62,63]

Addressing these challenges will require concerted efforts from governments, international organizations and civil society, global health agencies, hospitals, clinics and community groups. Philanthropic funding can go a long way to start or scale an initiative. Efforts that help to accelerate progress include:

- Addressing barriers and tackling the stigma associated with mental illness as a means to reduce discrimination against people with mental health problems

***Figure 2**: Top contributors to the disease burden for 2017 in terms of DALYs.*[52]



Source: Our World in Data.

- Advancing mental health equality and socio-cultural competence through the development of care targeting specific communities, minority groups, and refugees
- Focusing attention on improving access to general health services by bringing together physical and mental health services
- Funding more research around the benefits and risks of digital and artificial intelligence technologies to support diagnostics and care in the field of mental health
- Attempting to better understand the roles of different factors that promote well-being, and the contexts that emphasise or suppress them

Together, these efforts may lead to an increase in people using mental health services, better understanding of mental health in the community and, ultimately, a better quality of life for people living with mental health disorders.

5 – AIM Youth Mental Health: Supporting young people's mental health

> *AIM is finding and funding the most promising youth mental health research in the world. In support of that we are building a movement devoted to the mental health of children, teens, and young adults.*
>
> **Motto of AIM USA**

Background

The journey from infancy to adulthood involves exposure to diverse experiences—both positive and negative—that play significant roles in shaping mental health. Childhood and adolescence, in particular, represent key inflection points of this journey, and are associated with the formation of complex neural circuits necessary for effective social, emotional and cognitive skills.[64] The genetic blueprint for building these neural circuits is vulnerable to toxic environmental stressors, such as trauma, social isolation, (cyber-) bullying, or chronic neglect, during these critical windows of brain development.[65]

Mental disorders and distress—including a wide range of conditions such as developmental disabilities, anxiety, depression, attention deficit hyperactivity disorder (ADHD), personality disorders, and some forms of bipolar disorder and schizophrenia—are known to manifest themselves in children under the age of 10. That said, adolescents and young adults aged 16 to 24 tend to present the highest rates of mental health problems, with about three quarters of all mental disorders manifesting before age 24 (see **Figure 3**).[66] The latter age group constitutes a period when individuals are focused on academic pursuits and establishing career paths—core aspects of their adult lives, which, if disrupted, can lead to unemployment and long-term socio-economic effects. In this context, recent years have seen a dramatic shift in the design of prevention and early interventions targeting the first onset of a mental disorder.[67]

Investment in youth mental health has therefore been seen as a window of opportunity to generate the greatest returns when started in the formative years. According to data from Place2Be, a children's mental health charity in the UK, a one-to-one counselling intervention delivered in primary schools for children aged 4-11 yielded a return of up to £6 per £1 invested.[69] The long-term benefits of these programmes for society manifest themselves through better overall health as well as lower levels of exclusion, juvenile delinquency, and depression. Further benefits include a reduced use of criminal justice systems and higher productivity in society, as reflected through higher rates of employment and wages.

The project

Founded in 2014, and guided by a renowned Scientific Advisory Board comprising experts from the UK, US and Australia, AIM supports early-stage, cutting-edge clinical research to develop better treatments and coping strategies for children, teenagers, and young adults struggling with their mental health. The organisation also supports promising young researchers forging careers in youth mental health. AIM is specifically focused on supporting the identification of solutions poised to make a difference in young people's lives in the near term, while helping catalyse a movement devoted to promoting and protecting youth mental health and wellbeing.

Outcomes achieved

Recent research supported by AIM at the University of Michigan is deepening our understanding of age- and gender-related differences in anxiety disorders, which can help personalise treatment strategies for the increasing numbers of young children living with anxiety. AIM is also supporting pioneering research at the University of California-San Francisco in digital therapeutics for adolescents with ADHD, building upon recent successes from the research team that in June 2020 led to the first-ever US Food and Drug Administration (FDA) approval of a video game-based treatment for attention deficits in young children.

In addition, AIM Clinical Research Fellows are leveraging AIM's support to develop innovative programmes of research, such as understanding early warning signs of nascent mental illness, or developing tailored, culturally sensitive treatment approaches for underserved youth. In so doing, they are helping to improve access to evidence-based care for all children. The Fellows' work also helps them secure coveted faculty positions at top universities such as Harvard, Yale and UCLA, cementing their place in the growing youth mental health research community AIM is helping to foster.

Opportunities for donors

COVID-19 and the measures put in place to slow its spread have clearly highlighted the importance of mental health. This is especially true for young people dealing with unprecedented isolation and disruptions to their education,

***Figure 3**: Mental health problems affect all age groups*[68]

Source: The Five Year Forward View for Mental Health.

social development and employment prospects. Meeting young people's mental health needs during these challenging times requires ingenuity, imagination, and innovation.

Therefore, in addition to its ongoing support of promising advancements in youth mental health across all mental disorders and contexts, in August 2020 AIM launched a new initiative focused on harnessing innovation in today's uniquely challenging environment: the AIM Beyond COVID Research Fund.

Through this grant fund, AIM will support the critical research needed to turn these new innovative approaches into enduring improvements in youth mental health care and outcomes beyond COVID.

The fund will support research to answer the following questions:

- How are therapies being effectively adapted for online delivery?
- What kinds of strategies engage and retain youth in online therapy?
- What impact can online self-care have on prevention, disease progression?
- What approaches are being used effectively to bridge the digital divide for those without internet access or private spaces for engaging in therapy?
- What approaches are improving attitudes toward mental health issues (i.e. stigma) during and after COVID?

With a donation of US$100,000, donors could support the initial research to build the evidence base needed to bridge the gap from ideation to large-scale trials and clinical translation.

A donation of US$65,000 would catalyse a new research career by supporting the full costs of a Clinical Research Fellow for one year.

For more information visit www.aimymh.org

6 – How can impact investing help prevent and tackle mental ill health?

> *We believe that the combination of the best academic research, technology innovation and investment has the potential to unlock new opportunities for preventing mental ill-health and scaling those opportunities to help large numbers of people.*

Big Society Capital, UK

Wealthy individuals who want to make a difference increasingly want to have access to a full toolbox of solutions that comprises traditional philanthropic grants as well innovative financing mechanisms and impact investments. There is significant opportunity for increased impact investment in healthcare, and particularly mental health. In 2019, the leading sectors for impact investments were energy and microfinance, which received reported allocations of US$19 billion and US$13 billion, respectively. Healthcare, by contrast, received only US$5.5 billion, and mental health accounted for only a small subset of that amount.[70]

Nevertheless, as pointed out by Big Society Capital (BSC), a leading independent UK financial institution with a social mission, "mental ill health is a complex issue affecting many people in the UK, and we believe prevention is critical for improving mental health outcomes. We see a role for social impact investment in supporting innovative solutions to scale – while listening to lived experience and embedding rigorous research practice."[71]

Backing mental health start-ups

To better understand what the barriers to access and funding actually are, BSC partnered with the Wellcome Trust and others on a "Research to Venture Mental Health Programme."[72] The programme aimed to enable collaboration across the practitioner communities of research, social impact and early-stage start-up development around mental health product and service effectiveness and patient need alignment. To achieve this, the programme provided research grants of £5,000-40,000 to twelve start-ups. The grants aimed to improve user-centred research and generate new insights so the start-ups could build the evidence they needed to secure contracts, grant funding, and investment, thereby enabling the rollout of their mental health solutions.

BSC distilled the following questions for impact investors from the project. These are good questions to consider for anyone looking at supporting mental health projects, and asking whether they could be supported with instruments other than donations:

- Improvement: can we harness the energy in existing early-stage funding models, alongside research and user engagement, to improve mental health outcomes?
- Investability: can we build an investment model to support organisations that have a deep impact but will scale less, or more slowly, than allowed for in existing venture investment models?
- Empirical grounding: how can we best embed rigorous research practice in a proportionate but effective way in early stage organisations?
- Comparative advantage: which models and approaches are best suited to help organisations engage directly with people experiencing or at risk of mental ill health?

In this logic, philanthropic grant-making is often needed to kick-start and seed a research and market analysis process. Such a process has the potential to result in a commercially viable investment proposition that also offers high social impact, but could also lead to the conclusion that the proposition is ultimately only viable as a non-profit.

A venture approach to digital on-demand healthcare

An example of an early-stage venture investment fund with impact objectives is the Canada-based Relentless Venture Fund, which seeks to invest in preventive technology solutions to optimise health, activity and longevity. As in many other countries around the world, Canada faces a growing mental health crisis and barriers to access. One third of hospital stays are linked to mental illness, and for employers 70% of disability costs are associated with mental illness.[73]

Snapclarity, a firm in which Relentless invested in 2019, offers an illustration of a digital mental wellbeing and healthcare solution that seeks to transform how mental health support is accessed, delivered and experienced.[74] Snapclarity partners with progressive organisations to transform their mental health benefits offering in ways that empower employees to take greater control of their own mental health journey, including early screening, treatment, prevention, and maintenance. Clients can receive on-demand mental healthcare through their smart devices, conveniently and discreetly integrating mental health support into their daily life.

For more information visit

https://bigsocietycapital.com/impact-stories/preventing-mental-ill-health/

https://www.snapclarity.com/

7 – The triple rationale for supporting mental health

> *"Mental health is actually in the Sustainable Development Goals and we feel that it was a big achievement for us that it has been prioritised. On the one hand, I would say that there has been that recognition, but on the other hand the necessary funding has not quite followed."*
>
> **Dr Florence Baingana**
> Makerere University School of Public Health and Regional Advisor MSA, WHO Africa Region, Brazzaville, Congo

The case for mobilising capital for mental health is compelling. Beyond the economic and social costs of mental illness, a staggering number of individuals suffering from these conditions do not receive adequate treatment. With increasing rates of emotional disorders and suicide among youth, we need to act with a new level of ambition. This section outlines the funding, economic and humanitarian arguments for allocating capital to mental health.

Funding is insufficient and distorted

Mental health has a history of underfunding, despite representing one of the largest causes of disability in the world.[75] According to data from WHO, just 2% of global health care budgets are allocated to mental health.[76] Indeed, the average expenditure on mental health globally is estimated to be less than US$2 per person per year, and less than US$0.25 in low-income countries.[77] The systemic underfunding of mental health services is reflected in the recent WHO Atlas report. It highlights that as of 2016, about half the countries in the world had fewer than one psychiatrist and psychiatric nurse per 100,000 people,[78] a number that continues to fall short compared to other medical specialities.

The funding disparity also affects mental health research.[79] According to a 2019 report published by MQ, a leading international mental health research charity based in the UK, £9 is spent each year on research per individual suffering from mental illness. This is in contrast to the £228 spent annually on research per individual suffering from cancer.[80]

Although recent years have seen a growing number of funders focusing on mental health, including the Wellcome Trust, the Medical Research Council and Grand Challenges Canada, research capacity within the mental health domain needs to be built up further.[81]

The ongoing COVID-19 pandemic raises the stakes. Many experts are concerned about the potential long-term mental health effects of virus exposure, particularly among youth.[82,83] In anticipation of these observations, a recent publication in The Lancet Psychiatry draws attention to the need for funding in order to pursue collaborative research efforts to address the psychological, social and neuroscientific aspects of COVID-19.[84]

Shifting the perspective from economic cost to social return on investment

The economic argument for mobilising capital for mental health is rooted in the financial impact of mental ill health on the individual and society.[85] Loss of productivity is probably the largest driver of economic loss associated with the burden of mental illness. WHO and the UN Development Programme therefore recommend using Return on Investment (ROI), a financial metric, to measure the profitability of investment in mental health at societal level.

A recent WHO-led study—conducted across 36 countries spanning a wide range of income levels for the 15 years from 2016-2030—found that every US$1 invested in scaling up treatment for depression and anxiety could yield returns of US$4 in better health and ability to work.[86] Another study conducted in South Korea determined that surveillance systems focusing on self-harm and suicide prevention among youth (12-20 years old) generated an ROI of US$7.50 for each US$1 invested.[87] A UK study focusing on peer support systems for carers and people afflicted with dementia found that peer support groups provide an ROI of over £5 for every £1 invested.[88] People with dementia in the intervention programme reported elevated levels of mental stimulation and a reduction in isolation and loneliness. Furthermore, volunteers reported an increased knowledge of dementia, whereas carers reported lower levels of stress and a decreased burden of care.

Mental healthcare is a human right

Despite progress in recognising rights for individuals suffering from mental health problems—including the United Nations Convention on the Rights of Persons with Disabilities—too many sufferers continue to face stigma and other human rights violations, such as abusive use of seclusion and restraint, inability to access health care, arbitrary detention, and denial of self-determination in financial and marital matters. Mark Van Ommeren, Head of Mental Health at the World Health Organisation, remarks, "in many facilities, the way people with severe mental illness are treated is outrageous. We don't allow torture in our society as it is immoral and illegal. But we do allow people to be in torture-like situations and are not investing to change it. That is of major human rights concern."

Mental health is a human right, protected by Article 25 of the Universal Declaration of Human Rights: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."[89] Safeguarding the rights of individuals, who may or may not be experiencing mental health problems, can therefore be seen as a way to bolster and support mental health.[90]

What can human rights based approaches achieve?

If the focus on human rights is a way to improve mental health care, how can this be operationalised in practice? In recent years, significant attention has been focused on conceptual frameworks that can measure equality and human rights. One such framework is the Human Rights Based Approach (HRBA), which focuses on methods to tackle health inequalities in society and pays particular attention to socio-economic and cultural factors of health. As such, the HRBA is directed towards promoting and protecting key human rights such as access to education and healthcare, based on international human rights standards.

A number of studies have highlighted the effectiveness of HRBAs in relation to mental health. For example, a study conducted in South Africa, where the impact of HRBA was assessed through delivery of HIV and mental health care to patients otherwise unable to access care, revealed significantly improved adherence to HIV medication compared to standard care for comorbid HIV and mental health patients.[91] A separate study conducted in India found that implementing an HRBA focused on supervision of mental health institutions proved effective in improving hospital infrastructure and sanitation, in addition to patients' physical and mental health.[92] In the Mersey Care Trust study in Liverpool, it was reported that incorporating an HRBA into the Trust's culture increased recovery and wellbeing in 89% of patients.[93] Notably, the £400,000 spent on implementing their HRBA worked out to less than 0.25% of their annual resources.[46] That HRBAs can produce successful therapeutic outcomes and are, potentially, cost-saving, represents a valid reason for allocating funds toward the implementation of such approaches for promotion and prevention in mental health.

8 – StrongMinds: Mental health services for women in Uganda and Zambia

> *Our goal: to end the depression epidemic in Africa. Depression is the most prevalent mental illness in the developing world. In Africa, it's devastating: 66 million women are suffering. The great majority have no medical services to turn to for help.*
>
> **Mission statement of StrongMinds**

Background

Despite a wealth of evidence pointing to the magnitude and economic burden of depression in Africa,[94] this complex condition remains a neglected public health challenge, especially among women of reproductive age. The disease burden of depression in women has been reported to be far higher than that of major infectious diseases such as HIV/AIDS and malaria.[95] It is estimated that as many as 66 million women in Africa suffer from depression,[96] double the corresponding figure for men. Beyond contributing to increased mortality (often through feelings associated with suicide), depression diminishes work productivity, health, social functioning and quality of life. Treatment for women suffering from depression is therefore vital to child development and economic growth on the African continent. Unfortunately, problems of knowledge regarding mental illness, coupled with a scarcity of trained mental health professionals—due to inadequate financing—remain barriers to mental health treatment.

The impact of depression on the quality of life of an African woman is wide-ranging and severe. It includes lower education and literacy levels, greater food insecurity, substantial economic insecurity with decreased income, absenteeism from work, and poorer health outcomes for the afflicted women and their children—including developmental delays and increased risk of depression and illness. Depressed women face social stigma and are at heightened risk of contracting sexually transmitted infections such as HIV. Because of how debilitating depression can be, sufferers are less likely to respond to outreach and services offered by non-governmental organizations and governments, such as livelihood training or outreach promoting good sexual and reproductive health practices.

The project

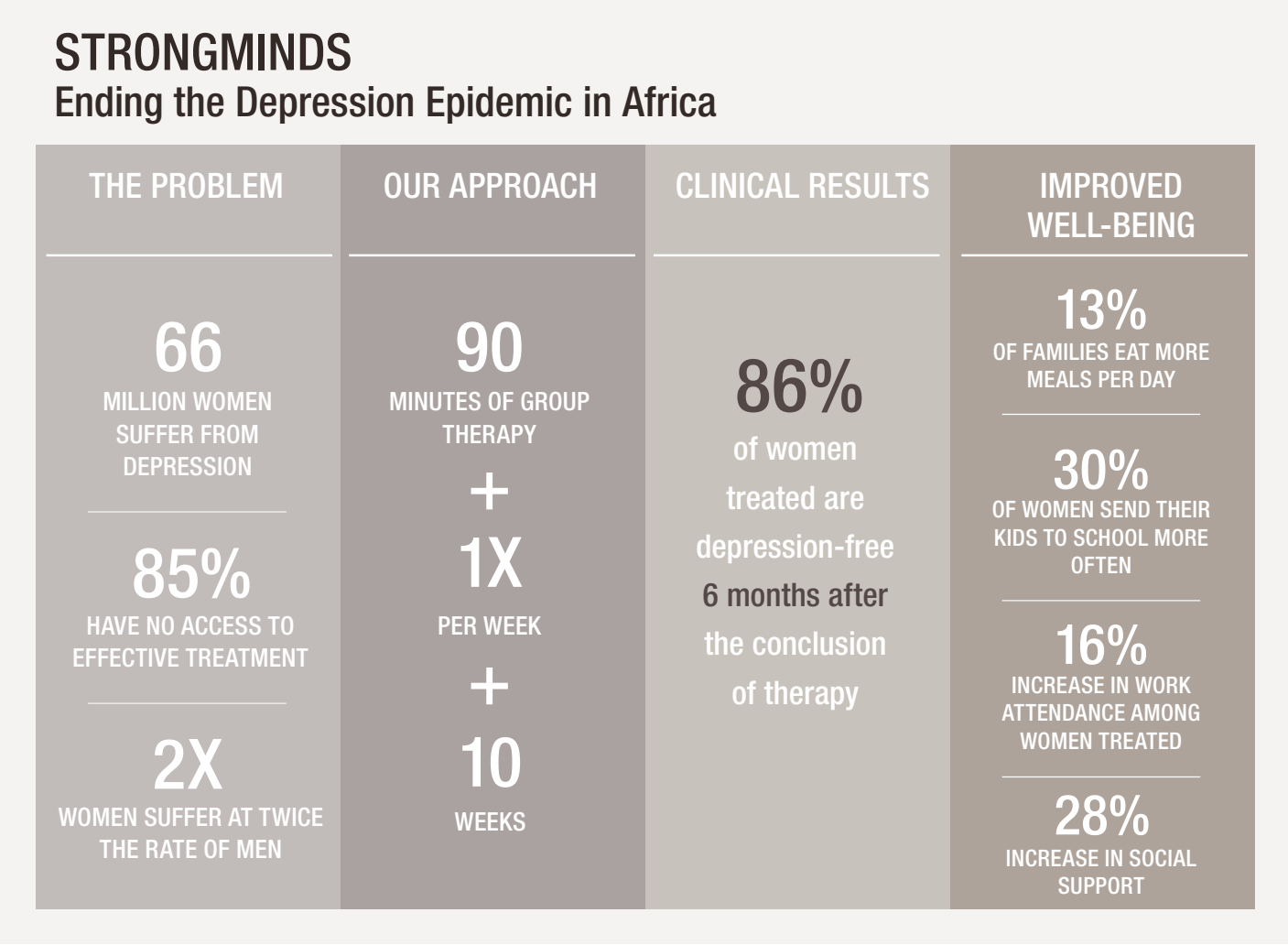
To address this issue, StrongMinds, an NGO based in Uganda, Zambia and the United States, has implemented an evidence-based mental health intervention using interpersonal psychotherapy, or IPT-G (G for Group), in communities in Uganda and Zambia. The intervention seeks to train non-specialists to provide first-line treatment in group settings for women suffering from depression. It is widely reported that psychological treatment delivered by non-specialists (or "task-shifting") in low-income settings can produce effectiveness comparable to delivery by specialists in high-resource settings.[97] As such, building mental health workforce capacity and developing socially sustainable mental health services in low resource settings serve as key aspects of the strategic vision of StrongMinds.

In a separate project, StrongMinds focuses on supporting good mental health during the ongoing COVID-19 pandemic. The organisation has launched a multimedia education campaign in Uganda and Zambia to inform the public about depression and anxiety. The programme seeks to teach simple coping strategies, and help remove the stigma often associated with mental illness that prevents sufferers from seeking help. See **Figure 4** for a synopsis of StrongMinds's operating model.

Outcomes achieved

To date, StrongMinds has successfully treated nearly 70,000 women in Uganda and Zambia. A steady stream of evidence from StrongMinds demonstrates that community-based depression treatment utilizing the IPT-G model can significantly reduce key symptoms. Over 80% of patients report being depression-free at the completion of therapy, with results sustained two years later. Rigorous data collection over the last six years has shown that women who complete therapy experience a 16% increase in work productivity and a 28% increase in social support. Other evidence collected from households of women that have received IPT-G has revealed a 13% increase in levels of families eating regular meals in addition to a 30% reduction in absenteeism among schoolchildren.

***Figure 4**: StrongMinds' approach to ending the depression epidemic*



Source: StrongMinds.

Opportunities for donors

Ongoing efforts by StrongMinds emphasise broadening the reach of IPT-G and mental health literacy to the Ugandan and Zambian communities. With a donation of US$150,000 per year, donors could cover the cost of salaries and transportation in one entire geographic district in Uganda.

Awareness and psycho-educational campaigns in relation to mental health also need funding. A donation of US$60,000 would cover funding for 4 months of daily slots on the radio in Zambia, with a potential reach of 16.9 million people.

The 2021 fundraising goal for StrongMinds stands at US$7 million, of which 21% has already been secured. In a separate fundraising drive for 2022, StrongMinds is aiming to raise US$10 million, of which 5% is currently secured.

For more information visit www.strongminds.org

9 – Together for Mental Wellbeing: Bolstering skills and developing potential in individuals with mental health problems

> *"Being involved with Together has saved me in more ways than I thought was possible. They gave me hope when I had none."*
>
> **Sophie**

Background

Together for Mental Wellbeing is a national charity in the UK that supports people who experience mental distress to lead fulfilling and independent lives. Founded in 1879, Together is the UK's oldest mental health charity. It draws on people's skills and strengths to build resilience and support networks, so they can live the life they choose and determine their own futures. Today, Together works with approximately 4,500 people every month, at around 70 locations across England. Together's services include support in the community, accommodation-based support, advocacy, and mental health support within criminal justice settings.

As is the case for many charities, the COVID-19 pandemic has challenged Together to continue to provide high-quality services to a population experiencing increased levels of mental distress. Much of the support provided at Together is face-to-face; due to the restrictions of lockdown, the organisation has had to rapidly adapt many of its services to deliver support in other ways, such as online and via phone. Whilst this does not replace face-to-face support in the longer-term, it does improve access to services.

With turbulent times ahead, Together is resetting its plans to ensure that it continues to provide the very best support to its service users. Together seeks to make the following three lines of service upgrade into a reality.

Developing the digital offering and service users' digital skills

Together values people's experiences of mental distress and wants people to be even more involved—to hear their ideas about how Together can be more creative in the support offered, how users can influence the shape and direction of the charity, and how they can be supported to influence the wider world of social policy for the benefit of everyone.

To do that, Together plans to develop an online sharing platform, using idea management software, which will enable it to gather, develop and implement ideas to achieve innovation and change at a service, organisational and societal level. A commitment of £100,000 would deliver a five-year project to work with an external provider to establish a platform; provide technology for people to access the platform; deliver the required training to support people's digital skills; and designate members of staff, who would themselves have lived experience of mental distress, to lead the content management.

Digital provision of peer support

Together is nationally recognised in the UK for its model of peer support. People use their own lived experience of mental distress to support others in similar situations. According to one Together client, Melissa, "the fact that my Peer Supporter had suffered from the same illness as me meant that I could talk to her about my symptoms and fears. I felt that she really did have an understanding of and empathy towards what I was going through."

Together knows that social connections and networks play a critical role in preventing mental distress, and are strong protective factors for people in crises, including the current COVID-19 pandemic. Together now seeks to adapt and expand its model of peer support to reach as many people in need as possible, by adapting and increasing support provided through online platforms. A commitment of £100,000 would fund the development of a peer support online platform, a member of staff to manage it, tablets and phones, and a hardship fund for service users without internet or phone access.

Digital provision within Together's supported living and accommodation services

Together's ambition is for people to live their lives as independently as possible while still getting the right support around their mental health when they most need it. Expanding the digital provision of those services—such as installing screens in rooms for video calling, and training service users and staff on how to receive the most benefit from digital support—would enable them to be more responsive and connected to Together's beneficiaries, thus providing better support and promoting greater independence. A commitment of £400,000 would enable Together's staff to assess the digital needs of their service users in the organisation's accommodation and supported living services, make the necessary internal adaptations to their buildings, and provide the required equipment and training to staff and service users.

For more information visit https://www.together-uk.org/

10 – Schizophrenia: Urgent Need for Better Treatments and Prevention

“There is basic research that is done to lead to new, advanced interventions that are unlikely going to be available soon around the world. Let’s say someone is seeking to prevent or cure schizophrenia, which is very important research. This will take time. But let’s imagine 40 years from now that there be will a way to prevent or fully cure conditions like schizophrenia. That would certainly have been a worthwhile research investment. In the interim, we can and should do whatever we can help to reduce suffering and improve day-to-day functioning of people with psychoses around the world by implementing the knowledge we have now through community mental health services.”

Dr Mark Van Ommeren
World Health Organization

Facts on Schizophrenia

- Schizophrenia is a disabling group of brain disorders characterized by symptoms such as hallucinations, thought disorder, cognitive impairments and poor social functioning that seriously interfere with the patients’ professional and social life.[98]
- The current consensus is that schizophrenia is a neurodevelopmental disorder in which a disruption in early brain development results in the emergence of psychosis later in life.[99]
- The global prevalence for schizophrenia is currently estimated to be around 1%.[100] However, if one factors in other neurodevelopmental disorders, such as bipolar disorder and autism, which are sometimes present with comorbid psychotic illness[101] then the global prevalence of schizophrenia rises to 5%.
- Epidemiological evidence suggests that many genes and environmental factors operate in a joint manner to shape the expression of the schizophrenia phenotype.[102] Some established environmental factors include exposure to infection during pregnancy,[103] obstetric complications[104] and cannabis use during late adolescence and early adulthood.[105]
- Individuals suffering from schizophrenia die, on average, 10 to 25 years earlier than the general population.[106] Suicide and heart disease are often linked to this reduced life expectancy.
- Social stigma towards schizophrenia is driven, in part, by inaccurate media portrayals that perpetuate the stereotype that people affected by this brain disorder are dangerous.
- Schizophrenia imposes a substantial economic burden on society (costing the European Union almost €100 billion annually),[107] with lost productivity, use of criminal justice services and the involvement of health and social care systems accounting for a majority of the cost.

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Background

Schizophrenia is a chronic and currently incurable psychiatric disorder that leads to a significant reduction in quality of life. The psychotic symptoms of schizophrenia typically emerge in late adolescence or early adulthood,[110] although rare cases of childhood-onset schizophrenia have been reported in the literature.[111] It is estimated that around 1% of the global population suffers from this debilitating disorder, which produces 13.4 million annual years of life lived with disability.[112]

Among the principal concerns regarding schizophrenia in the world today are:

- The marginalisation of people living with the condition due to stigma and discrimination, which, in turn, often leads to flagrant abuse of health rights
- The heavy demands on inpatient services as well as the inappropriate care regimes disproportionately prescribed for some groups of patients (particularly people of black and minority ethnic groups)
- Funding of mental health research remains a major challenge. **Figure 5** below illustrates the striking imbalance between investments granted to diseases affecting the brain (including psychiatric disorders) and their economic burden to society in contrast with physical health conditions such as cancer and cardiovascular disease (see **Figure 5**)
- As the demand for mental health medication increases, the development of new treatments is slowing down, mainly stemming from companies and investors skewed perception of mental health as a scientifically and commercially 'challenging' area[113]
- The longstanding difficulties in translating fundamental scientific advances into new treatments have resulted in the most widely used psychotropic medications still being largely reliant on molecular actions developed in the 1950s. Moreover, these drugs continue to treat only the symptoms of mental illnesses and not their causes[114]
- While available medication reduces some symptoms (hallucinations), there remain no effective treatments for the social and cognitive deficits in schizophrenia

The project

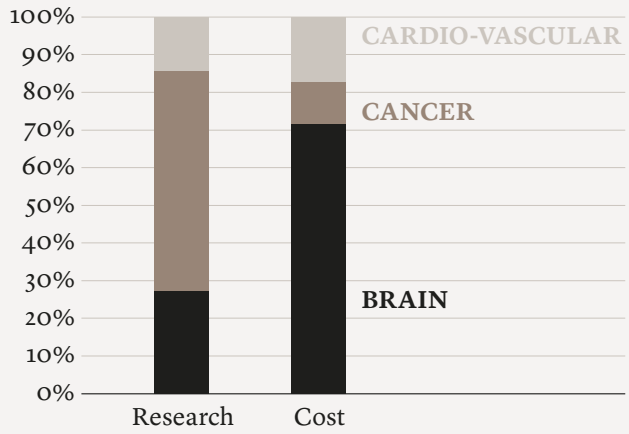
The Unit for Research in Schizophrenia (URS) was established in 1999 at the Center for Psychiatric Neuroscience (CNP, Department of Psychiatry, Lausanne University Hospital). The URS is a multidisciplinary research unit comprising a team of researchers, clinician scientists, doctoral students and technicians. Its translational research program is aimed at a better understanding of the causes and mechanisms leading to schizophrenia phenotypes in order to develop markers for early diagnosis, new drug targets as well as preventive and therapeutic measures. In this context, some of the ongoing challenges of schizophrenia involve:

1. A need for mechanism-based biomarkers for patient stratification, as each individual that develops schizophrenia has their own unique constellation of symptoms
2. Finding a way to improve cognitive deficits as they often prove the most incapacitating features of schizophrenia
3. Re-focusing treatment to target vulnerable windows of neurodevelopment, before chronic illness patterns are established

To address these challenges, the URS has developed an innovative translational research approach that integrates research findings across a range of disciplines at the forefront of neuroscience. This approach provides the possibility to connect brain dysfunction to the underlying brain mechanisms on a person-to-person basis. Among the key objectives of the research taking place within the URS are:

1. Bridging basic fundamental neuroscience and clinical psychiatry, leading to clinical improvements for patient care
2. Identifying and validating stage specific biomarker profiles to allow early detection and monitoring of the efficacy of new drugs, both in experimental models and humans
3. Discovering potential new treatments and preventive targets based on novel pathophysiological mechanisms
4. Screening and testing novel redox modulators/ antioxidant molecules for better treatment and prevention of the disease
5. Promoting and mentoring a new generation of psychiatrists with a combined expertise in clinical psychiatry and neuroscience research

***Figure 5**: Research investment and societal costs of brain disorders compared to physical health issues*



	Research (millions €)		Cost (billions €)	
BRAIN	431	27%	798	71%
CANCER	914	58%	126	11%
CARDIO-VASCULAR	232	15%	196	18%

Source: European Brain Council.

Outcomes achieved

The URS has made seminal contributions in identifying oxidative stress as a core pathophysiological feature of schizophrenia.[115] It has demonstrated that oxidative stress represents a "pathological hub" through which both genetic and environmental risk factors converge during neurodevelopment, leading to the impairment of neural connectivity and cognition typically observed in patients. The mechanistic underpinnings of these deficits have been comprehensively documented in experimental models.[116,117,118] Furthermore, the URS has spearheaded a number of clinical studies involving the supplementation of N-acetylcysteine (NAC), an antioxidant, in schizophrenia. These trials have revealed that NAC supplementation can ameliorate symptoms of schizophrenia in patients by targeting oxidative stress.[119]

In recent years, the URS has published a number of key research papers focusing on basic research and clinical aspects of schizophrenia in high impact journals.Much of this work has been conducted in collaboration with top-tier universities, such as Harvard Medical School, King's College London and the University of Heidelberg. The director, students and staff of the URS have been recipients of various awards, including a research prize of the European Psychiatric Association, Independent Investigator and Distinguished Awards from the Brain and Behavior Research Foundation, and the Schizophrenia International Research Society Outstanding Basic Science Award.

Opportunities for donors

The URS is planning a clinical trial focusing on a novel individualised treatment for psychosis. This trial is aimed at testing the effect of an add-on treatment with a mitochondria targeted antioxidant, called MitoQ, in early psychosis patients. If successful, treatment of schizophrenia patients with MitoQ could help improve symptoms and cognitive deficits that are still not well treated by current antipsychotics. This proof-of-concept clinical trial is budgeted at CHF 2 million over 4 years; 75% of this amount has been secured under the condition that the remaining 25%, i.e. CHF 500,000, can be raised over the coming 3 years.

For more information: https://www.alamaya.net/en/schizophrenia/

11 – International Committee of the Red Cross: Mental health and conflict

> *One of the biggest gaps in mental health and psychosocial support (MHPSS) research today relates to MHPSS needs in humanitarian contexts and the relevance of MHPSS services provided. Although conducting research in conflict-affected countries is possible, it is challenging in terms of access to populations, ensuring they trust the process enough to open up about traumatic experiences in the midst of conflict, as well as ensuring there is adequate population diversity and participation.*

Milena Osorio
International Committee of the Red Cross

Background

Personal resilience is vital in times of uncertainty, as it provides the capacity to cope with external factors or circumstances that may directly affect one's mental health. There is incontrovertible evidence that exposure to sporadic and uncertain events, such as natural disasters, pandemics, and armed conflict, can impact our personal resilience, resulting in stress-related psychopathology and emotional vulnerability.[120] With a number of countries around the world currently embroiled in protracted hostilities, including Syria, Yemen and the Democratic Republic of Congo, vulnerable groups—such as women and children—are at heightened risk of experiencing human rights violations. In turn, these can trigger a variety of mental health problems, ranging from anxiety and depression to post-traumatic stress disorder.[121]

Recent years have seen a number of strategies developed for early psychological intervention—including problem management plus[122] and basic psychological support[123]—that are focused on delivering simple, yet powerful, mental health and psychosocial support (MHPSS) to vulnerable groups in humanitarian settings. Not only do these interventions help build mental health care capacity by sharing responsibilities with ordinary community members, but they can also, when delivered effectively, help reduce stigma, increase awareness of mental health issues, and encourage help-seeking behaviour.[124] In addition, the fact that some of these interventions can now be delivered remotely, via telephone and Skype, plays a core role in supervision and training of mental health providers, as well as in improving reach to affected populations, especially in the face of the ongoing COVID-19 pandemic.

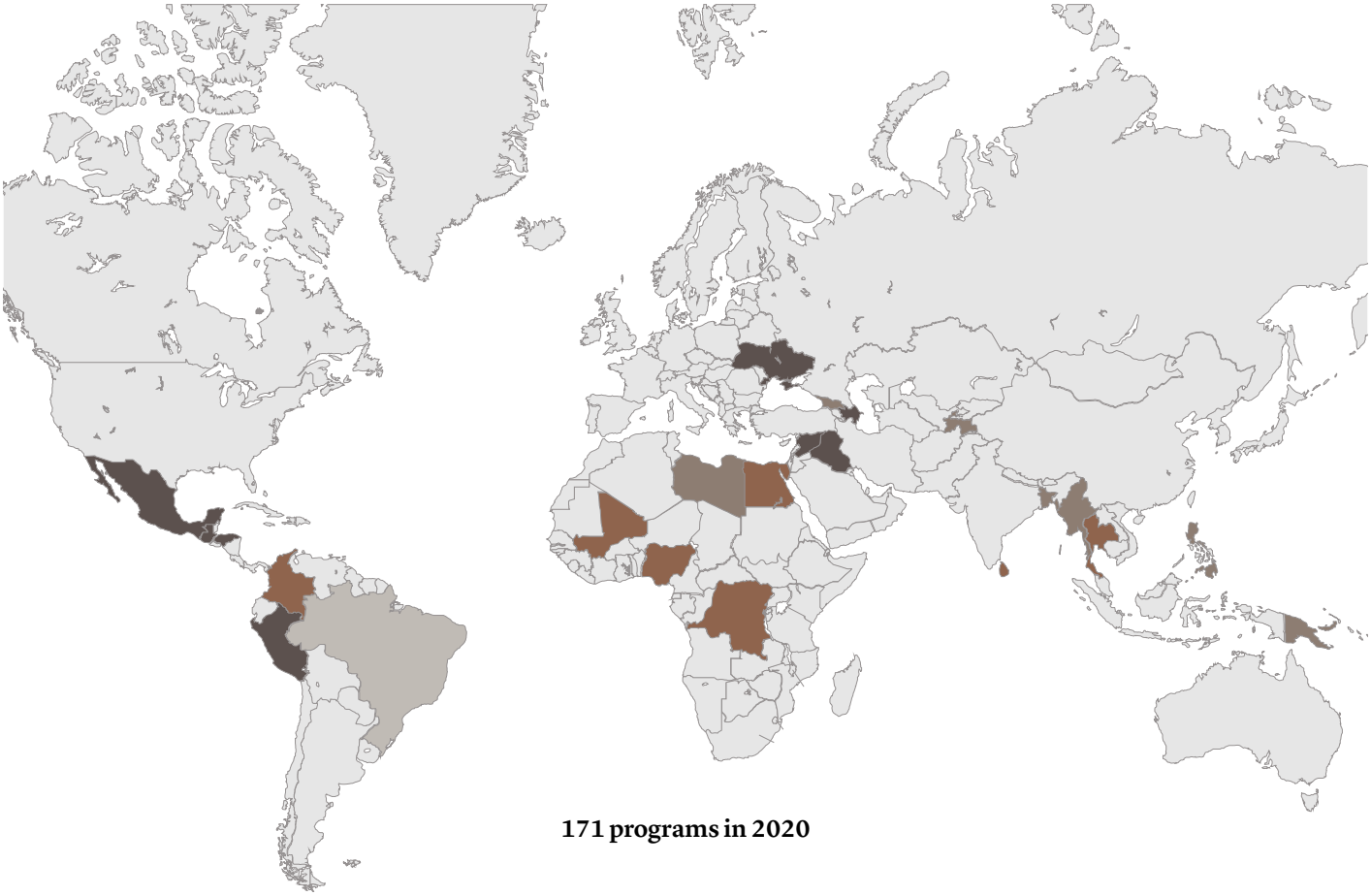
A key organisation leading the delivery of MHPSS interventions in countries affected by conflict and other situations is the International Committee of the Red Cross (ICRC). Established in 1863, the ICRC is an independent humanitarian organization and an authority in international humanitarian law. It has received the Nobel Peace Prize four times (1901, 1917, 1944 and 1963)—one of which was awarded directly to Henry Dunant, the institution's co-founder. Since its inception, the mission of the ICRC has been "to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance."

The projects

Beyond restoring family links, helping detainees and addressing sexual violence in countries afflicted by war, the ICRC is currently leading 171 programmes around the globe providing MHPSS services (see Figure 6). Each of these programmes is closely monitored, and the ICRC has developed its own MHPSS data collection tools, which provide a platform for data storage that can ultimately be used for evidence-based practice research. A timely and pertinent research issue in relation to MHPSS is, according to Milena Osorio, the ICRC's MHPSS Programme Coordinator, "the need to assess the intergenerational transmission of trauma in populations affected by conflict and violence, such as refugee communities, internally displaced people, and migrants."

The ICRC has also developed the instrumental "Helping the Helpers" programme targeting health service providers working and living in war-torn countries. In recent months, the ICRC has adapted many of its diverse programmes, including Helping the Helpers, to ensure continued services during the COVID-19 pandemic. The Helping the Helpers programme has two key objectives. First, it focuses on strengthening the mental health and resilience of public service professionals through basic psychological support and by delivering fundamental information or raising awareness of virus spread, healthcare and wellbeing. Second, it aims to strengthen local support systems by providing public service professionals with the appropriate psychosocial tools to facilitate the necessary support and accessibility to the communities in most need of assistance in conflict settings.

***Figure 6**: Global scale of ICRC MHPSS programmes as of 2020*



Source: ICRC.

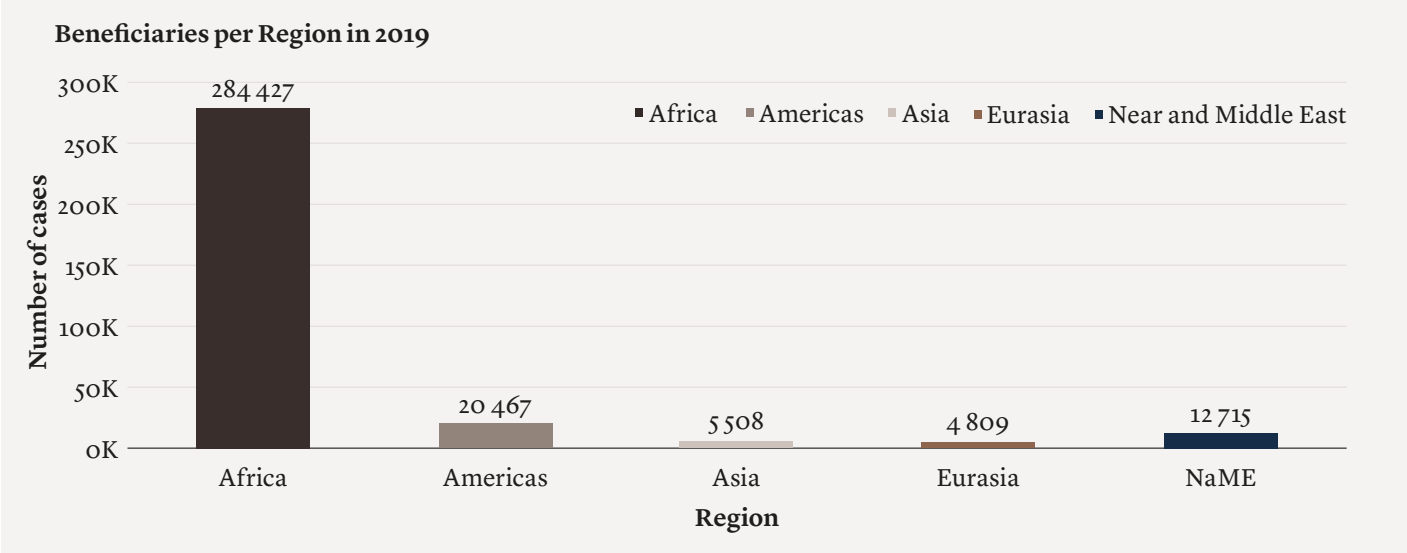
Outcomes achieved

As of 2019 the overwhelming majority of beneficiaries (86.7%) receiving support through MHPSS programmes by the ICRC were based in Africa. This was followed by the Americas (6.2%), with Eurasia in last place (1.5%) (see **Figure 7**). A similarly large majority (86.6%) of beneficiaries were served by ICRC programmes for victims of violence, with Helping the Helpers serving the smallest share of beneficiaries (1.7%).

Opportunities for donors

Since its founding more than 150 years ago, the ICRC has worked with the private sector – individuals, companies and foundations – as well as governments and other parties to help people affected by conflict or armed violence Individuals and families can support ICRC's MHPSS activities and contribute to addressing the hidden scars of conflict and violence.

***Figure 7**: Regional breakdown of beneficiaries of ICRC-funded MHPSS programmes in 2019 (Source: ICRC)*



In Mali, for example, the ICRC is supporting 10 healthcare facilities to provide quality psychological and psychosocial care to 1,500 victims of violence and reaching 100,000 people with information about MHPSS through the training of community actors. The budget for this work in 2020 is approximately CHF 1.5m.

In Lebanon, the ICRC is working to assist more than 1,000 people with MHPSS needs through group activities for women and young adults (pilot project), as well as training courses on assessment, case management and group facilitation for accompaniers and MHPSS introduction sessions for health staff. The budget for this work in 2020 is CHF 800,000.

For more information on ICRC's MHPSS work, please visit https://shop.icrc.org/guidelines-on-mental-health-and-psychosocial-support-pdf-en

12 – World Mental Health Day: a good entry point to the community

> *"World Mental Health Day provides an opportunity for all stakeholders working on mental health issues to talk about their work, and what more needs to be done to make mental health care a reality for people worldwide."*

World Health Organization

> *"The big challenge when we are talking about social determinants of health in mental health research is that we are still talking about groups that often speak in different languages and don't understand each other."*

Cynthia Joyce
Executive Director, MQ Foundation, USA

For philanthropic donors who want to learn more about a specific field of engagement, and who does what, key events and focal days of the practitioner and funder communities offer engaging and efficient entry points.

To learn more about the mental health community and its work, one such opportunity is World Mental Health Day. Celebrated on 10 October every year since 1992, World Mental Health Day concentrates on global mental health education, awareness building and advocacy against social stigma around the world.[125]

In some countries, World Mental Health Day kicks off a larger awareness week. For example, the 2020 Western Australia Mental Health Week runs from 10 – 17 October 2020, under the theme of "Strengthening Our Community – Live, Learn, Work, Play."[126]

Due to the COVID-19 pandemic, the 2020 World Mental Health Day comes at a time of additional challenge for many communities around the world. Based on their experience of emergencies, WHO expects the need for mental health and psychosocial support to increase substantially going forward.[127] COVID-19, however, has arrived following years of chronic underfunding of mental health programmes at the national and international levels.

In response, WHO is focusing its 2020 Mental Health Day campaign on increased investment in mental health, hosting a global online advocacy event called the "Big Event for Mental Health." It is built around the following key questions, easily accessible on major social media channels:[128]

- How is WHO, together with its partners, helping improve the mental health of people in countries throughout the world?
- What do national and international leaders offer as a rationale for why they are making mental health a priority?
- Why have internationally renowned artists and sportsmen and -women become mental health advocates? What is their advice for those who are struggling?

For donors who wish to start exploring how they could engage in supporting mental health, we recommend learning about multiplier activities such as the World Mental Health Day to start building knowledge about the sector and who does what in it.

For more information visit

https://wfmh.global/world-mental-health-day-2020/

https://www.who.int/campaigns/world-mental-health-day/world-mental-health-day-2020

13 – The transversality of mental health: The WHO Foundation

Background

Today, we are facing the greatest health challenge to the human race in a century. COVID-19 has demonstrated the detrimental impact that a virus can have on global economies, societies and our collective achievement of the Sustainable Development Goals (SDGs). The pandemic has also revealed that a virus can affect not only our physical health but also our ability to cope with the psychological impacts in its wake.

Added to the fear of contracting the virus are the significant changes to our daily lives as our movements are restricted in support of efforts to contain and slow down the spread of COVID-19. Faced with new realities of working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues, experts agree that the implications for mental health are serious with potentially devastating effects to our current and future generations.

Unlike physical health conditions, mental health disorders are often "invisible", which means they often go undiagnosed or are incorrectly treated. In addition, negative stigmas also impede on the treatability of these disorders as people who fear the social repercussions are reluctant to seek help. Mental health is a transversal or cross-cutting issue as it can exacerbate underlying medical conditions and can threaten our resilience against new health threats. In conflict settings, for example, where people face human rights violations, discrimination or other stigma, people with severe mental health conditions are more likely to face violence or be abandoned by family members. Poor mental health contributes to poor physical health, poverty and premature death. A lack of treatment can produce dire consequences for the survivors, their families, friends and entire communities.

In 2018, WHO Director General, Dr Tedros Adhanom Ghebreyesus identified mental health as a key area in need of accelerated implementation within WHO's work to support national governments in advancing policies, advocacy and human rights, as well as in scaling-up interventions and services for people with mental health conditions.

Collective action on mental health is building momentum as it continues to become a global health priority. Formerly a neglected issue supported almost exclusively by individuals with a personal connection, mental health is now being prioritised by forward-looking and compassionate philanthropists who recognise the global need for recognition, diagnosis and treatment for mental health diseases and conditions.

Facts on mental health

- 3 out of 4 people with mental disorders receive no treatment
- 1 out of 5 children and adolescents worldwide live with a mental health condition, yet often remain undetected, underdiagnosed or untreated
- 264 million people suffer from depression, making it a leading cause of global mental and physical disability
- Close to 800,000 people take their own lives each year – or, one person every 40 seconds
- Suicide ranks as the second leading cause of death among youth
- Depression and anxiety cost the global economy US$1 trillion per year[129]

The project

> *There is no health without mental health. The two go hand-in-hand which is why it is imperative to include these often 'invisible' issues in all global public health efforts.*

Thomas Zeltner
Founder and Chairman of the WHO Foundation

Addressing mental health requires comprehensive approaches which engage stakeholders across generations and geographies. The solutions need to be rooted across sectors and disciplines. The WHO Foundation was created with this spirit in mind, seeking to build a healthier world for future generations through innovative partnerships and new forms of collective action.

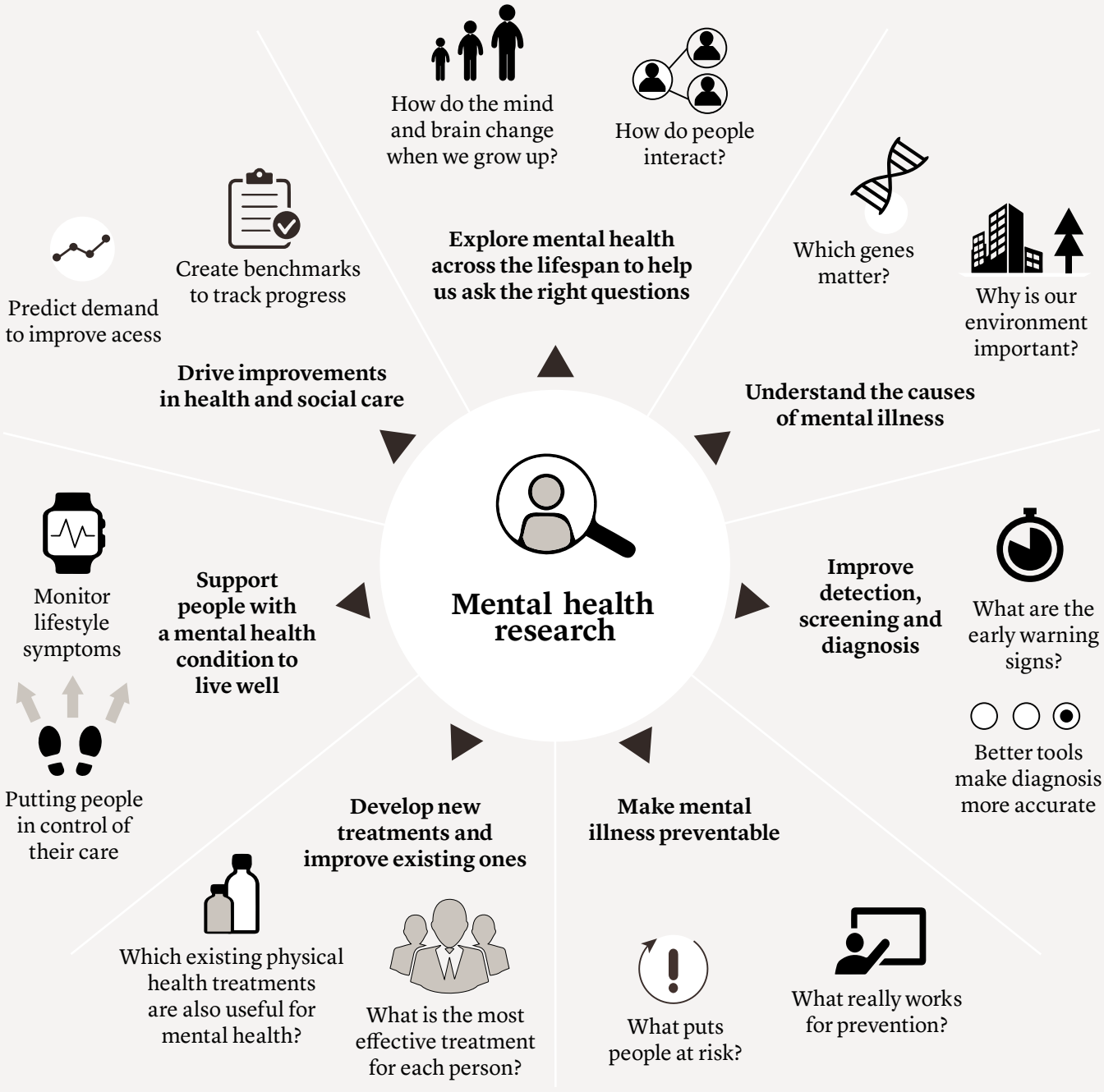
As an independent grant-making organisation, the WHO Foundation complements and strengthens the work of WHO by catering to the interests of High Net Worth Individuals (HNWI) and corporate partners and launching fundraising campaigns aimed at engaging individuals from the general population in global health issues. This transversal approach to global public health supports mental health, alongside non-communicable diseases, emergency preparedness, outbreak response, and health system strengthening.

Opportunities for donors

The WHO Foundation is committed to creating a world where mental health is valued and protected across all global health issues, especially among young people. The WHO Foundation leverages the global reach of WHO and combines it with its lean and agile structure to engage donors in flexible and bespoke initiatives that allow them to bring their unique insights, objectives and perspective on building a healthy future for generations to come.

For more information visit www.who.foundation

What is mental health *research*?



Mental health research is key to improving understanding, transforming treatments and ultimately making mental illness preventable.

Source: MQ: Transforming Mental Health, London UK.

14 – Building your philanthropic agenda to support mental health in three steps

> *"In my own work, I've tried to anticipate what's coming over the horizon, to hasten its arrival and to apply it to people's lives in a meaningful way."*
>
> **Paul G. Allen**
> Microsoft co-founder, philanthropist and founder of the Allen Institute for Brain Science[130]

The current positive momentum in the field of mental health strengthens the case for philanthropic engagement. We are witnessing the mainstreaming of mental health as a field of intervention, showcased, for example, by the strong increase in public and celebrity attention to the topic. Prominent figures, ranging from Prince Harry and Prince William in the UK to tennis player Serena Williams, clothing designer Kenneth Cole and pop musician Lady Gaga, use their social media presences as platforms to promote mental health awareness and funding. Celebrities bring reach and recognition to a cause, and this can help drum up support, change stigmatising attitudes, and help improve public policy.

This concluding section outlines a simple, practical framework for philanthropists who want to support the mental health cause, with an eye to decisions that need to be taken to achieve high impact with finite resources. There is no "one size fits all" strategy for philanthropic engagement in the field of mental health, but for those who seek evidence-based improvements, we suggest proceeding in three steps.

Step 1: Define your field of work

As we have seen, mental health is a multi-faceted and complex field, with different specialists holding a wide range of views.

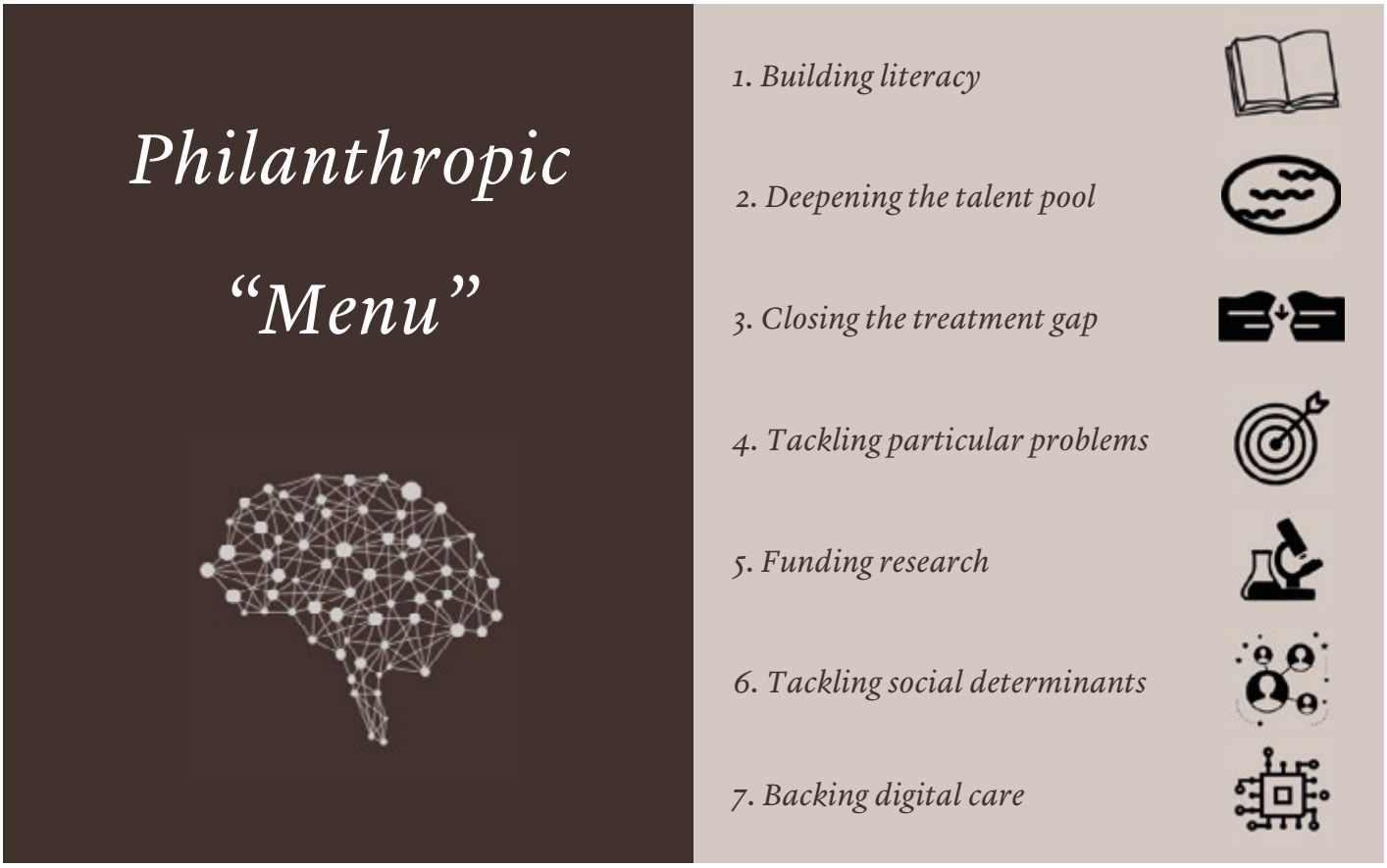
It is therefore worthwhile spending some time reflecting and gathering information on where exactly to focus one's philanthropic engagement. For illustration, here are seven promising areas where philanthropic support can help people experiencing mental health problems. Though not all-encompassing, they could serve as a point of departure for the design of your philanthropic strategy. For a "menu" of options, see **Figure 8**.

- **Building the public's mental health literacy:** Mental health is a field that is still in need of demystification and awareness building. Funding mental health literacy initiatives and campaigns can help build the public's knowledge and reduce stigma. For example, the "Time to Change" anti-stigma campaign, formed by the UK mental health charities Mind and Time to Rethink Mental Illness, has revealed a dramatic improvement of mental health-related knowledge and attitudes among the general public. This is powerful, because evidence suggests that maintaining a normal life in the community can help a person with mental illness get better and return to a productive life, and building mental health literacy in the community will increase its acceptance of people suffering from mental illness.[131]
- **Building out the research talent pool focusing on youth mental health:** From a social impact perspective, given that many mental health disorders emerge in late childhood and early adolescence, supporting researchers working on these critical periods of neurodevelopment offers a window of opportunity for positive change in mental health and prevention intervention.[132] Against this background, Fundación Alicia Koplowitz in Spain offers advanced research grants in the area of child and adolescent psychiatry. The foundation also provides the opportunity for talented clinical psychologists and psychiatrists to pursue training and research fellowships focusing on child and adolescence psychiatry, clinical psychology, neuroscience and neuropediatry at leading research universities.
- **Closing the treatment gap through novel forms of implementation:** Where treatments exist, access to them remains a challenge in many places. Supporting implementation science initiatives is a way to respond to the current treatment gap for mental illness in resource-limited settings. For example, task shifting is a means of sharing clinical care responsibilities between psychiatrists and community mental health workers in a novel way. An example of a successful task-shifting intervention for common mental disorders (including anxiety and depression) is the Friendship Bench.[133] Developed in Zimbabwe by Dr Dixon Chibanda, this brief psychological intervention is delivered through lay health workers. These are community members who have received some training to carry out health-care services. The Friendship Bench approach has been rolled out in Kenya, Tanzania and Malawi, in addition to western nations including Canada and the USA. In resource-constrained settings, task shifting represents a proven, cost-effective implementation strategy for expanding health care in settings with shortages of qualified health personnel.
- **Funding work to tackle particular problems with large knock-on effects for the affected communities such as gambling addiction among ethnic minorities:** Gambling

addiction represents a public mental health concern, but when linked to criminal behaviour, physical illness and suicide in minority ethnic groups, such as Aboriginal people, its impacts can become dramatic.[134] The Victoria Responsible Gambling Foundation is a non-profit organisation in Australia focused on addressing the challenge of gambling harm in the Victorian community. It has launched a number of pioneering community-led projects focused on preventing and reducing gambling harm among young Aboriginal and Torres Strait Islanders people. One such project was launched in 2018, and is directed towards supporting pre-adolescents who are regularly exposed to online gambling games with betting advertisements, as a means to better understand the addictive nature of gaming and its links to gambling.

- **Funding research on the neurobiological foundations of mental illness:** Research is capital-intensive and philanthropists are rarely in a position to replace public research funding. But philanthropic funding can play a valuable catalytic role to help pioneer and establish new, ground-breaking scientific research and innovation. For example, the Alamaya Foundation in Switzerland provides financial support for neurobiological research targeting schizophrenia, with the overarching goal of early diagnosis to help lead to earlier treatment, as well as enabling preventative measures in the developmental trajectory of the illness.
- **Funding work to tackle the social determinants of mental health:** Adequate prevention and early response measures regarding adverse experiences during childhood hold the potential to modify the trajectory of low-income families, particularly those from minority ethnic backgrounds, who often do not have access to such services. While outside the domain of mental health in a narrow sense, backing projects targeting the social determinants of mental health can be powerful.

Figure 8: *A mental health engagement menu*



Philanthropy has a long record in funding civil society efforts to address social inequalities, and can also help improve mental healthcare access. For example, the Lankelly Foundation aims to create an environment in the UK that "effectively responds to the interlocking nature of severe disadvantages, such as homelessness, drug misuse, violence and abuse, extreme poverty and mental ill health."[135]

- **Backing digital mental health care:** One way to boost access and reduce the cost of diagnosis and treatment is leveraging the power of information and communication technologies and tools. Digital mental health has been associated with a number of benefits, including overcoming access barriers such as stigma (given that support services can be accessed anonymously) and improving online self-help. For example, Inuka, a start-up organisation with operations in Kenya and the Netherlands, has launched two mental health apps that provide remote support via chat-based coaching. The Inuka Wellbeing app is geared towards employee mental health, while Inuka Hero aims to connect people living with common mental disorders in low-resource settings to trained coaches (Heroes). The support provided by the coaches is based on the Friendship Bench intervention, mentioned above. Depending on organisational structures, the entities behind digital mental health propositions may qualify as recipients of impact investments.

Step 2: Design your philanthropic intervention programme

An effective philanthropist needs to form a view on where to offer support in the vast field of mental health. There is often an instinctual or emotional attraction to one or more specific aspects of the problem. But an evidence-based analysis, looking at what one can achieve, with how much money and over what time horizon, remains a critical step in developing one's philanthropic plans.

To get this right, there are some important questions to ask, possibly with the help of professionals. For some guidance on how to structure the philanthropist's "homework" to enable the creation of an impactful programme, see **Figure 9**. The questions include:

- What do we want to achieve? Whom do we want to help? What does philanthropic success look like?
- What resources will we bring to the table, in terms of capital, time, and personal involvement?
- How do we want to give? With a donation, setting up an independent foundation, or a donor-advised fund?
- When do we want to give? Now? Later in our lives? Posthumously?
- How do we want to get started? How many engagements? How visible do we want to be?

***Figure 9**: Foundational questions for programme design*

KEY QUESTIONS

What do we want to **achieve**?
Who are we helping?
How would we define **success**?
What **resources** are we bringing?
How do we want to give?
When do we want to give?
How do we get **started**?
How many **engagements**?
How **visible**?

Step 3: Pilot and keep improving

Sound analysis and structuring helps make sure that the gifts made are effective and aligned with the philanthropist's goals.

There has perhaps never been a more exciting time to start supporting mental health. Recent years have seen major strides in the mental health field, often as direct results of interdisciplinary research efforts focused on improving and preserving mental health. Despite these advances, there is much to do. In addition to advances in research that are still waiting to see the light, access to mental healthcare services and treatment remains a pertinent issue in many parts of the world, and needs fresh support from committed backers of the public good.

In practice, this means that, after appropriate planning, it is important to simply get started, and join the community that supports mental health. But it is equally important to leave enough room for learning and self-discovery, because in philanthropy, just like in any other field, not everything turns out exactly as planned. The willingness to learn, adapt and improve is essential to keep making the greatest difference possible. We hope that this white paper can serve as a resource to enable the prospective philanthropist ask the right questions, take sound decisions, and be catalytic in her desire to improve the state of the world by better serving those who suffer from mental ill health.

15 – Appendix 1: Ten suggestions for further reading

Mental health is a multi-dimensional topic, with a large body of evolving research. For donors who want to back upstream research or downstream care provision in mental health, here are some interesting seminal texts that help to better understand the field.

MQ Transforming Mental health (2019). *UK Mental Health Research Funding 2014-2017*. Accessed on 17 September 2020 at https://s3.eu-central-1.amazonaws.com/www.joinmq.org/UK+Mental+Health+Research+Funding+2014-2017+digital.pdf.

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16 – Appendix 2: Research methodology, Scientific Advisory Board and experts interviewed

This white paper is based on desk review of more than 100 publications, as well as interviews with a number of identified specialists within the domain of mental health. The literature review process covered peer-reviewed publications, reports, white papers, book chapters, and government reports.

In the interviews, each interviewee responded to questions pertaining to their definition of mental health, mental health research priorities, opportunities and challenges within the domain, potential actions for preventing the emergence of mental illness, and engaging more effectively with philanthropists in relation to mental health. All interviews were transcribed and analysed for thematic content using NVivo v12.

Principal consultant	**Dr Byron Bitanihirwe PhD** Centre for Global Health, Department of Psychology and School of Medicine, Trinity College Dublin, served as the principal consultant to the white paper.
The Scientific Advisory Board for this White Paper consists of	**Dr Aline Cossy-Gantner PhD** Fondation Botnar, Switzerland **Professor Martin Knapp PhD** London School of Economics and Political Science, UK **Dr Maximilian Martin PhD** Lombard Odier and University of St. Gallen (Chair) **Professor Tsung-Ung Wilson Woo M.D, PhD** Harvard University
The following experts were interviewed	**Dr Florence Baingana MB ChB, MMed (Psychiatry), MSc (HPPF)** Investigator for Grand Challenges Canada Mental Health Beyond Facilities Project and Research Fellow at Makerere University School of Public Health, Uganda **Dr Nicole Bardikoff PhD** Grand Challenges Canada, Canada **Dr Aline Cossy-Gantner PhD** Fondation Botnar, Switzerland **Robin van Dalen MSc** CEO of Inuka, The Netherlands **Professor Clemente Garcia-Rizo MD PhD** University of Barcelona, Spain **Aiden Goth MMathPhil** Founders Pledge, UK **Dr Shane Green PhD** AIM Youth Mental Health, Canada/USA

The following experts were interviewed

Cynthia Joyce MA
Executive Director of MQ Foundation, USA

Dr Danielle Kemmer PhD
Vice President for Strategies and Initiatives, Graham Boeck Foundation, Canada

Professor Martin Knapp PhD
London School of Economics and Political Science, UK

Sean Mayberry MBA
CEO of StrongMinds, USA

Milena Osorio
MHPSS Program Coordinator, International Committee of Red Cross, Switzerland

James Sale
Policy Manager at United for Global Mental Health, UK

Professor Shekhar Saxena MD
T. H. Chan Harvard School of Public Health, USA

Dr Mark Van Ommeren PhD
Head of Mental Health Unit, World Health Organization, Switzerland

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Contacts

Adress

Philanthropy Services
Rue de la Corraterie 11
1204 Geneva – Switzerland
+41 22 709 99 40
philanthropy@lombardodier.com

Our websites

www.lombardodier.com/philanthropy
www.fondationphilanthropia.org
www.fondationlombardodier.org

SWITZERLAND

GENEVA
Bank Lombard Odier & Co Ltd[1]
Rue de la Corraterie 11 · 1204 Genève · Suisse
geneva@lombardodier.com
Lombard Odier Asset Management (Switzerland) SA
Avenue des Morgines 6 · 1213 Petit-Lancy · Suisse
Support-Client-LOIM@lombardodier.com
Management Company regulated by the FINMA.

FRIBOURG
Banque Lombard Odier & Cie SA · Bureau de Fribourg[1]
Rue de la Banque 3 · 1700 Fribourg · Suisse
fribourg@lombardodier.com

LAUSANNE
Bank Lombard Odier & Co Ltd[1]
Place St-François 11 · 1003 Lausanne · Suisse
lausanne@lombardodier.com

VEVEY
Banque Lombard Odier & Cie SA · Agence de Vevey[1]
Rue Jean-Jacques Rousseau 5 · 1800 Vevey · Suisse
vevey@lombardodier.com

ZURICH
Bank Lombard Odier & Co Ltd[1]
Utoschloss · Utoquai 29-31 · 8008 Zürich · Schweiz
zurich@lombardodier.com

EUROPE

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Lombard Odier (Europe) S.A. Luxembourg · Belgium branch[2]
Avenue Louise 81 · Box 12 · 1050 Brussels · Belgium
brussels@lombardodier.com
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Lombard Odier (Europe) S.A.
291, route d'Arlon · 1150 · Luxembourg · Luxembourg
luxembourg@lombardodier.com
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291, route d'Arlon · 1150 · Luxembourg · Luxembourg
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Lombard Odier (Europe) S.A. · Sucursal en España[2]
Paseo de la Castellana 66 · 4ª Pl. · 28046 Madrid · España · madrid@lombardodier.com
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MILAN
Lombard Odier (Europe) S.A. · Succursale in Italia[2]
Via Santa Margherita 6 · 20121 Milano · Italia
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Bank Lombard Odier & Co Ltd · Representative Office Moscow
2 Letnikovskaya st.2, bld.1 · 115114 Moscow · Russian Federation · moscow@lombardodier.com
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South Africa Representative Office · Bank Lombard Odier & Co Ltd
4 Sandown Valley Crescent · Sandton · Johannesburg 2196 · South Africa · johannesburg@lombardodier.com
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MONTEVIDEO
Lombard Odier (Uruguay) SA
Luis Alberto de Herrera · Torre 2 · Oficina 2305 11300 Montevideo · Uruguay
montevideo@lombardodier.com
Supervised by Banco Central del Uruguay.

NASSAU
Lombard Odier & Cie (Bahamas) Limited
Lyford Cay House · Western Road · P.O. Box N-4938 · Nassau · Bahamas · nassau@lombardodier.com
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Oceania Business Plaza Torre 2000 · Oficina 38-D · Blvd. Pacifica · Urb. Punta Pacifica · Corregimiento de San Francisco · Panamá · panama@lombardodier.com
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