



# IFMSA

International Federation of  
Medical Students' Associations

## IFMSA Policy Document Mental Health

**Proposed by Team of Officials**

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### Policy Statement

#### Introduction:

Mental health is a key element of WHO's definition of health, and yet there's a significant lack of funding and accessibility of mental health services. Mental health conditions are the leading cause of disability worldwide. Around 1 in 5 of the world's youth and adolescents suffer from a mental illness. In spite of how mental health is fundamental to achieve health for all, access to treatment is still limited by under-diagnosis, lack of awareness and inadequate prioritization in policy frameworks.

#### IFMSA position:

The IFMSA, as future healthcare professionals, calls for the provision of comprehensive mental health care and its integration across health and social services. We recognize the global burden of mental health conditions and call for the implementation of effective strategies to promote mental health and well-being. We demand meaningful participation of youth and people with lived experience in policy-making for mental health. IFMSA firmly believes that there can be no health without mental health, and immediate global action is needed.

#### Call to Action:

IFMSA calls on:

#### Governments to:

1. Develop national response actions that adhere to Sustainable Development Goals target 3.4 by 2030
2. Reduce premature mortality from non-communicable diseases by one third through prevention and treatment of mental health problems while promoting mental well-being;
3. Provide inclusive and integrated mental health services and treatment facilities in community-based settings with the integration of mental health strategies at all stages of the life course, including infancy, childhood, adolescence, adulthood and old age;
4. Strengthen national and multinational capacities to provide information systems and research for mental health;
5. Adopt a multidisciplinary approach for mental health with public sectors such as health, education, employment, social and other relevant sectors as well as the private sector;
6. Provide and sustain the provision of funds in mental health services and psychiatric research, in particular to the most vulnerable including youth and adolescents;
7. Integrate mental health into general and primary health care settings as well as in maternal, sexual, reproductive and child health programs.

Hospitals and Healthcare providers to:



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1. Ensure equitable accessibility to mental health services to reach the highest standard of mental health and well-being for all;
2. Integrate core packages of mental health care into primary healthcare with efficient continuity of care between different providers;
3. Strengthen the mental health component in the training of all healthcare professionals to ensure a fair distribution of mental health providers;
4. Train healthcare providers with the knowledge and skills to provide human rights-oriented and evidence-based mental health services; institute a trauma informed care
5. Remain mindful of the rights-infringement imposed on individuals who are subjected to institutionalization as a result of mental illness and ensure humane treatment of these patients;
6. Establish healthy work environments that promote the mental health of medical staff with respect to the provision of safe rosters and fair work contracts;
7. Establish feedback loops and low-threshold support systems in which healthcare professionals can share their own mental health status without fear of conviction, stereotyping, consequences or the like;
8. Promote mental health and wellbeing; and advocate for improved mental health services and funding;
9. Eliminate stigmatization and human rights violations against persons who suffer from mental health conditions.

#### Universities, including medical schools to:

1. Strengthen mental health education to promote mental health literacy, address stigma, develop coping skills and improve help-seeking;
2. Establish capacities for evidence and research programs to identify and treat mental health and substance use disorders;
3. Provide accessible, confidential and effective mental health support services for all students, including low-threshold counseling that aims to eliminate the barriers to seek help when struggling with mental health conditions;
4. Drawing the students attention to the alarming signs of compassion fatigue and vicarious trauma they may suffer from.
5. Incorporate a baseline level of cultural competency in healthcare workers towards all marginalised populations

#### IFMSA National Member Organizations (NMOs) and medical students to:

1. Advocate for the promotion of mental health and well-being and prevention of stigma within their universities and communities;
2. Collaborate with universities and other providers of education to improve the education on mental health in curriculum;
3. Advocate to faculty members regarding the establishment and/or improvement of mental health services for students;
4. Prioritize the mental health and well-being of members by having specific safeguarding mechanisms in place, both for prevention and intervention.



## Position Paper

### Background information:

Mental health affects many crucial areas of the IFMSA's mandate – including the health of children and youth, public health, and human rights. The burden of mental health issues among medical students and doctors is also a significant problem, which clearly must be addressed if we are to guarantee the future of our healthcare workforce. Finally, we support the role medical students can play as international advocates for mental health.

### Discussion:

#### Global burden of mental health

Mental health is included in the World Health Organisation (WHO) definition of health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. (1) However, mental health remains a neglected area of health worldwide. The WHO reports that mental, neurological and substance use disorders constitute 13% of the global burden of disease, however treatment of these conditions is severely under-resourced. (2) Prevention of psychiatric illnesses is also essential. The social determinants of health and inequality play a key role in mental health and well-being. Advances in the field of mental health need to target these social determinants of mental health, as well as further accessibility and affordability of psychiatric treatment. (5)

#### Access to treatment

The Sustainable Development Goals seek to address this, with target 3.4 for Goal 3 (Health) stating that by 2030, we will “reduce by one third premature mortality from non-communicable diseases (NCDs) through prevention and treatment and promote mental health and well-being”. (4) There is much to be done before this is achieved.

##### 1. Financial and physical resources

450 million worldwide suffer from a mental health condition, yet resources for treatment remain insufficient and inequitably distributed. Most of the global burden of mental health conditions lies in low & middle income countries (LMIC), but these countries have the least financial and human resources with an average of US \$1.53 spent on mental health per year. (5) High-income countries have more available facilities, higher allocation of resources (almost US \$60 per capita) and higher demand for and use of services. (5) The median number of mental health beds is less than 5 per 100,000 population in LMIC in contrast to over 50 in high income countries. (5) Access to treatment is limited by the availability of services, affordability of services and treatment, and the stigma attached to mental health conditions.

##### 2. Legislation and policy

Legislation and policy regarding mental health conditions is also inequitably distributed. In general, 68% of WHO Member States have a stand-alone policy or plan for mental health. 92% of citizens in high-income countries are covered by mental health legislation, yet this percentage in low-income countries is only 36%. (5) In addition, many policies and laws are



not in congruence with human rights, implementation can be weak and the involvement of persons with mental illness is generally variable and incomplete. (5)

### 3. Stigma and its effect on accessing treatment

Stigma against mental illness can be defined on three conceptual levels: cognitive, emotional and behavioural, which allows us to isolate common stereotypes from discrimination. Stereotypes refer to prefabricated opinions and attitudes towards members of certain groups. Stereotypes are not necessarily wrong or negative, as they can help us make quick judgements about persons who share specific characteristics. Mental health is stigmatized for many reasons, including its 'intangibility'. Stigma is a common and significant inhibitor in progressing the rights of those with mental illness. Additionally, stigma attached to mental illness impedes initiation, continuation and outcomes of mental health treatment and programs. (6) Many individuals and groups contribute to the development and reinforcement of stigma, including but not limited to governments, healthcare workers, media,..etc. (6) Psychiatrists and mental health healthcare workers are no exception. (7) Stigma can lead to the denial of opportunities and social and cultural rights as well as restrictions on civil, political and reproductive rights as well as education and employment. (2) Removal of these rights may restrict access to healthcare and conversely the right to make their own healthcare decisions. Stigma can lead to societal acceptance of maltreatment, abuse and other unacceptable practices within health services. In many countries, with particular prominence in LMIC, institutionalization because of a mental illness is often used in ways that gravely violate and degrade human rights including, but not limited to forced treatment. (5) Living in vulnerable situations such as homelessness and inappropriate incarceration is more common in individuals with mental illness, thereby perpetuating stigma.

The Convention on the Rights of Persons with Disabilities, which has been signed by 114 countries, protects and promotes the rights of individuals with disabilities including mental illness. (8) Countries should ratify and adhere to this agreement. (2) Additionally, fighting against stigma should be considered a long-term endeavor, incorporated into health and other social programs, by getting all stakeholders on board.

### 4. Health workforce

Well-trained and supervised lay health workers have a critical part to play in the scaling-up of a mental health workforce (9). There is a global shortage of psychiatrists and other non-medical mental health clinicians such as: community psychiatric nurses. These human resources are inequitably distributed, with less than 1 mental health worker in low middle income countries (LMIC) per 100,000 inhabitants as compared to over 50 in high income countries. The global median is less than 1 practitioner per 10,000 people. (4) From a governmental perspective, barriers to training as a mental health worker include lack of resources, particularly in low income countries, and insufficient evidence on workforce planning for effective scaling up of mental health services. (9)

From the perspective of practitioners, factors that include misconceptions regarding mental illness, fear, perceived low status regarding mental health professionals and inadequate training, contribute to the reluctance of some health workers to provide mental healthcare. Emigration from LMIC, largely due to better training and career opportunities, is another barrier to a sufficient health workforce. Educational interventions to improve attitudes towards mental illness and recruitment and retention strategies are key factors in maintaining an effective and healthy workforce and promoting a physical, mental and social well-being (9).



Only 55% of low income countries provide training in psychiatry, 69% of lower middle income and 60% in upper middle income. (9) Just over 2% of physicians and 1.8% of nurses and midwives in primary care globally received at least 2 days of mental health training in the last two years. (4) More training of primary care staff in mental health is critical in both treatment and prevention.

## **Vulnerable Groups**

Vulnerable groups with mental illness are particularly susceptible to stigma and discrimination, violence and abuse, civil, political, educational, employment and societal restrictions, reduced access to emergency relief services as well as increased disability and premature death. (10) There are societal factors and environments that predispose particular groups to develop a mental health condition.

These include:

- People living in poverty
- People with chronic health conditions
- Infants and children exposed to maltreatment and neglect
- Youth and Adolescents
- Minority groups
- Indigenous populations
- Elderly people
- People experiencing discrimination and human rights issues, including lesbian, gay, bisexual and transgender (LGBTQIA+) individuals
- Prisoners
- People exposed to conflict, natural disaster and humanitarian emergencies
- People exposed to domestic violence and abuse, and
- People being overworked and stressed. (2)
- Displaced populations and migrants

Many of these groups are particularly relevant to the work of the IFMSA, including but not limited to the below.

### 4.1 Youth and adolescents

Depression carries the largest burden of disease among youth and adolescents globally; and

suicide is the third leading cause of death among this age group. (11) Among other factors, family violence, lack of education, unemployment, poverty and urban upbringing can exacerbate the risk of mental illness in youth and adolescents. (11, 12) Most adolescents and young adults with mental illness do not receive treatment from health professionals. A European study shows that 6% of the population require treatment but 48% lack access to treatment. (12) Scaling up of service provision, particularly in LMIC and reduction of stigma are sorely required. Given the mixed results of current intervention programs, investments by governments into mental health innovations for youth and adolescents are required. (12)

### 4.2 Refugees

Refugee mental health is a major human rights issue and an important area of policy and action. Rates of mental illness in refugee populations can be double that of the general population, with WHO reporting rates of mild to moderate mental illness at 15-20% amongst refugees compared with 10% in the general population. (13)

### 4.3 Maternal mental health



Mental health is extremely important in the perinatal period. Research and policy has mainly centered on postnatal depression so far, however there is a lack of evidence regarding the epidemiology or effectiveness of interventions for a wide spectrum of more severe perinatal mental illnesses. (14, 15) More research is required to effectively address this key issue.

#### 4.4 People living in poverty

Substantial evidence demonstrates the relationship between low socioeconomic status and elevated incidence and prevalence of mental illness. (16) Poverty can hinder access to basic healthcare and expose individuals to stressful environments, factors predisposing to mental illness. It is the responsibility of national governments to set targets for reducing health inequalities and poverty to eventually eliminate poverty and its negative externalities such as mental illness. (17)

#### 4.5 People living with chronic conditions

Chronic illness is a risk factor for mental illness. The causative link is strongest for depression and anxiety, the two most common and important mental illnesses, for which chronic physical illness is a major risk factor to both. (18) Additionally, 79% of all deaths due to chronic disease occur in LMIC (19). As outlined, in the same regions people are less likely to have access to adequate treatment for mental illness, which stresses on the urgency of chronic disease prevention for mental health.

#### 4.6 LGBTIQ+ individuals

Globally, 5-10% of people are estimated to identify as LGBTIQ+ individuals (20). The evidence is overwhelming that LGBTIQ+ individuals are disproportionately affected by mental health issues.

Same-sex attracted people have up to 14x higher rates of suicide attempts than their heterosexual peers. (21) Rates are 6x higher again for young people within this group. (21).

#### 4.7 Medical students

The IFMSA as a body of medical students has a paramount interest in the health and well-being of medical students worldwide. Medical students have been identified as a population particularly susceptible to mental illness. (22, 23) Students are vulnerable to being bullied in clinical scenarios with some studies showing almost three quarters have experienced teaching by humiliation. (24) Factors related to the medical education process have been shown to be contributory to burnout. Poor mental health in medical students has been shown to affect professionalism, altruism and specialty choices. (25, 26)

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