UNIVERSAL HEALTH COVERAGE: *holding countries to account*

CASE STUDY: the mental health workforce

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Mental ill health is the third leading cause of disease burden in the world, predicted to be the leading disease burden by 2030.

In 2010, the global economic impact of mental ill health was approximately US$ 2.5 trillion and this cost is estimated to increase to US$ 6 trillion by 2030.

Mental ill health is typically left off the list of non-communicable diseases (NCDs), however it alone is estimated to account for over US$ 16 trillion or one third of the overall US$ 47 trillion anticipated spend on NCDs over the next 20 years.

Additionally, mental disorders are common co-morbidities of NCDs, infectious diseases, and poverty.

Mental health spending as a proportion of total health spending

Distribution of mental health expenditure per capita by care setting

Number of Commonwealth countries participating in data collection: 46

Countries not participating in data collection: 7
(Antigua and Barbuda; Bahamas; Cameroon; Canada; Saint Kitts and Nevis; Singapore; Sri Lanka)

Countries which provided financial data on health spending: 46
(Median mental health expenditure per capita)

Countries which provided mental health specific financial data: 6
(Australia, Ghana, Jamaica, New Zealand, Pakistan, United Kingdom)

Countries which provided total mental health workforce data: 39

Countries providing mental health workforce data by category: 30

Mental health workforce per 100,000 population by Global and Commonwealth by World Bank income group
Psychiatrists per 100,000 population Global and Commonwealth by World Bank income group

<table>
<thead>
<tr>
<th>Income Group</th>
<th>Global (Gl)</th>
<th>Commonwealth (Cw)</th>
</tr>
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<tbody>
<tr>
<td>Low</td>
<td>0.1</td>
<td>0.05</td>
</tr>
<tr>
<td>Low-Middle</td>
<td>0.4</td>
<td>0.26</td>
</tr>
<tr>
<td>Upper-Middle</td>
<td>1.2</td>
<td>1.21</td>
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<tr>
<td>High</td>
<td>6.6</td>
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Nurses per 100,000 population Global and Commonwealth by World Bank income group
Psychologists per 100,000 population Global and Commonwealth by World Bank income group

<table>
<thead>
<tr>
<th>Income Group</th>
<th>Gl/Low</th>
<th>Cw/Low</th>
<th>Gl/LM</th>
<th>Cw/LM</th>
<th>Gl/UM</th>
<th>Cw/UM</th>
<th>Gl/H</th>
<th>Cw/H</th>
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<tbody>
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<td>Gl/Low</td>
<td>0.0</td>
<td>0.06</td>
<td>0.2</td>
<td>0.15</td>
<td>1.4</td>
<td>1.32</td>
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<tr>
<td>Cw/Low</td>
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<td>1.32</td>
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<tr>
<td>Cw/H</td>
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</table>
Social Workers per 100,000 population Global and Commonwealth by World Bank income group
Occupational Therapists per 100,000 population Global and Commonwealth by World Bank income group
Other health workers per 100,000 population Global and Commonwealth by World Bank income group
ISSUE FOR THE COMMONWEALTH

- Inadequate financial data on which to base projections, planning, and decisions.
- Inadequate workforce data on which to base projections, planning, and decisions.

KEY RECOMMENDATIONS – not just for mental health

1. By 2020, all Commonwealth countries have an electronic data base of their total health workforce (licensed and not currently licensed) which includes, but is not limited to, information about classification, highest qualification, age, total length of service, and deployment history.

1. By 2022, all Commonwealth countries have developed forward five year projections, including funding requirements, for their total health workforce and an implementation plan to meet those projections for recruitment to education, recruitment to the workforce, and retention in the workforce.