Countdown Global Mental Health 2030:
Using Data to Inform Action

CONTENTS

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COUNTDOWN GLOBAL MENTAL HEALTH 2030

Foreword

The inclusion of mental health in the United Nations' Sustainable Development Goals (SDGs) in 2015[1] was a landmark decision that broadened the scope of mental health from a narrow and neglected health specialty to being recognised as a critical and inalienable element of human and social development. The *Lancet* Commission on global mental health and sustainable development[2] – that we wrote, along with 26 colleagues – attempted to synthesise the evidence to convert that vision into policy recommendations. One of the limitations that we encountered was the lack of a monitoring and accountability mechanism to track progress, and we suggested Countdown Global Mental Health 2030[3] to fulfill this need. As the adage goes – if you can't measure something, you can't improve it!

We are very pleased indeed to see substantial progress being made in this direction by the development of the dashboard and the publication of this report, the first in a series of periodic reports and briefings. This year in our report we have focused on the overall need for better data, and we explain the specific work we have done to address the need for better data in relation to the mental health of children and their caregivers. There could not be a better population to focus on, since mental health problems typically have their origins in the early years of life, when socio-economic factors play a critically important role in influencing mental health across the life course. The report, and the accompanying dashboard of global, regional and country-level data, very clearly illustrate the power of accurate, timely and accessible information to assist decision-making. In these times, when the mental health of children and their caregivers has been gravely affected by the ongoing COVID-19 pandemic, monitoring the determinants of children's mental health has become extremely relevant and urgent.

We hope that the Countdown Global Mental Health 2030 dashboard and report, together with policy briefings and other materials that will be produced, will herald a new beginning in information-based action and accountability in global mental health, helping to fulfill the vision of the SDGs. We hope that these metrics will fuel and demonstrate the impact of investments in mental health at global, national and community levels. In 2021, there is no more important group to invest in than children and their caregivers.

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1 United Nations, Sustainable Development Goals [Accessed 17 August 2021]. https://sdgs.un.org/goals
2 The Lancet, Patel et al. (2018) The Lancet Commission on global mental health and sustainable development https://www.thelancet.com/commissions/global-mental-health
3 The Lancet, Saxena et al. (2019) Countdown Global Mental Health 2030 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30424-6/fulltext

Addressing the data gap in mental health

The vision for Countdown Global Mental Health 2030 is to provide the first independent, multi-stakeholder monitoring and accountability collaboration for mental health. A publicly accessible dashboard, combined with an annual monitoring report (and other materials throughout the year), that summarises what the latest data shows, Countdown 2030 is intended for use by a wide range of stakeholders to inform action: action to campaign, to advocate, to communicate and to change policy and practice so that everyone, everywhere is able to exercise their right to the highest attainable level of mental health.

Over the past two decades, mental health has garnered increased attention nationally and globally. Global organisations such as the WHO (World Health Organization) and UNICEF, along with academic and research organisations, NGOs and the private sector, have all employed different means to gather data and track progress for better understanding of the factors impacting mental health, and what progress is being made to improve mental health nationally and globally. Countdown 2030 is designed to help bring these efforts together, by using a variety of sources, while including multi-level data such as population- and government-level data to inform policy and practice. Countdown 2030 does not seek to address the gathering of data to inform individual-level mental health and well-being support or, where needed, treatment (that work is carried out by a myriad of partners and necessitates detailed analysis at individual level).[4]

4 For this information the authors recommend readers look to the insights of persons with lived experience, organisations such as the WHO, which set norms and standards based on substantial evidence and research, and the movement to innovate mental health research led by key mental health actors such as Wellcome and its work on active ingredients

BOX 1: WHO Mental Health Atlas Collects Government-Reported Data

Since 2001, the WHO has collected data on mental health resources within countries using government-reported data. This is published in the Mental Health Atlas every few years, most recently in 2021; it covers mental health policy, planning and legislation; human and financial resources for mental health; service availability, provision and uptake; mental health promotion and suicide prevention programming; and mental health information systems. Atlas is designed to be and is used as a snapshot of the global and regional mental health situation and as a comparable source of information to drive national mental health service and system development to advise member states on how best to strengthen their policies. Since 2014 it has been the primary monitoring mechanism for tracking progress towards implementation of the agreed objectives and targets of WHO's Comprehensive Mental Health Action Plan 2013-2020 (which was recently updated for the period 2021-2030). For example, the 2017 Mental Health Atlas covered 2016 data while the 2020 Mental Health Atlas covers 2019 data, enabling monitoring of progress towards meeting Action Plan targets by the year 2020. When the Mental Health Atlas is published, the WHO highlights key issues that it considers need to be addressed. For example, in 2017 the WHO noted the progress being made, but highlighted the lack of sufficient financial and human resources. Other examples of data collection by the WHO include the Global Dementia Observatory and the Global Information System on Alcohol and Health (GISAH). Each is used to collate information and inform policy-making.

Data matters. Galvanising action and changing policy and practice on mental health is challenging – achieving better mental health for all has been made more difficult by stigma and discrimination, and by an unwillingness for society to acknowledge the scale and impact of mental health. Yet some of the ways in which the mental health community has been able to make the most progress to persuade others to prioritise mental health have been thanks to data:

- **The high prevalence and public health burden of mental health disorders**
- **Mental health impacts – on the individual, their families, society**
- **Mental health costs – on the individual, their families, society and the economy**
- **Mental health opportunities and gaps – by integrating mental health with physical health programmes a more effective response is possible for disease prevention, diagnosis and treatment**

This has helped spur efforts to collect and report more data – something which has proliferated with the impact of COVID-19, as the stresses of the pandemic have led to increased public attention to, and conversation about, the mental health and wellbeing of populations.

BOX 2: Mental Health Data Drives Unprecedented Focus at World Health Assembly

Since the start of the pandemic, the WHO has been regularly assessing the impact of COVID-19 on health services including mental, neurological and substance use services. The WHO undertook a rapid assessment of mental, neurological and substance use services (published October 2020).[5] Among the 87 (67%) of WHO Member States which responded, a high level of disruption to mental health services – particularly at community level and those covering substance use – was reported. This was a disheartening but helpful statistic to help increase political attention: the impact of COVID-19 on mental health was put on the agenda of the WHO's Executive Board in January 2021 for the first time.

Dr Zsuzsanna Jakab, Deputy Director-General, stated: "This is the first time, ladies and gentlemen, that mental health is being discussed in the Executive Board within the emergency agenda … therefore this is a historic moment."

In April 2021, a follow up WHO survey of Member States[6] revealed the most frequently disrupted health services were those for mental, neurological, and substance use disorders and neglected tropical diseases (reported in more than 40% of countries). Again, this helped galvanise political attention. Member States developed and proposed a resolution on the topic, and a dedicated discussion on COVID-19 and its impact on mental health was held for the first time at the World Health Assembly (WHA). During discussions at the WHA, more than 50 Member States spoke –the highest ever number on mental health at a WHA – and they called on the WHO to provide more support and guidance to help them address mental health needs in the context of COVID-19 response and recovery. Work has continued in this area at global and regional level. For example, a series of recommendations were made by the WHO Technical Advisory Group on the mental health impacts of COVID-19 in the WHO European Region[7]. These included, "monitor changes in mental health at population level through valid, standardized and comparable measures and instruments."

5 WHO (2020), The impact of COVID-19 on mental, neurological and substance use services https://www.who.int/publications/i/item/97892401245
6 WHO (2021), Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1
7 WHO (2021) Recommendations from the WHO Technical Advisory Group on the mental health impacts of COVID-19 in the WHO European Region https://www.euro.who.int/__data/assets/pdf_file/0009/507753/TAG-mental-health-COVID-19-recommendations-eng.pdf

Despite multiple different data gathering efforts, there are a host of data gaps at population level, and a lack of systematic data that can inform action – whether that is action in terms of advocacy and campaigning, or changes to policy and practice. Moreover, the data that exists is not necessarily complete nor independent: for example, the WHO Mental Health Atlas is a crucially important monitoring tool, but it relies on self-reporting by Member States. Without comprehensive, independent data which can capture the full range of issues that impact and are impacted by mental health, it is not possible to drive better monitoring and accountability to ensure that the right to good mental health for all is upheld.

In 2018, the *Lancet* Commission on global mental health and sustainable development reviewed the implications of the inclusion of mental health and well-being within the United Nations' SDGs.[8] The Commission highlighted the need for robust and systematic mechanisms for monitoring and accountability, to ensure that necessary investments in services and research are made, such investments are utilised efficiently and effectively, and that mid-course corrections are implemented as required. Additionally, the Commission outlined a set of SDG-relevant indicators to monitor progress on mental health, and recommended the use of these indicators to establish a comprehensive, longitudinal monitoring and accountability mechanism for mental health that would address the needs at all stages of life.

In 2019, Countdown Global Mental Health 2030 was announced in the *Lancet* in February,[9] and then launched in September at the Goalkeepers conference in New York, which was organised by the Bill & Melinda Gates Foundation.[10] Over the past two years, Dr Shekhar Saxena, the co-editor of the *Lancet* Commission report, has worked with United for Global Mental Health and a range of other partners to make Countdown 2030 a reality. This project has been made possible through the generous support of the Bernard van Leer Foundation[11] and the Vitol Foundation.[12]

8 The Lancet, Patel et al. (2018) The Lancet Commission on global mental health and sustainable development https://www.thelancet.com/commissions/global-mental-health
9 The Lancet, Saxena et al. (2019) Countdown Global Mental Health 2030 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30424-6/fulltext
10 The Bill & Melinda Gates Foundation, Gates Foundation, [accessed 24 August 2021] https://www.gatesfoundation.org/
11 The Bernard van Leer Foundation, Bernard van Leer Foundation, [accessed 24 August 2021] https://bernardvanleer.org/
12 Vitol Foundation, Vitol Foundation, [accessed 26 August 2021] https://www.vitol.com/vitol-foundation/

As of September 2021, Countdown Global Mental Health 2030 comprises:

1. **A publicly accessible, interactive dashboard which can be used to search multiple indicators that reflect positive or negative contributions to mental health (social determinants), and measures of various interventions as inputs, outputs and outcomes for mental health**
2. **A report summarising the background history and rationale and how to use the dashboard moving forward (this report) with a focus on child and caregiver mental health**
3. **A policy brief based on the data gathered in Countdown and applied to what is needed to drive action for better outcomes on child and caregiver mental health (to be published in October 2021)**

With the support of the Bernard van Leer Foundation, the initial work has been undertaken with a focus on identifying data that can help close the mental health data gap for children from ages
0-3 years of age and their caregivers. This has been possible thanks to the advice of a group of international experts (see Annex 1).

Our vision from 2022 is that Countdown Global Mental Health 2030 continues to build the dashboard of indicators to encompass the mental health of all ages. It will comprise an annual monitoring report (and other materials throughout the year both freely available online) summarising what the latest data indicates; while including qualitative narratives from national actors to better inform national analysis. It will incorporate new data sets and initiatives as they are developed by different organisations (for example, the forthcoming work of UNICEF under The State of the World's Children Report and beyond), and it will seek to promote the sharing of different types of data to help better inform mental health programmes and policies.

This report explains the background to Countdown Global Mental Health 2030: why it is necessary, what it entails, and how it can be used.

1.1 Mental health data: What exists and why?

Globally, the effort to improve health data to inform policy-making has had a long history, arguably starting with the publication of the World Development Report 1993, commissioned by the World Bank.[13] This report was the first to highlight the significant burden of mental disorders, which led to a recognition by policy-makers of the importance of mental health in public health. The Global Burden of Disease work was later led by the WHO, and then by the Institute for Health Metrics and Evaluation (IHME). The World Mental Health surveys added extensive data on prevalence of mental disorders. Today it is an important data tool to inform policy-making, and its inclusion

of mental health and substance use is regularly cited in other reports, and referred to in the context of changing policy and practice.

Over time, there have been several attempts to promote the importance of data collection on mental health, indicating the current state of mental health systems and mental health outcomes worldwide. And gathering and publishing this data has helped drive progress on mental health. Some examples of this effort regarding data include:

- **2001 – The WHO first published the Mental Health Atlas, cataloguing global financial and human resources in mental health for the first time[14]**
- **2007 – The Lancet published a landmark series on global mental health, beginning with the widely cited "No health without mental health"[15]**
- **2013 – The WHO's WHA agreed to the WHO Mental Health Action Plan 2013-2020.[16] The Action Plan emphasises the need to monitor mental health with indicators and targets, and proposes indicators to be used in all countries**
- **2015 – Mental health is included in the targets for the United Nations' SDGs 2015-2030[17]**
- **2018 – The Lancet Commission for global mental health and sustainable development[18] is published and provides an update on data, and data gathering, for mental health.**

13 IHME, Health data (accessed 27 August 2021) http://www.healthdata.org/gbd/about/history
14 WHO (2001), Mental Health Resources in the world, https://apps.who.int/iris/bitstream/handle/10665/66910/WHO_NMH_MSD_MD-P_01.1.pdf?sequence=1&isAllowed=y
15 The Lancet, Prince M et al, (2007) No health without mental health, https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(07)61238-0.pdf
16 WHO (2013), Mental health action plan 2013 - 2020, https://www.who.int/publications/i/item/9789241506021
17 United Nations, Department of Economic and Social Affairs Sustainable Development, [accessed 24 August 2021], https://sdgs.un.org/goals
18 The Lancet, Patel V (2018) The Lancet Commission on global mental health and sustainable development, https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)31612-X.pdf

Global Sources of Mental Health Data (publication, frequency)	What it covers	Quantity (%, number) countries responding from around the world	Strengths	Limitations
WHO Mental Health Atlas[19] (published every 2-3 years)	Data on mental health system governance, financial and human resources for mental health, mental health services' availability and uptake, mental health promotion and prevention	91% submission rate by WHO's 194 Member States in 2017	Provides up-to-date information on variety of indicators, and its progress towards the achievement of objectives and targets of the Comprehensive Mental Health Action Plan 2021 - 2030	Self-reporting by government officials with some WHO regional and global independent analysis, missing data, not discriminative of specific populations
Global Burden of Disease by the IHME[20] (published annually)	Information on variety of diseases worldwide, including deaths, years of life lost, years lived with disability, disability-adjusted life years, prevalence, incidence, life expectancy, maternal mortality ratio, and summary of exposure value per sex and age	204 countries and territories, 369 diseases and injuries, and 87 risk factors	Complementary measure to traditional health statistics such as mortality rates and hospital productivity, which do not reflect the impact of non-fatal outcomes of disease or injury over a patient's lifetime	Capturing information on disease prevalence, incidence and outcomes; national-level studies on mental health periodically produced
OECD Mental Health Performance Framework project[21] (future TBC)	Data on mental health system performance with particular focus on patient-centred care, quality and accessibility of care, prevention and promotion focus of mental health care, integration and multisectoral approach to mental health, mental health leadership, and future focus and innovation of mental health care	37 OECD countries	Tool to identify strengths and weaknesses in the mental health system, based on newly collected data	Self-reported data, overall data availability, specific focus on mental health systems, only addressing OECD countries

19 WHO, Mental Health Atlas 2017 https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?sequence=1&isAllowed=y

20 The Lancet, (2019) the Global Burden of Disease study https://www.thelancet.com/journals/lancet/issue/vol396no10258/PIIS0140-6736(20)X0042-0

21 OECD (2019) Mental Health Performance Framework https://www.oecd.org/health/OECD-Mental-Health-Performance-Framework-2019.pdf

Data Source (publication frequency)	What it covers	Quantity (%, number) countries responding from around the world	Strengths	Limitations
Unicef Multiple Indicator Cluster Surveys (MICS) [22] (surveys conducted and results published periodically across low and middle income countries)	The Multiple Indicator Cluster Surveys, or MICS, is one of the largest global sources of internationally comparable data on children and women. MICS data are gathered in representative samples of households during face-to-face interviews. The surveys are typically carried out by government organizations, with technical support from UNICEF. Since the mid-1990s, MICS has supported 118 countries to produce data on a wide range of indicators in areas such as education, health, nutrition, child protection and HIV/AIDS.	Over 26 years, nearly 350 MICS surveys have been completed in 118 countries. The 7th round of MICS will be launched in 2022. Adolescent mental health (MMAP module above) is one of the new topics undergoing testing for inclusion in the new round.	MICS is an integral part of plans and policies of many governments around the world, and a major data source for more than 30 Sustainable Development Goals (SDGs) indicators. MICS data can be disaggregated by numerous geographic, social, and demographic characteristics. The MICS programme continues to evolve with new methodologies and initiatives, including phone surveys (MICS Plus), linking MICS to administrative sources (MICS Link), etc. Inclusion of mental health in household surveys will provide relevant information on mental health to inform programs and policy making.	Mental health module to be included in 2022; aside from technical support, it will take advocacy and dissemination efforts to have the module included in surveys conducted by countries.

22 Unicef (2021), Multiple Indicator Cluster Surveys (accessed September 1, 2021) https://mics.unicef.org/

Throughout this report we have included more information on the different global sources of mental health data. For example, information on the Measurement of Mental Health Among Adolescents at the Population Level (MMAP) is included in Box 3 below.

Box 3: Measurement of Mental Health Among Adolescents at the Population Level (MMAP)

Unicef has developed a set of indicators to help expand knowledge on mental health for its Measurement of Mental Health Among Adolescents at the Population Level (MMAP) project[22]. A total of 10 population-based indicators were developed, focusing on measuring prevalence of anxiety and depression, functional limitations due to these conditions, suicidal thoughts and attempts, mental health care, and connectedness[23]. An accompanying data collection methodology has been developed and is undergoing validation procedures in low- and middle-income country settings. The priority minimum global indicator set can be used for data collection across countries to report on critical aspects of adolescent mental health in a comparable and consistent manner. Additional indicators will be relevant in particular settings. Regular collection and analysis of data for these indicators will help inform the development and implementation of policies and programmes and resource allocation for adolescent mental health.

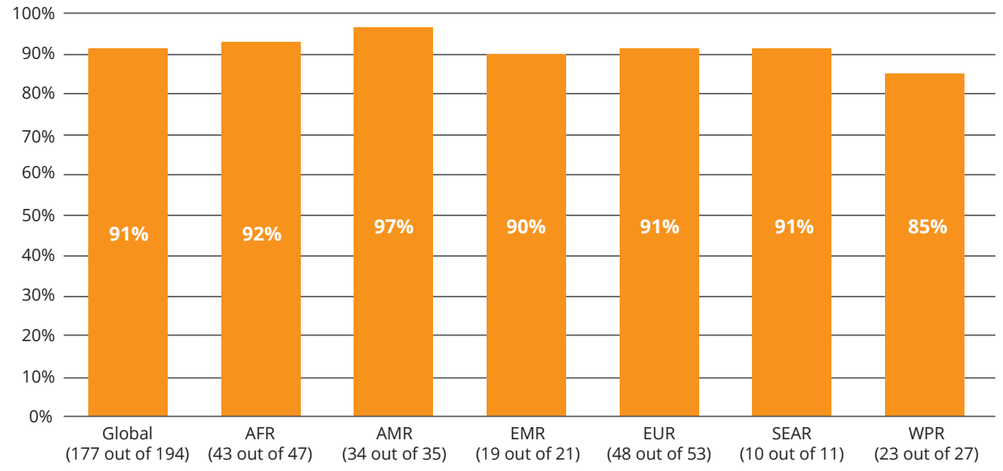
1.2 Mental health data: Knowledge gaps

Knowledge gaps in mental health are the result of several factors: lack of investment in data generation, lack of capacity to collect data, lack of culturally adapted tools, lack of inclusion of mental health in data collection efforts, and lack of reporting on this data. Moreover, different stakeholders from different organisations and backgrounds have their own preferences when it comes to what data is collected and why. At the national level, countries vary enormously in the amount and accuracy of data collected, and how this data informs monitoring, accountability and decision-making.

The WHO Mental Health Atlas 2017[24] provides a picture of mental health services at country level using government collected and reported data; it also documents some of the key data gaps based on international standards set out in the WHO Mental Health Action Plans agreed with Member States. The Mental Health Atlas published in 2017 reported that 17 countries out of the 194 were unable to provide any information (figure 1.1); the lowest response rate was from the Western Pacific region (85% of countries, or 23 out of 27).

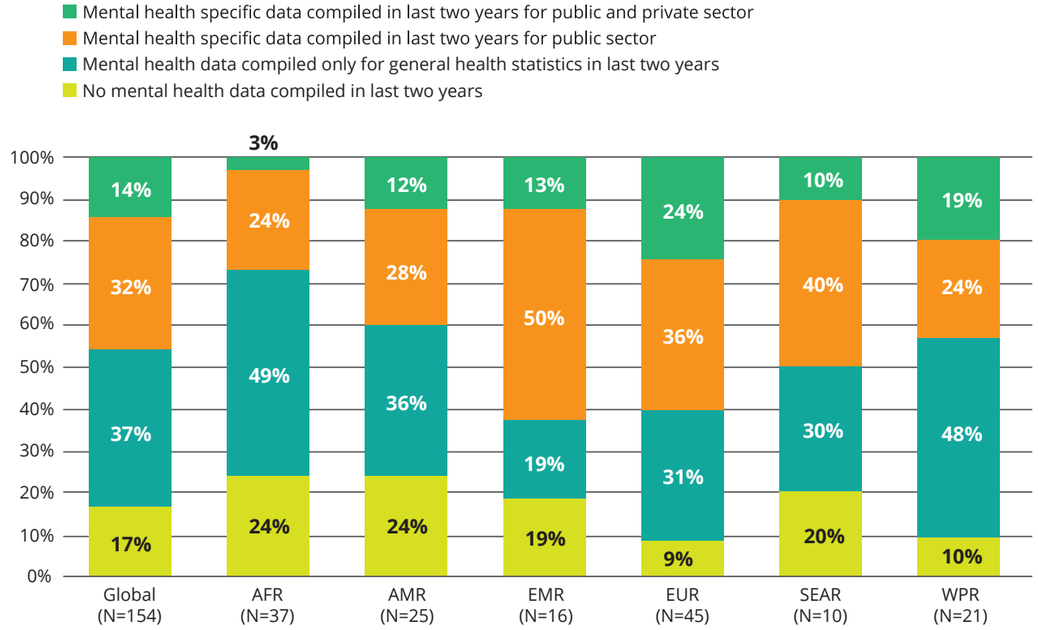
22 Unicef (2021), https://data.unicef.org/topic/child-health/mental-health/mmap/
23 Unicef (2021), https://data.unicef.org/resources/adolescent-health-indicators/
24 WHO, Mental Health Atlas 2017

FIG. 1.1 Mental HealthAtlas 2017: submission rate by Member States



The Atlas also showed 17% of the responding countries reported mental health data has not been compiled in any report in the past two years (figure 1.2); this figure rises to 24% of countries in the African Region and the Americas Region, and 20% in the South East Asian Region.

FIG. 1.2 Mental health data availability and reporting, by WHO region



Data collection by governments has been a particular challenge during the response to COVID-19. The WHO undertook a rapid assessment of mental, neurological and substance use services (published October 2020).[25] Only slightly more than half of responding countries (53%) were reported to be collecting data on MNS disorders or manifestations in people with COVID-19.

Challenges with collection and use of mental health data and wider social determinants of mental health are widespread. In 2021, a report from the OECD, based on data reported by government officials in 37 OECD countries worldwide, set out to develop an international benchmark for mental health systems in OECD countries.[26] The report highlighted how difficult it is for countries to provide data on the current state of their mental health systems, partly because they lack data infrastructures to capture necessary information. It also showed how information is lacking on inputs, processes and outcomes, specifically in mental health.

Of the 23 indicators measured by OECD, only two – life satisfaction, and death by suicide – were available in more than 90% of OECD countries. Big gaps were found in terms of indicators which inform on outcomes and improvement from treatments, patient and carer experiences, stigma and service coverage. In some cases, data was available on a national level, but not comparable on an international level.

The OECD list of 23 indicators reflects a change in approach among mental health experts about what to measure. Analysts and campaigners have become increasingly vocal in advocating for more transparency and knowledge of social determinants in mental health – such as the barriers and threats to mental health, inclusion of the value of mental health in social and economic development, and greater attention to mental health promotion and protection across sectors.[27] This approach promotes the idea that implementation gaps can be viewed asa complex set of barriers that stand in the way of developing better mental health as described in the *Lancet* Commission report[28] based on Doherty et al 2017 (see Box 4).

Data that informs the social determinants' approach can help educate decision-makers on the factors which most influence mental health, and help draw conclusions from these to inform better policy-making. It can also promote the inclusion of a broader range of data collected by stakeholders beyond governments - whether UN agencies, researchers or civil society groups. Countdown 2030 is designed to include data that reflects a social determinants approach, and encourages the collection of both quantitative and qualitative data to inform policy-making from a wide range of stakeholders.

BOX 4: Five Domains of Social Determinants of Mental Disorders as Defined by the Lancet Commission[29]

- Demographic domain: Specific demographic characteristics of populations that convey risk for, or projection from, mental illness
  ex. SDG 5: Achieve gender equality and empower all women and girls
- Economic domain: Factors relating to the production, consumption, transfer of wealth that convey risk for, or protection from, mental illness
  ex. SDG 1: End poverty in all its forms
- Neighbourhood domain: Characteristics of an area or community that convey risk for, or protection from, mental illness, over and above what is attributable to the individual characteristics of community members
  ex. SDG 6: Ensure availability and sustainability management of water and sanitation for all
- Environmental events domain: Serious disruptions of community functioning that exceed its ability to cope by use of its own resources and convey risk for, or protection from, mental illness
  ex. SDG 13: Take urgent action to combat climate change and its impacts
- Social and cultural domain: Ways in which the organisation of society, social interactions and relationships affect risk, and protection from, mental illness
  ex. SDG 4: Ensure inclusive and equitable quality education, and promote lifelong learning opportunities for all

1.3 Mental health data: Why do we need it?

Data is necessary in order to inform action. Data can be used to: drive campaigning and advocacy; help inform policy change, reform services and support; design programmes; and track progress over time. When combined with the analysis and explanations of a wide range of stakeholders, from People with Lived Experience to advocates and campaigners, data is a very powerful tool to achieve change.

25 WHO, (2020) The Impact of COVID-19 on Mental, Neurological and Substance Use Services: Results of a Rapid Assessment https://cdn.who.int/media/docs/default-source/mental-health/ppt-who-covid19-mental-health-rapid-assessment-v10.pdf?s-fvrsn=2f45b88a_2

26 OECD, (2020) A New Benchmark for Mental Health Systems : Tackling the Social and Economic Costs of Mental Ill-Health https://www.oecd-ilibrary.org/sites/4ed890f6-en/index.html?itemId=/content/publication/4ed890f6-en&_csp_=8fad1a77c24615fd7aca72507e5f-c2f9&itemIGO=oecd&itemContentType=book

27 WHO (2014), Social Determinants of Mental Health, https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf

28 The Lancet, Patel et al. (2018) The Lancet Commission on global mental health and sustainable development https://www.thelancet.com/commissions/global-mental-health

29 The Lancet, C Lund et al, (2018), Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30060-9/fulltext

Driving campaigning and advocacy

Data is frequently used to drive mental health campaigning and advocacy with the objectives of influencing public and policy-makers' attitudes and beliefs, and changing policy and programmes for the better. It can be harnessed to advance progress in upholding the rights of all persons to good mental health. For example, Human Rights Watch leads a campaign to end shackling worldwide; they have collected evidence from more than 60 countries showing women, men, and children shackled for weeks, months or even years across Asia, Africa, Europe, the Middle East, and the Americas.[30] Women and girls who are shackled face unique risks and abuse because of beliefs in some countries that mental ill health is the result of witchcraft. Human Rights Watch has documented cases of girls as young as five years old chained to trees for being witches.[31] Human Rights Watch has worked with national partners and government authorities over a number of years in Ghana and Indonesia to end the practice of shackling: progress has been made such as the Ghanaian governments vowing to enact the law to end shackling but more needs to be done. [32] [33] This kind of information – whether quantitative or qualitative – is important in driving campaigning and advocacy. Countdown 2030 will build more qualitative data over time, and encourage people to use the data collected to campaign and advocate for change.

Inform policy change, reform services and support

Data can help drive change whether through large-scale studies, or detailed analysis of previously unexamined aspects and issues. Box 2 provided an example of the impact of data on COVID-19 and mental health to drive discussion at the WHA on mental health. Box 5 provides an example of how national and local level data, coupled with research, can be used to drive change. Other examples include data to help change laws and legislation such as the recent report published by UnitedGMH on the urgent need to decriminalise suicide[34]. For mental health, good data is critical to manage service delivery programmes more effectively and develop better support and treatments.

30 Human Rights Watch, Living in Chains, Shackling of People with Psychosocial Disabilities Worldwide (2020) https://www.hrw.org/sites/default/files/media_2020/10/global_shackling1020_web_2.pdf
31 Human Rights Watch, Shackling of Women in the Name of Mental Health, (accessed 1 September, 2021) https://www.hrw.org/news/2021/08/10/shackling-women-name-mental-health
32 Human Rights Watch (2017), Ghana Breaks The Chains On Mental Health (accessed 13 September, 2021) https://www.hrw.org/news/2017/10/16/ghana-breaks-chains-mental-health
33 Human Rights Watch, Shackling Reduced, But Persists (accessed 1 September, 2021) https://www.hrw.org/news/2018/10/02/indonesia-shackling-reduced-persists
34 UnitedGMH, Decriminalising suicide: Saving Lives, Reducing Stigma (2021) https://unitedgmh.org/suicide-decriminalisation

Box 5: Changing Policy and Practice in Nepal

Nepal-based CSO, Transcultural Psychosocial Organization Nepal (TPO Nepal), is working to improve mental health policy and practice in Nepal,[35] working with a wide variety of stakeholders to achieve change. TPO Nepal supported the Government of Nepal to develop a mental health care package based on evidence generated by the PRIME (programme for improving mental health care)[36] project. PRIME was a multi-stakeholder initiative, funded by international development assistance, to assess the feasibility, acceptability and cost-effectiveness of the WHO mhGAP action programme in low and middle-income countries, including Nepal. TPO Nepal collected information available in the public domain such as scientific publications, project documents/reports, media reports and hospital records, and this was augmented by discussions with district and national-level key stakeholders such as government officers, psychiatrists, hospital administrators, and other service providers, including NGO staff.[37] Thanks to the evidence generated by TPO Nepal and PRIME, the Government was persuaded to update the provision of mental health care in Nepal. TPO Nepal has also used quantitative and qualitative data to help the Government of Nepal develop training for health care workers and a Community Informant Detection Tool (CIDT). Using CIDT, female community health volunteers are able to improve the access of mental health support to far more people than would be reached through health facilities alone.

The movement to innovate mental health data and research involves a wide range of stakeholders including members of the International Alliance of Mental Health Research Funders, UN agencies such as the WHO and UNICEF, and civil society-led organisations such as the Global Mental Health Peer Network, and the Mental Health Innovation Network. It involves both quantitative and qualitative data. Wellcome is currently funding an active ingredients approach to identify and refine novel ways to better prevent and treat mental health conditions.[38] Data is not just used to improve mental health in health services – there are also efforts to use data to inform better mental health in schools. And there are a wide range of stakeholders working to improve mental health in the workplace. Box 6 provides an example of improving workplace mental health through better data.

35 TPO Nepal, Key Achievements http://www.tponepal.org/key-achievements/
36 PRIME, Programme for Improving Mental Health Care, http://www.prime.uct.ac.za/prime-policy-impact
37 Mental Health Care in Nepal: current situation and challenges for the development of a district mental health care plan, February 2015 https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-014-0030-5
38 Wellcome, Mental Health Programme Strategy (accessed 1 September, 2021) https://wellcome.org/what-we-do/our-work/mental-health-transforming-research-and-treatments/strategy

Box 6: Improving Workplace Mental Health Through Better Data

The global corporate wellness market is forecast to reach $66 billion by 2022. Despite this, according to Wellcome, we are yet to understand what works, for whom, and why. Wellcome has commented that the absence of a deep and robust evidence base for approaches to supporting workplace mental health is a problem, and can lead to well-intentioned businesses making critical and sensitive decisions in the dark. At best, such interventions are working (but without knowing why) or, at worst, they could be causing harm.

Wellcome has already launched one research commission into workplace mental health, and is launching a second research commission to look at the evidence behind a wider range of approaches. This commission aims to broaden understanding of the existing evidence. According to Wellcome, when it comes to finding the most effective approaches, there is an immediate need for businesses to apply this evidence-led mindset, collaborate with others to share learnings, and put science to work in support of mentally healthy workplaces[39].

The impact of COVID-19 on mental health has been substantial: we know that thanks to data (quantitative and qualitative). But to inform the response to COVID-19, and recovery from COVID-19, requires investment in good quality and comprehensive data. In the UN Secretary-General's policy brief on COVID-19 and mental health, published in May 2020, there is a strong recommendation for greater monitoring and evaluation of approaches to mental health.[40] Moreover, the WHO has issued guidance on tackling mental health during COVID-19, which includes a section on the importance of data and monitoring.[41] According to the WHO: "The COVID-19 pandemic provides an opportunity to strengthen core surveillance capacities that can deliver public health benefits well beyond this emergency. Capacity improvements made to support data efforts associated with the pandemic should be oriented to sustainable improvement of the system."[42]

39 Wellcome, (2021), Putting science to work: Understanding what works for workplace mental health, https://wellcome.org/reports/understanding-what-works-workplace-mental-health

40 UN, UN leads call to protect the most vulnerable from mental health crisis during and after COVID-19 (accessed 1 September 2021) https://news.un.org/en/story/2020/05/1063882

41 WHO, (2020), Maintaining essential mental health services, operational guidance for the COVID-19 context, https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1

42 WHO, (2020), Maintaining essential mental health services: operational guidance for the COVID-19 context, https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1

The OECD[43] has recommended that in the context of COVID-19, in which significant amounts of mental health care migrated to non-face-to-face formats, there is a need to look at indicators measuring changing care delivery methods; for example the rate of services delivered through telemedicine formats, preferably broken down by format (e.g., video, phone, app-based or chat-based). The OECD has recommended that good data is the foundation to make decisions about the provision of mental health as well as information on the current state of the mental health care system.

Track progress over time

Data demonstrates what change has happened and why: this can be crucially important to allow the public and policy-makers the opportunity to change attitudes and beliefs accordingly, so that society and policy is in line with what is actually necessary rather than what is assumed. The IHME's Global Burden of Disease is one such tool, and Box 7 provides another example of this in action.

Box 7: Hans Rosling: Using Data to Change Attitudes and Beliefs

Hans Rosling, an inspirational physician, led a revolution in the use of data to challenge preconceived notions of what progress has, or has not, been made in many different areas of health and wider society. His organisation, Gapminder, pioneered the Trendalyzer[44] software for data visualisation to show animations of how different aspects of society have changed over time. Through his book, *Factfulness*, and his TED talks, he reached millions in his quest to use data to power change.

Gapminder continues to provoke discussion and debate on how societies are changing and what that means for our attitudes and beliefs, and for public policy-making. For example, the Gapminder website[45] challenges visitors to guess whether suicide rates are going up or down, and 94% guess wrongly that rates are going up. The website makes the point that: "Most [people] have the impression that suicides are becoming more common in the world. As finally more people talk openly about suicides, it's hard to imagine that the global rate is decreasing." Gapminder emphasises that it is important to challenge those who say that talking more openly about suicide – rather than reducing stigma and discrimination – will lead to an increase of self-harm. That is not the case.

43 OECD, (2021), Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response, https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0ccafa0b/

44 Wikipedia, Trendalyzer, {accessed 24 August 2021) https://en.wikipedia.org/wiki/Trendalyzer

45 Gapminder, UN Goals, (accessed on 24 August 2021) https://www.gapminder.org/

1.4 Lancet Commission Response: Origins of Countdown Global Mental Health 2030

In 2018, the *Lancet* Commission on global mental health and sustainable development reviewed the implications of the inclusion of mental health and well-being within the United Nations' SDGs. The Commission reframed the global mental health agenda in four important ways, including the consideration of mental health as a public good, conceptualising mental health as a dimensional construct that exists over a continuum that exists on a continuum, understanding the multi-faceted biological, social, and environmental modifiers of mental health, and firmly rooting all mental health efforts in a human rights-based framework. Six actions were then presented by the Commission as necessary to realise the mental health and well-being related targets of the SDGs:

1. Establish mental health care as a pillar of Universal health coverage (UHC)
2. Use public policies to protect mental health
3. Listen to and engage people with lived experience
4. Invest far, far more in mental health
5. Use research to guide innovations and implementation
6. Strengthen monitoring and accountability.

Under the sixth action, the Commission highlighted the need for robust and systematic mechanisms for monitoring and accountability to ensure that necessary investments are made, such investments are utilised efficiently and effectively, and mid-course corrections are implemented as required.

In response to this call for action, an independent and multi-stakeholder consortium was formed to lead monitoring and accountability for global mental health within the SDG time frame (2030). A widely circulated commentary[46] in the *Lancet* announced Countdown Global Mental Health 2030 and its primary partners in February 2019. In this commentary the partners said:

"Given the huge disparities between and within countries, we expect Countdown 2030 to be a strong instrument for accountability to decrease population-level disparities for mental health."

46 The Lancet, Saxena et al. (2019) Countdown Global Mental Health 2030

Today this initiative, Countdown Global Mental Health 2030, is driven by the following primary partners with diverse perspectives and wealth of experience in the field:

- **Global Mental Health @Harvard**
- **World Health Organization**
- **United for Global Mental Health**
- **Global Mental Health Peer Network**
- **Mental Health Innovation Network**
- **The Lancet**
- **UNICEF**

Countdown 2030 is similar in process to several ongoing *Lancet*-reported Countdowns: for non-communicable diseases; reproductive, maternal, newborn, and child health; and health and climate change – with initial publications already available. (For background information on other Countdown initiatives, see Box 8). The first steps undertaken in 2021 on the development of Countdown Global Mental Health 2030 focus on child and caregiver mental health, but eventually Countdown 2030 will cover all age groups.

Box 8: Background on Countdown Initiatives

Countdown mechanisms in global health are proving highly successful in a number of ways: in raising the profile and global recognition of key issues, increasing political motivation and commitment to tackle these issues, as well as establishing monitoring and accountability for subsequent actions and investments. Regular publication of status reports and tracking processes is a critical part of this process. Ongoing *Lancet*-reported Countdowns include the following initiatives:

- **NCD Countdown 2030: A partnership focused on non-communicable diseases between The Lancet, the WHO, the WHO Collaborating Centre on NCD Surveillance and Epidemiology at Imperial College London, and the NCD Alliance, among others. For more information, see www.ncdcountdown.org**
- **Countdown to 2030: A partnership focused on women's, children's, and adolescent health with Steering Committee representatives from various UN agencies, numerous academic centres, and foundations. For more information, see www.countdown2030.org.**
- **The Lancet Countdown on Health and Climate Change: A partnership between The Lancet, the Wellcome Trust, the WHO, and numerous academic institutions. For more information, see www.lancetcountdown.org.**

1. How has Countdown 2030 been developed?

Data selection: Child and caregiver mental health

This year, Countdown 2030 is focused on child and caregiver mental health. The indicators selected for Countdown 2030 recognise the mental health of children and their caregivers is an integral component of the broader SDGs. As such, Countdown 2030 indicators consist of mental health, as well as health system and services indicators, along with social and economic risk factors, determinants, and outcomes relevant for mental health which are also aligned with SDGs.

See Annex 1 for the experts who were involved in the selection of the indicators and Annex 2 for the list of indicators as of September 1, 2021.

A three-part framework was developed, where indicators were grouped into the following categories:

- Component A: Determinants of mental health
- Component B: Factors shaping the demand (and need) for mental health care
- Component C: Factors shaping the strength of the mental health system.

There are 19 further framework sub-components that expand and clarify these three frameworks (see image). For example, under Framework A, Determinants of mental health, are seven sub-components starting with A1 Society/family situation. See Figure 1.

Figure 1: Framework Components of Countdown Global Mental Health 2030

Framework components	A Determinants of mental health	B Factors shaping the demand for mental health care	C Factors shaping the strength of the mental health system
Framework sub-components	A.1: Society / family situation A.2: Economic conditions A.3: Educational situation A.4: Physical health situation A.5: Conflict / displacement A.6: Environmental conditions A.7: Severity of the COVID-19 pandemic	B.1: Attitudes to mental health B.2: Burden of mental health conditions B.3: Financial accessibility of mental health care	C.1: Mental health service levels C.2: Mental health human resource levels C.3: Mental health service quality C.4: Integration of mental health into other services and programmes C.5: Sustainable financing for and efficient spend on mental health C.6: Laws, policies and leadership in mental health C.7: Promotion of good mental health and prevention of poor mental health C.8: Monitoring and evaluation for mental health C.9: Research in mental health

Data for Countdown 2030, which focused in 2021 on child and caregiver mental health, has been collected from reliable and credible sources (at the governmental level in both health and non-health sectors), as well as from databases and academic literature. Data from the mental health sector at the global, national, and subnational levels is routinely collected for the WHO Mental Health Atlas project, and this data has been made available for Countdown 2030.

The indicator set identified by the *Lancet* Commission was the starting point for the development of the global indicator set, but all the indicators were re-examined for their reliability, validity, data availability and sensitivity to change. The set of indicators used to date has been validated with a group of external experts including former *Lancet* Commissioners. While initial indicators focus on child and caregiver mental health, additional indicators will be added in the coming years based on further literature reviews and the suggestions of partners, with a specific focus on coverage, equity, and determinants of mental health for all ages.

Future data analysis

Precedent exists for this kind of "precision public health" approach, most notably the IHME's Local Burden of Disease project. Analyses will be done on a continual basis and used for the periodic release of Countdown 2030 reports, as well as applied in related research.

Countdown 2030 will monitor and provide comparisons of mental health related indicators across geography and time at regular intervals. Countdown reports – focused on a different theme each year – will inform all stakeholders, including countries, about the progress that is being made on realising the commitments made for mental health within the SDGs. The reports will highlight regional differences and specific areas where more intensive efforts are needed. Countdown 2030 will also highlight critical barriers to mental health promotion, identify areas where investment is most needed, and offer an accountability framework for projecting and assessing the returns on existing and new investments.

This year we have not produced a full report analysing the data – instead a short policy briefing will be launched for World Mental Health Day – but in future years an analysis will accompany an annual update in data. Meanwhile, publication of the dashboard in an accessible form this year is designed to enable other organisations and independent researchers to analyse the data in ways that will be useful for policy.

2. How Countdown 2030 will help achieve the SDG targets

There is a wealth of new data emerging on child and caregiver mental health: with the guidance of the experts consulted, Countdown 2030 has selected some of the key indicators to help increase knowledge and understanding of what data is available so that it is used to have the greatest positive impact. In future years, different themes will be covered to help replicate this collective effort.

Accurate and comprehensive data. Countdown 2030 aims to provide accurate and comprehensive data, to inform global and national decision-makers in order to accelerate delivery of universal mental health coverage and well-being for all. Over time, it will increase the number of indicators collected, and add qualitative reporting to help build a more detailed picture of the state of mental health.

Enable monitoring and accountability. Countdown 2030 enables users to monitor and provide mental health status comparisons across geography and time at regular intervals. Future Countdown 2030 reports will inform all stakeholders, including countries, about the progress that is being made on realising the commitments made for mental health within the SDGs. The reports will highlight regional differences and specific areas where more intensive efforts are needed.

Highlight critical barriers to mental health promotion. Countdown 2030 is designed to help highlight critical barriers to mental health promotion, identifying areas where investment is most needed, and facilitating an accountability framework for projecting and assessing the returns on existing and new investments.

Global scope with local relevance. While the scope of Countdown 2030 is global, it is intended and designed to have national and local relevance. As such, Countdown 2030 metrics will consider the realities and needs of countries and communities, including people with lived experience within their specific economic and social contexts.

Timeline parallel to the UN SDGs. Countdown 2030 will be implemented through to 2030, to be coterminous with the SDGs. Though data will be collected, analysed and disseminated continuously, it is envisaged that status reports will be published and disseminated every year, starting in 2021. Interim findings will be published as they become available.

Going beyond traditionally defined health indicators. The monitoring and accountability framework will consist of indicator sets that span the entire spectrum of SDGs. Indicators will include those from mental health, health systems, and health services, as well as social and economic risk factors, determinants and outcomes. Building on the data already gathered in Countdown 2030 so far, additional indicators will be collected and analysed predominantly from existing national and international sources and databases, though some selected primary data collection will also be done as required. The aim will be to encourage a collaborative approach towards mental health data collection, and therefore the integration of mental health across the SDG framework, going beyond the health sector. For example, data is included that looks at the impact of climate change, and the economic position of women and of men.

Promoting data for mental health and linking with other data gathering and utilisation efforts to accelerate progress to achieve the SDGs. Countdown 2030 was publicly announced at Goalkeepers 2019 to help generate publicity and awareness among the international development community and more broadly. The launch of the first iteration of the dashboard is being promoted by global development reporting platform Devex in order to reach professionals across the entire international development and humanitarian sectors. This is part of fulfilling a key aim of Countdown 2030: to galvanise sectors beyond mental health to consider mental health in their data gathering and utilisation, and therefore to see the positive impact that improving mental health can have across the SDGs. Countdown 2030 will link to other data gathering exercises and seek to promote those. It will also promote efforts to build the capacity of mental health stakeholders to strengthen monitoring within countries and track progress over time. Countdown 2030 will aim to contribute to this through identifying and linking to other data-gathering initiatives, and signposting to training and capacity building efforts.

2. How can you use Countdown 2030?

Countdown 2030 provides a global and regional status report on mental health. In 2021, the focus is on child and caregiver mental health.

The dashboard can be used in the following ways:

1. **To find data by country:** you can select your country and then choose the data you wish to see.
2. **To compare countries with one another:** you can choose a specific indicator and look at the map of the world or a table which shows a comparison of how one country is performing against another one.
3. **To identify areas that require action or prioritisation for change**: you can identify which countries are performing better or worse according to specific groups of indicators (or frameworks) and use this information to advocate for change.

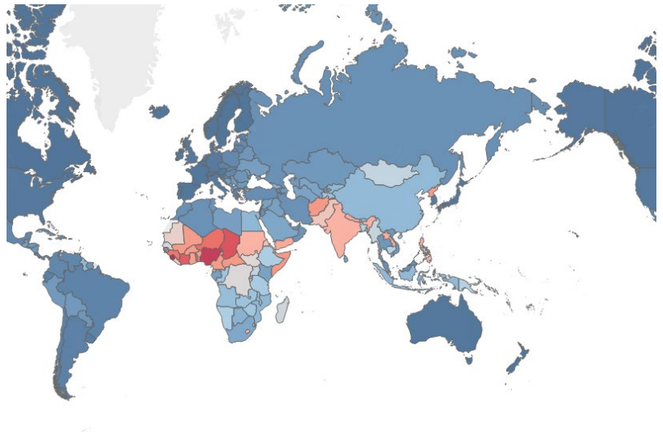
Using the three-component framework helps show where countries are strongest or weakest in different approaches to tracking and informing progress on mental health. For example, if a country collects only a few indicators under Framework A (determinants of mental health) then this may indicate a need to strengthen this area of work in order to inform better policy-making. This framework approach helps ensure Countdown 2030 addresses all key dimensions of mental health now and in the future.

As of September 2021, Countdown 2030 has 53 indicators (based on the list of recommended datasets provided by experts consulted) and 46 datasets meaning another 7 data datasets are due to be included as soon as possible. The following are some examples of how the dashboard can be used to access and research data relevant to child and caregiver mental health.

Example 1: Tackling air pollution and improving the mental health of children
Countdown 2030 includes an indicator – mortality rate attributed to household and ambient air pollution, per 100,000 population – collected by the WHO. See Diagram 1 from Countdown 2030. Air pollution has been shown to negatively impact mental health. Even very low levels of lead concentration in blood may be associated with decreased intelligence, behavioural difficulties and learning problems in children.[47] Data retrieved from 184 countries shows extreme differences between countries, with a mortality rate as high as 324.1 per 100,000 population in Sierra Leone and as low as 7 per 100,000 in Canada. Using this data can inform advocates and policy-makers in their plans to address environmental and mental health issues effectively.

In some cases, approaching mental health through discussions on the environment may have greater impact – and access more funding – than through discussions on health. Many governments and international donors are keen to fund work that tackles more than one objective simultaneously or even synergistically. Links between different issues – such as the environment and mental health – are helpful to make the case for support.

Diagram 1: Visualisation from Countdown Global Mental Health 2030: Air Pollution
Note: A scale is provided on the visualisation with detailed data provided for each country indicated in shades of blue or red



Indicators
A. 6.1 Mortality rate attributed to household and ambient air pollution, age-standardized (per 100,000 population)

Framework component / Framework sub-component / Indicator

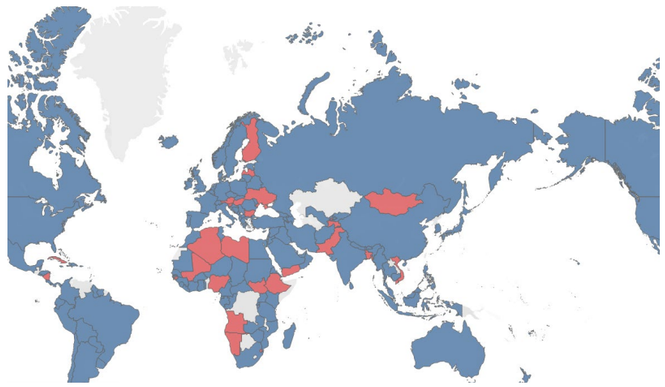
A.6: Environmetal Conditions

Mortality rate attributed and ambient air polution, age-standardized (per 100,000 population)

Example 2: Which countries have a mental health plan?
Countdown 2030 includes a map showing which countries report whether they do or do not have a stand-alone policy or plan for mental health using data from the WHO. Using this data can help advocates campaign for their governments to develop and implement an up-to-date plan – including relevant targets and indicators covering child and caregiver mental health. This would be in line with the agreement by Member States to do so under the WHO Mental Health Action Plan 2021-2030. See Diagram 2.

47 The UN Environment Programme, 2019, Caring for the environment helps to care for your mental health, (accessed 1st September 2021) https://www.unep.org/news-and-stories/story/caring-environment-helps-care-your-mental-health

Diagram 2: Visualisation from Countdown Global Mental Health 2030: Mental Health Plan
Note: A scale is provided on the visualisation with detailed data provided for each country indicated in shades of blue or red



Indicators
C. 6.1 Does your contry have a stand-alone policy or plan for mental health?

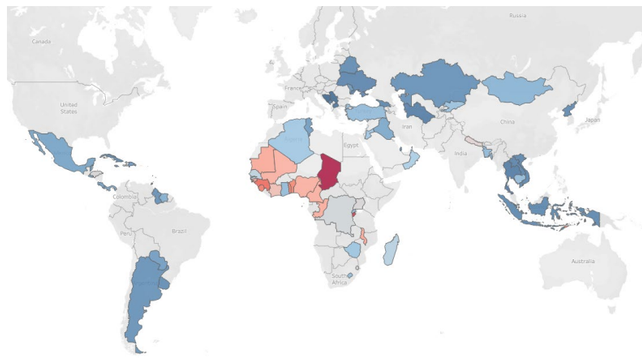
Framework component / Framework sub-component / Indicator

C.6: Law, policies and leadership

Does your contry have a stand-alone policy or plan for mental health?

Example 3: What is the status of early childhood development?
Countdown 2030 includes a map showing the percentage of children (aged 36-59 months) who are developmentally on track in at least three of the four following domains: literacy-numeracy, physical, socio-emotional, and learning, using data from UNICEF. This map makes it possible to compare countries and advocate for improvements that link multiple dimensions of child development. It can help mental health advocates work with education advocates to look for ways to advance their shared agenda. Data is available from 74 countries and shows the highest rates of children who are developmentally on track are in high-income countries, and the lowest rates are in some of the poorest countries in Africa. See Diagram 3.

Diagram 3: Visualisation from Countdown Global Mental Health 2030: Percentage of Children Developmentally on Track
Note: A scale is provided on the visualisation with detailed data provided for each country indicated in shades of blue or red



Indicators
A.3.1 Percentage of children (aged 36-59 months) developmentally on track in at least 3 of the 4 following domains: literacy-muneracy, physical, social-

Framework component / Framework sub-component / Indicator

A.3: Education
Percentage of children (aged 36-59 months) developmentally on track in at least 3 of the 4 following domains: literacy-muneracy, physical, social-emotional and learning.

It is expected that users of the dashboard will want to analyse and compare the data, and to produce their own briefings and reports. An early example of this – a policy brief focused on child and caregiver mental health – will be published in October 2021 by UnitedGMH and the Bernard van Leer Foundation.

5. What is the future vision for Countdown 2030?

Countdown 2030 will monitor and provide mental health status comparisons across geography and time at regular intervals. It will include all age groups. Countdown reports will provide independent information to educate all stakeholders about the progress that is being made on realising the commitments made for mental health within the SDGs. The reports will highlight regional differences and specific areas where more intensive efforts are needed. Countdown 2030 will also highlight critical barriers to mental health promotion, and identify areas where investment is most needed.

Countdown 2030: Illustrative Outputs Timeline 2021-2030

	2021	2022-2024	2025-2030
Dashboard	53 indicators (46 data sets covered so far) covering a range of topics with a focus on child and caregiver mental health. WHO Atlas 2021 data added; UNICEF State of the World's Children data added	Additional indicators added to focus on the mental health of other population groups; increased data on social determinants of mental health; exploring different settings such as the workplace	Development of an accountability framework based on political commitments and additional indicators on rights. Continued development of a systematic mechanism for civil society inputs to add to the existing indicators
Annual Report	Introduction to why better data is needed; illustrations of how to use Countdown 2030	Analysis of what latest data shows; inclusion of narrative reports to illustrate arguments made. Annual themed reports based on new focused indicators	Accountability report assessing governments' approach and performance on mental health based on analysis of what latest data shows; inclusion of narrative reports to illustrate arguments made. Annual themed reports
Policy Brief(s)	One policy brief using Countdown 2030 to illustrate what is needed to accelerate child and caretaker mental health. Further policy briefs, subject to capacity and demand	At least two policy briefs per year. Narrative reports added from different stakeholder groups. Promotion and introduction of Countdown 2030 to national civil society to encourage locally developed policy briefs	At least two policy briefs per year. Narrative reports added from different stakeholder groups. Promotion and introduction of Countdown 2030 to national civil society to encourage locally developed policy briefs

This initiative endeavors to go beyond the health sector, as mental health and ill-health have decidedly cross-sectoral impacts. Using a wider set of indicators creates a more comprehensive understanding on what is needed at the population level for mental health promotion. Further, these efforts will likely enhance data-driven actions and investments towards this end within and beyond the health sector. We believe that Countdown Mental Health 2030 will go a long way in strengthening global, national, and subnational actions on mental health promotion in the service of realising the UN SDG target on mental health and well-being.

To access Countdown 2030 and a step-by-step guide on how to use Countdown 2030 see here:

unitedgmh.org/countdown-global-mental-health

Annex 1: Experts Consulted in the Development of Countdown Global Mental Health 2030

We would like to thank all those who have helped to develop Countdown Global Mental Health 2030, recognising that this initiative began with the work of the members of the *Lancet* Commission on global mental health and sustainable development.

Niall Boyce, *The Lancet Psychiatry*
Charlene Sunkel, Global Mental Health Peer Network
Zeinab Hijazi, UNICEF
Liliana Carvajal, UNICEF
Manasi Kumar, University of Nairobi, Kenya
Sara Evans-Lacko, The London School of Economics and Political Science, UK
Atif Rahman, University of Liverpool, UK
Jane Fischer, Flinders University, Australia
Mark Tomlinson, Stellenbosch University, South Africa
Aisha Yousafzai, Harvard University, USA
Arachu Castro, Tulane School of Public Health and Tropical Medicine, USA
Julian Eaton, CBM Global
Peter Yaro, BasicNeeds-Ghana
Beck Smith, Wellcome Trust
Crick Lund, University of Cape Town, South Africa
Dévora Kestel, WHO
Mark van Ommeren, WHO
Tarun Dua, WHO
Dan Chisholm, WHO
Chiara Servili, WHO
Arne Popma, Amsterdam University Medical Centers, The Netherlands
Elisa Altafim, University of São Paulo, Ribeirão Preto Medical School, Brazil
Claudia Lindgren Alves, Federal University of Minas Gerais, Brazil
Tinni Sawhney, Aga Khan Foundation
Moitreyee Sinha, citiesRISE
Jennie Goldstein, Trauma Treatment Center
Sumitra Mishra, Mobile Creches
Maya Yaari, Royal Children's Hospital, Australia
Mary Rudolf, Bar-Ilan University, Israel
Carmel Blank, Taub Center Initiative on Early Childhood Development and Inequality
Deena Al-Zoubi, Royal Health Awareness Society
Ahmad Bawaneh, International Medical Corps

And staff at the Bernard van Leer Foundation: Kay Lankreijer, Andrea Torres, Claudia de Freitas Vidigal, Thaís Sanches Cardoso, Rushda Majeed, Siby Kurisunkal, Leontien Peeters, Daniella Ben-Attar, Liron Taitz Barkai, Elvira Thissen, Imke Verburg.

Annex 2: Indicators Included in Countdown Global Mental Health 2030 as of September 2021

Framework A: Determinants of mental health
Society/Family Situation
A.1.1 Children who experience any violent discipline (psychological aggression and/or physical punishment) in the past month (% 1–14 years old)
A.1.2 Women, business and law – parenthood Index
A.1.3 Women subjected to physical and/or sexual violence in the past 12 months (% of women age 15-49)
A.1.4 Estimated number of children (aged 0-17 years) who have lost one or both parents due to all causes

Economy
A.2.1 Gini index (World Bank estimate)
A.2.2 Child (0-17) income poverty rates (%)
A.2.3 Children (0-17) in households that lack basic facilities (%)
A.2.4 Mothers with newborns receiving maternity cash benefit (%)

Education
A.3.1 Children (aged 36-59 months) developmentally on track in at least three of the four following domains: literacy-numeracy, physical, social-emotional, and learning (%)
A.3.2 Participation rate in organised learning (one year before the official primary entry age), both sexes (%)
A.3.3 Percentage of children under 5 years experiencing positive and stimulating home learning environments, both sexes (%)

Physical health
A.4.1 Mortality rate, under 5 (per 1,000 live births)
A.4.2 Prevalence of stunting, height for age (% of children under 5)
A.4.3 Lifetime risk of maternal death (%)

Conflict situation
A.5.1 Number of refugee children age 0-4, by country of asylum (as % of population age 0-4)
A.5.2 Number of internally displaced persons by country (age 0-4, conflict and disaster)
A.5.3 Existence of mental health and psychosocial component of disaster preparedness, disaster risk reduction programme

Environmental Conditions
A.6.1 Mortality rate attributed to household and ambient air pollution, age-standardised (per 100,000 population)
A.6.2 Concentrations of fine particulate matter (PM2.5) (micrograms per cubic meter)
A.6.3 Ambient air pollution attributable DALYs (disability-adjusted life years) in children under 5 years

Mental Health and the Covid-19 Pandemic
A.7.1 Cumulative COVID-19 cases/100K population
A.7.2 Children (school age group 0-4) with internet at home (%)
A.7.3 COVID-19 Stringency Index

Framework B: Factors shaping the demand for mental health care
Attitudes to Mental Health
B.1.1 People who think about their mental well-being very/fairly often (%)
B.1.2 People who think that mental health is an illness like any other (%)

Burden B.2.1 Crude suicide rates (per 100,000 population, age 15-29)
B.2.2 DALYs due to MH+N conditions as % of all DALYs (age 0-4)
B.2.3 Total alcohol consumption per capita (litres of pure alcohol, projected estimates, 15+ years of age)

Financial Accessibility of Care
B.3.1 How the majority of persons with mental disorders pay for psychotropic medicines
B.3.2 How the majority of persons with mental disorders pay for mental health services

Framework C: Factors shaping the strength of the mental health system
Service Levels
C.1.1 Total number of visits to all outpatient services for children and adolescents in the past year (including services for developmental disorders)
C.1.2 Treated prevalence for severe conditions (non-affective psychosis, bipolar affective disorder, depression) [per 100,000]
C.1.3 Screening and brief intervention for substance use in antenatal services: alcohol use and alcohol use disorders
C.1.4 Parents who have had mental health education as part of prenatal care (%)

Human Resource Levels
C.2.1 Total number of child psychiatrists (government and non-governmental health facilities)
C.2.2 Number of healthcare workers (not specialised in mental health) who received mental health training in the past year (per 100,000 population)

Service Quality
C.3.1 Estimated percentage of primary care facilities that typically have available pharmacological interventions for mental health conditions
C.3.2 Psychosocial interventions for mental health conditions are available and provided at primary care level

Integration of Mental Health into other Services
C.4.1 Ongoing collaboration between the government mental health services in the planning or delivery of mental health promotion, prevention, treatment and rehabilitation services with relevant governmental and non-governmental stakeholders
C.4.2 People with mental health conditions receive social support (%)
C.4.3 Comprehensiveness of the government social support provided to persons with mental disorders

Sustainable financing and Efficient Spending
C.5.1 Government mental health expenditure spent on mental hospitals (%)
C.5.2 Government total expenditure on mental health (combined national and sub-national government expenditure) [As % of total government health expenditure]

Laws, policies and leadership
C.6.1 Country has a stand-alone policy or plan for mental health
C.6.2 Country has a plan or strategy for child and/or adolescent mental health [e.g., as a stand-alone document or as an integrated element of the national policy/plan adopted by government]
C.6.3 Ministry of Health systematically involves persons with mental and psychosocial disabilities in planning, policy, service development and evaluation: the majority of committees and subcommittees developing the above areas have representation of an organisation of persons with mental and psychosocial disabilities, or at least one person with a mental and psychosocial disability

Promotion and prevention
C.7.1 Strength of promotion and prevention programme (focus on: violence prevention, including child abuse; early childhood development/stimulation; parental/maternal mental health promotion) - number of individual programs listed nationally, values ranging from 0 to 5.
C.7.2 Prevention programmes for specific populations for alcohol: parents in the general population, pregnant women, children at risk and their families - number of individual programs listed nationally, values ranging from 0 to 3.

Monitoring and evaluation
C.8.1 Frequency of key mental health system data collection
C.8.2 Mental health policy/plan contains specified indicators or targets against which its implementation can be monitored
C.8.3 Availability and utilisation of indicators for monitoring and evaluation of current mental health policies/plans

Academic/expert networks and research
C.9.1 Gross domestic R&D expenditure on health – medical and health sciences (in '000 PPP$, constant prices – 2005)
C.9.2 Number of published articles on mental health research (defined as research articles published in the databases)


COUNTDOWN
GLOBAL MENTAL HEALTH
2030