Mental health and global strategies to reduce NCDs and premature mortality

Non-communicable diseases (NCDs) are the leading cause of death worldwide and are responsible for a large proportion of premature mortality. NCDs are largely preventable and global action plans have aimed to reduce the burden of NCDs through targeted action on risk factors for the main NCD categories: cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes. In particular, WHO has put forth the global action plan for the prevention and control of non-communicable diseases 2013–20,[1] which has among its goals a 25% relative reduction in premature mortality due to NCDs by 2025 (so-called the 25×25 goal) through targeted action on seven risk factors (tobacco use, harmful use of alcohol, physical inactivity, sodium intake, raised blood pressure, obesity, and diabetes).

However, WHO's 25×25 plan[1] is not without shortcomings. Silvia Stringhini and colleagues,[2] recently stressed the importance of socioeconomic status and provided support for including such risk factor as part of NCD reduction strategies. Another important component is shockingly absent from such global health initiatives targeting NCDs: mental health.[3] Mental health disorders, such as depression, represent an important risk factor for premature mortality in industrialised, but also low-income and middle-income, countries.[4-6] Importantly, mental health issues are linked to an increased risk for mortality due to associated physical health issues, such as cardiovascular disease and cancer.[4] Indeed, our understanding of the complex and bidirectional links between mental illness and the more frequently targeted NCDs is growing. For example, depression is associated with behaviours leading to increased risk of other NCDs (eg, alcohol consumption and tobacco smoking or dependence, poor diet, reduced physical exercise) and other underlying mechanisms (eg, abnormalities of the stress response system) are likely to be at play in linking depression with physical health. Moreover, depression negatively affects the treatment of other NCDs.[7] For such reasons, several scholars have argued for a coordinated approach aiming to prevent the more classic NCD targets and mental health jointly,[7,8] and for inclusion of mental health in global health agendas.[9]

Unfortunately, the weight of the mortality risk attributable to mental health problems such as depression remains, to date, under-represented in studies comparing risk factors for mortality, such as the Global Burden of Disease Study. As Harvey Whiteford and colleagues[5] noted, in the case of deaths of individuals with mental health or substance use disorders, often the final physical health problem is reported as the cause of death. Perhaps this difficulty in accurate estimation of years of life lost to mental health and substance use concerns has inhibited the inclusion of factors such as depression in strategies aiming to prevent premature mortality due to NCDs. Yet, the burden of mental health and substance use disorders as measured by years living with disability is well established.[5] Mental health disorders are a serious and often debilitating form of NCD with far-reaching consequences on quality of life and socioeconomic attainment, for individuals and their families, and throughout generations. They represent the leading cause of years living with disability worldwide, with the greatest mental health-related burden being attributable to depression.[5,8]

The state of the evidence on mental health as a contributor to the burden of disease has lagged behind that of physical health mainly because of factors such as stigma, underfunding, and complexity. We cannot afford to perpetuate this imbalance by excluding mental health from important global targets. Although specific mental health action plans exist,[10] mental health should be considered, along with social determinants of health, in global health initiatives targeting risk factors for NCDs.

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