Funding the future of mental health

The potential of next generation philanthropists to catalyse action.

Arabella Advisors

UNITED FOR GLOBAL MENTAL HEALTH

#MHPhilanthropy

Executive summary with summary of findings from interviews

Over 1 billion people around the world are living with a mental disorder, 81% of whom live in low- and middle-income countries. Yet, on average, countries spend less than 2% of their health budgets on mental health, and international global mental health funding in 2019 was only US$160 million.

The Covid-19 pandemic has dramatically increased global mental ill-health[1] – just as mental health services became the part of the world's health systems worst hit by the pandemic.[2] But despite the vast and growing need, global mental health remains under-resourced and underfunded – both from domestic and international sources.

1 L Kola, BA Kohrt, C Hanlon, et al. 'COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health', Lancet Psychiatry, 8 (2021), pp. 535-550

2 WHO (2021) 'Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic', WHO https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1

Our research for this report conclude these key reasons:

1. There is a lack of understanding among philanthropists of the needs of the mental health sector
2. Some donors are influenced by the negative and discriminatory attitudes – stigma – that still surround mental health
3. There is a perception that it is not possible to measure progress in mental health
4. The power imbalance between philanthropic and recipient organisations makes the trust needed for an effective partnership difficult to build
5. The lack of transparency inherent in the philanthropic sector
6. A strong tendency for philanthropists to fund domestic (often high income countries) mental health services, not services in the countries where they're most needed
7. Investment tends to be fragmented, rather than coordinated with other sources of finance, reducing its effectiveness and efficiency

This report explores how a new generation of philanthropists is overcoming these traditional barriers to catalyse systemic change in the funding of global mental health. To emulate their successes and to radically increase the impact of philanthropy in global mental health, we recommend:

For philanthropists:

1. Increase contributions to global mental health, while considering local needs and people with lived experience first through involvement in programme design and activities. Fund interventions in settings based on how ready they are to implement them, and to catalyse additional funding for mental health from other sectors, as outlined in the country packages (See page 34 for specific examples described in the action packages).
2. Provide multi-year core funding to help civil society and health systems build their capacity and resilience.
3. Integrate philanthropic financing into larger official aid-financing packages to increase efficiency and impact.
4. Set up networks for knowledge-sharing among donors to facilitate learning, increase the impact of investments, boost collaboration, and better understand how mental health investments affect investments in other social areas.
5. Increase transparency in the philanthropy sector to help build trust with recipient organisations and inform other donors about best practice.

For the global mental health sector:

1. Continue to build common global mental health metrics to demonstrate what works, and communicate this clearly to donors.
2. Amplify the work of the World Health Organisation (WHO), especially the Mental Health Atlas, which presents the available data on progress in global mental health.
3. Continue to communicate the needs of the sector effectively.
4. Recognise many next-generation philanthropists want to do more than simply provide funding – consider them as partners, and engage with them as such.
5. Seek to understand the practical challenges faced by philanthropists of giving globally, including tax structures and regulations, and help them to address them.

Methodology and definitions

This report follows a brief of the same title that examined challenges faced by philanthropists aiming to fund mental health. The brief featured key recommendations for the philanthropic and mental health communities, and reflected on the future of mental health philanthropy.

The report supplements what was in the brief with case studies and interviews with philanthropists. Arabella Advisors, philanthropic and impact investing experts, and United for Global Mental Health, experts in advocacy, campaigning and financing for mental health, interviewed 19 individual philanthropists, 16 of whom were under 40 and next-generation philanthropists, via calls and videocalls. The geographical locations of interviewees varied: 10 were from the United States, four from Australia, three from Europe, one from Singapore and one from India. A further ten philanthropists – based in the US, Canada and Europe, half of whom were under 40 –completed a survey. Many more philanthropists will be interviewed and surveyed over the coming years so we can update and refine the findings set out in this report.

For the purposes of this report, all interviewees remain anonymous, except for those highlighted in the featured case studies. Where unattributed quotes appear in the report, they are from one of the interviewees.

In this paper, philanthropy is defined as: The act of voluntarily transferring private resources to entities without receiving, or expecting to receive, anything of equal value in return. Philanthropy can take many forms – from the donations and support of corporate foundations to those of private individuals.

What is mental health?

Mental health exists on a continuum, ranging from positive, healthy functioning on one end, to mild mental ill health symptoms to severe mental ill health on the other.

Mental health continuum model [3]

Mental health does not exist in isolation. It's influenced by various biological and social factors. Some of these factors – such as experiences of poverty and violence – are external, and outside of a person's control.

Mental health is not a single issue; it is relevant to every area covered by the UN Sustainable Development Goals (SDGs). The chart below shows how various SDGs and other areas of development relate to mental health.

3 Adapted from UN Understanding Mental Health. [Accessed 19 May]. https://www.un.org/en/healthy-workforce/files/Understanding%20Mental%20Health.pdf

Funding the future of mental health

Relevant SDGs	Links with mental health	
1: No poverty	Poverty	A vicious cycle, poverty is strongly associated with an increased prevalence of mental disorders, and individuals living with mental disorders are more likely to remain in poverty.[4] This connection between poverty and mental illness is heightened by social exclusion, exposure to stress, and malnutrition, which all increase the likelihood of developing mental disorders.[5]
2: Zero Hunger	Stunting of children under five	Childhood stunting is one of the most significant impediments to human development, affecting approximately 162 million children under the age of five worldwide.[6] Inadequate nutrition can lead to long-term damage, including diminished cognitive development.
	Food insecurity	Food insecurity is linked to anxiety and depression.[7] Conversely, a healthy diet can have a positive effect on our mental health.[8]
3: Good health and wellbeing	Communicable diseases (e.g HIV/ TB)	Poor mental health is a risk factor for HIV and TB infection and, once infected, having HIV and/or TB are significant risk factors for developing mental disorders and then not adhering to HIV and TB treatments. Mental health integration into HIV services could speed up the reduction in the rate of HIV transmission by 11% by 2030, avoiding up to 1 million infections.[9]
	Non-communicable diseases (NCDs)	Mental illness affects and is affected by non-communicable diseases (NCDs). The risk factors for NCDs (poor diet, physical inactivity, tobacco and alcohol use, adverse childhood experiences and other social determinants) are also risk factors for mental health conditions. And having a mental health condition also increases the chance someone will develop an NCD. Both mental health conditions and NCDs are also risk factors for suicide.[10]
	Reproductive health	Worldwide about 10% of pregnant women (15.6% in low- and middle-income countries) and 13% of women (19.8% in low- and middle-income countries) who have just given birth, experience a mental disorder, primarily depression. In adolescent mothers, postpartum depression is estimated to be between 26-50%.[11]
	Children and young people	Half of all mental health conditions develop before the age of 14, and three-quarters before the age of 20. Suicide is the third leading cause of death for young people aged 15-19 years.[12]
4. Quality education	Educational attainment	Education providers can deliver mental health programmes, as well as services for children with learning disabilities and mental health conditions. SDG indicator 4.2.1 tracks the proportion of children under five who are developing a good level of psychosocial wellbeing.
5: Gender equality	Gender-based violence (GBV) and intimate partner violence (IPV)	People who experience GBV are more likely to develop mental health conditions. GBV is associated with long-term mental health problems, including PTSD, depression and anxiety.[13] Those experiencing IPV are more likely to develop depression and abuse alcohol, and are more likely to either commit or attempt suicide.[14]

4 Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., Swartz, L., & Patel, V. (2010). 'Poverty and common mental disorders in low and middle income countries: A systematic review'. Social science & medicine (1982), 71(3), 517–528. https://doi.org/10.1016/j.socscimed.2010.04.027

5 Ibid.

6 WHO (2014). Global Nutrition Targets 2025: Stunting policy brief https://www.who.int/nutrition/publications/globaltargets2025_policybrief_stunting/en/

7 Pourmotabbed, A. (2020). Food insecurity and mental health: a systematic review and meta-analysis. https://www.cambridge.org/core/journals/public-health-nutrition/article/abs/food-insecurity-and-mental-health-a-systematic-review-and-metaanalysis/CB76D90D879907A6050DCAE2AD4F07EE

8 Mental Health Foundation. Diet and mental health. https://www.mentalhealth.org.uk/a-to-z/d/diet-and-mental-health

9 Forthcoming UGMH paper

10 WHO. 'Synergies for beating NCDs and promoting mental health and well-being.' https://www.who.int/ncds/governance/high-level-commission/synergies-beating-ncds/en/

11 Manasi, K. et al (2019). 'Parental and carer mental health: the impact on the child. A narrative synthesis of existing evidence and opportunities.' https://unitedgmh.org/sites/default/files/2021-01/Narrative%20Synthesis%20Parent%20and%20Carer%20MH%20June%2014%202019.pdf

12 WHO. Adolescent mental health. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health#:~:text=Half%20of%20all%20mental%20health,%2D19%2Dyear%2Dolds.

13 Hossain, M et al (2021). 'Gender-based violence and its association with mental health among Somali women in a Kenyan refugee camp: a latent class analysis.' J Epidemiol Community Health

14 WHO, LSHTM, SAMRC. (2013). 'Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence.' Geneva: World Health Organisation, London School of Hygiene and Tropical Medicine, South Africa Medical Research Council.

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6: Water and sanitation for all	Access to water	Lack of access to water can cause sufficient stress to directly affect mental health.[15] The indirect effects of lack of water, such as the forced migration of rural people exposed to drought, can also be a significant risk factor for mental health.
	Access to sanitation	Inadequate sanitation can put women and girls at greater risk of experiencing gender-based violence, which has correlations with anxiety and poor mental health.[16]
8: Decent work and economic growth	Workplace	Every year, 12 billion days of productive labour are lost due to depression and anxiety. That is the equivalent to more than 50 million years of work.[17]
10: Reduced inequality	Inequality (economic, racial)	Income inequality and racial inequality are both mental health risk factors. The effects of racial discrimination, racial profiling and racial biases include psychological and emotional distress, PTSD, depression, anxiety, obsessive-compulsive symptoms, low self-esteem, chronic stress, and alcohol and substance misuse.[18]
	Human rights	Many people with mental disorders are denied their human rights – including the rights to education, employment, citizenship, legal status and access to healthcare.
11: Sustainable cities and communities	Environmental	For children, prenatal and postnatal exposure to air pollution has been found to cause damage to their neurological development. Postnatally, childhood exposure to traffic pollution has been linked to mental disorders such as anxiety and depression.[19]
	Housing	Poor housing and overcrowding can increase the prevalence of mental disorders.[20]
13: Climate action	Climate change	Climate-related disasters can cause mental health disorders; flooding and droughts are associated with anxiety, depression and PTSD.[21] There are also connections between rising local temperatures and suicide (1% for every 1°C rise);[22] and people with pre-existing mental health illnesses are at increased risk of dying during a heatwave.[23]
16: Peace, justice and strong institutions	Humanitarian	One person in five (22%) living in an area affected by conflict is estimated to have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia.[24]

15 https://blogs.bmj.com/bmj/2020/11/16/mental-health-in-water-scarce-cities-an-unrecognized-climate-change-pressure-point/
16 https://erg.berkeley.edu/wp-content/uploads/2018/10/1-s2.0-S0277953618305069-main-1.pdf
17 Chisholm D. (2016) Scaling-up treatment of depression and anxiety: a global return on investment analysis.
18 Cénat, J. (2020). How to provide anti-racist mental health care. The Lancet. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30309-6/fulltext#%20
19 WHO. (2018). Air pollution and child health: prescribing clean air. https://www.who.int/ceh/publications/air-pollution-child-health/en/
20 Webb, S., Weinstein Sheffield, E. & Flinn, B., (2020) Towards Healthier Homes in Humanitarian Settings, Oxford: Oxford Brookes University & CARE International UK
21 Watts, N. et al (2015). Health and climate change: policy responses to protect public health. The Lancet. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60854-6/fulltext
22 Lawrance, E. et al (2021). Grantham Institute Briefing paper No 36. 'The impact of climate change on mental health and emotional wellbeing: current evidence and implications for policy and practice', Imperial College London, Institute of Global Health Innovation, and Grantham Institute.
23 https://www.imperial.ac.uk/news/222193/healthcare-must-count-costs-climate-driven-mental/
24 Charlson, F. et al. (2019). 'New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis.' The Lancet. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext

These connections show the potential for development work to be enhanced by integrating a mental health component. One organisation striving to do just that is the Elton John Aids Foundation (EJAF). An established HIV/AIDS donor, it is gathering evidence on how support for mental health can benefit people living with or at risk of HIV. This evidence will be used to advocate for mental health to be fully integrated into the work supported by the Global Fund to Fight AIDS, TB and Malaria.[25] This will help improve the quality of life for people living with HIV by reducing barriers to mental health services, and it will lessen the future risk of more HIV infections among those experiencing mental ill health through outcomes such as increasing adherence to treatment.

What is global mental healthcare?

The term 'global mental health' can be narrowly defined as the sector of research and practice that aims to lessen mental suffering worldwide through the prevention, care and treatment of mental and substance use-disorders, and good mental health promotion.[26] Put simply, the goal of the global mental health sector is to improve the mental health of all individuals around the world, through an equitable approach. In this report we use the term 'global mental health' to refer not just to research and practice at a global level, but also at national level, particularly in LMICs.

The scale of the global mental problem

More than 1 billion people around the world are living with some form of mental disorder – 81% of whom live in low- and middle-income countries (LMICs).[27] Now, more than ever, people need access to quality, rights-based mental health services around the world.

This is a global and growing issue: the number of individuals living with mental, neurological and substance-use conditions is expected to rise in the future as the number of young people increase in low- and middle-income countries (LMICs) and the vulnerability of young people to ill mental health, and life expectancies grow in high-income countries (HICs) increasing the number of people with age related ill mental health such as dementia.[28] The Covid-19 pandemic has compounded the crisis, increasing anxiety and stress, and both raising demand for mental health care across the globe while significantly disrupting the mental health services needed to meet that demand.[29] [30]

25 'The Global Fund is a partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As an international organisation, the Global Fund mobilises and invests more than US$4 billion a year to support programs run by local experts in more than 100 countries. In partnership with governments, civil society, technical agencies, the private sector and people affected by the diseases, we are challenging barriers and embracing innovation.' https://www.theglobalfund.org/en/

26 Collins, P. (2020). What is global mental health? https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7491634/#wps20728-bib-0001

27 The term 'mental disorders' includes: substance use disorders, dementia, and self-harm. From Iemmi, V. (2021). Motivation and methods of external organisations investing in mental health in low-income and middle-income countries: a qualitative study. Originally sourcing Global Burden of Disease 2017 study.

28 Ryan, G., et al. (2019). 'Mental Health for Sustainable Development: A Topic Guide for Development Professionals'. K4D Emerging Issues Report.

29 WHO (2020). 'The Impact of COVID-19 on Mental, Neurological and Substance-use Services. https://www.who.int/publications/i/item/978924012455

30 WHO, COVID-19 continues to disrupt essential health services in 90% of countries, WHO [accessed 21 May: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1]

Mental health is under-resourced, and underfunded

Globally, mental health is under-resourced and underfunded. On average, countries are spending less than 2% of their health budgets on mental health. Spending also varies significantly between nations. While high-income countries spend on average around US$80 per person per year on mental health, low-income countries are spending on average just US$0.02 per person per year (see table, below). In contrast, the global average government spend on healthcare is US$722 per person per year.[31]

Mental health funding in LMICs	
National health budgets allocated to mental health (US$, per person per annum)[32]	Low-income: $0.02 Lower-middle: $1.05 Upper-middle: $2.62 80% of these funds are directed to institutions
Development assistance dedicated to mental health in 2019 (US$)[33]	$160 million, just 0.4% of all development assistance to health

To make matters worse, many countries allocate far too much of this spending to build and run institutions such as mental hospitals, rather than investing it in primary and community-based care. This is at odds with WHO best-practice guidance, human rights principles and the preferences of people with lived experience.

Despite this bleak picture, there are reasons for optimism. As knowledge and understanding of mental health grows, a wide range of individuals and organisations are keen to support effective mental health programmes, services and research. One such group with the potential to create catalytic change are philanthropists. There is also an economic case for investing in mental health. It has been shown that for every US$1 invested in scaling up treatment for depression and anxiety, there is a return of US$4 improved health and productivity.[34]

31 WHO, Global Health Expenditure Database https://apps.who.int/nha/database/ViewData/Indicators/en (data taken from last year of available data, 2018)

32 WHO (2018). Mental Health Atlas. https://www.who.int/mental_health/evidence/atlas/mental_health_atlas_2017/en/

33 IHME. Financing Global Health Viz Hub. https://vizhub.healthdata.org/fgh/

34 Chisholm D, et al. (2016). Scaling-up treatment of depression and anxiety: a global return on investment analysis. The Lancet Psychiatry. 2016;3(5):415-24.

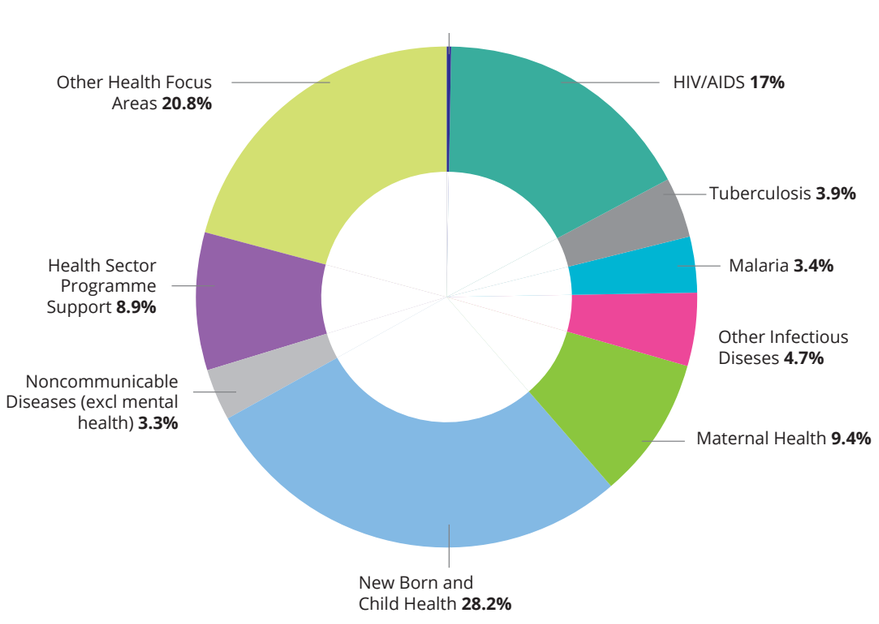
What can philanthropists bring?

Philanthropists have a unique role to play as funders. They can often move quicker and fund areas that governments and institutions may find difficult to support. Sectors perceived to be 'risky' by governments can be funded by philanthropists, and doing so can help to accelerate the case for government or private sector investment.

The next generation of philanthropists are in a particularly strong position to reverse the trend of neglect and underinvestment in global mental health. Next-generation philanthropists want to be metric driven, collaborative, and have real impact – all important attributes in tackling a crisis as global and complex as mental health. And critically, as one interviewee for this report put it in a reference to the fact that mental health is an issue that tends to be given higher priority by younger generations: "I see a wave of new funding coming into mental health in the coming years as next-generation philanthropists gain increasing influence over their family's giving."

Philanthropic funding for mental health

Research shows that philanthropic contributions constitute around 30% of total mental health sector funding – a sizeable proportion.[35,36] However, mental health receives just 0.5% of all philanthropic health spending – the lowest proportion of any branch of health.[37] As things stand, philanthropic spending on mental health is miniscule and fragmented, and does not reflect the needs of the sector.



35 Charlson, FJ, et al. (2017). Donor financing of global mental health, 1995–2015: an assessment of trends, c hannels, and alignment with the disease burden
36 Iemmi, V. (2020). Philanthropy for global mental health 2000–2015. Global Mental Health, 7, E9. doi:10.1017/gmh.2020.2
37 Ibid.

Why are philanthropists not yet funding mental health?

Our research set out to examine the reasons why philanthropists are not yet providing large-scale funding for mental health around the world. Of the 19 philanthropists we interviewed, 12 have supported mental health programmes in their own countries, three supported mental health initiatives in countries other than their own, and four have not invested in mental health.

The interviews we conducted with philanthropists revealed barriers to large global funding – both for philanthropists and for the global mental health sector.

Barriers to increasing investment in mental health around the world	
For the mental health sector	For philanthropists
Metrics and demonstrating what works	Lack of understanding of the needs of the sector and knowing what to fund or how to get started
Power dynamics with donors	Building trust with recipient organisations
The capacity of some recipient organisations to receive global funds or scale up to meet donor demands	Stigma
Getting funders to think globally as well as locally	'Closed-door' philanthropy
Fragmented investment	Tax incentives and domestic regulations that deter or restrict philanthropists from giving internationally

Barrier: lack of understanding of the needs of the sector

"The mental health space is so broad – 'like saying air' – where do you begin?"

In the interviews we conducted, many philanthropists mentioned a lack of understanding of the needs of the sector. And at a United for Global Mental Health webinar, the largest response to the question Why do you think philanthropic donors don't give more to mental health? was 'a lack of understanding of the needs of the sector'.[38] For some interviewees, complexity around language and terminology was an underlying cause of this barrier. For others, the breadth of the issue was the main challenge.

38 Out of 110 responses to this question, this answer received 72 votes

For some philanthropists funding work that directly or indirectly support mental health (e.g. environmental causes), there is not yet any explicit connection being made between their work and mental health, with the opportunity for synergies across the two fields of work being missed.

Another philanthropist said that they fund organisations that provide mental health support, but they don't feel comfortable identifying as a mental health funder as it was not the sole purpose of their giving.

Solution: As one interviewee said, a "…lack of education, not lack of desire, is the problem." One way for philanthropists to improve their understanding and learn more about the sector is to join a donor group and engage with knowledge-sharing platforms on global mental health. For example, donors interested in funding global mental health research could join the International Alliance of Global Mental Health Research Funders,[39] a donor group that helps coordinate investments and facilitate knowledge sharing. Joining the Global Mental Health Action Network[40] is another way for donors to collaborate, learn and network with mental health professionals around the world. For philanthropists keen to meet other mental health donors from around the world, the Future Mental Health Collective, run by NM Impact, is a trusted peer-to-peer forum that facilitates the free sharing of support, ideas and information.

Barrier: stigma

"Stigma depends on where you live… we see that adolescents confront stigma head on and are asking for mental health services"

The majority of interviewees used the word 'stigma', but in a variety of ways. For many, the stigma surrounding mental health was an issue of the past. However, for some, stigma is still very real, especially among older generations, and in particular geographical and cultural contexts. Where stigma remains, according to some of the interviewees, it either prevented people from speaking about mental health conditions, or meant donors might be worried about associating their name with mental health. There was, however, a general consensus among the interviewees that stigma is slowly dissolving as younger people become more open to discussing mental health and seeking solutions.

Solution: For the next generation of donors, the reduction of stigma could create a virtuous circle. The more the public, and donors, become educated about mental health, the more investment there'll be in the sector and the more stigma will decrease, encouraging further investment.

39 https://iamhrf.org/
40 The Global Mental Health Action Network is hosted by United for Global Mental Health. https://unitedgmh.org/global-mental-health-action-network

Barrier: metrics

"Mental health is hard to measure…"

Many interviewees mentioned the lack of metrics in mental health. Understandably, philanthropists tend to prefer to fund programmes that produce tangible and measurable outcomes. There is a perception that progress in mental health cannot be measured – something that may inhibit investment.

Solution: This perception must be challenged by the sector. The WHO's Comprehensive Mental Health Action Plan (2021-2030)[41] sets global objectives, targets and indicators to measure progress in the sector – showing that it can be done. Over 170 countries are reporting data for these indicators as part of the WHO Mental Health Atlas.[42] The Atlas is a powerful tool for providing insight into a country's mental health needs and opportunities for impact. It should be used for common measurement and understanding and amplified by donors and the global mental health sector.

There are also independent monitoring mechanisms emerging. Countdown 2030 for Global Mental Health, for example, is a global and independent mental health monitoring and accountability mechanism, which is led by Harvard University, working with United for Global Mental Health and the Lancet. It will launch in September 2021. The updated WHO Comprehensive Mental Health Action Plan (2021-2030) has compiled evidence about what works in tackling different mental health issues. For example, one of the most cost-effective interventions to tackle suicide is to ban the sale of high-strength pesticides in small quantities, reducing access to a common method of suicide.

Metrics in mental health research are also changing. The Wellcome Trust, along with the National Institute of Mental Health, has proposed a common set of measures on anxiety and depression in young people in the projects it funds.[43] This would enable data from various research projects to be combined and compared. While not without its criticisms,[44] the initiative could bolster mental health research and help demonstrate what works in mental health at a global scale.

41 WHO (2013). Mental health action plan 2013-2020. https://www.who.int/publications/i/item/9789241506021
42 WHO. Project Atlas. https://www.who.int/mental_health/evidence/atlasmnh/en/
43 https://www.linkedin.com/pulse/funders-agree-first-common-metrics-mental-health-science-wolpert/
44 Patalay, P., & Fried, E. I. (2020, July 29). Prescribing measures: Unintended negative consequences of mandating standardized mental health measurement. https://doi.org/10.1111/jcpp.13333

Barrier: power dynamics and trust
"The biggest barrier is power dynamics, and non-profits not feeling like an equal partner. We are doing the giving. That puts us in a position of privilege. We are trying to overcome that by using terms like partner vs grantee/grantor."

The balance of power between philanthropists and recipient organisations is skewed in favour of philanthropists. The Global North's dominant foundations and largest philanthropic donors can decide which areas should be funded and what constitutes best practice, with little or no input from recipient organisations. This can make it very difficult to build trust between philanthropists and recipient organisations. For some of the philanthropists we interviewed, this issue was hugely significant, with one donor saying it was the biggest barrier to effective philanthropy. Another philanthropist, who recognised their privileged position, said it took months to earn the trust of recipient organisations.

Solution: The next generation of philanthropists can challenge these power dynamics by rethinking how they work with and support organisations. Changing the language used to describe funding relationships is one way to help create a more equal partnership. Another is by providing multi-year core funding, which builds trust and allows organisations to build their own capacity and resilience – the Mariwala Health Initiative is one example of this kind of giving (see case study).

Mariwala Health Initiative
The importance of funding capacity building

Organisation: Mariwala Health Initiative

Country: India

Background: The Mariwala Health Initiative (MHI) is the only donor that focuses primarily on mental health in India. Raj Mariwala has been the Director of the Mariwala Health Initiative since its inception in 2015. As a next-generation philanthropist, Raj has led her family's work in mental health. She combines her own personal experience with her family's commitment to drive change through philanthropy, and takes a hands-on approach.

The scale of mental health need in India is huge. The Lancet estimates close to 200 million Indians have mental health disorders, with 56 million people suffering from depression and another 38 million from anxiety disorders. India also accounts for 36.6% of suicides globally. Suicide has surpassed maternal mortality as the leading cause of death among women and teenage girls aged 15-19 years. In India there remains a lack of sufficient investment in mental health infrastructure and the human resources required to respond at the scale that is needed.

Impact: As one of the earliest grant-making organisations to mental health in India, MHI has been a visionary force for change. It has expanded its work beyond grant-making into building alliances and partnerships with other social movements, and driving the advocacy work it has been uniquely positioned to lead.

One of MHI's invaluable contributions to the organisations it supports has been a focus on capacity building. One of the beneficiaries of this support is iCALL, which was initiated in September 2012 to offer professional, national-level mental health services. iCALL is a technology-assisted mental health service, which provides telephone, email and internet counselling in nine languages from trained mental health professionals.

When iCall first came to MHI's attention it had four phone lines and four counsellors, and received around 200-300 calls per month. The organisation was small, but showed potential, with mental health expertise that needed to scale. MHI sat down with the iCALL team once a month to work through the challenges they were facing, and supported them with pro-bono advice and technology, on top of funding. After five years of such support, iCALL has grown to taking around 2,200 calls and 1,300 emails each month.

Crucially, iCALL now also receives additional funds from other donors (including global funders), thanks in no small part to the growth MHI helped it achieve.

A key challenge for funders: MHI has found it difficult to identify good programmatic work to support because so few organisations are set up to receive major funding.

Many organisations in India are legally required to have been operating for four to five years, and meet minimum income and capacity requirements, to receive international funding – criteria which most do not meet. This can result in global donors providing funding for mental health work to the larger health organisations – the ones they know well and which meet their requirements (i.e. those that have previously received global funding) – even if these organisations don't have the necessary mental health expertise.

So a vicious circle is created: excellent and promising local mental health organisations with solutions that need to scale do not receive funding because they have not previously received funding. This demonstrates clearly why donors need to invest in capacity building.

MHI has responded to this challenge. It has taken the following steps to help organisations gain the capacity they need to receive other funding (including global funding):

1. **Makes its grant process transparent and accessible:** anyone can apply, it's not limited to existing relationships.
2. **Ensures grant applications are easy:** organisations can apply with a simple concept note via email.
3. **Supports applicants through their applications:** every organisation MHI is interested in funding, following their initial concept not submission, receives hands-on support to write and finalise their application.
4. **Provides long-term grants and ongoing capacity-building support:** it recommends providing a minimum of six years of funding, and commits to ongoing capacity-building support over this period.
5. **Ensures salaries are properly funded** to help build the organisation's capacity.
6. **Undertakes advocacy, as a funder, to grow wider support:** both to encourage other funders to give to mental health, and to be involved in campaigns to increase government funding and commitments.

Top tip for funders: "Part of our mission is to increase funding [for mental health] in India, because we did not want to be the only one" - Raj Mariwala. That means helping budding organisations doing good work to build their capacity so they can attract funding from other – national and global – donors.

Trust is a two-way street and takes time to build. Both philanthropists and recipient organisations need to be open and transparent so they can assess what the other can bring to the table, and have a genuine partnership. As one philanthropist acknowledged, engaging and being present with organisations on the ground, and being transparent, was key to cultivating good relationships.

Barrier: closed-door philanthropy

"It is an opaque field…"

Unlike traditional government donors and multilateral organisations, which are ultimately accountable to taxpayers, philanthropy has little or no need to publicly disclose financial information, and foundations are only accountable to their boards and funders. Without accountability, philanthropists can choose to continue to work behind closed doors, to the potential detriment of the very people they intend to benefit and the support they seek to provide.

Solution: Philanthropists should share information about how they spend their money. That will help show the impact of their investments, and make them more transparent and accountable to those they are seeking to support. They should also provide information on their strategy and how they receive funds. This will inform how other funders plan their expenditure and ensure systems are aligned rather than fragmented. Philanthropists can also share funding data on a common platform, like International Aid Transparency Initiative or with the OECD, to help avoid duplication.

Such openness would require a cultural shift in philanthropy – a shift that could only be made if philanthropists act collaboratively and as trailblazers. The financing mechanisms explored in later in this report include ways in which philanthropic donors can work in collaboration.

Barrier: local, not global

"Why would we go elsewhere when we have so much need here?"

Among our interviewees, there was a split between those philanthropists who gave locally, generally in high-income countries, versus those who gave internationally, generally in low- and middle-income countries (10 local, nine internationally). For some, the need for global investment was not apparent, and they felt that giving back locally was more urgent. For others, government regulations on global giving and the receiving of global funds served as the main challenge.

For Australian philanthropists, for example, tax incentives to direct funding towards domestic causes were the main barrier to supporting global work. And in India, recipient organisations must meet certain legal requirements to receive foreign funds, presenting a challenge for newer and smaller organisations.[45]

It is understandable that philanthropists might be inclined to invest in mental health in their own countries or areas, but this tendency may well mean funding is not directed where it is most needed.

Solution: For impact-driven donors, an argument can be made that there's a greater return on investment in many low- and middle-income countries than in high-income countries due to finance generating more resources and inputs.

Both philanthropists and the mental health community should recognise the benefits to be gained domestically from engaging globally. One donor, who gives internationally, explained how solutions developed in one country can be used to benefit another. And as The Lancet Commission on global mental health and sustainable development states: "All countries can be thought of as developing countries in the context of mental health." So we can all learn from each other.[46]

45 The Council on Foundations. 'New Indian FCRA Amendments Impact Foreign Grants to Indian NGOs' [Accessed 19 May] https://www.cof.org/news/new-indian-fcra-amendments

46 Patel V, et al (2018). 'The Lancet Commission on global mental health and sustainable development.' The Lancet, 392(10157):1553-1598.

Barrier: fragmented investment

Philanthropic funding is frequently uncoordinated or dislocated from other sources of mental health finance – be that domestic government spending or official aid. This can result in key groups, geographical areas and service types being missed.[47] Conversely, there can be overlaps, where philanthropically funded local service providers duplicate government programmes, sometimes leading to a perception that public service is of low quality or that the same individuals are being assessed time and time again. Coordination can eliminate these problems, and improve services through knowledge and practice sharing.

Solution: Philanthropic funding can be integrated into larger financing packages, resolving many of the problems caused by lack of coordination. Such packages include financing sources such as official aid, and have been designed in consultation with national and local governments, and CSOs in the recipient country. For example, philanthropic funding could make up 20% of a mental health finance package, alongside 50% of official aid from a foreign government and 30% of domestic government finance.

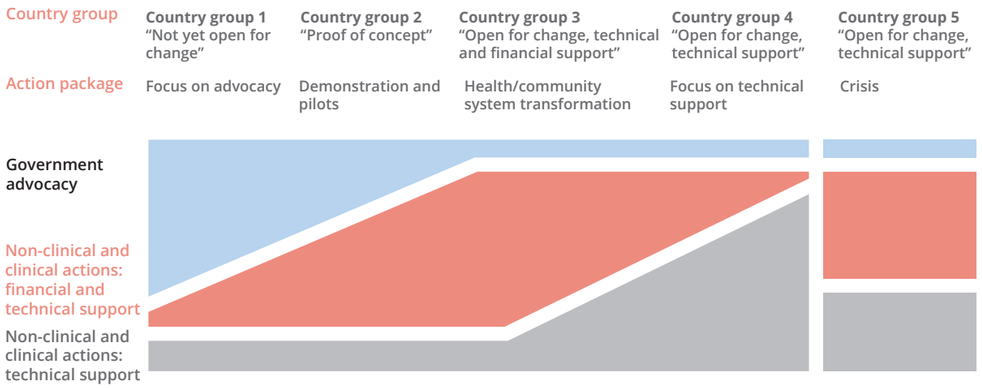
Philanthropists can also use development impact bonds (DIBs), where private investors provide up-front capital for services and are repaid by an 'outcome funder' (potentially a philanthropist), contingent on agreed-upon results being achieved. DIBs blend impact investment, results-based financing, and public-private partnerships (PPPs), with much greater safeguards than with traditional private sector investments or PPPs.

Coordinating investments also means philanthropy can catalyse other funding and shape where large finance packages are invested – with the potential to have a dramatic impact on a country's mental health services. Also, it means philanthropists can use their influence to ensure that international finance packages for health or education include a mental health component. Further, as part of receiving such financial packages, governments often agree to increase and improve domestic resources for the areas the package focuses on. In this way, philanthropy has the power to help catalyse sustainably financed mental health systems across the world. Further ideas of financing mechanisms that can be used by philanthropic donors are also explored in the section of this report titled 'What happens next?'

47 ODI (2016). An age of choice for development finance: evidence from country case studies. https://odi.org/publications/10390-age-choice-devel- opment-finance-evidence-country-case-studies

Opportunities for philanthropists to invest in global mental health

Philanthropists who want to invest in mental health may not know where to start. A framework developed by the Boston Consulting Group for United for Global Mental Health outlined various 'action packages' of investment by country grouping.[48] Country groupings are defined by a country's readiness to implement mental health programmes, and then action packages are provided based on a country's grouping. The framework serves as a light-touch guide to be customised and adapted according to a country's culture and context, worked up in partnership with local authorities, and based on evidence. As always, the needs of people living with or at risk of a mental health condition, and the specific country context, should always be taken into account first.



Source: Lion's Head Global Partners (2018). Financing Global Mental Health.

48 This work is found in: Lion's Head Global Partners (2018). Financing Global Mental Health. http://unitedgmh.org/sites/default/files/2020-09/Financing-for-Global-Mental-Health-2018.pdf

The action packages included in the framework are further described in the following table, which has been updated and adapted to include examples of possible philanthropic investment. It is then followed by concrete examples of funding in these areas.

Action packages descriptions[49]		Unique role of philanthropy to fund
Focus on advocacy	Influence government attitudes to mental health, stimulate mental health leadership, open the door to further work.	Fund leading national advocacy efforts to accelerate government or business action on mental health. Philanthropy is uniquely positioned to finance this work, which cannot always be funded by governments, and is essential for catalytic change.
Demonstrations and pilots	Provide funds and expertise to run well-evaluated demonstration or proof-of-concept projects, and advocate for movement to scaled transformation.	Fund well-evaluated innovations, and use globally agreed global funding metrics to strengthen global evidence. Partner and co-fund with organisations and research institutions which are experienced in proving the efficacy of innovations. Key funders for philanthropists to be aware of are the Wellcome Trust, which has agreed common metrics to use to evaluate mental health innovations, and Grand Challenges Canada which is experienced in funding global innovations and has a strong and growing portfolio of tested innovations.
Health and community system transformation	Provide funds and expertise to transform mental health system development/reform.	Governments are uniquely positioned to fund and implement transformative systems change. So, philanthropists should work in collaboration with governments and local partners to support task-shifting approaches, strengthening community-based care services and integrating mental health services in primary care.
Focus on technical support	Provide technical expertise to accelerate transformation.	Work with governments, universities, and local NGOs to fund the evaluation of programmes, and support technical training programmes
Crisis	Provide emergency mental health aid as well as fund transformation and scaling of care. This often presents an opportunity to effect transformative change quickly.	Work with local government, NGOs and local partners to fund mental health and psycho-social support programmes in times of crisis to ensure efficiencies.
Funding for innovation and multi-country assets	Create assets that could be used in many countries; create central capacity; provide 'accelerator'-type funding for promising projects.	Fund digital mental health interventions, and support global data sharing initiatives, like Countdown 2030.[50]

49 From: Lion's Head Global Partners (2018). Financing Global Mental Health. http://unitedgmh.org/sites/default/files/2020-09/Financing-for-Global-Mental-Health-2018.pdf

Funding policy and advocacy

Advocacy and policy form a unique area that philanthropists can play a significant role in funding. As one interviewee said, "Philanthropy exists because the government is not doing what they are supposed [to]."

In Australia, the Colonial Foundation has demonstrated that investing in policy and advocacy is one of the fastest ways to scale up sustainable mental health services – including ensuring that governments not only commit to prioritising mental health but follow through with that commitment (see case study below).

50 Saxena, S. (2019). Countdown Global Mental Health 2030. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30424-6/fulltext?dgcid=raven_jbs_etoc_email

Advocacy for Mental Health in Australia
The catalytic effect of funding advocacy

Philanthropist: Colonial Foundation

Country: Australia

Background: Only 4% of philanthropists give to mental health in Australia. One key reason, identified by the research of EY (a multinational accountancy corporation) and Future Generation, is that: "Funders think it's the domain of government. They may not understand the minutiae of government work versus the need. They may not appreciate the gap."

Yet philanthropy could both increase the support it gives mental health, and advocate for more government action.

The Colonial Foundation is a notable example of such visionary philanthropy. In 2001, the Foundation identified the need for increased mental health support and provided catalytic funding to a leading youth mental health expert, Professor Patrick McGorry. This funding led to the establishment of a new medical research institute called Orygen, which is a collaborative partnership between the Colonial Foundation, the University of Melbourne and Melbourne Health.

Orygen enabled the Colonial Foundation to broaden its research and increase its support for young people across the country. It also helped persuade the government to design, fund and upscale mental health support nationally.

Impact: Contributions of US$35.6 million over 17 years from the Colonial Foundation scaled up support to young people across the country, from an initial 10 Headspace Centres in 2007 to 130 now and to a planned 164 by 2023. Headspace Centres are one-stop shop locations across Australia for young people who need help with mental health, physical health (including sexual health), alcohol and other drugs or work and study support. An online mental health service for young people called 'eHeadspace' (an online version of headspace centres) was also created, along with 'Headspace Schools', an interactive website and digital work and study service. The success of this model in producing better access to mental health services and mental health outcomes, and in engaging young people, local communities and political leaders, has led to 12 other countries developing similar models of care.

During this time, Orygen has grown from a small organisation with an annual budget of AUS$3 million for research to become Australia's largest medical research institute in mental health with an annual budget of over AU$100 million (AU$50m for research and non-clinical activity) per annum, including expanded clinical services.

Orygen, with the support of Colonial Foundation, conducts campaigning and advocacy work, and has helped bring about a marked increase in government support for mental health. Since 2001, more than AU$2 billion of new funding has been allocated to youth mental health alone. Federal and Victorian budgets for 2021 have just allocated an extra AU$6 billion dollars to mental health care, with a major focus on mental health in young people.

The government has recognised the need for major mental health reform and has set a deadline for a new national agreement to be in place by November 2021.

These commitments are excellent first steps, but much more must be done. Mental health care funding should be 2-3 times the current levels if all Australians who need it are to receive timely access to mental health care, just as they do for cancer and other medical conditions.

Challenge for funders: There is an opportunity for philanthropists to step up and advocate for the government to deliver the funding so urgently needed. Colonial Foundation's example has shown the scale of impact that is possible.

Top tip for funders: Investing in policy and advocacy alongside your programmatic funding – ensuring that governments not only commit to prioritising mental health but follow through – is one of the fastest ways to sustainable scale.

Funding demonstration and pilots
There are proven innovations that promote positive mental health outcomes.
One example, the Friendship Bench, demonstrates how these innovations also need funding at scale.

The Friendship Bench Dilemma
How to scale proven solutions when it's not something global funders have prioritised.

Organisation: The Friendship Bench

Country: Zimbabwe

Background: The Friendship Bench is a Zimbabwean non-profit organisation created to generate funding for common mental health disorders.

In Zimbabwe, an estimated 30% of people experience common mental disorders, yet access to mental health care within primary care is extremely restricted. Very few mental health professionals work in public health care, resulting in an enormous treatment gap.

The Friendship Bench works to fill that gap. It trains and supervises community health workers to recognise mental illness using a locally validated assessment tool and to offer evidence-based talk therapy. These community health workers sit on 'Friendship Benches' (large wooden benches) within primary health care clinics or offer their services in the community, giving people who need support someone to turn to.

Impact: More than a decade of rigorous research has found that patients with access to a trained community health worker on a friendship bench experience a 80% reduction in suicidal ideation after six months. The programme now operates in 70 communities across Zimbabwe and has treated more than 70,000 people over the past five years. The work is expanding into Malawi, Kenya, Zanzibar, the US (New York) and Jordan.

An opportunity for funders: The Friendship Bench demonstrates that there are clear evidence-based ready-to-scale solutions to meet Zimbabwe's significant unmet mental health needs.

At its inception, the Friendship Bench received support from global funders for research and innovation. For example, in early 2016 Grand Challenges Canada provided it with US$600,000 to scale up the programme.

The Friendship Bench has received global media recognition and there's been overwhelming demand to expand the work around the world. And yet it has not been easy for Friendship Bench to secure the funding it needs to grow. With less than 2% of global health budgets dedicated to mental health, there has historically been very little funding for scaling interventions, even those that have proven successful. And only an extremely small number of donors have so far chosen to fund scaling mental health solutions like this in low- and middle-income countries.

Nevertheless, by 2025, the Friendship Bench aspires to be active in 10 countries serving 5 million people.

A key challenge for funders: Funding proven interventions like the Friendship Bench to scale is a clear opportunity for donors with an interest in global mental health. However, donors also need to have a realistic understanding of the capacity of organisations to scale – one of the key challenges the Friendship Bench faced was having the necessary in-house expertise and capacity. It needed core funding to invest in essential operations – for example, staff with the necessary skill, new governance structures, and internal systems. These areas of core funding are often overlooked by donors, but they are a prerequisite for scale.

Recently, a funder has stepped in to provide the Friendship Bench with this kind of support. It is helping Friendship Bench to set up the systems required to scale: joining their board, mentoring their staff, helping building the required systems and set up in new markets, and introducing it to networks.

As the Friendship Bench and other organisations with evidence-based models look to scale in their own countries and around the world, more funders will be needed to provide this kind of hands-on support, not shying away from funding core operations as well as the programmatic work.

Funding technical support

Funding technical support can vary widely depending on a country's needs. A country may need support with drafting mental health laws and policies, with programme work or evaluation, or with converting psychiatric institutions into general hospitals. In Croatia, for example, the Open Society Foundations fund work on deinstitutionalisation of those with mental illness and developing community-based housing services for people with learning disabilities.[1]

Funding humanitarian work

Mental health needs during a crisis are often severe. Philanthropists can fund response and recovery programmes that fully integrate mental health and psychosocial support (MHPSS). They can support NGOs that provide mental health services during humanitarian crises – like the International Committee of the Red Cross, Médecins Sans Frontières, and local organisations. Various foundations have supported MHPSS activities globally, including the Lego Foundation, Vitol Foundation, and the SHM Foundation via project Ember.

Funding for innovation

Philanthropy is well suited to fund innovation, including digital tools like apps that help people self-diagnose, or that provide access to a virtual therapist and/or community worker (note, however, that mental health apps are not regulated and can pose further challenges such as low quality treatment). Other areas of potential funding include digital platforms for international knowledge-sharing, or global data sharing initiatives, like Countdown 2030.

For philanthropists that want to learn more about how to invest successfully in global mental health, Fondation d'Harcourt serves as an excellent example:

1 Klein, J. (2014). Deinstitutionalization in Croatia: A Summary of Open Society Support https://www.opensocietyfoundations.org/uploads/9ee9929a-ce89-4e95-be06-42f97b9cf6f4/deinstitutionalization-croatia-20140708.pdf

Fondation d'Harcourt

The impact of investing in mental health globally

Organisation: Fondation d'Harcourt

Country: Switzerland

Background: Fondation d'Harcourt (FdH) was established by the d'Harcourt family in 1964 as an independent, non-profit foundation. It was one of the first private philanthropic foundations in the world to prioritise global mental health. The foundation identified mental health as a common concern for many of the marginalised communities it had supported in the past. This coincided with new global data released by the WHO in 2002, citing mental health as one of the world's largest unmet needs.

Next-generation philanthropist Gaia Montauti d'Harcourt, who now leads FdH's work as a managing director, strongly supported the decision to make mental health a focus area for the foundation.

Impact: Since 2005, FdH has partnered with over 25 organisations to support mental health interventions around the world, and paved the way for other philanthropic efforts to follow. It partners with, and funds, organisations focusing on:

1) Ensuring access to mental health care
2) Empowering people suffering from mental illnesses and their families
3) Promoting the psychosocial wellbeing of vulnerable groups.

FdH takes a two-fold approach: providing funding to catalyse public sector spending and integration to scale up interventions, and funding smaller organisations that implement on the ground.

For example, it regularly partners with the WHO to identify and scale interventions that could be adopted by national governments. One such partner is Step-by-Step, a research project to test the effectiveness of an e-mental health solution for use with displaced people living in Lebanon. This computerised psychological self-help therapy has proved effective and is now being scaled up through the government in Lebanon.

However, FdH believes not all projects can and need to be scaled up – and also funds smaller organisations that are working on the ground.

Challenges for funders: One of the major challenges FdH faced when starting to fund global mental health was deciding what to fund. Its experience provides insights for other potential mental health funders, especially those who are new to mental health funding, or are entering an area of need as a sole funder:

1. **For new funders in global mental health: learn and surround yourself with experts and advisors.** Being based in Geneva, FdH began its journey by speaking and listening to the global experts at the WHO and International Organisation for Migration (IOM), who had a global view of what was needed and was working.
2. **When deciding what to fund, consider how best to achieve impact at scale – and act both globally and locally (and ensure this is based on each country's needs and local context).** If you want to have a scalable impact, consider partnering/funding the work of global institutions (for example, the WHO) who can achieve scale, as well as smaller organisations who are doing the implementation (especially in countries where the government is not). "There wasn't any other partnership that was able to create such scalability as with the WHO. They have the power to scale globally." - Gaia Montauti d'Harcourt
3. **Commit to multi-year funding:** FdH originally aimed for 1-3 year funding cycles, but quickly realised that a longer time commitment was needed in mental health because the sector has been underfunded for so long, and relevant organisations are starting from a lower base.
4. **Commit to and support your exit strategy.** An integration into a public partnership is ideal, but could also include building sustainable funding solutions, or supporting partners to secure new funders in your place. This process should start from the beginning of the partnership.

An opportunity for funders: The impact you could have on people's lives by funding global mental health is huge, especially when it has been so underfunded for so long, and the unmet need is so enormous. "Be prepared to not see results immediately – these take time. If you go into a crowded funder space you may see results more quickly, but you will have a significant impact when going into an area that has not received funding to date." – Gaia d'Harcourt

Top tip for funders: "Funding in both low-income and high-income countries can be beneficial as it provides an opportunity to learn from each other, and can be a sharing experience. Mental health unifies us all." – Gaia d'Harcourt

What happens next: How to generate sufficient philanthropic funding to deliver good mental health for all?

The next phase of this project, following this report, will look at how to massively scale up philanthropic funding, a topic explored in a paper by United for Global Mental Health with Lions Head Partners in 2018. It looked at different financing mechanisms and then recommended the appropriate one(s) depending on the action package described.

The financing mechanisms they explored included:

- **An International Financing Facility for mental health** to generate a critical mass of predictable finance from donors. This would overcome the barrier of fragmented finance and help LMICs make long-term budget and planning decisions on critical mental health programmes.
- **A mental health capital account** taking an endowment approach to securing long-term funding. This would increase the sustainability and predictability of funding from donors for low-level mental health programmes in LMICs, while being able to use common evaluation metrics.
- **A mental health guarantee facility** to help LMICs increase their access to concessional loans from multilateral development banks above their borrower limit, on the condition that the additional funding will be spent on mental health projects or systems. This helps encourage domestic investment alongside philanthropic funding to increase sustainability and accountability.
- **A mental health giving pledge** to pool resources for one-off mental health crises, innovations or projects requiring early-stage or catalytic capital outlays. This approach could increase philanthropic transparency if the collective accounts are published; and it could provide a group of peers for philanthropists new to the global mental health sector to learn with.

Philanthropic financing barriers	How financing mechanisms can help
Difficult to know what to fund or how to get started Power dynamics and lack of trust	Pooled funding mechanisms can make it easier for philanthropists to empower impactful disbursement at scale
Stigma	A major financing initiative (e.g. giving pledge) can increase the leadership of significant donors, which in turn can help to change the dynamics around funding mental health.
Lack of consistent metrics	Pooled or collaborative funding mechanisms can facilitate the promotion of consistent metrics and, where possible, joint reporting, reducing the administrative burden on delivery partners.
Closed-door philanthropy and lack of transparency or coordination Fragmented funding	Joint funding initiatives help to improve transparency and coordination. Mechanisms used to mobilise conditional public sector or development funding can increase the leverage and impact of philanthropic funding.

The following table further describes the various funding mechanisms that were investigated.

Comparison of financing mechanisms

Financing mechanism	What is it?	Type of intervention it could support?	Who could it support?	Political feasibility	Domestic resource mobilisation?
International Finance Facility (IFF) for mental health	A facility that provides a critical mass of loan-based financing to deliver predictable funding for major mental health reforms	Infrastructure (incl training), advocacy and emergencies	One implementing agency, i.e. the mental health equivalent of a Gavi	Requires a champion i.e. a donor and implementing agency	Potentially
Mental health capital account	Long-term, predictable, and sustainable funding opening ways for different donors to commit.	Up-scaled mental health services	Range of agencies or government	Reasonable as using donor balance sheet rather than cash	Could make receipt of funds conditional
Mental health guarantee facility	Donor guarantees increase the quantum or concessionality of funding available to LMICs	Infrastructure	Recipient governments	Doesn't require additional donor capital, established precedent	Yes
Mental health giving pledge	Allows smaller funders and donors to support mental health in a more personal and controlled way	Depends, but crises, emergencies innovations and specific projects	Depends	High	Could make receipt of funds conditional
Mental health development impact bond	Up-front capital is provided by private investors who are repaid by a donor contingent on the achievement of agreed-upon results.	Up-scaled mental health services	Recipient governments and other service providers	High	Results could include increased sustainable domestic mental health finance

Of the four financing mechanisms identified, it is the mental health giving pledge that most naturally lends itself to philanthropic donors.

Since these mechanisms were explored, a range of new initiatives have emerged – from the Healthy Brains Financing Initiative to the Rare Impact Fund. Encouraging as these are, there is still much to understand and to do to facilitate and accelerate philanthropic giving.

In the next phase of this project we will revisit the mechanisms discussed in the 2018 paper; look at what additional options have emerged in recent years; and identify which of these would best accelerate and leverage philanthropic funding for the future.

The mental health giving pledge approach needs to be explored further, and the following considered:

- **a collective approach to raising significant financing through pooling funds**
- **the willingness of next-generation philanthropists to participate.**

This approach will require visible leadership and clear incentives for philanthropists to get involved. There are helpful lessons to be learnt from other global issues, such as the HIV/AIDS epidemic, where it has worked extremely well.

Matching action packages and financing mechanisms

Action package	Action package description	Financing mechanism
Focus on advocacy	Influence government attitude to mental health, stimulate mental health leadership, open the door to further work	Mental health giving pledge; International Finance Facility (IFF) for mental health
Demos and pilots	Provide funds and expertise to run well-tracked pilots, and advocate for movement to scaled transformation	Mental health giving pledge
Health and community system transformation	Provide funds and expertise to transform the mental healthcare system, at scale	Mental health guarantee facility; mental health capital account; International Finance Facility (IFF) for mental health
Focus on technical support	Provide technical expertise to accelerate transformation	Mental health guarantee facility; mental health capital account; IFF for mental health
Crisis	Provide essential emergency mental health and psychosocial support, as well as fund transformation and scaling of care	Mental health giving pledge; International Finance Facility (IFF) for mental health
Funding for innovation and international assets	Create assets that could be used in many countries; create of central capacity; provide "accelerator"-type funding for promising projects	Mental Health Giving Pledge; International Finance Facility (IFF) for Mental Health

Conclusions

Mental health is under-resourced and underfunded from both national and international sources. Why has there has been no large-scale concerted philanthropic effort to increase investment and fill this gap?

Various barriers are standing in the way: a lack of understanding of the needs of the mental health sector, asymmetric power dynamics between philanthropic donors and recipient organisations, the opaqueness of philanthropy, issues with mental health metrics, and stigma. Yet with progress being made in each of these areas, an opportunity is opening up for philanthropists to make revolutionary changes to mental health, and to positively impact the lives of millions of people.

However, to make these changes, both philanthropists and the global mental health sector need to understand the barriers that each face and address the challenges together. This report has highlighted these challenges, and offered solutions to each. It also serves as a framework for philanthropists and the sector to work together so philanthropists can engage more effectively in global mental health and catalyse long-lasting, positive change.

Further initiatives are planned by NM Impact, led by next-generation philanthropist and investor in mental health, Natasha Muller, to provide additional practical support for fellow philanthropists looking to enhance their funding or take their first steps into funding mental health.

Recommendations

To rapidly increase action on mental health globally and ensure that everyone has the care they need, we recommend that philanthropists and the global mental health sector do the following:

For philanthropists:

1. Increase contributions to global mental health, while considering local needs and people with lived experience first through involvement in programme design and activities. Fund interventions in settings based on how ready they are to implement them, and to catalyse additional funding for mental health from other sectors, as outlined in the country packages (See above for specific examples described in the action packages).
2. Provide multi-year core funding to help civil society and health systems build their capacity and resilience.
3. Integrate philanthropic financing into larger official aid-financing packages to increase efficiency and impact.
4. Set up networks for knowledge-sharing among donors to facilitate learning, increase the impact of investments, boost collaboration, and better understand how mental health investments affect investments in other social areas.
5. Increase transparency in the philanthropy sector to help build trust with recipient organisations and inform other donors about best practice.

For the global mental health sector:

1. Continue to build common global mental health metrics to demonstrate what works, and communicate this clearly to donors.
2. Amplify the work of the World Health Organisation (WHO), especially the Mental Health Atlas, which presents the available data on progress in global mental health.
3. Continue to communicate the needs of the sector effectively.
4. Recognise many next-generation philanthropists want to do more than simply provide funding – consider them as partners, and engage with them as such.
5. Seek to understand the practical challenges faced by philanthropists of giving globally, including tax structures and regulations, and help them to address them.

Suggestions for further reading

WHO Mental Health Overview
WHO Comprehensive Mental Health Action Plan
WHO Mental Health Atlas (2017)
United for Global Mental Health. The Return on the Individual Report
Chisholm, Dan et al (2016). Scaling up treatment of depression and anxiety: a global return on investment analysis
Iemmi, Valentina. (2020). Philanthropy for global mental health 2000–2015
Milken: Philanthropic Action for America's Mental Health System. Giving smarter in the age of COVID19
Future Generation Investment. (2019). Australia's mental health crisis, Why private funders are not answering the call
The Center for High Impact Philanthropy: Health in Mind: a philanthropic guide
Center for Disaster Philanthropy. Philanthropy and COVID-19 in the first half of 2020.
Mariwala Health initiative: Mental Health Matters
Lombard Odier. How Can Philanthropists Make a Difference to Mental Health? A Donor Brief
Patel V, et al (2018). The Lancet Commission on global mental health and sustainable development

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