

# Unlocking the power of philanthropy:

How next-generation philanthropists can transform mental health funding



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#MHP Philanthropy

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Today more people than ever before are sharing their concerns about their mental health and that of their friends, family and members of their community. Despite this, a tiny fraction of the funds spent on health are focused on mental health.

A new and rapidly growing generation of philanthropists could help transform the way mental health is funded in the future – potentially changing the lives of millions of people across the world. This paper provides a snapshot of current philanthropic mental health funding and how next-generation philanthropists can make their funding more catalytic and impactful.

This paper will be followed by a larger report that contains more in-depth research, including interviews with next-generation philanthropists. We explore what is holding philanthropists back from giving (or giving more) to mental health, and highlight how philanthropists can overcome the barriers.

### The scale of the problem

Over 1 billion people around the world are living with some form of mental disorder, and 81% of these individuals live in low and middle-income countries (LMICs).<sup>1</sup> Suicide, one of the most extreme manifestations of poor mental health, is the second leading cause of death for young people ages 15-29, and claims the life of one person every 40 seconds.

Now, more than ever, people need access to quality, rights-based mental health services around the world. This is a truly global issue, as the number of individuals living with mental, neurological and substance use conditions is expected to rise in the future as youth populations increase in low- and middle-income countries (LMICs) and life expectancies increase in high-income countries (HICs).

The COVID-19 pandemic has brought even more challenges, increasing overall population levels of anxiety and stress, and subsequently increasing the demand for mental health services across the globe. The majority of countries have reported disruptions in mental health services and limited, if any, increase in mental health despite its inclusion in COVID-19 response plans. Despite the need, the investment is just not there.

But there is good news. At the same time, better knowledge and understanding of what People with Lived Experience (PWLE) truly believe will help them most, combined with advances in research and in service delivery through innovation, mean it is possible right now to revolutionize mental health care and rapidly scale up support for millions of people around the world. What's needed is funding.

### 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 that are perceived to be 'risky' by governments, can be funded by philanthropists, and it can help accelerate the case for government investment. Often this funding can be catalytic, and if philanthropy can better understand and invest in these areas, there is a potential for greater impact. See the Supplementary Annex for more information on these distinctive areas of funding in mental health.

Next-generation philanthropists tend to demand transparency, want to be more metric driven, collaborative, and have a high impact. If they can combine this approach with better understanding and investing in those areas where they have a unique role to play, then their giving can become increasingly catalytic in its effect, achieving greater overall impact.

For the purposes of this brief, we define philanthropy as: the act of voluntarily transferring private resources to entities without receiving, or expecting to receive, anything of equal value in return.<sup>8</sup> Philanthropy can take many forms – from corporate foundations to private individuals.

**A drastic lack of investment**

One of the biggest obstacles to providing mental health services is the drastic lack of investment. On average, countries are spending less than 2% of their health budgets on mental health, nowhere near the 5-10% recommendation.<sup>9</sup> Moreover mental health policy and service delivery is frequently not tackled in a holistic way that includes programmes and investment through education, social services and the justice system. Most individuals require a range of support and this is not available.

Spending also varies significantly between nations. While high-income countries spend on average US\$80.24 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). 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

rights law, governments have the responsibility to support mental health on par with physical health. However, many LMICs also need external funding, not as a long-term solution but to catalyse extra domestic investment in mental health, the growth of mental health systems and the implementation of national mental health policies.

Some estimates state that over US \$1.9 billion is needed annually over 10 years in LMICs to improve mental health systems and to deliver mental health services to those that need it.<sup>10</sup> Such external support, however, has been sadly lacking. Of total development assistance to health (DAH), the proportion devoted to mental health has never exceeded 1%.<sup>11</sup> In 2019, just US\$160 million, or 0.4% of DAH, was dedicated to mental health.<sup>12</sup> And even these low levels of mental health funding have mainly been directed toward humanitarian emergencies and treatment in the healthcare system.<sup>13</sup>

Mental health funding in LMICs	
National health budgets allocated to mental health (USD, per person per annum)	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 (USD)	\$160 million, just 0.4% of all development assistance to health

in line with WHO best practice guidance, human rights principles and the requirements as expressed by PWLE themselves. Domestic finance is the key to building sustainable mental health systems and should be the priority. According to international human

Spending funds in this way is problematic – it is not being invested in community and primary-level services, or in promotion and prevention efforts, despite the recommended approach from PWLE and WHO.<sup>16</sup> Investment needs to be geared for sustainability, tailored to local

needs and capacity, take a human rights-based approach, and acknowledge and follow the recommendations of PWLE.

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.

**Philanthropic contributions in global mental health are minimal when compared to other health priorities**

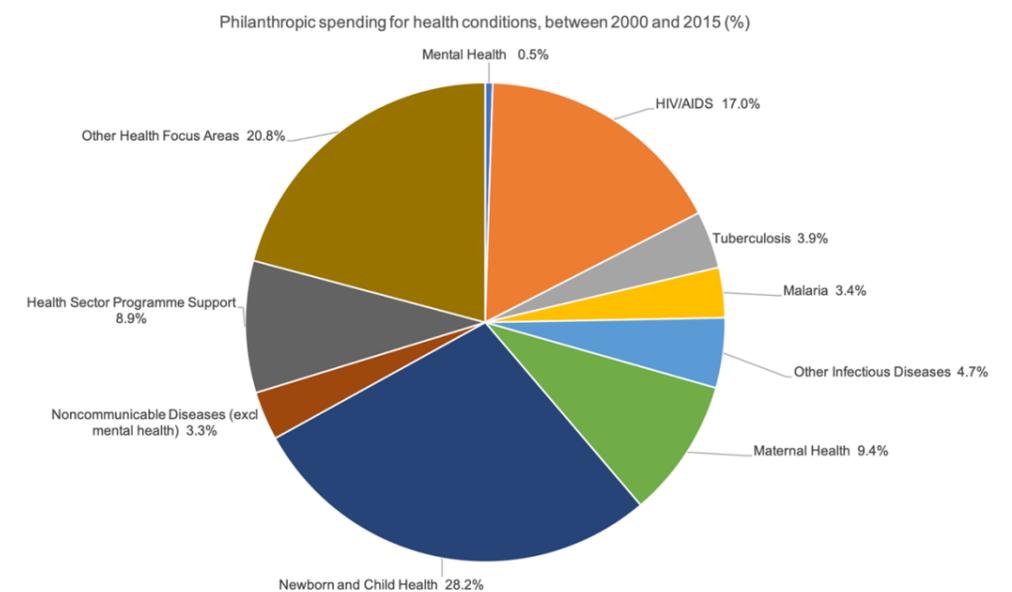
The number of high-net-worth individuals (HNWI) and ultra-high-net-worth individuals (UHNWI) is rising around the world – and, with it, philanthropic giving.<sup>17</sup> Between 2003 and 2016, the number of HNWIs more than doubled from 7.7 million to 16.5 million. UHNWIs also doubled, to over 157,200.<sup>18</sup>

These individuals have the potential to increase the quality and quantity of finance to the mental health sector as philanthropists.

Research shows that philanthropic contributions constitute around 30% of total mental health sector funding – a sizeable proportion.<sup>19,20</sup> However, mental health receives just 0.5% of all philanthropic health spending – the lowest proportion of any branch of health.<sup>21</sup>

For comparison, from 2000-2015, mental health received just US \$364.1 million from philanthropic sources, compared to newborn and child health, which received over US \$20 billion from the same time period.<sup>22</sup> As things stand, philanthropic spending on mental health is miniscule and fragmented, and does not reflect the needs of the sector.

A lack of high-quality, publicly available data makes it difficult to track not only the sources



of funds, but the mental health projects philanthropy has funded, as well. The analysis we do have on financial flows has found that over 80% of funds were distributed to unknown recipients.<sup>23</sup> Among known recipient countries, contributions were largely going to upper-middle income countries, with as little as 5% ending up in low-income countries.<sup>24</sup> This is also consistent with OECD research on overall philanthropic contributions to development, which found that philanthropists favour investing in middle-income economies and through large, established partners.<sup>25</sup>

### The challenges in philanthropic funding for mental health and ways to overcome

The current philanthropic funding situation has many challenges – not only for the sector but for philanthropists themselves. However, the next generation of philanthropists has the opportunity to face many challenges head-on and work to drive radical change – not only in the mental health sector, but in the philanthropic one as well.

The rest of this paper is dedicated to exploring those barriers and challenges that philanthropists face within mental health, and how they can be overcome.

#### Challenge – metrics in mental health

**What is prohibiting data-driven donors from funding mental health, and how can recipient organizations best demonstrate measurable outcomes in their work?**

A potential challenge is that philanthropists tend to prefer to fund tangible and measurable outcomes. While data-driven philanthropy as a whole is not problematic, it can be challenging in two ways: firstly, data-driven donors may shy away from funding mental health as there is

a perception that progress in mental health is not measurable thus prohibiting investment,<sup>28</sup> and secondly, recipient organizations may need to change their programmatic work to align with a donor's interest.

However, data does exist and it is possible to measure progress in global mental health. WHO's Mental Health Action Plan<sup>29</sup> sets global objectives, targets and indicators to measure progress in the sector and over 170 countries are reporting data for these indicators as part of the WHO Mental Health Atlas.<sup>30</sup> The Atlas is a powerful tool for providing insight into country needs, and should be used and amplified.

Metrics in mental health research, as well, are changing. The Wellcome Trust, along with the National Institute of Mental Health, have proposed a common set of measures on anxiety and depression in young people in the projects they fund.<sup>31</sup> This would allow data from various research projects to be combined and comparable for analysis. While not without criticisms,<sup>32</sup> this initiative has the ability to amplify mental health research, and help demonstrate at a global scale what works in mental health.

#### Challenge – data transparency

**How can the next generation of philanthropists better share knowledge and data on their investments?**

The dearth of data on financial flows is a massive hindrance to analysing trends in philanthropic giving, making it harder to scale and learn from the successes, as well as to avoid gaps and duplication. Organisations such as the Institute for Health Metrics and Evaluation include data on only a few

foundations in its Financing Global Health series. The OECD has project-level information from around 30 foundations working in development, and has published philanthropic donor profiles.<sup>33</sup>

Transparency is a growing and important trend in philanthropy<sup>34</sup> and data sharing has, for the most part, become more accessible. For the next generation of philanthropists, sharing information on how they spend money can help show the impact of their investments, and also help with accountability for themselves, and crucially for those they are seeking to support (see below).

In line with best practice, it makes a significant difference if philanthropic funders provide information on their strategy and where the money is spent (along with the source of this funding). This is essential to help inform how other funders plan their expenditures and ensure systems are aligned not fragmented. This is starting to happen in a modest way through the International Alliance of Mental Health Research Funders (IAMHRF) but it needs to be rapidly improved further.<sup>35</sup> This can be done by sharing funding data on a common platform, like International Aid Transparency Initiative or the OECD, to avoid duplication, and to allow for comparison amongst other organizations and funders around the world.

#### Challenge – fragmented investment

**Coordinated and strategic investments  
How can philanthropists better integrate investments with domestic spending and ODA?**

A common problem with philanthropic funding is that it can be uncoordinated or dislocated from other mental health finance – be that

domestic government spending or official development assistance (ODA). This results in gaps, overlaps and a failure to meet the needs of the population receiving support.<sup>36</sup>

The tendency for philanthropic finance to be uncoordinated with other funding can be resolved by integrating it into larger packages, which include financing sources such as ODA and have been designed in consultation with PWLE, national and local governments and NGOs in the recipient country. For example, philanthropic finance could make up 20% of a mental health finance package to implement a national mental health programme that includes 50% ODA and 30% domestic government finance. Blended finance that includes philanthropic finance is a key part of the Global Financing Facility (GFF) approach, in which investments designed by recipient governments are funded by financing packages that include philanthropic funding alongside World Bank, bilateral donor and private sector finance.<sup>37</sup>

This approach gives philanthropy the ability to catalyse other funding and to shape where large finance packages are invested – with the potential to have a dramatic impact on a country's mental health services. In the example given above the 20% provided from philanthropic sources could be the catalyst for the whole mental health financing package to happen. Also, it means philanthropists can use their influence to ensure that finance packages for, say, health or education also include a mental health component. What's more, as part of receiving such 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.

Traditionally, mental health investment has tended to be conservative. Philanthropy is well placed to drive innovation in mental health financing. For example, development impact bonds – which blend impact investing, results-based financing, and safer public-private partnerships – could crowd in new sources of finance and improve mental health funding by linking finance to agreed outcomes. The world is yet to see a development impact bond for mental health, so trailblazing philanthropic finance could create the first.<sup>38</sup>

### Challenge – accountability

**Who holds philanthropists accountable to the impact they are having? How can the next generation of philanthropists improve their impact, and who should hold them accountable to their work in mental health?**

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 work behind closed doors, to the potential detriment of those they intend to benefit and in ways that are both inefficient and ineffective. By backing transparency principles, and sharing data not only how they generate/receive funds, but how they spend their money and where, the next generation can build trust with PWLE and with other funding partners to catalyse the impact of their investments, be held accountable for their progress, and be explicit about their openness to collaborate and innovate for the benefit of those they are supporting.

### Challenge – power dynamics

**How can the next generation of philanthropists challenge donor driven power dynamics?**

Traditional philanthropy that supports global development initiatives also has a power-dynamics issue. A large number of philanthropic foundations exist in the Global North, and a concentrated number of foundations are providing overall development assistance. OECD research found that just 20 organisations within OECD countries provided 81% of total giving during 2013-2015, with the Bill and Melinda Gates Foundation donating almost half of funds (49%).<sup>39</sup> Other countries, or groups of countries, also provide substantial philanthropic support, for example the Middle East.

Priority areas of investment, and best practices, can be determined by the dominant foundations of the Global North and/or the largest philanthropic donors, with little to no input from recipients in the Global North or South. The next generation of philanthropists have the ability to challenge these power dynamics by rethinking how they work with, support, and fund organizations. Most philanthropic funding is earmarked giving for specific purposes<sup>40</sup> and traditional grant making processes can be complex and time consuming for many organizations seeking funding. This is particularly challenging for an area like mental health where organisations are already underfunded and can struggle to adapt and allocate restricted funding to meet the specific project needs and preferences of funders. Limited core funding risks limited core capacity. Conversely, funding the core operational needs of organizations helps build sustainability and resilience.

A critical question that faces mental health, as a complex and still relatively new sector for philanthropy, is trust. With greater willingness to trust recipient organisations, unrestricted funding can untie the hands of those trying to deliver on the ground. One example of philanthropic support that takes a unique approach is Ember Mental Health, a collaboration between SHM Foundation and the Mental Health Innovation Network that supports and funds community-based mental health organizations.<sup>41</sup> Ember's approach includes a simplified application process, and provides mentorships to organizations based on their needs.

### Challenge – personal interests over needs

**How can philanthropists harmonise their personal interests with local needs?**

Philanthropists' giving decisions can be made based on personal interest, rather than being informed by needs. There have been some

notable examples, like the Bill and Melinda Gates Foundation undertaking a needs analysis to understand the greatest needs to inform their giving, and the Ember approach described above. While personal interests will continue to fuel philanthropic investment, gaps and needs should be identified and philanthropists should engage with PWLE, local organizations and governments that can provide input into supporting local solutions.

### Recommendations

Philanthropists have the opportunity to make revolutionary changes to global mental health and to directly impact the lives of millions of people. This involves collaboratively investing in a rights-based approach to support that helps ensure good-quality and appropriate mental health services for those living with a mental health condition. We recommend that philanthropists:

1. Continue to learn more about global mental health and the needs of the sector to identify where they can add value. The WHO's Mental Health Atlas is a powerful tool that provides national level data, and should be utilised as a starting point. Beyond the Atlas, seek national organisations, institutions, and advocacy CSOs about a country's unique needs.
2. Increase contributions to global mental health, taking into consideration PWLE and local community needs and implementation capacity first.
3. Prioritise investment in areas in which philanthropy is uniquely positioned to fund. A suggested approach is included in the Supplementary Annex for further discussion.
4. Integrate philanthropic financing into larger and ODA-led financing packages to catalyse new, larger and coordinated investments for mental health.
5. Face the challenges of philanthropic funding presented head on.
  - a. Trust recipient organizations and provide core unrestricted funding to build resilience.
  - b. Increase transparency, collecting and sharing better and more disaggregated data. Philanthropists should publish data on a common platform, like the International Aid Transparency Initiative, or OECD.
  - c. Take into consideration PWLE and local community needs and gaps before investing.

## END NOTES

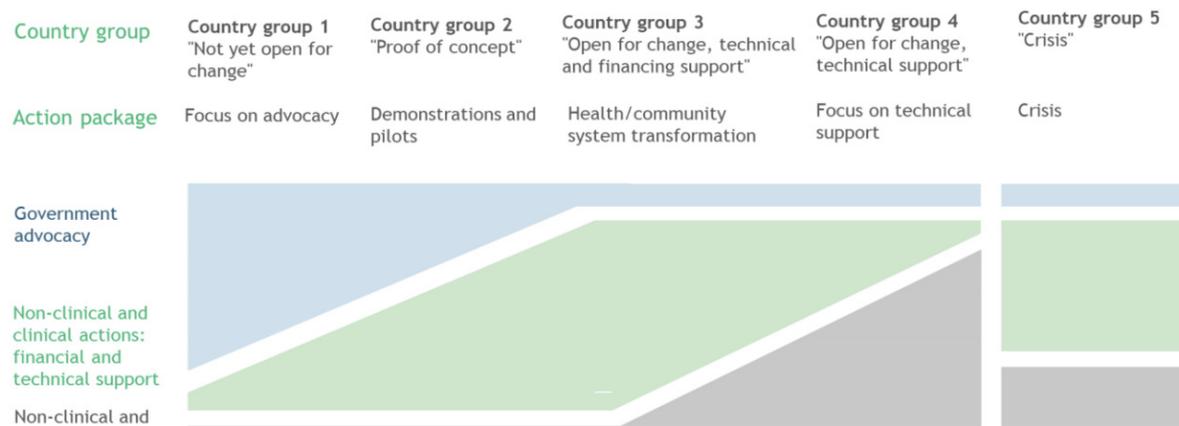
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## Supplementary Annex

### Action packages of investment by country grouping

Philanthropists who want to invest in mental health may not know where to start. A framework developed by the Boston Consulting Group outlined various 'action packages' of investment by country grouping.<sup>1</sup> Country groupings are defined by a country's readiness for mental health implementation, 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 for a country's culture and context, worked up in partnership with local authorities, and based on evidence. As always, a country's needs should always be taken into account, first.

## Illustrative activity profile by action package



The action packages included in the framework are further described in the following table. It has been updated and adapted to include examples of possible philanthropic investment.

Action packages descriptions <sup>2</sup>		Unique role of philanthropy to fund
Focus on advocacy	Influence government attitude to mental health, stimulate mental health leadership, open the door to further work.	Provide funding for leading national advocacy efforts to accelerate government or business action on mental health. Philanthropy is uniquely positioned to fund this work, which cannot always be funded by governments, and essential for catalytic change.

<sup>1</sup> 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>

<sup>2</sup> 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>

Demonstrations and pilots	Provide funds and expertise to run well-evaluated demonstration or proof-of-concept projects, and advocate for movement to scaled transformation.	<p>Fund well-evaluated innovations, like Atmiyata<sup>3</sup> and the Friendship Bench.<sup>4</sup> In addition, use globally agreed global funding metrics to strengthen global evidence.</p> <p>Partner and co-fund with organisations and research institutions who are experienced in proving efficacy of innovations.</p> <p>Key funders for philanthropists to be aware of are the Wellcome Trust, who have agreed common metrics to use to evaluate mental health innovations, and Grand Challenges Canada who are experienced in funding global innovations, and have a strong and growing portfolio of tested innovations.</p>
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 integration of 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 evaluation of programmes, 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 MHPSS programmes in times of crisis to ensure efficiencies.
Funding for innovation and cross-geography 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, support global data sharing initiatives, like Countdown 2030. <sup>5</sup>

These approaches to funding consider the country's needs first. They then outline the best ways to provide support, with the ultimate goal of strengthening systems. Action packages will vary depending on the area of implementation – ultimately, what works in one country may not necessarily work in another.

3 Atmiyata: A community-led intervention in rural India. [https://www.mhinnovation.net/innovations/atmiyata-community-led-intervention-rural-india?qt-content\\_innovation=0#qt-content\\_innovation](https://www.mhinnovation.net/innovations/atmiyata-community-led-intervention-rural-india?qt-content_innovation=0#qt-content_innovation)

4 Friendship Bench. <https://www.mhinnovation.net/innovations/friendship-bench>

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