



**Institute of Public Health
Swiss Public Health Conference 2025**

Pressing challenges for global mental health

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Professor and Director, Institute of Public Health (IPH)**

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Swiss Public Health Conference 2025 Lugano**

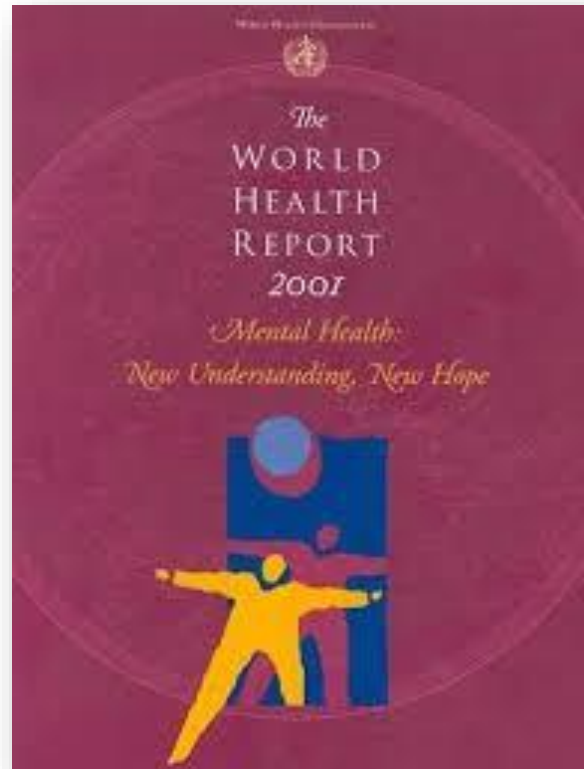
Definitions & Concepts

Mental health is the **ability**
to **cope with life's challenges**,
and **contribute to society/ communities**



"Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community."

World Health Organization, 2001

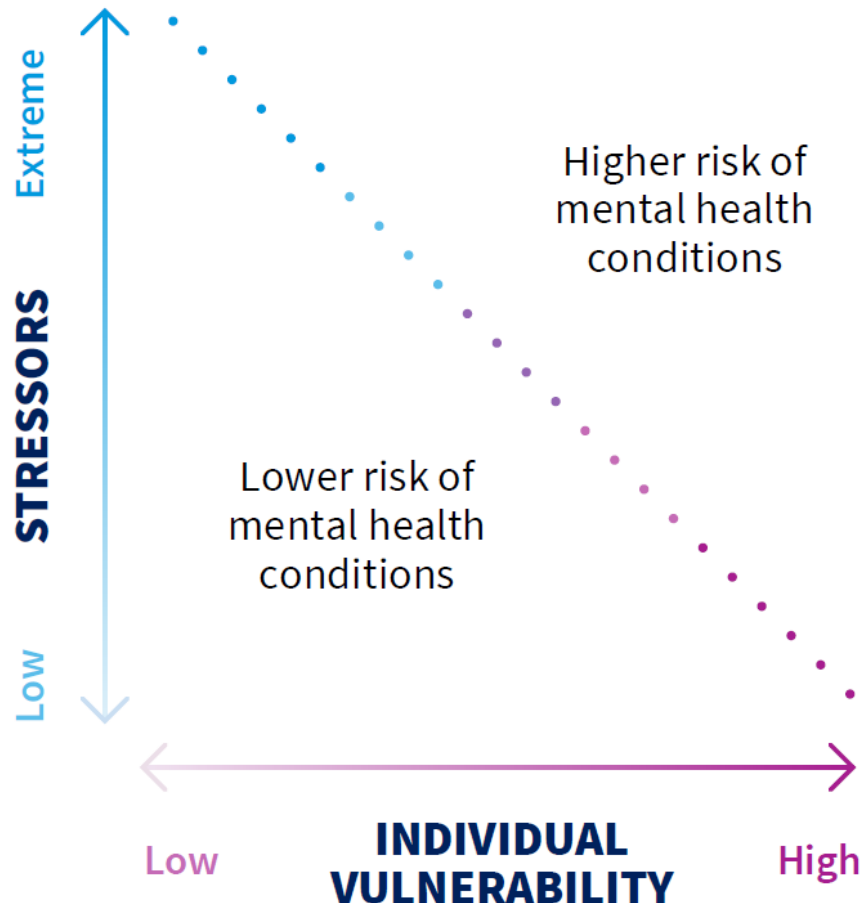


- Mental health
- Diagnosis
- Brain health
- Gaps
- Focus
- Convergence
- Prevention

Health is the **ability** to **adapt**
and manage physical,
mental and social
challenges throughout life.

Definitions & Concepts

When individual vulnerabilities interact with stressors they can lead to mental health conditions



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Mental health is the **ability** to **cope with life's challenges**, and **contribute to** society/communities



Definitions & Concepts

Mental disorders



Mental health conditions

Typically, clinically diagnosed conditions that meet diagnostic criteria (DSM/ ICD)

A wide range of burdensome mental, emotional, and behavioral states

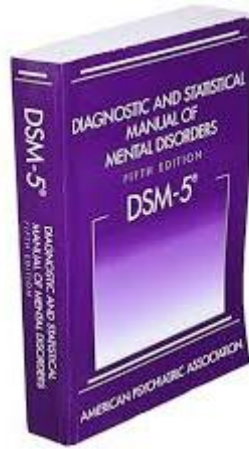


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GMH in the SDGs era

Diagnosis

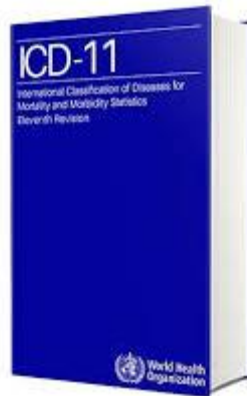
Mental disorders



DSM-5 (the Diagnostic and Statistical Manual of Mental Disorders, APA)
favors:

1. Diagnostic precision
2. **Validity** (*biological underpinnings?*)

Mental health conditions



ICD-11 (The International Classification of Diseases, Eleventh Revision, WHO)
favors:

1. Global Applicability / Context Specific
2. **Utility** (*real clinical implications*)

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GMH in the SDGs era

Diagnosis in Global Mental Health - **STAGING**

Diagnostic approach

BINARY

Discrete entities

Symptoms Severity and Number →



NO DISORDER



THRESHOLD



DISORDER

Dimensional approach

CONTINUOUS

SEVERITY and
DIMENSIONS

MENTAL HEALTH DIMENSIONS

Mood

Elated







Depressed

Anxiety

Calm







Anxious

Cognition

High





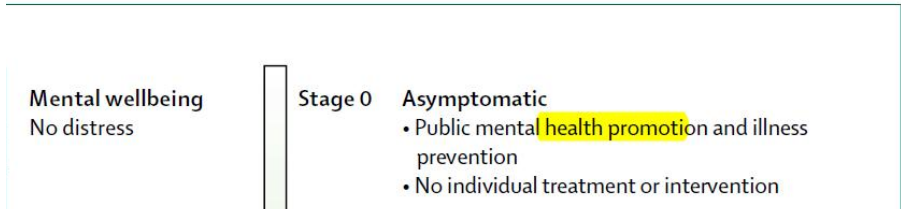


Impaired

- Mental health
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GMH in the SDGs era

Diagnosis in Global Mental Health - STAGING



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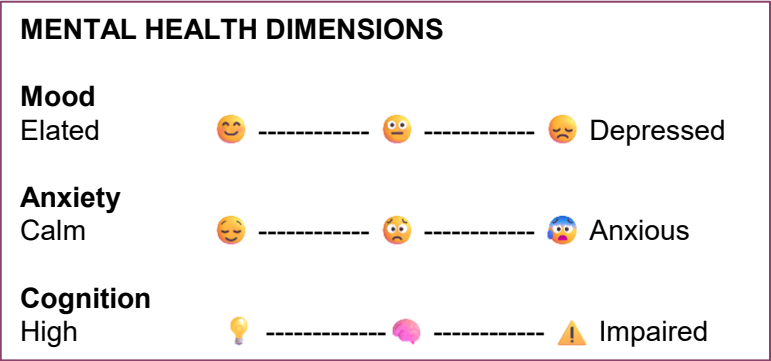
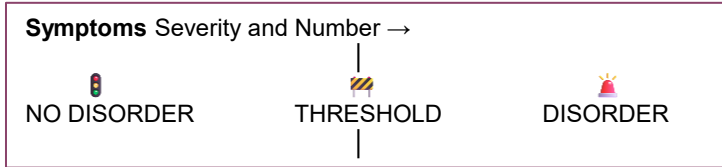
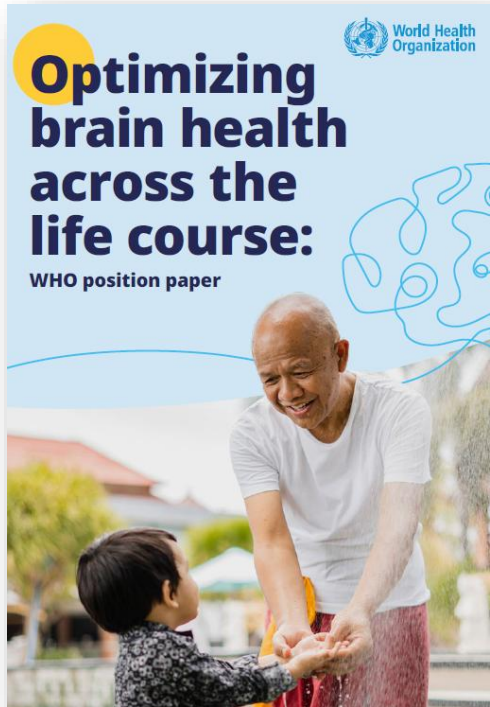


Figure 5: A staging approach to the classification and treatment of mental disorders
PHC=primary health care. Adapted from McGorry et al⁷³ and McGorry and van Os.⁷⁴

Definitions & Concepts

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Brain health can be defined as the state of brain functioning across cognitive, sensory, social-emotional, behavioural and motor domains, allowing a person to realize their full potential over the life course, irrespective of the presence or absence of disorders.

Optimizing brain health improves mental and physical health and also creates positive social and economic impacts, all of which contribute to greater well-being and help advance society.

Importance of GMH

A snapshot of key gaps in public mental health



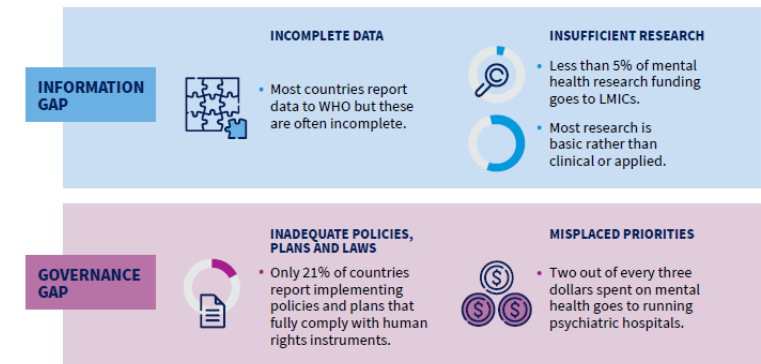
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Importance of GMH

A snapshot of key gaps in public mental health



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3 challenges

Paradigm
Convergence
Prevention



Paradigm Convergence Prevention



VISION

~~There is no health without mental health~~
> **Mental health is a global public good**
(*non-excludable; non-rivalrous*)

EMPHASIS on

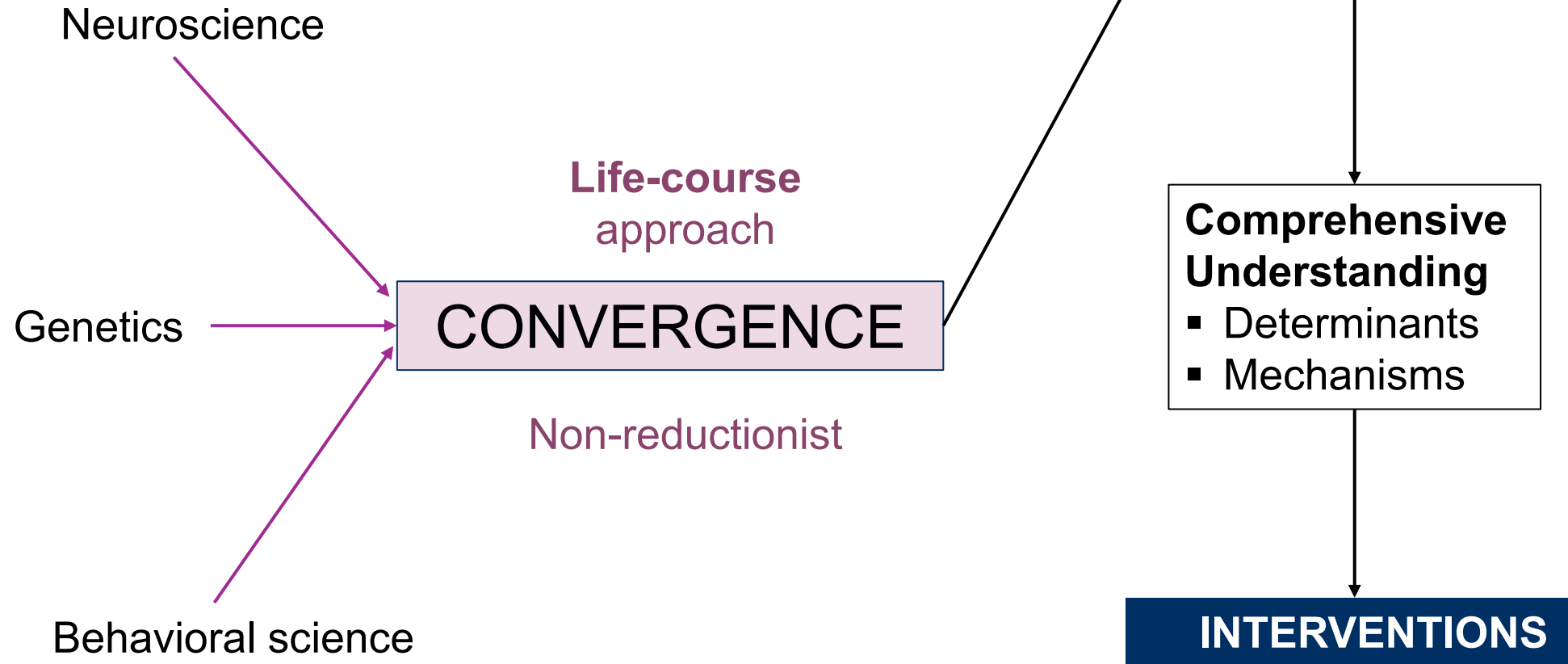
~~Treatment gap~~
> **PREVENTION GAP**
~~LMICs~~
> **GLOBAL**

MOTTO:

No health without mental health
> **No sustainable development without mental health**

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Paradigm Convergence Prevention

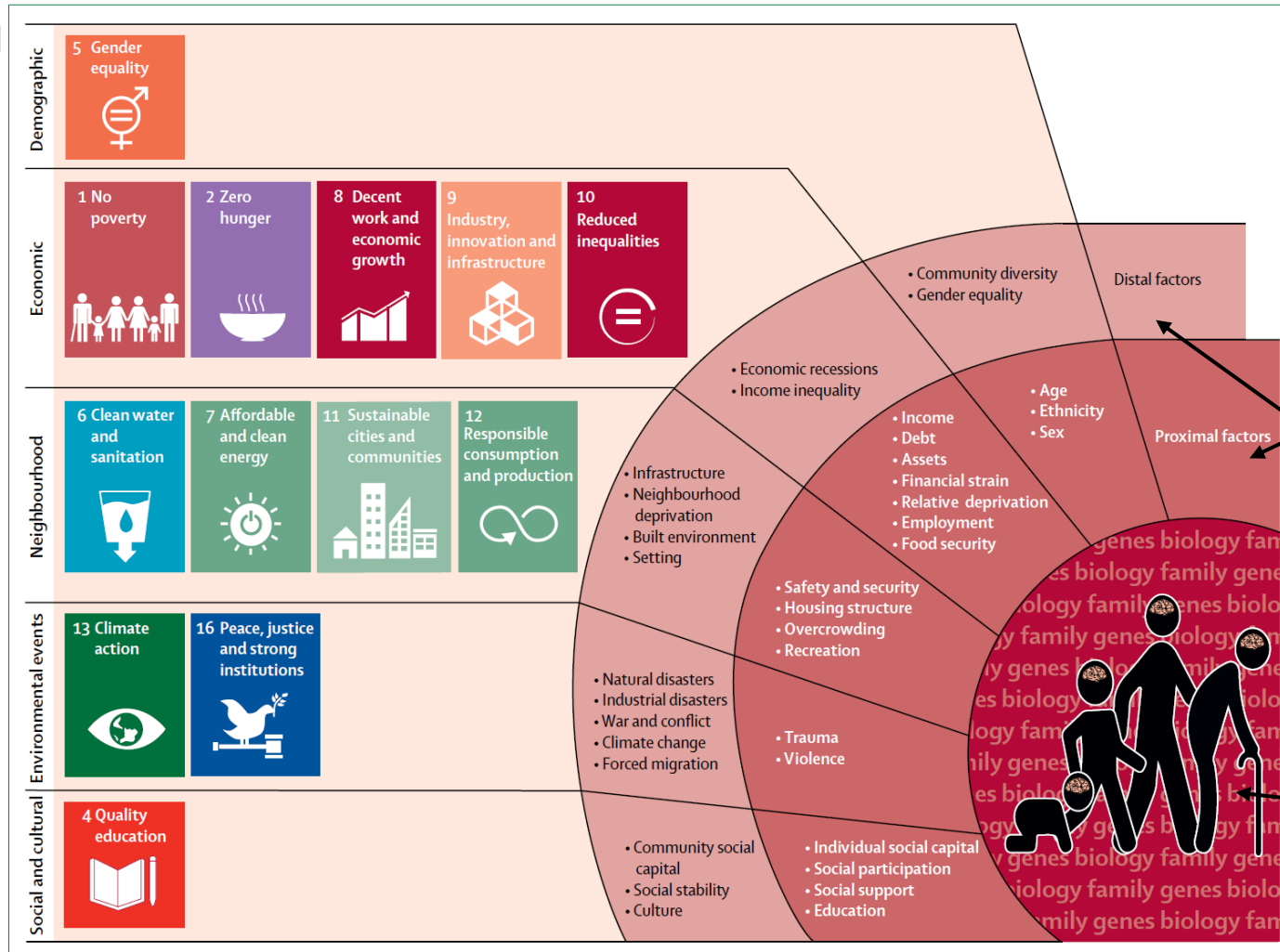


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Paradigm Convergence Prevention

INTERVENTIONS



- Mental health
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Comprehensive Understanding

- Determinants
- Mechanisms

Life-course approach

CONVERGENCE

Figure 6: Social determinants of global mental health and the Sustainable Development Goals⁹⁰

Prevention paradigms

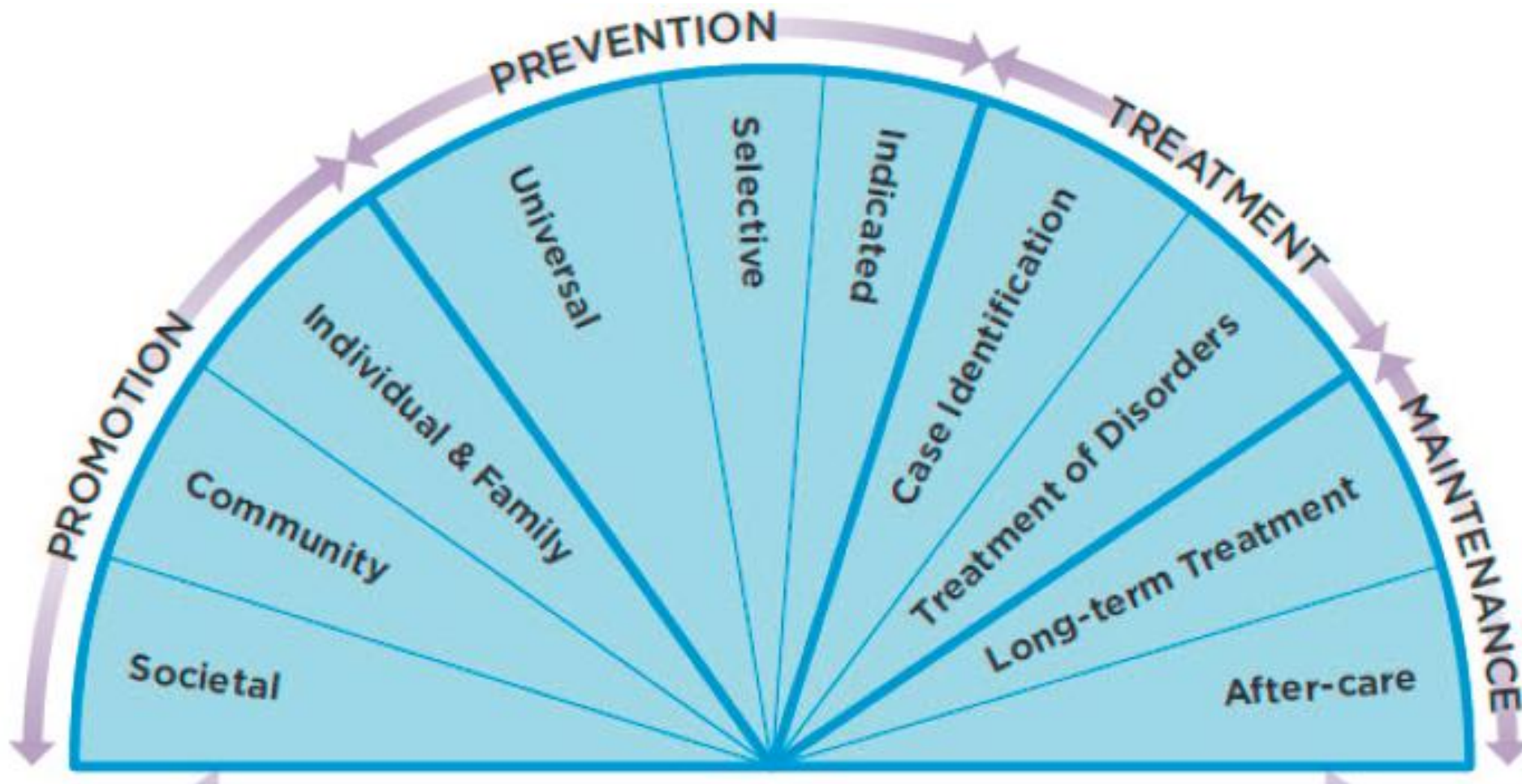
1. **By disease** (onset/ progression)
2. By population targeted

- **PRIMORDIAL** – “*Prevention of factors promoting the emergence of risk factors*” Healthy eating in schools; poverty alleviation programs; green spaces, bicycle lanes;
- **PRIMARY** – “*Prevention of the onset of disease*”, it’s about removing/ reducing exposure to the causes - Vaccination; smoking cessation; condom use; detecting & treating high/ bad cholesterol
- **SECONDARY** – “Halting/ slowing the progression of disease”. Early/ timely detection + treatment/ care - Cancer/ diabetes/ hypertension screening + timely interventions
- **TERTIARY** – Rehabilitation to avert complications and minimize disability

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Prevention paradigms

1. By disease (onset/ progression)
2. **By population** targeted

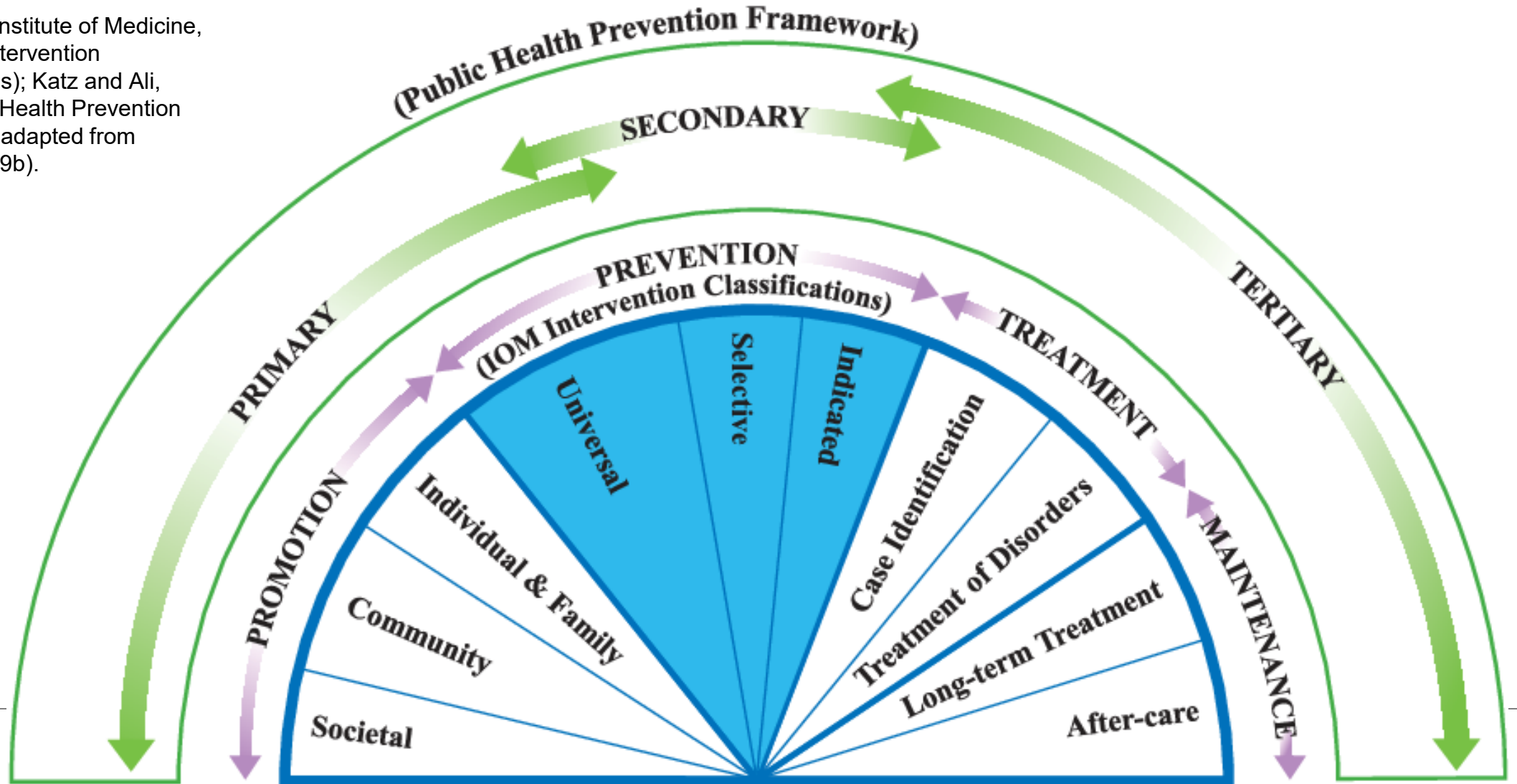


SOURCES: Institute of Medicine, 1994 (IOM Intervention Classifications); Katz and Ali, 2009 (Public Health Prevention Framework); adapted from NASEM (2019b).

Prevention

- The 2 paradigms overlap

SOURCES: Institute of Medicine, 1994 (IOM Intervention Classifications); Katz and Ali, 2009 (Public Health Prevention Framework); adapted from NASEM (2019b).



IOM framework

Individual-level Prevention - SELECTIVE

1. High-risk profiling individuals
2. Risk reduction by level or risk (proportionate universalism)

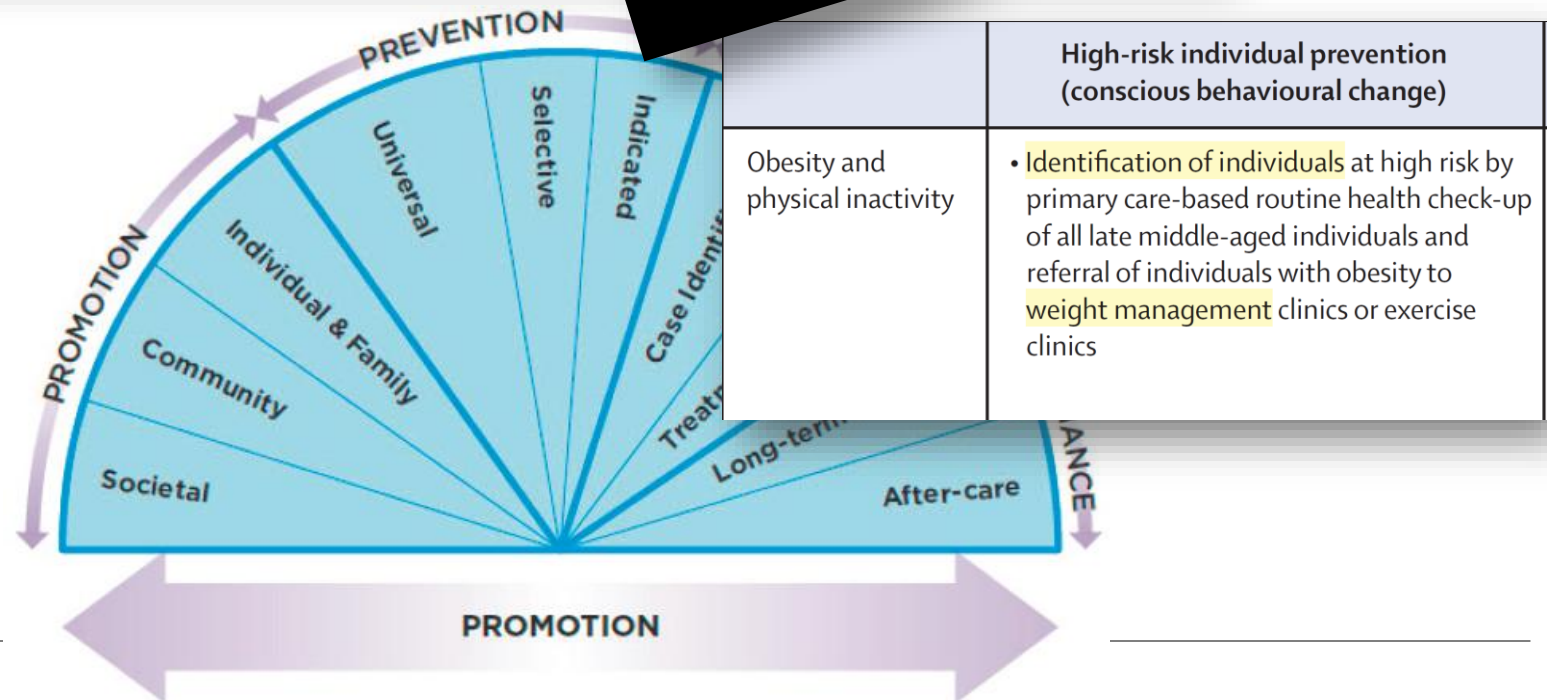


	High-risk individual prevention (conscious behavioural change)
Obesity and physical inactivity	<ul style="list-style-type: none">• Identification of individuals at high risk by primary care-based routine health check-up of all late middle-aged individuals and referral of individuals with obesity to weight management clinics or exercise clinics

IOM framework

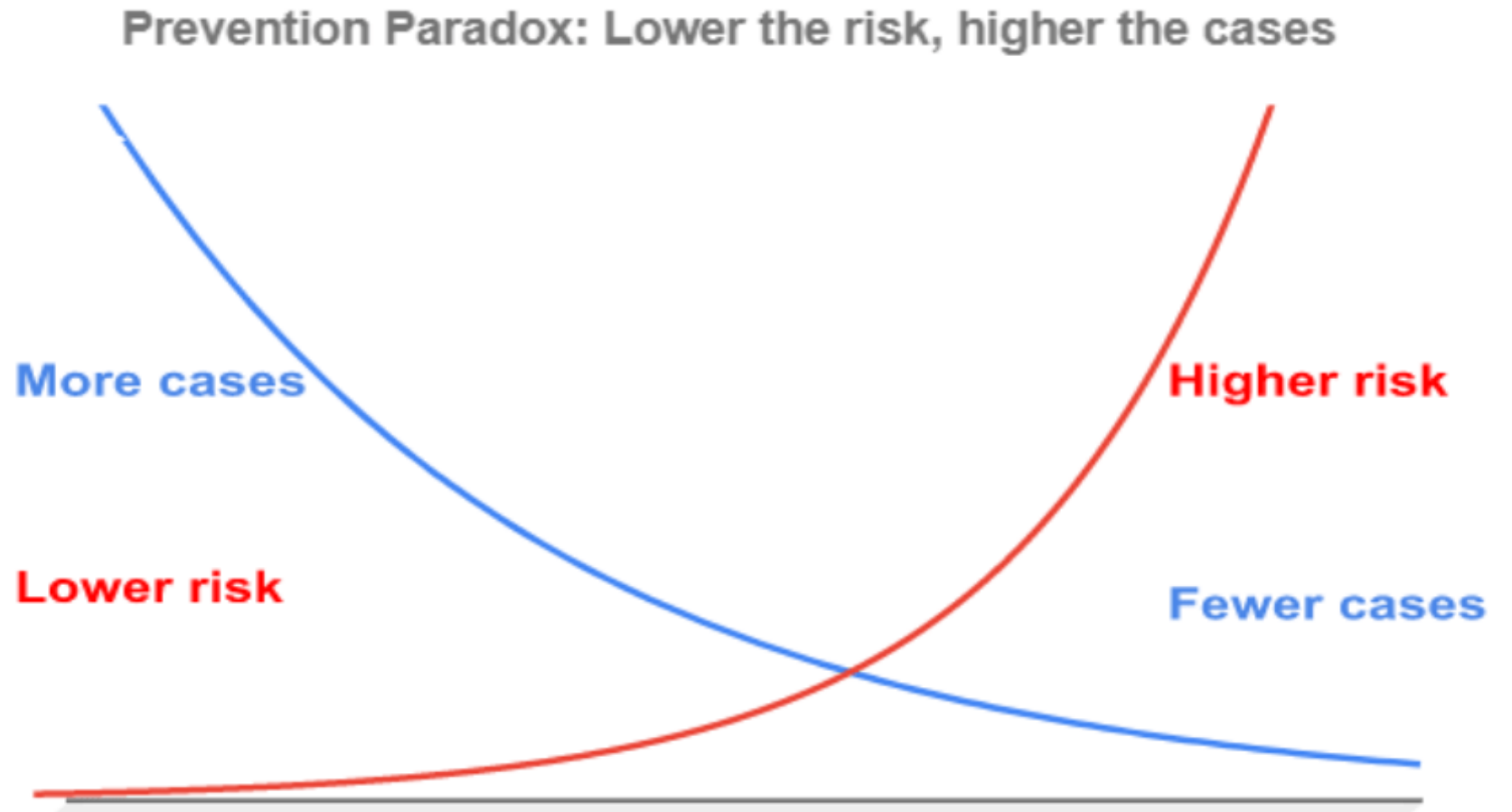
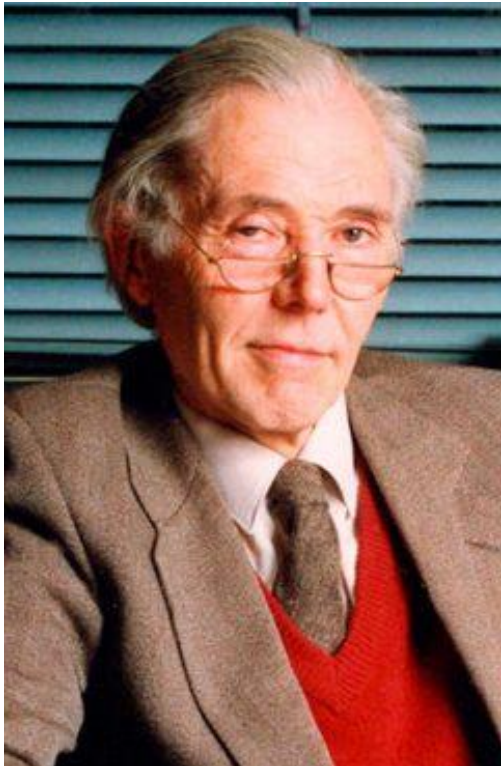
Individual-level Prevention - INDICATED

1. Early detection/diagnosis (screening)
2. Early treatment

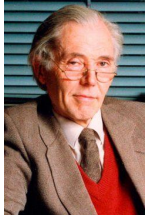


Prevention paradox

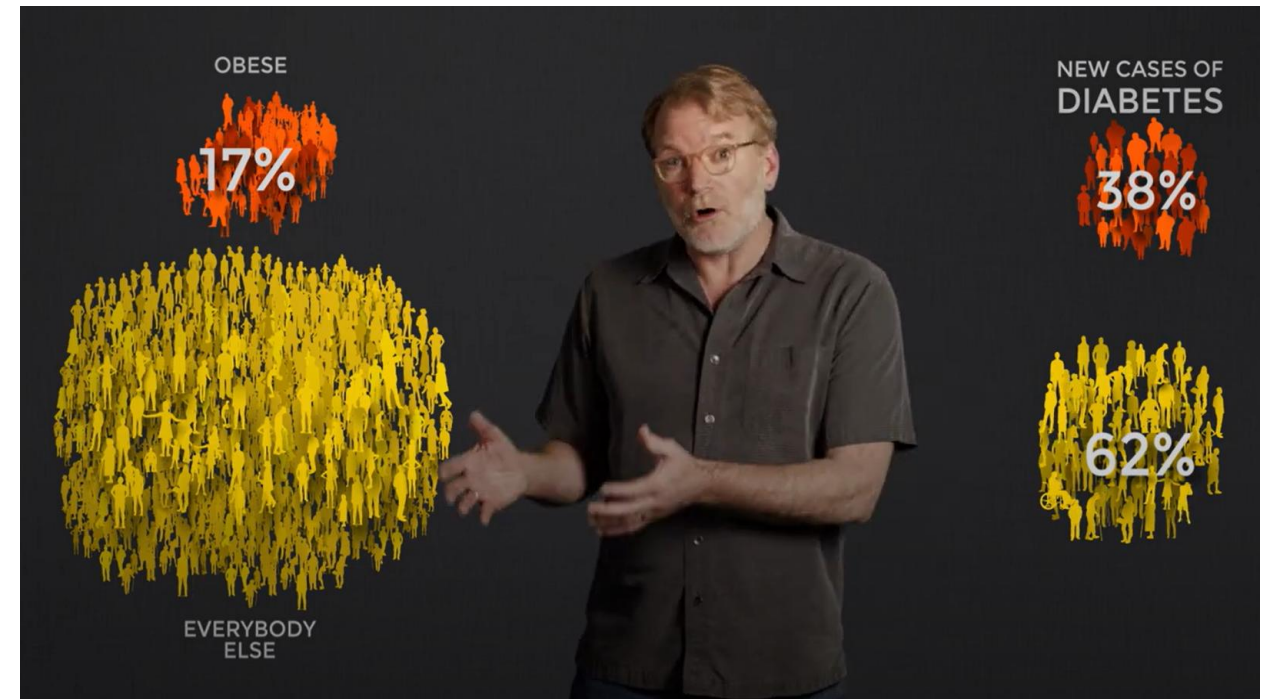
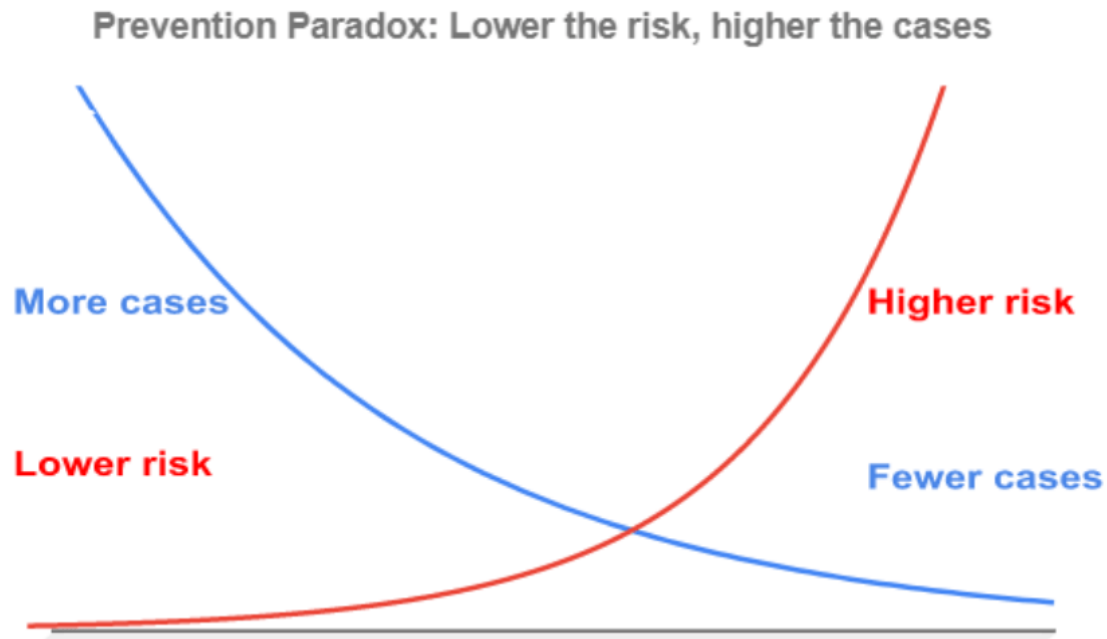
Geoffrey Rose's **PREVENTION PARADOX** states that large numbers of people must participate in a preventive strategy for direct benefit to relatively few



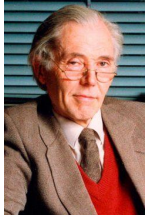
Prevention paradox



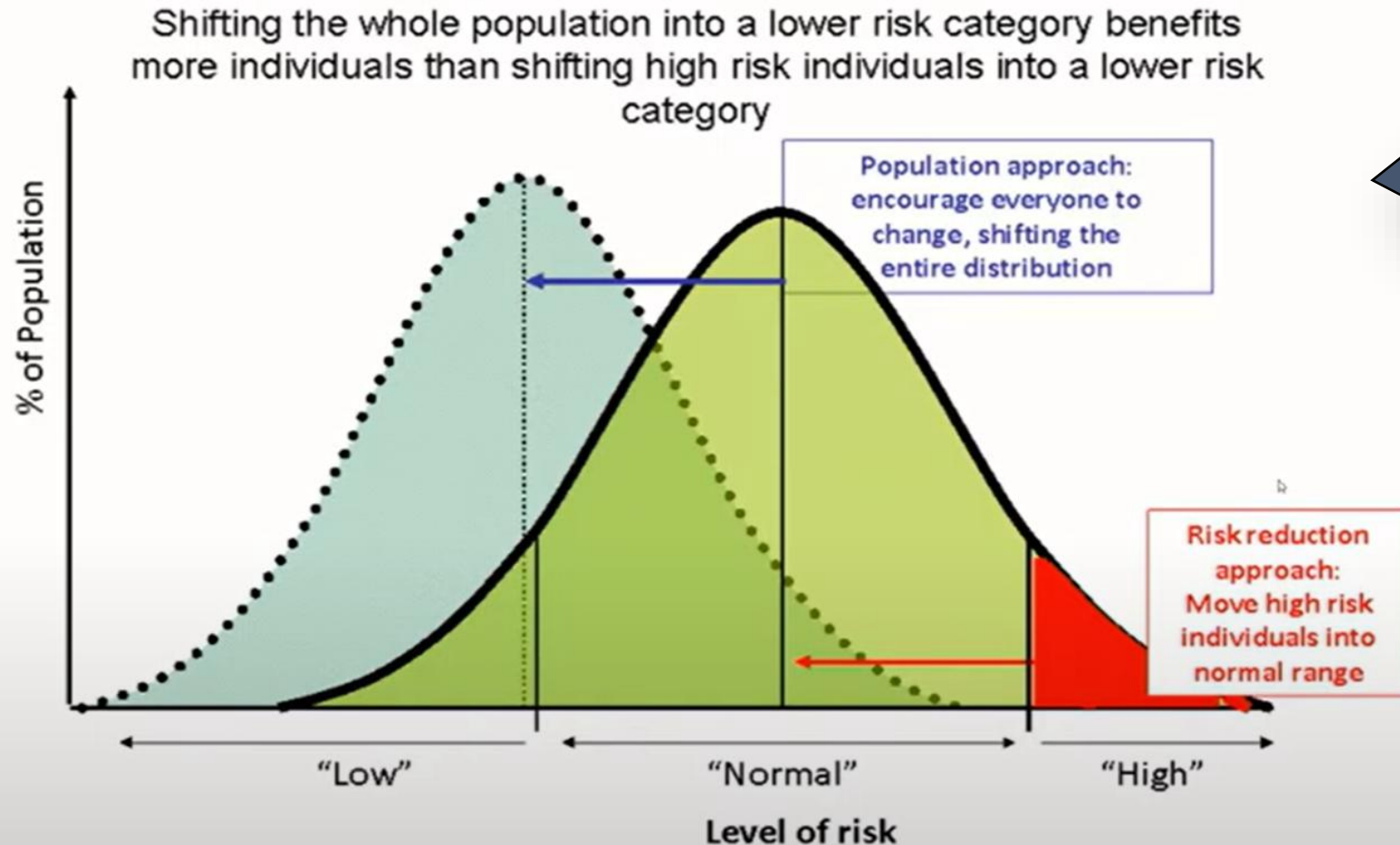
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Prevention paradox



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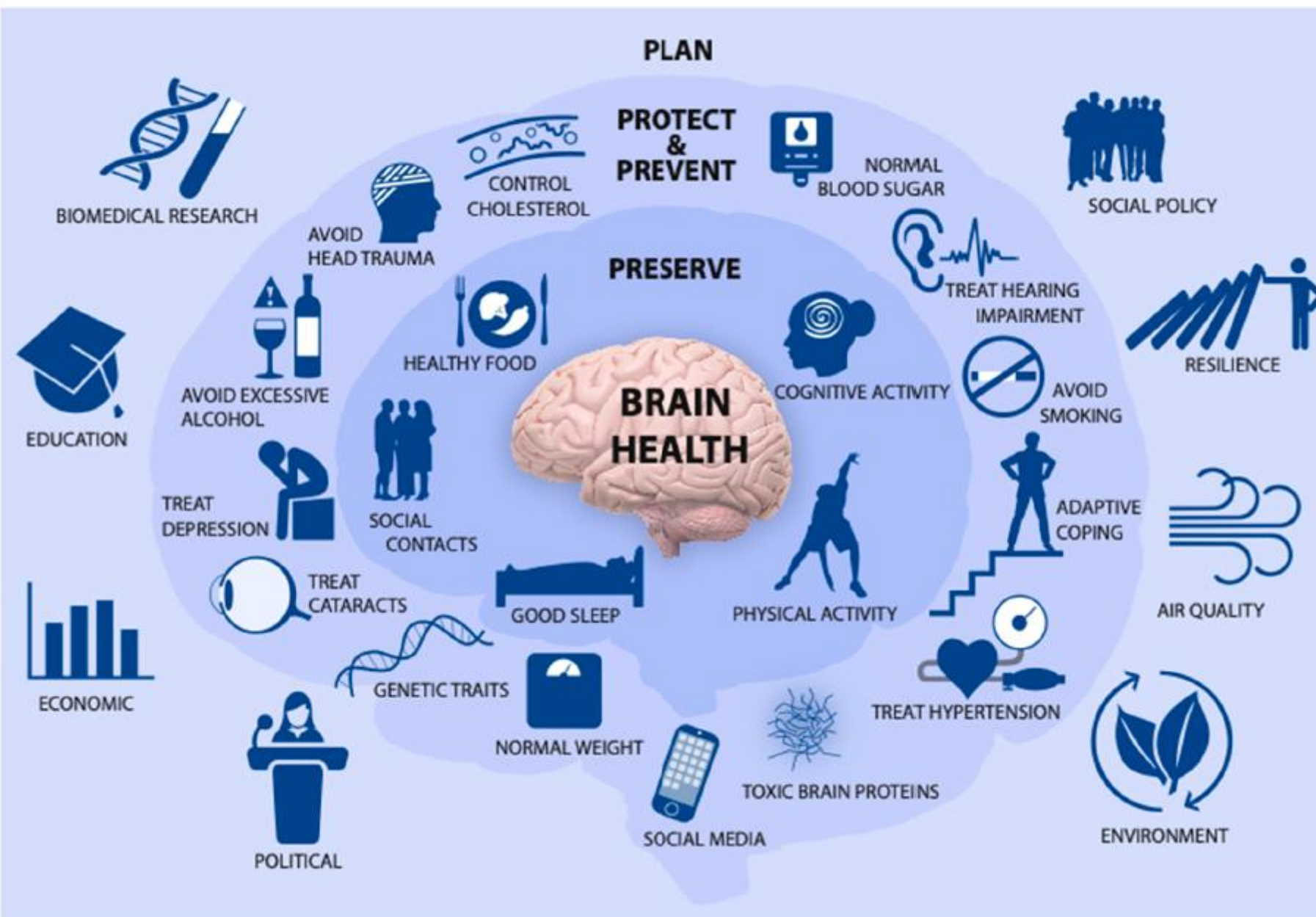
EXAMPLE

- Targeting heavy smokers

Vs.

- Reducing prevalence of smokers

Policy perspective



Project Report

The Swiss Brain Health Plan 2023–2033

Claudio L. A. Bassetti ^{1,4}, Mirjam R. Heldner ¹, Kristina Adorjan ², Emiliano Albanese ³, Gilles Allali ⁴, Marcel Arnold ¹, Indrit Begue ⁵, Murielle Bochud ⁶, Andrew Chan ¹⁰, Kim Q. do Cuénod ⁷, Renaud Du Pasquier ⁸, Bogdan Draganski ⁹, Mohamed Eshmauey ⁹, Ansgar Felbecker ¹⁰, Urs Fischer ¹¹, Annika Frahsa ¹², Giovanni B. Frisoni ¹³, Harald Grossmann ¹⁴, Raphael Guzman ¹⁵, Annette Hackenberg ¹⁶, Martin Hatzinger ¹⁷, Marcus Herdener ¹⁸, Albert Hofman ¹⁹, Andrea M. Humm ²⁰, Simon Jung ¹, Michael Kaess ²¹, Christian Kätterer ²², Jürg Kesselring ²³, Andrea Klein ²⁴, Andreas Kleinschmidt ²⁵, Stefan Klöppel ²⁶, Nora Kronig ²⁷, Karl-Olof Lövblad ²⁸, Anita Lüthi ²⁹, Philippe Lyser ¹¹, Iris-Katharina Penner ¹, Caroline Pot ³⁰, Quinn Rafferty ³⁰, Peter S. Sandor ³¹, Hakan Sarikaya ¹, Erich Seifritz ¹⁸, Shayla Smith ³⁰, Lukas Sveikata ³², Thomas P. Südhof ³³, Barbara Tettenborn ³⁴, Paul G. Unschuld ¹, Anna M. Vicedo Cabrera ¹², Susanne Walitza ³⁵, Sebastian Walther ², Isabel Wancke ³⁶, Michael Weller ³⁷, Susanne Wegener ³⁸, Petra Zalud ¹⁴, Thomas Zeltner ³⁹, Daniel Zutter ⁴⁰ and Luca Remonda ⁴¹

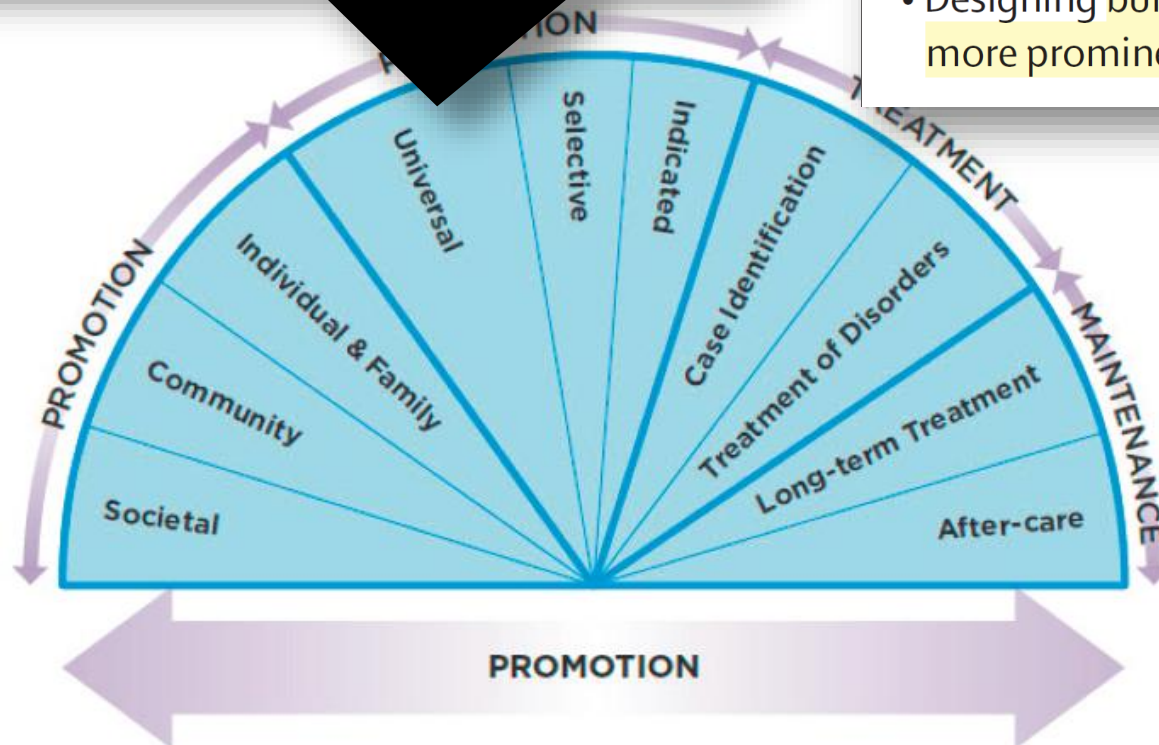
IOM framework

Whole-population prevention

1. Passive engagement
2. Equality
3. No need to identify individuals at high-risk
4. Drive unconscious behavioral change

Whole-population prevention (unconscious behavioural change)

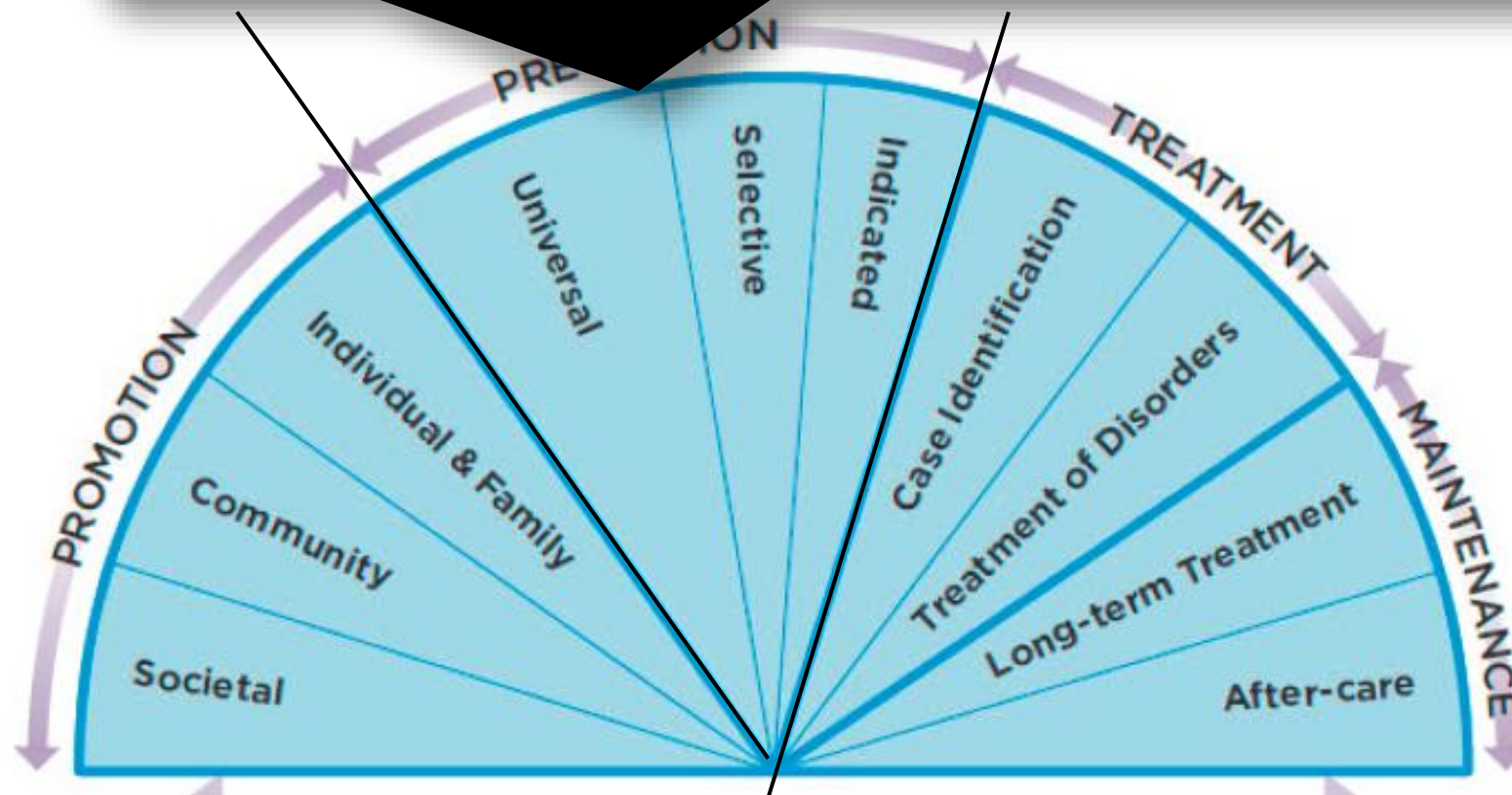
- Investment in walking and cycling infrastructure that makes active travel easier and safer
- Subsidised cycling equipment
- Investment in better quality green spaces
- Designing buildings so that staircases are more prominent than escalators



IOM framework

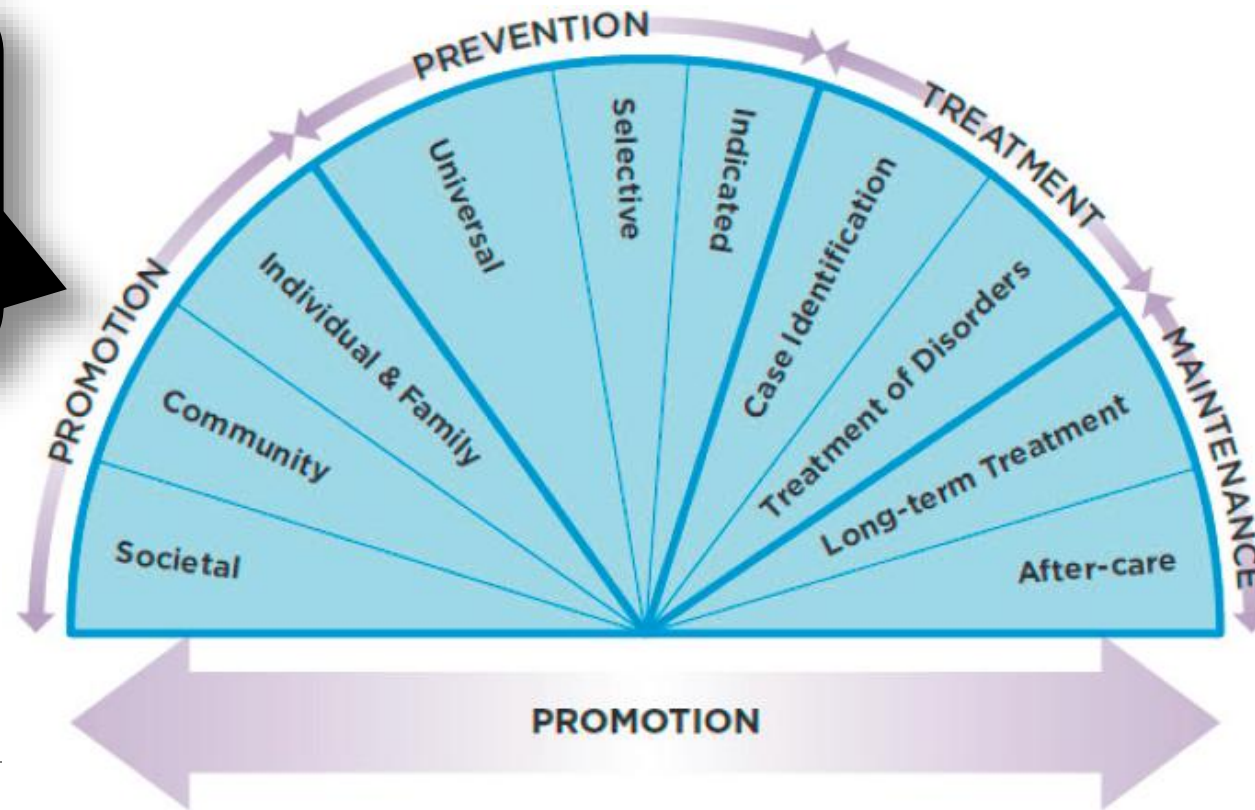
Universal & Individual-levels MUST BE COMBINED

1. Prevention paradox
2. To reduce inequalities in prevention



IOM framework

health promotion is about making the healthy choice the easier choice



INFORMATION
GAP

GOVERNANCE
GAP

RESOURCES
GAP

SERVICES
GAP

3 challenges

Paradigm
Convergence
Prevention



Thank you!

