



GLOBAL MINISTERIAL MENTAL HEALTH SUMMIT
2018

THE GLOBAL MINISTERIAL MENTAL HEALTH SUMMIT

Summit Conclusions

Declaration on Achieving Equality for Mental Health in the 21st Century

GLOBAL DECLARATION ON ACHIEVING EQUALITY FOR MENTAL HEALTH IN THE 21ST CENTURY

Declaration on Achieving Equality for Mental Health in the 21st Century

The Declaration on Achieving Equality for Mental Health in the 21st Century aligns with the policies articulated in the World Health Organization (WHO) Mental Health Action Plan 2013-2020¹; builds on the UN Human Rights Council Resolution on the right of everyone to enjoy the highest attainable standard of physical and mental health²; promotes the implementation of the UN Convention on the Rights of Persons with Disabilities³, for those that are party to it, recognises the integral role of good mental health and wellbeing in achieving UN Sustainable Development Goals⁴, supports the report of the WHO Independent High-Level Commission on Noncommunicable Diseases⁵, and upholds other resolutions and commitments relating to mental health.

The Declaration marks the commencement of a series of annual Global Ministerial Summits on Mental Health, founded by the UK and the Organization for Economic Co-operation and Development (OECD), and supported by the World Health Organization (WHO).

We welcome the vision and leadership already shown by some countries in building political sponsorship and momentum at the highest levels of government to address mental health challenges at the global and local level. We commit to harnessing this momentum to further the improvement of mental health promotion, prevention and service provision around the world.

The Declaration seeks action to address the burden of mental disorders and other mental health conditions, including the concurrence of substance use disorder as a key factor impacting people with mental disorders and other mental health conditions.

We recognise that:

- Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. However, too often people with mental disorders and other mental health conditions are marginalised in society. This can be addressed by implementing strategies to progressively realise the rights of persons with mental disorders and other mental health conditions, particularly those who face a greater risk to their mental health and wellbeing, such as individuals belonging to underrepresented and marginalised groups.
- Mental health cannot be separated from physical health. Treating the two as linked and equal is critical for progress towards Universal Health Coverage (UHC) as described in the Sustainable Development Goals⁶.
- Good mental health and wellbeing contributes positively to a person's capacity to learn, work, grow, relate to other people and environments, adapt to change, and cope with the normal stresses of life.
- Investing adequately in the prevention and treatment of mental health conditions is a key component of progressing towards UHC. A large proportion of people around the world with mental disorders or other mental health conditions do not have access to care, support and treatment. Many countries currently allocate less than 2% of their health budget on mental health⁷, and the WHO Mental Health Atlas shows there are challenges for countries in meeting the targets of the Mental Health Action Plan and Sustainable Development Goals. The cost of not investing in mental health is significant for the wellbeing of individuals, families, communities and has fiscal implications for all countries.

1 WHO Mental Health Action Plan 2013-2020 (2013)

2 United Nations Resolution for the right of everyone to enjoy the highest attainable standard of physical and mental health (renewal of mandate), A/HRC/RES/33/9 (2016)

3 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

4 United Nations Sustainable Development Goals (2015)

5 <http://www.who.int/ncds/management/time-to-deliver/en/>

6 United Nations Sustainable Development Goal 3, Ensure healthy lives and promote wellbeing for all at all ages (2015)

7 Mental Health Atlas 2017, WHO (2018)

- A disproportionate number of people with severe mental illness (SMI) die considerably younger than the general population, often due to largely preventable physical health conditions⁸ and avoidable death, including by suicide. Premature mortality is also related to poorer quality physical health care delivered to people with mental disorders and other mental health conditions.
- People with mental disorders and other mental health conditions around the world may experience inequalities on multiple levels, many of which can be felt more sharply in low resource settings. Inequalities include material inequality (e.g. poverty, inadequate housing, income-inequality and under-employment), social inequality (e.g. stigma and discrimination in society and the workplace, criminalisation), and health inequality (e.g. prevalence of long-term physical health conditions). In addition, poverty and inequality among other social and economic factors, have been found to increase the risk of mental health conditions⁹.
- Each person's mental health is impacted by many factors, including social and environmental influences, in particular during early life. Chronic stress (poverty, familial mental illness and/or substance misuse) and experiences of trauma (violence, discrimination) can disrupt early brain development and future mental and physical health. Adverse childhood experiences can have a significant impact in later life.
- Early detection, intervention, and care of mental health disorders and other mental health conditions promote mental health and wellbeing. This is particularly true when children are exposed to conflict and crisis.
- Making progress on mental health requires countries to work together to support research and innovation. Additionally, partnering with people with lived experience of mental disorders and other mental health conditions, family members, healthcare providers, communities and others is integral to implementing best practices on a sustainable basis.
- Stigma, prejudice and discrimination experienced by individuals with mental disorders and other mental health conditions cause harm and exclusion from society and the workplace. Practical policies such as anti-stigma campaigns may be implemented to tackle these biases.

We commit to:

Mental health promotion and prevention

- Take a comprehensive approach to mental health from promotion through prevention, treatment, long-term care of, and recovery from mental disorders, other mental health conditions and including concurrent substance misuse disorders.
- Promote the inclusion and respect for the human rights of persons with mental disorders and other mental health conditions in all aspects of life and throughout the life course.
- Promote the need for equality for mental health and recognition of the links between mental and physical health in achieving health and wellbeing.
- Lead the way globally to promote mentally healthy societies in which people with mental disorders and other mental health conditions have the same opportunities as everyone to lead fulfilling lives.
- Call for the development and implementation of a WHO Mental Health Action Plan beyond 2020 through either the extension of the current WHO Mental Health Action Plan 2013-2020 or a new WHO Mental Health Action Plan beyond 2020, including evaluation of the Action Plan for 2013-20.

Resourcing and provision

- Strive to ensure that mental health resources address unmet needs of the population by supporting effective mental health promotion, early intervention, prevention, service provision and programmes.
- Regularly reviewing the allocation of resources in order to work towards the objectives of the WHO Mental Health Action Plan 2013-2020.
- Promote access to and quality of evidence-based primary, secondary and specialist mental health care, which is integrated across health and social care to meet the needs of local communities and encourage the progression towards Universal Health Coverage.

8 *Mental Health Action Plan 2013-2020, WHO (2013)*

9 *Mental Health Foundation, Health Inequalities Manifesto (2018)*

Challenging stigma and discrimination

- Challenge stigma and discrimination experienced by people with mental disorders and other mental health conditions through approaches that are based on evidence and respect for human rights. Recognise that individuals with mental disorders and other mental health conditions are at high risk of detention or hospitalisation, and promote the least restrictive mental health interventions, treatment and care wherever possible.
- Challenge the exclusion and inequalities experienced by individuals with mental disorders and other mental health conditions on multiple levels, including material inequality, social inequality and health inequality. Doing so requires addressing the multiple and intersecting forms of discrimination experienced by women and those from other marginalised groups, while also addressing the wider social inequalities that can serve as drivers of poor mental health.

Empowering people

- Take action to address the social determinants of mental health, in a cross-sectoral and holistic manner in order to reduce both health and mental health disparities so that the most marginalised and vulnerable individuals have an equal chance to lead healthy lives, both physically and mentally.
- Increase the focus on improving the mental health and wellbeing of children and young people to improve mental health outcomes for this and future generations. Increase public health actions that promote resilience, reduce risks, and address the root causes of chronic stress that threaten family and caregiving environments in order to protect and promote infant and child mental health.
- Support people with mental disorders and other mental health conditions to help lead change in mental health policy, service design and delivery, and to be meaningfully engaged in ensuring accountability.
- Strengthen coordinated efforts to protect and improve people's mental health and psychosocial well-being during and after humanitarian emergencies/crises or disasters in line with international guidelines¹⁰. This includes seeking appropriate opportunities to develop better and sustainable community mental health systems¹¹.

Data, innovation and science

- Champion the advancement of mental health science through better data, collection and use, research and development, and therapeutic, clinical and technological innovations for improved mental health promotion, mental illness prevention and mental health service provision, and dissemination of best practices.
- Encourage the exploration and identification of evidence-based psychological and social interventions, including mental health promotion and mental illness prevention interventions that can be delivered at a broad scale to respond to unmet need.
- Improving the support and access to services for people experiencing a wide range of mental disorders and mental health conditions, including concurrent substance misuse disorders.

Conclusion

The Declaration represents a significant and sustained commitment to work together across countries and sectors to address the burden of poor mental health, and is structured according to the workstreams of the first Global Ministerial Mental Health Summit. This includes driving forward the improvement of mental health promotion, prevention and service provision, and challenging stigma and discrimination to achieve equality for mental health.

¹⁰ E.g. IASC Guidelines for mental health and psychosocial support in emergency settings, WHO (2017)

¹¹ Building back better: sustainable mental health care after emergencies, WHO (2013)



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