MHGAP FORUM AND LAUNCH OF THE WORLD SUICIDE REPORT

Sixth Meeting of the mhGAP Forum
Hosted by WHO in Geneva on 4-5 September 2014

Summary Report

Context
People with mental health disorders experience higher rates of disability and mortality, which hold back the ultimate objectives of any development agenda: to improve human development and eradicate poverty. The central challenge over the past years has been to scale up mental health services to address disorders in low-resource settings.

Responding to this challenge, the Comprehensive Mental Health Action Plan 2013–2020 (MHAP) was adopted by The World Health Assembly (WHA66.8) in May 2013. The Action Plan provides guidance to WHO Member States, the World Health Organization and international partners to promote focused, aligned and country-owned responses to address mental health and to guide investments to deliver maximum returns for people most in need. Suicide prevention is an integral part of the plan, which includes the goal of reducing the rate of suicide in countries by 10% by 2020.

mhGAP Forum
The mhGAP Forum, which convenes every Autumn in Geneva, is an informal group that promotes global collaboration and coordinated action aimed at supporting national efforts to address mental disorders. The Forum comprises WHO Member States, intergovernmental and Nongovernmental Organizations (NGOs), including United Nations (UN) Agencies, international development agencies, philanthropic foundations, research institutes, universities and WHO Collaborating Centres (WHO CCs).

The Sixth Meeting of the mhGAP Forum took place at the WHO Headquarters in Geneva, on 4 and 5 September 2014. This year, the Forum was attended by 32 Member States including the Minister of State for Primary and Social Care from Ireland and seven Ambassadors, and 77 partner organizations. The main objectives of the Forum were to discuss the implementation of MHAP-relevant activities and to identify possible areas of collaboration in attaining its objectives; and to launch the World Suicide Report Preventing Suicide: A global imperative.

Opening Session
Dr Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse, welcomed the participants, followed by a summary of the MHAP 2013-2020. The objectives of the 2014 Forum were presented, including those of the scheduled group sessions.

Group sessions: 4 September 2014
In contrast to previous mhGAP Forum events, this year’s Forum participants were organized into subgroups according to their speciality and experiences of MHAP-related activities. Each group was moderated by a WHO Secretariat member. The groups first discussed current actions and then discussed potential collaborative efforts in relation to each of the four objectives of the MHAP. The groups and their discussion points are summarized below; it should be noted that this summary does not intend to cover all the rich information shared by partners but brings out the salient activities and projects.
Group 1 - Leadership and governance
Action areas:
- Policy and law;
- Resource planning;
- Stakeholder collaboration;
- Strengthening and empowerment of civil society;
- Also includes human rights and quality in care policy and delivery.

Group 2 - Comprehensive, integrated and responsive mental health and social care
Action areas:
- Service reorganization and expanded coverage;
- Integrated and responsive care;
- Mental health in humanitarian emergencies;
- Human resource development;
- Address disparities;
- Also includes deinstitutionalization, e-mental health including self-help, care for dementia, use of mhGAP Intervention Guide and neurological disorders.

Group 3 - Promotion and prevention
Action areas:
- Mental health promotion and prevention;
- Suicide prevention;
- Also includes stigma and discrimination, child and adolescent mental health.

Group 4 - Information systems, evidence and research
Action areas:
- Information systems;
- Evidence and research;
- Also includes evidence on economic aspects of mental health, revision of ICD-10.

Group 1 Discussion Overview: Current actions and proposed collaborations relevant to strengthening leadership and governance in mental health

Mental health policy, law and strategy developments have been facilitated in Haiti, South America, and the UK by Ministry of Health and Population Haiti, WHO CC Trieste, Italy and by the Royal College of Psychiatrists respectively.

The Institute of Medicine has played a key role in advising the USA on resource allocation for mental health and neurological care delivery and research and development activities, as well as facilitating stakeholder collaboration.

With regard to the empowerment of civil society, the National Institute for Health and Welfare in Finland has been working on service user empowerment through research, and the European Federation of Associations of Families of People with Mental Illness (EUFAMI) reported on its efforts to include caregivers in deinstitutionalisation models, and advocacy for timely, appropriate interventions for people with mental disorders.

International and national partners have also been active, particularly in increasing the extent to which poverty reduction and development policies, strategies and interventions can foster mental health interventions. For example, the Calouste Gulbenkian Foundation has supported a publication on the social determinants of mental health and the Carson J
Spencer Foundation has initiated public and private partnerships to promote mental health in the workplace. The International Medical Corps and the Calouste Gulbenkian Foundation have been advocating to include mental health within the general and priority health policies and plans. Strengthening associations of people with mental disorders has been facilitated in Armenia, Comoros, Gaza, Guatemala, Mauritania and Morocco (as well as globally in the field of Autism) by partner organizations: International Medical Corps, the World Association of Social Psychiatry and Autistic Minority International.

Finally, initiatives in human rights and quality of care policy and delivery have been implemented by a number of the group participants, for example, an initiative in alternatives to coercion and quality rights by the World Association of Social Psychiatry.

A proposal has been developed by the WHO CC Institute of Psychiatry at King's College London entitled Call to Action: The Need to Include Mental Health Target and Indicators in the Post-2015 Sustainable Development Goals. Recruitment of organizations to become signatories of the call to action was identified as an opportunity for meaningful collaboration.

Six participant organizations agreed to collaborate with WHO in the development of its QualityRights Project as well as other international multi-stakeholder exchange and collaboration efforts.

**Group 2 Discussion Overview: Current actions and proposed collaborations relevant to provision of comprehensive, integrated and responsive mental health and social care**

Many international partners are using mhGAP technical materials to decrease the treatment gap of mental disorders in a range of low-and middle-income countries (LMICs), including the Balkan region and Ecuador (WHO CC for Research and Training, Trieste, Italy), Uganda (Peter Alderman Foundation), South and Western Africa (Regional Psychosocial Support Initiative REPSSI and CBM), Eastern Europe and Russia (Stichting Epilepsie Instelligen Nederland), Haiti (Psy-pour-Haiti) and India (Royal College of Psychiatrists and the Institute of Mental Health and Neurosciences) among others. Member States Switzerland, The Netherlands and Japan reported either on their efforts to support national and international mental health programmes or their willingness to engage in supporting the challenges of mental health care coverage.

The physical health of people with mental disorders and the integration of responsive mental health care were also discussed as priorities. International partners reported on their activities which mainly covered strengthening practice in improving the physical health of people with psychosocial problems (WHO CC for Research and Training in Trieste, Italy, the Royal College of Psychiatrists and Action contre la Faim), the integration of mental health care into primary health care in new implementation sites in Africa and elsewhere (International Medical Corps), and goal setting for health services equity for people with mental disorders (Healthy Active Lives HeAL).

International partners are actively engaged in many projects that support mental health care in humanitarian emergencies. These projects target service users, such as displaced people and people affected by trauma, and mental health for humanitarian workers, the Centre for Humanitarian Psychology being the main organization providing psychological support to humanitarian workers. WHO CC, Trieste, is working in collaboration with UNICEF Iraq and Kurdistan to provide psychosocial support directly to refugees.
Support by developing human resources in line with mhGAP principles in conflict and non-conflict areas is a key activity of the Centre for Humanitarian Psychology, CBM, WHO CC, Trieste, and the International Medical Corps.

The group identified several important areas for future collaboration in integrated mental health care service provision. The efficiency of collaboration and partnerships could be maximised between governments, WHO and partner agencies on the issues of limited capacity (particularly in training and referral mechanisms), accessing services and equity (community outreach, increased use of cross-sectorial service providers and e-health possibilities), advocacy initiatives and care for special groups, policy analysis and action across different administrative levels and translating knowledge to human resources.

**Group 3 Discussion Overview: Current actions and proposed collaborations relevant to implementation of strategies for promotion and prevention in mental health**

Mental health promotion and prevention efforts through education are being implemented by the WHO CC at the National Institute of Health and Welfare in Finland, the World Association of Social Psychiatry as well as other projects mentioned in other discussion groups. E-health interventions was a topic of interest, with the International Association for Suicide Prevention and the European Commission reporting recent and ongoing work in the area of e-health promotion.

Suicide prevention was clearly an important discussion point, with the 2014 mhGAP Forum incorporating the launch of the World Suicide Report. Many partner organizations and Member States gave an overview of important work currently being undertaken in suicide prevention, including the International Association for Suicide Prevention, the European Commission, SNEHA Voluntary Health Services, Substance Abuse and Mental Health Services Administration, Mental Health Commission of Canada, National Institute of Mental Health, Japan, Royal College of Psychiatrists, the World Association of Social Psychiatry, WHO CC at the National Institute of Health and Welfare in Finland, Voksne for Barn and the International Foundation for Research and Education on Depression (iFred). These activities range from increasing awareness around suicide, strengthening capacity of health care providers to work effectively with people at risk of suicide or self-harm, support for those affected by suicide, e-health interventions for depression and suicide, prevention projects and research into effectiveness of interventions and best practices.

Child and adolescent mental health was an additional agenda item for group 3, where participants agreed that infant, child and adolescent mental health and early intervention are important issues. Partnership for Children shared the success of their school-based programme which promotes children’s mental health and was rolled out across 31 countries, reaching an estimated 1 million children. Action Contre la Faim discussed the links between care practices, mental health, child development, maternal health and malnutrition.

Finally, group 3 discussed advocacy and awareness raising. Many of the group participants are engaging in advocacy and awareness-raising activities, such as a global mental health advocacy working group (launched by the International Medical Corps), educational programmes using illustration (the Black Dog Institute) and targeted anti-stigma campaigns for particular groups (WHO CC for Mental Health Promotion, Prevention and Policy Finland and the Mental Health Commission of Canada). World Mental Health day is also celebrated by many of the partners across international implementation sites and partnerships among our partner organizations. Such efforts in mental health promotion and prevention are common.
The group discussed several shortcomings in current collaborative efforts for implementing strategies for promotion and prevention in mental health. The areas identified as requiring more collaboration from WHO and international partner organizations were: continuity of youth mental health care and suicide bereavement support; faith-based organization involvement in suicide prevention; community mental health care; social media and e-health strategies; mental health in the workplace; support for military service men and women; barriers analysis and monitoring of advocacy efforts; and evidence and knowledge exchange between organizations.

**Group 4 Discussion Overview: Current actions and proposed collaborations relevant to information systems, evidence and research**

The WHO Secretariat moderator of this group gave a presentation on current WHO evidence and research projects, including the International Classification of Diseases (ICD) revision, global mental health research collaborations and the Mental Health Innovation Network (MHIN). Participants then reported on their current projects relevant to MHAP objective 4. Information systems research and implementation activities are being effected by partners, including the EMERALD project at the WHO CC Institute of Psychiatry in London, the International Union of Psychological Sciences, the Centres for Disease Control and Prevention (USA) and the National Institute of Mental Health (USA).

Aside from reports on project implementation by many of the participants, other current evidence and research projects discussed are focused on gaps in knowledge in the field of mental health. These include risk and protective factors for suicide (the International Union of Psychological Sciences); dementia epidemiology and mental health care systems cost-effectiveness (WHO CC Institute of Psychiatry, London); improving quality of care, early interventions for psychosis, integration of mental health care into other chronic care platforms such as HIV and trials in non-specialist care provision in LMICs (National Institute of Mental Health, USA); and biomarkers in, and self-care for serial trauma (Loma Linda University International Behavioural Trauma Team).

Research into E-health interventions was frequently mentioned by partner organizations during the group session (Estonia-Swedish Mental Health and Suicidology Institute, WHO CC Institute of Psychiatry, London, the European Commission and the Loma Linda University International Behavioural Trauma Team).

Research gaps regarding various stages of mental health care implementation were identified, as were opportunities for collaboration and knowledge sharing. Collaborative efforts and knowledge sharing could be generally increased between researchers, practitioners, service users and policymakers. Particular areas of need discussed were innovations in psychosocial interventions in LMIC contexts, research on patient-centred outcomes, epidemiological surveys, and E-health platforms.

**mhGAP Forum plenary: 5 September 2014**

The plenary gathered after lunch on day two of the mhGAP Forum. The agenda for this session called for each WHO group moderator to present an overview of the discussions of the previous day. During some of the presentations, group members gave more detail about existing collaborative activities where there were questions and comments, for example, Professor Graham Thornicroft from the WHO CC Institute of Psychiatry, London, updated the plenary on the FundaMental SDG movement, which advocates for mental health to be added into the post-2015 development agenda.
mhGAP Forum Closing Remarks: 5 September 2014
Dr Shekhar Saxena commented on the positive feedback gained in the Sixth Meeting of the mhGAP Forum and how the group discussion process facilitated a synergic and thought-provoking knowledge exchange. Attendees were thanked for their participation and support. The WHO Secretariat looks forward to future alliances and strong collaborative efforts with partner organizations and Member States in attaining the objectives of the Comprehensive Mental Health Action Plan 2013–2020.

Launch of the World Suicide Report *Preventing Suicide: A global imperative*

It is estimated that over 800 000 people die by suicide and that there are many suicide attempts for each death. The World Suicide Report presents information on suicide as a global issue and encourages countries to place suicide prevention high on the global health agenda. The launch of the report took place on 5 September 2014 and was attended by 32 Member States including the Minister of State for Primary and Social Care from Ireland, seven Ambassadors, and 77 partner organizations.

The launch of the report received considerable media attention. The press release for the report can be found at the following URL:


Opening Session
Dr Etienne Krug, Director of the Department of Violence and Injury Prevention and Disability at WHO welcomed participants and introduced a short film on suicide (https://www.youtube.com/watch?v=8NVBMfdP1Ww&feature=youtu.be).

Personal experiences of suicide
Launch participants were privileged to hear the moving speeches of two individuals touched by suicide: Dolly Sen from the United Kingdom, a mental health advocate who has made two suicide attempts, and Merab Mulindi, whose sister committed suicide in Kenya some years ago. Important messages from the two speeches were the unavailability of health services and in the case of health services access, the lack of non-judgemental and empathic support from front-line staff.

Launch of the report
*Session 1*
Dr Etienne Krug launched the report and gave a short speech on the importance of prioritization of suicide prevention on the global public health and public policy agendas, and an overview of the contents of the report was presented by Dr Alexandra Fleischmann, Scientist from the WHO Department of Mental Health and Substance Abuse.

Ms Kathleen Lynch, Minister of State, Ireland made a speech on the relevance of the report to Ireland and all countries, as stakeholders try to tackle this most serious of public health problems. She spoke about the many factors that contribute to suicide and pointed out that the greatest tragedy of all was the stigma that keeps people from seeking help. Hence, she made a call that it was time for society to begin to talk openly, honestly and without fear about suicide and realize that it was acceptable to seek help.

Each of the Ambassadors of the seven Member States participating were then invited to make short statements. Each Member State confirmed their support of the world suicide report and their commitment to take action.
Comments from the floor followed and further praise for the report was given by many partner organizations.

Session 2
Session 2 commenced with comments from key contributors of the report. A short overview from both Professor Ella Arensman (President of the International Association for Suicide Prevention - IASP) and Professor Danuta Wasserman (Director of the WHO Collaborating Centre, Karolinska Institute, Stockholm) addressed the challenges in implementation of national suicide prevention programmes and strategies. These are stemming from insufficient resources and the lack of effective planning, co-ordination, and collaboration, aggravated by limited or no access to surveillance data, and the lack of process and outcome evaluation. The notion that suicides are preventable was emphasized and effective evidence-based interventions were presented in a public health perspective, highlighting the global leadership role of WHO.

Dr Lakshmi Vijayakumar, Director of SNEHA Chennai, India commented on the critical role of NGOs and communities who can provide social support to vulnerable individuals, engage in follow-up care, fight stigma and support those bereaved by suicide. A community-based intervention that received particular attention was the implementation of a communal pesticide storage facility to prevent suicide from self-poisoning with pesticides.

During the remainder of the session, partner organizations, including the Swiss Federal Office for Public Health, Switzerland; the General National Institute of Mental Health, Japan; CDC, USA; EC Joint Action for Mental Health and Wellbeing; World Medical Association; World Psychiatric Association; and World Federation for Mental Health, gave comments on the report and on the issue of prioritization from their respective country and global perspectives. The key themes discussed were the political pressure to become more active in suicide prevention, the provision of guidance for policymakers, the fighting of myths and stigma, the development or strengthening of a comprehensive, multisectoral approach, underreporting and improved data availability and quality, building on the Mental Health Action Plan 2013-2020, and international collaboration.

Closing remarks
Dr Shekhar Saxena closed the launch with a vision of the way forward. Most importantly, comments such as those heard during the launch, of health systems and services failing vulnerable people at risk of suicide are alarming. Multisectoral service providers must ensure that those seeking help receive effective care in a timely manner. Hence, the key messages of the report and launch - suicides take a high toll, suicides are preventable, and it is known what works to prevent suicide - needed to be taken on board, in order to take action now. It was emphasized that together with governments, everyone had a role to play in suicide prevention to lift the burden of suffering caused by suicide and suicide attempts from individuals, families, communities and society as a whole.

Contact
Dr Shekhar Saxena
Director
Department of Mental Health and Substance Abuse
World Health Organization
+41.22.791.3625
saxenas@who.int
Acknowledgements

This summary report does not represent an official position of the World Health Organization. It is a tool to explore the views of interested parties on the subject matter. References to international partners are suggestions only and do not constitute or imply any endorsement whatsoever of this discussion paper.

The World Health Organization does not warrant that the information contained in this report is complete and correct and shall not be liable for any damages incurred as a result of its use.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this report. However, this report is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the presentation lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

© World Health Organization, 2014. All rights reserved.

The following copyright notice applies: www.who.int/about/copyright
## Launch of World Suicide Report

*“Preventing suicide: a global imperative”*

5 September 2014, Executive Board Room, WHO, Geneva

### PROVISIONAL AGENDA

**09:00 – 10:30**  
**Launch of the World Suicide Report – Session 1**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Detail</th>
</tr>
</thead>
</table>
| 09:00-09:05 | Opening and welcome                                                    | Shekhar Saxena  
Director, Department of Mental Health and Substance Abuse, WHO               |
| 09:05-09:15 | Film on suicide                                                        |                                                                               |
| 09:15-09:20 | Personal experience of suicide in the family                           | Merab Mulindi, Kenya                                                          |
| 09:20-09:25 | Personal experience of suicide attempts                               | Dolly Sen, UK                                                                 |
| 09:25-09:35 | Launch of the report                                                   | Etienne Krug  
Acting Assistant Director-General  
Noncommunicable Diseases and Mental Health  
Director, Department of Violence and Injury  
Prevention and Disability, WHO             |
| 09:35-09:45 | Contents of the report                                                 | Alexandra Fleischmann  
Scientist, Department of Mental Health and Substance Abuse, WHO                |
| 09:45-09:50 | Relevance of the report to Ireland                                    | Kathleen Lynch  
Minister of State, Ireland                                                     |
<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
<th>Presenter/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:50-10:05</td>
<td>Statements by Ambassadors</td>
<td></td>
</tr>
<tr>
<td>10:05-10:25</td>
<td>Comments from the floor</td>
<td>All</td>
</tr>
<tr>
<td>10:25-10:30</td>
<td>Conclusion</td>
<td>Shekhar Saxena, Director, Department of Mental Health and Substance Abuse, WHO</td>
</tr>
<tr>
<td></td>
<td><strong>10:30 – 11:00</strong> Coffee break</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>11:00 – 12:30</strong> World Suicide Report – Session 2</td>
<td></td>
</tr>
<tr>
<td>11:00-11:08</td>
<td>Current situation, national strategies and implementation of the report</td>
<td>Ella Arensman, President, International Association for Suicide Prevention (IASP)</td>
</tr>
<tr>
<td>11:08-11:16</td>
<td>Risk and protective factors, interventions and implementation of the report</td>
<td>Danuta Wasserman, Director, WHO Collaborating Centre, Sweden</td>
</tr>
<tr>
<td>11:16-11:24</td>
<td>The role of NGOs and communities</td>
<td>Lakshmi Vijayakumar, Director, SNEHA, India</td>
</tr>
<tr>
<td>11:24-11:29</td>
<td>Comments</td>
<td>Stefan Spycher, Vice-Director, Health Policy, Federal Office of Public Health, Switzerland</td>
</tr>
<tr>
<td>11:29-11:34</td>
<td>Comments</td>
<td>Yusuke Fukuda, Director, General National Institute of Mental Health, Japan</td>
</tr>
<tr>
<td>11:34-11:39</td>
<td>Comments</td>
<td>Ileana Arias, Principal Deputy Director, CDC, USA</td>
</tr>
<tr>
<td>11:39-11:44</td>
<td>Comments</td>
<td>György Purebl, EC Joint Action for Mental Health and Well-being</td>
</tr>
<tr>
<td>11:44-11:49</td>
<td>Comments</td>
<td>Margaret Mungherera, President, World Medical Association</td>
</tr>
</tbody>
</table>
11:49-11:54  Comments  Gabriel Ivbijaro  
President-elect, World Federation for Mental Health

11:54-12:00  The way forward  Shekhar Saxena  
Director, Department of Mental Health and Substance Abuse, WHO

12:00-12:30  Comments from the floor  All

12:30-13:00  Lunch break (sandwiches and drinks will be provided)

13:00 – 14:00  Lunchtime seminar: Effective Communication for mental health

Presenters:
• Matthew Johnstone (the creator of the “Black Dog video” on depression)
• Ainsley Johnstone
• Chris Black

Moderator:
• Shekhar Saxena, Director, Department of Mental Health and Substance Abuse

14:00 – 16:30  mhGAP Forum plenary

Moving forward with partnerships to implement the WHO Mental Health Action Plan 2013-2020.

• The conclusions of the small group discussions will be presented, identifying existing and planned contributions of partners in the implementation of MHAP and locating strengths and significant gaps.
• Existing collaborations will be highlighted and any newly developed collaborations introduced.
2014 mhGAP Forum and Launch of World Suicide Report

“Preventing suicide: a global imperative”

4-5 September 2014, Executive Board Room, WHO, Geneva

LIST OF PARTICIPANTS

Member States (Representatives of Permanent Missions)

Afghanistan
H.E. Mr Nanguyalai Tarzi, Ambassador, Permanent Representative
Sultana Sana, Second Secretary

Australia
Madeleine Heyward, Health Adviser

Belarus
Vladimir Bopomaz

Belgium
Paul Cartier, Counsellor

Canada
Keith Lewis, Counsellor

Chile
Guy Fones, Health Attaché

China
Shi Ling, Second Secretary

Colombia
Andrés Duque Solis, Intern

Czech Republic
Daniel Mič, Deputy Permanent Representative

Finland
Pasi Mustonen, Counsellor
France
Marc Boisnel

Haiti

Hungary
Marc Horvath

Ireland
Ms Kathleen Lynch T.D., Minister of State for Primary and Social Care, Department of Health, Dublin
H.E. Ms Patricia O’Brien, Ambassador, Permanent Representative
Seán Ó hAodha, First Secretary
Adrian McLaughlin, Private Secretary to the Minister, Department of Health, Dublin
Gisela Schmidt-Martin, Attaché

Latvia

Libya
Reida Eloakley, Counsellor

Mexico
Vanessa Constantino, Health department of the Mission

Monaco
H.E. Ms Carole Lanteri, Ambassador, Permanent Representative

Namibia
Nada Kruger, First Secretary

Netherlands
Jennyfer Mopo-Imperator, First Secretary

New Zealand
H.E. Ms Amanda Ellis, Ambassador, Permanent Representative
Meredith Davis

Norway
Marit Dahl Hjort, Intern

Pakistan
Fareha Bugti, First Secretary

Paraguay
Miguel Candia Ibarra

Peru
H.E. Mr L.E. Chávez Basagoitia, Ambassador, Permanent Representative

Spain
Switzerland
Leo Karrer, Third Secretary – unable to attend
Raphaela Meli

Thailand
H.E. Mr Krerkpan Roekchannong, Ambassador, Deputy Permanent Representative
Varapote Chensavasdijai, Counsellor
Piyaporn Putanapan, First Secretary

Turkey
Özlem Kural, Counsellor

Uruguay
H.E. Mrs Laura Dupuy, Ambassador, Permanent Representative
Cristina Rodríguez, Minister Counsellor

USA
H.E. Ms Pamela Hamamoto, Ambassador, Permanent Representative – unable to attend
Colin McIff, Health Attaché
Deana Jordan Sullivan, Advisor

Forum Participants

Action Contre la Faim
Paulina Acosta (pacosta@actioncontrelafaim.org)

Alliance for Health Promotion
Myrna Lachenal (myrlachenal@gmail.com)

Autistic Minority International, Switzerland
Erich Kofmel, President (e.kofmel@autisticminority.org)

Aware Africa, UK
Vivian Ikem (vivian.ikem10@yahoo.com)

Basic Needs, UK
Jess McQuail, Director of Social Business (Jess.McQuail@basicneeds.org)

Black Dog Institute, Australia
Matthew Johnstone (matthewjohnstone@me.com)
Ainsley Johnstone (ainsleyjohnstone@mac.com)

Calouste Gulbenkian Foundation, Portugal
Sergio Gulbenkian, Deputy Director (sgulbenkian@gulbenkian.pt)
Carson J Spencer Foundation, USA
Sally Spencer-Thomas (Sally@CarsonJSpencer.org)

CBM, Germany, Togo and other countries
Julian Eaton (julian.eaton@cbm-arow.org)
Manuela Wälchli (manuela.waelchli@sunrise.ch)

Centers for Disease Control and Prevention, USA
Ileana Arias, Principal Deputy Director (iaa4@cdc.gov)
Ruth Perou, Acting CDC Mental Health Coordinator (rzp4@cdc.gov)
Barbara Lopes Cardozo, Psychiatrist, Emergency Response and Recovery Branch (bhc8@cdc.gov)

Centre for Humanitarian Psychology, Switzerland
Claire Colliard, Executive Director (ecolliar@gmail.com)

Common Threads, Switzerland
Rachel Cohen (rachel.ann.cohen@gmail.com)

Defense Suicide Prevention Office, USA
Jacqueline Garrick, Director (jacqueline.n.garrick.civ@mail.mil) – unable to attend

Département fédéral des affaires étrangères, Suisse
Jacques Mader, Conseiller spécialisé en politique de la santé, Division Afrique orientale et austral, Direction du développement et de la coopération (jacques.mader@eda.admin.ch)
Enrichetta Placella, Chargée de projet, Division Communauté des Etats Indépendants, Direction du développement et de la coopération (Enrichetta.Placella@eda.admin.ch)

Département fédéral de l’intérieur, Office fédéral de la santé publique, Suisse
Stefan Spycher, Vice-Directeur, Direction Politique de la santé (Stefan.Spycher@bag.admin.ch)
Margreet Duetz Schmucki, Cheffe de Section Politique nationale de la santé (margreet.duetzschmucki@bag.admin.ch)
Caroline Clarinval, Collaboratrice scientifique, Division Affaires internationales (Caroline.Clarinval@bag.admin.ch)
Chantale Bürl, Collaboratrice scientifique, Section Politique nationale de la santé (Chantale.Buerli@bag.admin.ch)

Editor of the Suicide Prevention Report
David Bramley (david@bramley.ch)

Estonian-Swedish Mental Health and Suicidology Institute (ERSI)
Peeter Värnik (peeterv@suicidology.ee)

European Commission
György Purebl (purebl.gyorgy@gmail.com)

European Federation of Associations of Families of People with Mental Illness (EUFAMI), Belgium
John Saunders (jsaunders@shineonline.ie)
Healthy Active Lives (HeAL), UK
David Shiers (david.shiers@doctors.org.uk)

Human Rights in Mental Health-FGIP, The Netherlands
Robert Van Voren, Chief Executive (rvvoren@gip-global.org)

International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) Switzerland
Nina Grundmann (n.grundmann@ifpma.org)

Institute of Medicine, USA
Bruce Altevogt, Senior Program Officer (BAltevogt@nas.edu)

Institute of Mental Health and Neuro Sciences, Srinagar
Aqeel Sayed (sayedaqeel@gmail.com)

International Association for Child & Adolescent Psychiatry & Allied Professions (IACAPAP)
Olayinka Omigbodun, President (fouryinkas@yahoo.co.uk)
Patrick Haemmerle, Child and Adolescent Psychiatrist and Psychotherapist FMH (haemmerlep@bluewin.ch)
Myron Belfer (myron_belfer@hms.harvard.edu)

International Association for Suicide Prevention
Ella Arensman, President (earensman@ucc.ie)
Vanda Scott (office@iasp.info)

International Committee of the Red Cross, Switzerland
Pierre Bastin (pbastin@icrc.org)

International Foundation for Research and Education on Depression (iFred), USA
Kathryn Goetzke, Founder and Interim Executive Director (kathryn@ifred.org)

International Medical Corps, USA
Inka Weissbecker, Global Mental Health and Psychosocial Advisor (iweissbecker@internationalmedicalcorps.org)

International Union of Psychological Sciences
Pierre Ritchie (pritchie@uottawa.ca)

Loma Linda University International Behavioral Health Trauma Team, USA
Beverly Buckles, Dean of Behavioral Science (bbuckles@llu.edu)

Loma Linda University School of Medicine, USA
Carlos Fayard, Associate Professor of Psychiatry (CFayard@llu.edu)

Lundbeck, Denmark
David Mouyal, Global Public Affairs Manager (DMOU@lundbeck.com)

Max Planck Institute of Psychiatry, Germany
Osborne Almeida (osa@mpipsykl.mpg.de)

Mediofriuli – Udine, Italy
Renzo Bonn (renzo.bonn@mediofriuli.it)
Member Care Associates, Inc., Switzerland
Kelly O'Donnell (mcaresources@gmail.com)
Michele Lewis O'Donnell (michele.lewis.odonnell@gmail.com)

Mental Health Advocates
Merab Mulindi, Kenya
Dolly Sen, UK
Charlotte Swerts, Belgium

Mental Health Commission of Canada
Jennifer Vornbrock, Vice President, Knowledge and Innovation (jvornbrock@mentalhealthcommission.ca)

Mental Health International, Canada
Bill Wilkerson, Executive Chairman (bill.wilkerson@mentalhealthinternational.ca) – unable to participate

Ministry of Defense, The Netherlands
Barend van Tussenbroek, Manager Knowledge Center, Military Mental Health Organization (B.v.Tussenbroek@mindef.nl)

Ministry of Health and Population, Haiti
René Domersant, National Coordinator for Mental Health (rdomersant@yahoo.fr)

National Institute of Mental Health, Japan
Yusuke Fukuda, Director General (yfukuda@ncnp.go.jp)
Hiroto Ito, Director, Department of Social Psychiatry (ItoHiroto@ncnp.go.jp)

National Institute of Mental Health, USA
Pamela Collins, Director, Global Mental Health (Pamela.Collins@nih.gov)

National Rehabilitation Center, UAE
Hamad Abdulla Hashem Salem Al Ghaferi, Director General (drhamad@nrc.ae) – unable to attend
Tarek Mahmoud Samy Abdel Gawad, Director Treatment and Rehabilitation (tarek.gawad@nrc.ae)
Ahmed Naji Mohammed Qasem Almudalaa

National Suicide Research Foundation, Ireland
Eileen Williamson, Executive Director (ewilliamson@ucc.ie)

Network Mental Health, Switzerland
Alfred Künzler, Head (alfred.kuenzler@npg-rsp.ch)

NGO Forum for Health, Switzerland
Alan Leather (alan.leather@gmail.com)
Ann Lindsay (ann.lindsay@bnc.ox.ac.uk)
Clarissa Starey
Afton Beutler (ajbeutler@gmail.com)
Seema Upalekar (uplekar@bluewin.ch)
Laetitia Van Haren (laetitiavanharen@yahoo.co.uk)

Office of the High Commissioner for Human Rights
Dainius Puras (dainius.puras@gmail.com) – unable to attend
Partnership for Children, U.K.
Chris Bale, Director (Chris.Bale@partnershipforchildren.org.uk) – unable to attend
Caroline Egar, Programme Director (caroline.egar@partnershipforchildren.org.uk)

Peter Alderman Foundation, USA
Stephen Alderman, Founder (steve@petercaldermanfoundation.org)
Nakimuli-Mpungu Etheldreda, PCAF Africa Program Director (ethelmpungu@yahoo.com)

Psy-pour-Haiti
Denise Bouvier, Psychologue-psychothérapeute FSP (paloma.psy@bluewin.ch)
Carleen Alexandre, Ottawa University Health Science (harvelyne@hotmail.com)

Regional Psychosocial Support Initiative (REPSSI), South Africa
Gabriella Sozanski (gabriella.sozanski@repssi.org)
Lehlohonolo Chabeli (lehlohonolo.chabeli@repssi.org)

Réseau fribourgeois de santé mentale
André Kuntz (kuntza@rfsm.ch)

Royal College of Psychiatrists, UK
Lucy Thorpe, Head of Policy (lthorpe@rcpsych.ac.uk)
Peter Hughes (dppmh@hotmail.com)

SANOFI
Daniel Gerard (daniel.gerard@sanofi.com)

Santé Publique, Belgium
Bernard Jacob, Chef de projet et coordinateur fédéral (bernard.jacob@sante.belgique.be)
(bernard.jacob@aigs.be)

Seventh-day Adventist Church
Peter Landless, Director, Health Ministries, General Conference of Seventh-day Adventists
(LandlessP@gc.adventist.org)
Valerie Dufour, Director, Health Ministries, Inter-European Division (Valerie.Dufour@eud.adventist.org)
Bernard Davy

SNEHA, Voluntary Health Services, India
Lakshmi Vijayakumar (lakshmi@vijayakumars.com)

Stichting Epilepsie Instelligen Nederland, the Netherlands
Hanneke Boer (hdboer@sein.nl) – unable to attend
Caroline Morton, International Relations Officer (cmorton@sein.nl)

Substance Abuse and Mental Health Services Administration (SAMHSA), USA
Richard McKeon (Richard.McKeon@samhsa.hhs.gov)

Swiss Federal Railways, SBB CFF FFS, Switzerland
Christina Brändli, Head Culture and Safety at Work (christina.braendli@sbb.ch)

Taihe Hospital, China
Guojian Xie, Chief Physician (xieguojian@hotmail.com)
UCB SA, Rwanda
Peter Dedeken (Peter.Dedeken@ucb.com)

University of Cambridge School of Clinical Medicine
Tine Van Bortel (tv250@medschl.cam.ac.uk)

University of Copenhagen, Denmark
Veronica Pisinger (veronica_pisinger@hotmail.com)

University of Geneva
Emiliano Albanese (Emiliano.Albanese@unige.ch)

University of West London, UK
Lyndsay Baines, Director (Lyndsay.Baines@uwl.ac.uk) – unable to attend

UN NGO Committee on Mental Health, USA
Elizabeth Carll, Exec. Comm. & Past Chair (drecarll@optonline.net) – unable to attend

US Agency for International Development (USAID), USA
Ilana Lapidos (ilapidossalaiz@usaid.gov) - unable to attend
Ugochukwu Amanyeije (uamanyeije@usaid.gov)
Julie Gill, Consultant

Veterans Administration, USA
Robert Bossarte (Robert.Bossarte@va.gov)
Jan Kemp (Jan.Kemp@va.gov)

Voksne for Barn, Norway
Randi Talseth (Randi.Talseth@vfb.no)
Solfrid Raknes (solfrid.raknes@hotmail.com)

World Association for Psychosocial Rehabilitation
Afzal Javed, President (afzal@afzaljaved.co.uk) – unable to attend

World Association of Social Psychiatry
Tom Craig, President (thomas.craig@kcl.ac.uk)
Rachid Bennegadi, Secretary General (bennegadi@minkowska.com)

World Economic Forum
Arnaud Bernaert, Senior Director, Head of Global Health and Healthcare Industries (Arnaud.Bernaert@weforum.org)
Susanne Weissbaecker (Susanne.Weissbaecker@weforum.org)
Marina Krommenacker (Marina.Krommenacker@weforum.org)
Dessislava Dimitrova (Dessislava.Dimitrova@weforum.org)
Vanessa Candeias (vanessa.candeias@weforum.org) – unable to attend

World Federation for Mental Health
Gabriel Ivbijaro, President-elect (gabriel.ivbijaro@gmail.com)

World Medical Association
Margaret Mungherera, President (margmungh@gmail.com)
World Organization of Family Doctors (WONCA)
Luis Gálvez-Alcaraz (luisgalvez@semfyc.es)
Abdullah Al Khathami (mabna123@gmail.com)

World Psychiatric Association
Dinesh Bhugra, Incoming President (dinesh.bhugra@kcl.ac.uk)

WHO COLLABORATING CENTRES

WHO Collaborating Centre: Griffith University, Australia
Diego De Leo (d.deleo@griffith.edu.au) – unable to attend

WHO Collaborating Centre: Institute of Psychiatry, King’s College London, UK
Graham Thornicroft (graham.thornicroft@kcl.ac.uk)
Martin Prince (mprinceiop@gmail.com)

WHO Collaborating Centre: Karolinska Institute, Sweden
Danuta Wasserman, Professor of Psychiatry (Danuta.Wasserman@ki.se)

WHO Collaborating Centre for Mental Health Promotion, Prevention and Policy, Finland
Pia Solin (pia.solin@thl.fi)

WHO Collaborating Centre for Research and Training, Trieste, Italy
Mezzina Roberto (roberto.mezzina@ass1.sanita.fvg.it)

WHO Collaborating Centre: Trimbos Institute, National Center of Mental Health and Addiction, The Netherlands
Gerdien Franx (gfranx@trimbos.nl)
Ionela Petrea (ipetrea@trimbos.nl) – unable to attend

WHO Collaborating Centre: Universidad Autónoma de Madrid, Spain
Maria Cabello (maria.cabello@uam.es)

WHO SECRETARIAT

Margaret Chan, Director-General, WHO
Oleg Chestnov, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO. Email: chestnovo@who.int
Etienne Krug, Director, Department of Injuries and Violence Prevention, WHO. Email: kruge@who.int
Shekhar Saxena, Director, Department of Mental Health and Substance Abuse, WHO. Email: saxenas@who.int
Menno Van Hilten, External Relations, Noncommunicable Diseases and Mental Health, WHO. Email: vanhiltenm@who.int

Michelle Funk, Mental Health Policy and Service Development, Department of Mental Health and Substance Abuse, WHO. Email: funkm@who.int

Vladimir Poznyak, Management of Substance Abuse, Department of Mental Health and Substance Abuse, WHO. Email: poznyakv@who.int

Devora Kestel, WHO Regional Adviser, WHO AMRO/PAHO. Email: kesteld@paho.org

Staff from the Department of Mental Health and Substance Abuse