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MENTAL HEALTH

The Western Pacific Region faces a looming mental health crisis, driven by social pressures, vulnerabilities and unrest, and amplified by the wide-ranging impact of the coronavirus disease (COVID-19) pandemic on everyday life in communities throughout the Region. Mental health is crucial to everyone's health and wellbeing, but the heightened risk of suicidal behaviour and self-harm among young people is alarming. More than the absence of disorders, mental health is integral to individual and collective well-being, underpinning resilience, productivity, economic development and social progress for a well-functioning society. While the needs of people living with mental health conditions and the general population continue to grow, current approaches to mental health are insufficient and inadequate, leaving many unreached and increasingly vulnerable.

In order to address these issues and promote the highest level of mental health and well-being for all people in the Western Pacific Region, the mental health agenda must be reoriented with a systems approach to include well-being and reach the unreached. At the same time, mental health support and care must be transformed so that enabling practices are part of everyday life and reinforced in familiar and community settings.

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft *Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030*.

1. CURRENT SITUATION

According to the *The Global Burden of Disease Study 2019*, disability-adjusted life years (DALYs) attributed to anxiety and depressive disorders, schizophrenia, Alzheimer's disease and other forms of dementia, and self-harm have increased significantly in the Western Pacific Region from 1990 to 2019. This is due to several complex factors, driven by social vulnerabilities and pressures. More than half of the people in the Western Pacific live in cities, highlighting the impact of built environments on health and well-being as the Region continues to urbanize rapidly. Approximately 400 million people live in extreme poverty in the Asia-Pacific region, exposing populations to adversity from economic hardship and structural disadvantages when trying to access mental health care. In 2018 in the Region, 84 million people used psychoactive drugs, which has a direct and documented cost to society from loss of productivity, premature mortality and increased health-care expenditures. Excessive internet use and the digitalization of lifestyles have also given rise to novel threats to mental health and well-being, especially among young people.

Across the entire life course – from infants to older adults – mental disorders contribute to the burden of disease. Taken together, mental, neurological and substance use disorders, accounted for one in 10 DALYs (10.1%) in 2019. Suicide continues to be a leading cause of death among young people. For every death, there are many more suicide attempts, creating lasting impacts among families and loved ones. Vulnerable populations unreached by services are disproportionately affected. Furthermore, the life expectancy of people living with a serious mental health condition is 10 to 20 years shorter on average than the general population. The economic consequences of poor mental health, arising from decreased productivity and other direct and indirect costs to society, are enormous. Common mental disorders alone, such as depression and anxiety, are estimated to cost the global economy US\$ 1 trillion per year. These mental health challenges have been further amplified by the COVID-19 pandemic, which has fuelled short- and long-term stresses and undermined the mental health of millions.

Since the 2014 endorsement of the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific* by the Regional Committee for the Western Pacific, progress has been made in advancing the mental health agenda in the Region. As of 2020, all 29 countries and areas in the Region that responded to the Mental Health Atlas survey had a stand-alone or integrated mental health policy or plan. However, the transition towards community-based care remains slow, depriving too many people across the Region of quality mental health care and support in many settings. Meanwhile, the impact of increased mental health promotion and prevention programmes and activities remains unclear. Mental health expenditure accounts on average for less than 2% of government budgets for health. In lower middle-income countries in Asia, median government expenditure on mental health

is only US\$ 1.40 per capita, and the number of psychologists and social workers is extremely low at 0.5 and 0.4 per 100 000 of population, respectively.

From 2019 to 2022, even before the onset of the COVID 19 pandemic, WHO alongside its Member States has been actively shaping the agenda for the future of mental health and working towards the healthiest and safest region. Developed after a series of consultations with Member States and other key stakeholders, including a forum with the next generation of mental health professionals, the new regional framework is the outcome of this nearly three-year journey. It builds on and complements other global goods and initiatives, while aligning with the next generation of regional frameworks and *For the Future: Towards the Healthiest and Safest Region* – the shared vision adopted in 2019 to guide the work of WHO with Member States and partners in the Western Pacific.

2. ISSUES

2.1 There is no health and well-being without mental health.

Mental health is intrinsic to individual and collective health and well-being; it goes beyond the mere absence of a mental health condition. Physical wellness is incomplete without mental wellness. However, the focus of actions and interventions in the Region has traditionally been on providing treatment for people living with mental health conditions, leaving insufficient attention and resources for promoting the mental health and well-being of the entire population. The overreliance on institutional care also perpetuates negative stereotypes associated with mental health care. These stereotypes delay appropriate health-seeking behaviour and can lead to coercive practices. Member States have expressed that the reorientation of the mental health paradigm away from a disease-oriented focus and the expansion of community services remain unresolved issues.

Living with a physical health condition increases the risk of developing a mental health condition, just as poor mental health often complicates treatment and worsens prognoses for all other health conditions. Nevertheless, in the Region mental health is not fully integrated into other health programmes and services, failing to maximize potential synergies.

Neglecting mental health also threatens to hold back sustainable and inclusive development for the well-being of all people in the Region. Promoting mental health will have a direct contribution to the attainment of the Sustainable Development Goals, and actions to address broader social issues will also benefit mental health. For example, good mental health is essential to meaningful learning, and learning environments, such as schools, are also a key setting for mental health. Despite these links, mental health is too often left out of health and social development policy-making.

2.2 Threats to mental health and well-being are ever present.

Risk factors for poor mental health are present at all layers of society. At the macro level, these include large-scale conflict, economic downturns, social polarization, displaced populations and the climate crisis. These threats impact the day-to-day reality of individuals, families and communities, threatening their mental health and well-being.

In the Western Pacific Region, rapid and unplanned urbanization, poverty and other economic pressures, as well as the digitalization of lifestyles and increased drug use, are giving rise to threats to mental health and well-being. The growing proportion of older adults in the Region contributes to the increasing prevalence of dementia and other ageing-related mental health conditions. The Region is also home to some of the world's most climate-vulnerable countries and areas, causing added anxiety and stress.

Health emergencies have a profound impact on mental health. Since the COVID-19 pandemic began, the global prevalence of anxiety and depression has increased more than 25%, with young people and women most affected. The Region also contains some of the most disaster-prone parts of the world. Disasters can give rise to complex humanitarian emergencies that disrupt the provision of mental health and social care services while exposing entire populations to high levels of stress and adversity over a prolonged period.

2.3 Current mental health systems cannot address future challenges.

Mental health services across the Region are struggling to address the needs of people living with mental health conditions, let alone the mental health needs of all people across the life course and other future challenges. Embracing a systems approach to mental health is crucial to providing support and care across different settings, delivered by a range of providers, and extending beyond clinical treatment to encompass health and social services. Mental health must be everyone's business.

As the Western Pacific Region evolves, so too must the approach to mental health, moving towards a transformative environment that prioritizes well-being and reaching the unreached. Mental health support and care must transform into a community-based ecosystem, with mental health practices embedded into daily life. Such an approach will ensure that mental health is a shared agenda – and extend responsibility beyond the health sector – because everyone has a role to play in reshaping systems and structures to benefit the mental health of all.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft *Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030*.

