Argentina (summary of statement)

Argentina reported on their strong commitment to include mental health in health policies. In acknowledgement of mental health as a complex social process, Argentina is in support of a community-based model, including the promotion of good mental health and treatment for mental disorders. Depression, psychosis, substance use, and suicide are key concerns. In conjunction with PAHO, Argentina is training 130 specialist and non-specialist providers, in order to develop specialist training teams in the 24 provinces who will go on to further disseminate training to non-specialist providers, complemented by digitally delivered training. A national census of mental health issues is being conducted, with the intention of reducing unnecessary pharmacological approaches and deinstitutionalising mental health care.
Thank you [acknowledgments]. It is a pleasure to be here. I want to thank the speakers for their presentations and thoughts, which I have found very useful. I also want to congratulate the UK on the successful Ministerial Summit held over the last two days, and thank the Netherlands for their commitment to hold the next one.

Australia is pleased to participate in the 10th anniversary of the mhGAP Forum, and we commend WHO for this decade of action to promote and strengthen collaboration among partners to respond to mental health needs. We welcome the theme of this year’s forum “Accelerating Country Action on Mental Health”.

The Australian Government is committed to ensuring that people of all ages who experience mental ill health receive the treatment and support they need. We are working to strengthen our system through national mental health reforms, including implementation of our Fifth National Mental Health and Suicide Prevention Plan – a plan that, critically, is owned by all levels of government in Australia.

The Plan articulates priority areas and actions for the next five years to achieve an integrated mental health system. A central theme is strengthening regional integration to support a more effective, person-centred service system. This includes improving the accessibility of mental health services to Australia’s rural and remote communities through the use of digital technologies.

- Our new digital mental health gateway, for example – Head to Health – helps connect Australians to information, advice and free or low-cost phone and online mental health services and support.

In addition to improving mental health services at home, Australia remains committed to promoting effective, integrated and coordinated action globally.

- We recognise that we can all learn from each other, and that coordinated political leadership will be needed to effectively address the global burden of mental ill health.

Earlier this year, Australia was also pleased to co-found the Alliance of Champions for Mental Health and Wellbeing, along with Canada and the United Kingdom. I would like to echo the objectives, as you heard from Ms Romano: the Alliance aims to create political will and advocacy to raise the profile of mental health, to decrease stigma, and to enhance coordination and cooperation across sectors.

- Together, we can catalyse collective efforts towards global action and collaboration in order to help transform how mental health is addressed globally.

- We encourage all Member States represented here today to consider joining the Alliance and committing to advance the mental health agenda both domestically and internationally.

Personally, I am encouraged to see discussions over these two days focused on global mechanisms that we can use within each of our country contexts to accelerate and improve our capacity to promote mental health and well-being – and Australia very much looks forward to participating.
ANNEX B: Statements by Member States

Brazil

It is a pleasure to take part, once again, in the mhGAP Forum. We commend WHO for dedicating, every year, some days to raise awareness and update participants on the newest trends and discussion on this area, as the ones presented by Dr. Saxena today.

As some of you said before, mental health discussions seem to have finally being in the top of global health agenda, but we can not forget that some of the seeds of this renewed interest, at least in Geneva, were also pushed by initiatives put forward by Brazil and Portugal, as already presented by my distinguished colleague from Portugal.

Brazil is very supportive of multilateral initiatives related to Mental Health, with a human rights and more holistic approach, not only in the Human Rights Council, but also in WHO.

- We have actively supported initiatives, such as QualityRights, which is helping us to improve Brazilian mental health policies and practices, by promoting mental well-being, the prevention of mental health conditions, the protection of human rights and the care of people affected by mental health conditions and psychosocial disabilities.

- Due to the importance that Brazil gives to mental health issues, our minister of health, Gilberto Occhi, has proudly joined the “Alliance of Champions for Mental Health and Wellbeing”.

- These international initiatives are essential to support health policies worldwide, including in Brazil, where we still have some important challenges.

We hope that this MhGAP and all these new initiatives, including an annual forum to debate exclusively this issue, can catalyze and promote actions to address the needs of people affected by mental health conditions and psychosocial disabilities worldwide.
Finland (summary of statement)

Finland stressed the importance of promoting mental health and preventing mental disorders, noting that good mental health is achievable and that mental disorders are preventable. A population wide promotion and prevention programme has been implemented, with a key focus on improving the emotional and social skills of young people. Finland advocated that all countries can strive to improve access to quality mental health services.
ANNEX B: Statements by Member States

Guyana (summary of statement)

Guyana reported on their serious concern for having one of the highest rates of suicide, globally- a call for collaborative assistance was issued. Guyana acknowledged that poor emotional health, violence and alcohol use in the population are contributors to suicide. Guyana noted that the issue of suicide cuts across all segments of society, regardless of sociodemographic background. Guyana are working with civil society organizations, community groups, schools and hospitals in order to attempt to address these issues. Likewise, Guyana noted that those bereaved by suicide have not been the focus of care. Guyana believe that strategies to address mental health and wellbeing for all ages must address the silence that perpetuates the stigma which prevents people from accessing and accepting help. Guyana commented that their country is immensely affected by not addressing emotional health. The primary issues are substance use and the impact for those bereaved by suicide.
Thank you, Mr. Chairman,

Kenya would like to thank the WHO for organizing this Forum again this year. This forum continues to provide member states and all stakeholders an opportunity to learn from each other in particular of effective approaches to scale up Mental health care in our countries.

We also thank all the speakers for sharing some of the initiatives they are undertaking to have Mental Health high on the political agenda.

Kenya was represented in the Summit in London. Congratulate the Government of Netherlands for accepting to host the summit next year.

The Government of Kenya is committed to increasing access to quality Mental Health services in the country; through implementation of various policies, legislation and strategies, towards the realization of the Government health agenda on the attainment of universal health coverage (UHC).

The Government has put in place a Mental health act as well as a Health act that envisage to further advance issues of mental health which include protecting the rights of any individual suffering from any mental disorder or psychosocial disability. The Country is also implementing a Mental Health Policy 2015-2030, which provides a framework of interventions for securing mental health system reforms in Kenya. The Government is also implementing various programmes with the aim to ensure early identification and effective management of mental disorders and substance abuse within the general population as well as among the youth.

We agree that there is still a lot that needs to be done when it comes to mental health. There is need to increase Investments to lower the
ANNEX B: Statements by Member States

costs and increase access to quality, safe and effective medicines; for management of severe mental illness, to hasten the recovery process as well as improve level of functioning and the quality of life of individuals who require these services.

To accelerate action on mental health, there is also need to focus on scaling up mental health training across sectors, to ensure there is a critical threshold of health workers necessary to raise mental health literacy and provide services at all levels of care.

As a country we will continue to work with all stakeholders, as well as explore means to leverage on the existing health systems and infrastructure for both Non Communicable Diseases (NCDs) and Communicable diseases programs; to integrate mental health to realize synergy necessary to Accelerate the country’s action on Mental Health.

I thank you.

Kenya Mission to the UN Geneva. 
October 11, 2018
Peru

PERU - Salud Mental

Muchas gracias,

Agradecemos a la OMS por la organización de este Foro, que creemos es necesario y muy pertinente para poder elevar la visibilidad y la necesidad de brindar mayor atención a la salud mental a nivel global.

La mejora de la salud mental es un desafío pendiente, en particular en los países en desarrollo, y tiene implicancias directas en la consecución de la Agenda 2030 para el Desarrollo Sostenible, no sólo en aquellos objetivos e indicadores referidos a la salud, como es el caso del ODS 3.4, sino también en aquellos que están relacionados con el desarrollo económico, la equidad de género, la lucha contra la discriminación, la reducción de las desigualdades, sólo por mencionar algunos ejemplos.

En el Perú, la prevención y atención de condiciones que afecten la salud mental constituyen una prioridad en la agenda de la salud pública, que no sólo requiere del compromiso nacional, sino que también resulta vital la suma de esfuerzos por parte de la comunidad internacional.

Es por ello que saludamos y somos partícipes de iniciativas globales como la de la Alianza de Campeones para la Salud Mental y el Bienestar o la Reunión Ministerial sobre Salud Mental realizada en Londres a inicios de esta semana. La Ministra de Salud del Perú participó en el lanzamiento de la Alianza en mayo de este año, y ya hemos formalizado nuestro interés para integrar la Alianza. De igual manera, el Director de Salud Mental del Ministerio de Salud participó en la Reunión celebrada en Londres.

Agradecemos a Canadá, Australia y al Reino Unido por el liderazgo ejercido en la promoción de la Salud Mental.

En el Perú las políticas públicas en Salud Mental parten de la premisa que la salud mental es un factor clave para la inclusión social y la plena participación en la comunidad. Se estima que existen alrededor de 6 millones de personas que sufren de algún tipo condición que afecta su salud mental (incluidas la depresión, la ansiedad, el abuso de sustancias psicoactivas, violencia familiar, trastornos psicóticos, trastorno bipolar, entre otros).

En abril de este año el Ministerio de Salud del Perú aprobó el “Plan Nacional de Fortalecimiento de los Servicios de Salud Mental Comunitaria 2018–2021”, que tiene por objetivo fortalecer, de manera progresiva, los servicios de promoción, prevención, tratamiento, rehabilitación psicosocial y recuperación de salud mental. Estos servicios están integrados a las redes de servicios de salud, desde el primer nivel de atención. Partimos de la premisa que la Atención Primaria de Salud es la base de sistemas de salud sostenibles y eficientes, los que a su vez
son clave para la consecución de la Cobertura Sanitaria Universal y los Objetivos de Desarrollo Sostenibles relacionados con la salud.

Tenemos previsto implementar 281 Centros de Salud Mental Comunitarios (CSMC) en diversas regiones del país, a fin de contribuir a mejorar el estado de la salud mental de la población. Este es un esfuerzo coordina el Gobierno central junto con las Direcciones Regionales de Salud. El Gobierno central tiene a su cargo la asignación de recursos presupuestarios para cubrir el equipamiento y los recursos humanos, y las Direcciones Regionales de Salud gestionan la infraestructura para el funcionamiento de tales servicios.

Actualmente operan 31 Centros de Salud Mental Comunitarios, en los que se brindan servicios de promoción, prevención, tratamiento, rehabilitación psicosocial y recuperación de la salud mental. Se brindan servicios de tipo ambulatorio, sin internamiento de pacientes que los alejan de su familia y entorno social. Los servicios están dirigidos a niños, adolescentes, jóvenes, adultos y adultos mayores.

El modelo de atención de salud mental comunitaria está centrado en las personas, la familia y la comunidad, y aborda los determinantes sociales y los síntomas desde la perspectiva de la recuperación total con la participación de equipos conformados por psiquiatra, psicólogo, enfermeras, trabajadora social, terapeuta ocupacional, entre otros.

En todo caso, creemos que es fundamental que en las intervenciones que realice el Estado en favor de la salud mental se garanticen, protejan y respeten los derechos de las personas con problemas de salud mental y se reconozca que toda persona tiene derecho a gozar del más alto nivel posible de salud mental, sin sufrir ningún tipo de discriminación o estigma.

Muchas gracias por la oportunidad de compartir los avances que el Perú está realizando en la promoción de la salud mental y el bienestar de los peruanos.

Muchas gracias.
Portugal (summary of statement)

The parity of mental health to physical health is important for Portugal. This has especially been the case from 2016, where through training key stakeholders, Portugal has undergone a cultural change from a biomedical approach to mental health to a human rights based approach. Portugal considers that a psychosocial approach for mental health is essential for achieving a universal right to health. Portugal have been instrumental in raising the issue of the association between HIV and mental health to UNAIDS, and will be continuing this work in December 2018.
Dear Chairpersons
Excellences
Distinguished guests and colleagues

On the behalf of the Russian Federation I would like to express support of the
WHO initiatives alongside the Mental Health Action plan, as the Mental well-being is
a fundamental component of WHO’s definition of health.

The global burden of mental diseases is increasing now because of the
various factors, including the ageing of the population worldwide. This burden is
huge and multifaceted - from the economic as well as from the social perspective,
especially of such disorders as depression, epilepsy, dementia, anxiety disorders
and others.

Two weeks ago the UN High-Level meeting on took place, that was indeed a
prominent event, where many Presidents and Ministers of Health of the Member
States demonstrated their commitment to combat NCDs and improving mental
health.

The Russian Federation has invested strongly in prevention and reducing
disability and mortality from NCDs. Significant improvements in the health indicators
of the population of the Russian Federation have been achieved and it is a credit to
state policies, aimed on improving of medical care, reduction of risk factors, including
smoking, alcohol consumption, and increasing attention to a healthy lifestyle. Age-
adjusted rates of premature death from smoking, one of the world’s most substantial
health risks, dropped dramatically, stroke -related mortality decreased by 35%. We
appreciate the landmark decision of the WHO to move all cerebrovascular diseases
in ICD-11 to the section of diseases of the nervous system, that is crucial for
understanding stroke as the brain disease and for triggering new strategies for
treatment and prevention of the stroke-related cognitive impairments and
depression.

The new and very important concept has been presented at the UN High-
Level meeting by the Russian MoH, Prof. Veronika Skvortsova - the fifth domain of
the NCDs, which covers a number of brain/mental health diseases,
including epilepsy, depression, dementia, some other neurodegenerative disorders,
etc. Alongside with the engaging Member states, it is important to coordinate actions
the leading non-state actors in this fields, including WFN, ILAE , etc.

In this 5th domain there is one of the best examples of the coordinated WHO,
Member states and non-state actors (WFN, ILAE , IBE) activities. It is in the field of
epilepsy- condition, strongly associated with depression and other mental and
behavioral comorbidities and high level of stigma. Russia was one of the co-
sponsors of the 68 WHA Resolutions on epilepsy and now, together with many other
Members states, ILAE and IBE we strongly advocate for the inclusion of the the item :
“Further actions to address the global burden of epilepsy and its health and social
implications at the country level” into the Agenda of the 144 WHO Executive board in
order to:
• develop a “Global action plan for epilepsy”
• prepare a new report on the implementation of the WHA Resolution 68.20, to
be discussed at the 74th WHA in 2021
Gaps in awareness, diagnosis and treatment are devastating the lives of millions of people with epilepsy and other diseases from the 5th group of NCDs. The coordinated actions are needed, and our country will pay an increasing attention and support to it.

The current mhGAP forum provides an opportunity for a diverse group of stakeholders to discuss a variety of themes on the implementation of WHO’s Mental Health Action Plan, focusing on the strategic objectives of the action plan as well as the up-to-date technologies facilitating this work, like the Mobile App. Once again, on behalf of the RF I would like to thank the WHO for the mg-GAP Forum and wish the productive work to all the participants.

Professor Alla Guekht, on behalf of the MoH of the Russian Federation
Sweden (summary of statement)

Sweden have adopted their national strategy for mental health, 2016-2020 where the focus takes a whole society approach, considering all ages and vulnerable groups. Strengthening prevention, promotion, accessible services, participation and rights, organization and leadership are key. Sweden advocated for a multisectoral approach in developing national strategies for mental health. It was noted that the education sector has been of particular importance given the large population of refugee children in Sweden who require support and the increase in mental health difficulties in children and young people. Sweden welcomed the opportunity to share their experiences in developing and implementing their strategy for mental health, through the Alliance for Champions.