Australia

- Australia is pleased to participate in this year’s mhGAP Forum and commends the WHO Secretariat for this ongoing initiative to strengthen collaboration among partners and enhance action to promote mental health and wellbeing.

- Australia welcome the theme of this year’s forum, “Mental Health capacity building within countries” and remains committed to ensuring mental health services are available where and when people need assistance, and delivered in the most appropriate way.

- We support the need for a long term shift towards intervening early, and away from providing reactive services late in the trajectory of mental illness, avoiding where possible the need for hospitalisation.

- In August, Australia’s Health Ministers endorsed the Fifth National Mental Health and Suicide Prevention Plan which is focused on driving system reform across eight targeted priority areas. Collaboration and engagement across sectors will be crucial to successfully implementing the plan and achieving meaningful reform to improve the lives of people living with mental illness.

- Central to the Australian Government’s mental health reforms is planning, integrating and commissioning of services at a regional level. The reforms include:
  - providing A$1.285 billion over three years to community health services to lead mental health and suicide prevention planning
  - investing A$9.1 million into a new telehealth initiative to improve access to psychologists for people living in rural and remote regions of Australia
  - renewing focus on suicide prevention by providing $11.1 million to prevent suicide in specific locations – hotspots – where suicide incidents repeatedly occur.

- Today marks Australia’s second “national headspace day” which is being celebrated as part of National Mental Health Week and aims to raise awareness of mental health issues.
  - This year’s theme focuses on educating young people on the importance of taking care of their mental health issues early, before they become more serious.

- Australia commends the WHO’s efforts in leading efforts towards the achievement of the objectives of the Comprehensive Mental Health Action
Plan. We commend the mhGAP mobile app, which will serve as a valuable resource to support capacity building.

- In Australia, we are also optimising the use of digital mental health services. Head to health, is Australia’s new digital mental health gateway.
  - The Head to Health website provides a digital one-stop shop for services and resources to help people more easily access information, advice and digital mental health treatment options that are most relevant to them (as well as non-digital options if considered more appropriate). Resources include free apps, online support communities and courses, as well as phone services.

- Australia also welcomes WHO's Quality Rights Initiative, offering a new approach to mental health care which is rights-based and recovery-oriented and we look forward to engaging in its implementation.

- We were also pleased to support the adoption of the action plan on the public health response to dementia at the Assembly earlier this year. We commend the WHO for its leadership in addressing this global health issue and encourage Member States and partners to support the action plan’s implementation.

- We are encouraged to see discussions over the coming days focused on mechanisms that we can use within each of our country contexts to improve our capacity to promote mental health and well-being.

- We look forward to engaging in discussions on how we can work together to further strengthen our efforts to achieve these important objectives.
STATEMENT BY BELGIUM ON MENTAL HEALTH

Mr. President, Excellencies, Ladies and Gentlemen,

Belgium is a strong advocate for the promotion of mental health and well-being as an important priority within global health and the broader 2030 Agenda for Sustainable Development.

In her role as Special SDG advocate, HM the Queen of Belgium, Mathilde, has brought mental health in the spotlight, giving credibility and visibility to mental health disorders worldwide.

Mental health disorders are a global development issue.

When people are unable to go to school or work, or to participate fully in society, mental disorders become a significant economic burden. Young people in particular are at greater risk of a range of mental-health conditions.

Although mental health disorders affect both high- and low-income countries, they are particularly critical in settings of conflict and violence.

Today we are witnessing a growing number of conflicts, crises and catastrophes. Humanitarian and natural disasters add to people’s mental instability. Posttraumatic stress disorder is particularly common in conflict settings, and contributes to subsequent adjustment problems and considerable disability. The issue of access to mental healthcare and psychological support is therefore essential.

Children are particularly vulnerable as their trauma often lasts long after a conflict has ended. The physical effects of armed conflicts are obvious and may heal. Emotional wounds, however, are not always visible and may
last much longer, if not forever. Children who have experienced such traumatic situations need special care, especially psychosocial support, long after the armed conflict has ended.

Another aspect of conflict and mental health which is particularly relevant, is the issue of refugees. However, there are no data available for how many refugees living in Europe are suffering from psychological trauma resulting from the conflicts they have fled.

Adequate treatment is indispensable for refugees who have been exposed to violence and atrocities. This is crucial to restore their confidence and resilience.

Closer to home, it is regrettable that mental health does not enjoy parity with physical health and more efforts should be made by all stakeholders in order to integrate mental health in primary and general health care.

My country has traditionally relied strongly on institutional psychiatric care to treat people with mental health. Meanwhile, and in response to WHO's Mental Health Action Plan, Belgium has shifted from traditional, large psychiatric institutions to a modern, inclusive care system with increased focus on the community.

Thank you for your attention.
**MhGAP Forum 2017**

Brazil would like to congratulate WHO for convening the mhGAP Forum. This is a unique opportunity in Geneva to gather different stakeholders to address mental health issues and promote collaboration and coordination at national, regional and global levels.

This year, our agenda includes some issues that are of particular interest to Brazil, such as the discussion of the mental and neurological complication of Zika virus disease. This epidemic required a rapid reaction of the government and the full support of WHO was essential to our national response. Brazil continues to provide care to affected persons and their families not only in the health sector, but also through social protection measures.

Another dimension to which Brazil attaches a great value is the discussion of mental health through a human rights-based approach. The Brazilian Psychiatric Reform, which started in the late 1980s, aimed at replacing psychiatric hospitals by psychosocial care networks, which are community-based and with a decentralized management.

In this sense, the assistance provided by WHO’s QualityRights tools has been fundamental, as it introduces an innovative perspective of promoting quality mental health as a guarantee of its users’ human rights.

The HRC adopted last month a resolution on Mental Health and Human Rights put forward by Brazil and Portugal. The initiative acknowledges the leading role of WHO on the matter, and reaffirms the importance of shifting from a one-sided biomedical approach to a multisectoral, community-based perspective on mental health. The resolution has also emphasized the need to combat discrimination and treatments that fail to respect the will and preferences of persons with mental conditions and psychosocial disabilities.

During the negotiations of that resolution, WHO provided up to date evidence-based information that was critical to the success of our discussions.

To conclude, we also note that, despite advances regarding legal frameworks and successful experiences in public mental health policies in many of our countries, as is the case in Brazil, there are still significant challenges for their implementation. That is an additional reason why the discussions of the MhGAP Forum are so important to raise awareness and update member-states about the newest trends in this area, as well as to scale-up services so that people with mental health conditions can both seek and get help, wherever and whenever they need.
Thank you Excellencies, distinguished colleagues. It’s a pleasure to be at this event. My name is Anna Romano and I’m the Director General of the Public Health Agency of Canada’s Centre for Health Promotion.

The leadership of the WHO – on both the mhGAP and the Comprehensive Mental Health Action Plan – has been an important part of the growing attention being paid to mental health and I am proud to be here today to continue this work.

When it comes to mental health, Canada faces some significant challenges. One in three Canadians will experience a mental illness or substance use disorder in their lifetime. Like many other countries, we have an opioid overdose epidemic. And, there are disproportionately high rates of suicide amongst our Indigenous youth.

It is within this context that Canada has made improving overall mental health a top priority, with support from the highest levels.
Our efforts range from promoting mental wellness, to contributing to the prevention of mental illness and suicide, and to supporting access to high quality and timely services.

As everyone in this room knows, the promotion of mental wellness requires actions within and beyond the health sector. Canada has made recent commitments to reduce poverty, enhance early learning, and increase affordable housing. We are working towards measuring those impacts on the mental wellbeing of the population.

Canada also remains committed to helping specific communities address their mental health challenges. Support for services for First Nations and Inuit are building on Indigenous-led initiatives.

We make other investments in mental health promotion through programs that enhance parental attachment, resilience and pride in one’s own culture. We also work with communities to promote mental health of survivors of family violence and we are building capacity for trauma-informed approaches, and suicide prevention.

To support Canadians to get the care they need where they need it, the Government has recently made a historic investment to improve access to mental health and addiction services through an investment of $5 billion over ten years to support provinces and territorial governments.
I would also like to highlight that the federal government is committed to creating a healthy and supportive workplace. In 2017, the Centre of Expertise on Mental Health in the Workplace was established to support government departments to implement a Workplace Mental Health Strategy.

Canada is also moving forward on a national dementia strategy that builds on the innovative work already underway across Canada.

Underpinning all of our mental health and dementia activities are our surveillance and research activities. The Government invests more than $50 million annually in mental health research through the Canadian Institutes of Health Research, and we’ve developed the first national surveillance data on dementia, contributing to our understanding of risk reduction, early detection, and effective treatment of dementia.

While our progress is heartening, more can be done. It is in all of our collective interest to keep mental health high on the global agenda. Without a doubt, we must work across sectors, in partnership with each other and with our stakeholders.

Canada is pleased to support a world where mental health is valued, and those with mental illness are able to access care free from stigma and discrimination. All of us in this room have valuable experience to share at this meeting. I am grateful for the opportunity to learn from you and to strengthen our networks. Thank you again.
WHO mhGAP Forum
9-10 October 2017, Geneva
Remarks by the Czech Republic (Opening Plenary)
Delivered by Mr. Michal Kaplan, Deputy Permanent Representative

- Thank WHO for organizing this event and for its activities on mental health, including the launch of mhGAP mobile app.

- In 2014, the Czech Government and Parliament adopted the new Health Strategy including an Action Plan on mental health with tangible actions to be achieved by 2020.

- The reform of psychiatric care is actually one of the most important reforms within the health system of the Czech Republic.

- We are ready to share our experience and learn from good practices identified by WHO and other member states.

- Based on our experience, I would like to highlight six points:

  1. Change of mindsets, remove the stigma associated with the disease, involve media;

  2. Change attitudes of health practitioners, trainings for medical staff etc;

  3. Change the balance: less of institutionalised hospital treatment, more of community care;

  4. Improve synergies between health, social and other services, opportunities for reintegration of mentally ill into society, employment opportunities;

  5. Promote inclusive partnerships (health providers, civil society, media, universities, insurance companies);

  6. Ensure sustainable financing.

- Finally, the Czech Republic recognizes that mental health is a global challenge which has a prominent place in the Agenda 2030.

- Hence, we have implemented various projects as part of our development cooperation. Example: "Introducing addictology in the education system of Georgia".

* * *

CHECK AGAINST DELIVERY
Mr. Chair, distinguished colleagues,

We welcome the launch of the mhGAP–IG 2.0 Mobile App in facilitating implementation of mental health GAP Action Programme. We recognize that many states are at different phases of mental health system development and appreciate the efforts of WHO in supporting the work in this area. We applaud the move in the Mental Health Action Plan 013-2020 in integrating mental health in community settings and implementation of mental health promotion and preventive strategies.

2. Malaysia is currently working towards achieving the objectives outlined in guiding the implementation of the mental health programme. Malaysia is intensifying efforts on promotion of mental health and prevention of mental illness such as depression through community campaigns and focusing on settings like school and workplace. Our community programme was initiated to increase public awareness on health particularly non-communicable diseases and mental health are incorporated to educate public on early detection, mental health life skills and resilience.
3. Furthermore, we had initiated a community mental health centre under the authority of psychiatric services. The approach marks a major upgrading of services where specialist psychiatric services have shifted their focus from curative service to prevention and re-integration of patients with serious mental illness into the community.

Mr. Chair, distinguished colleagues,

4. Although many Member States have implemented mental health promotion and prevention programmes, we believe more efforts should be placed on mental health promotion through media and developing suitable indicators to evaluate these efforts. Changing perception and stigmatization require consistent interventions. In addition, WHO’s assistance in providing guidance in terms of capacity building for health literacy would further increase mental health advocacy worldwide.

Thank you.
Ladies and Gentlemen,

I am very glad to be here to speak about this important issue. Five types of mental illness appear in the top 20 causes of global burden of disease. This makes mental health conditions a truly global challenge. Promotion of mental health is part of the Sustainable Development Goals and a commitment for all countries. The theme for this year’s mhGAP Forum “Mental Health capacity building within countries” is thus very timely.

For Norway, mental health remains a priority both in itself and as a risk factor for somatic illness, especially the four main types of non-communicable diseases. In order to reach target 3.4, we must do more – and in new ways. We draw on work done both by WHO, the EU and the OECD.

For us, the gradual shift away from specialized treatment is an especially important part of the WHO mental health action plan. Norwegian mental health care has traditionally been built around centralized institutions, with long-term inpatient care as the default treatment for severe mental health problems. Over the last decades, Norway moved towards a more outpatient, locally based and open psychiatry. We have reduced the number of hospital beds markedly, and transferred resources from hospitals to outpatient units. Traditional mental health hospitals have been downscaled or closed. We will continue this important work through further strengthening the municipal health and care services.

In line with work done both in the WHO, the EU and in the OECD, we know that we must work harder to help people with mental health conditions back into the workforce, or into training and education. Our experiences are surprisingly good. Just a few years back no one in neither the health nor the social services believed that severely mentally ill people had a place in the workforce. Now we know that not only can severely mentally ill people succeed in a job, their mental health even improves through it.

The next logical step is to move effective treatment even closer to patients. We have piloted a low threshold, community based treatment program for mild to moderate depression and anxiety as a collaboration between the municipal services and the specialized services. The results are remarkable, with significant reduction in hospitalizations and involuntary admissions as well as increased quality of life. To achieve these results, we have learned from inspiring projects, services and solutions in many other countries.

All projects I have mentioned have one thing in common, which is also key to WHO's work: They are built by listening to users' and patients' needs. To build the services of the future, the service users must continue to lead the way.

As mentioned earlier, mental health is a major global challenge. And as with other non-communicable diseases, mental illness represents an increasing burden, especially in poor countries. We know that these issues are interrelated; for instance poor health status and nutrition of mothers and infants result in reduced cognitive development, which can lead to a life-lasting reduction in quality of life, as well as productivity. We therefore need to take a holistic view and make sure that mental health is included in all relevant programs. Norway’s support to mental health in global health is primarily channeled through NGOs. We are also working to integrate mental health in ongoing programs directed towards youth and early childhood.
Last, but certainly not least, mental health and psycho-social response in humanitarian contexts is crucial, in particular within child protection and the response to sexual and gender based violence. We have therefore, as part of our humanitarian response, supported the development of a training manual on mental health and gender-based violence to help survivors of sexual violence in conflict.

Let me finish by reiterating Norway’s support to the important work the WHO is doing to promote mental health capacity building within countries and wishing you a successful mhGAP Forum.

Thank you.
Mr. President,

Portugal would like to thank WHO for convening again another session of the mhGAP Forum and for its work in the field of mental health.

Despite the progress made we still assist to a continuing lack of parity between physical and mental health which is reflected in the marginalization of mental health within health policies and budgets or in medical education, research and practice. We stress the importance of investing more on mental health promotion through a multisectoral approach that is based on respect for human rights and which also addresses the underlying social, economic and environmental determinants of mental health.

Mr. President,

Portugal attaches the utmost importance to the promotion of mental health and, in particular, to the promotion of a human rights approach to mental health. For way too long, mental health has been covered by layers of stigma, prejudice, segregation, exclusion, and also abuses and violations of human rights and fundamental freedoms. That is why Portugal, together with Brazil, decided to bring the issue of mental health and human rights to the attention of the Human Rights Council. Following the first-ever resolution with such a specific focus presented last year, the HRC adopted by consensus less than two weeks ago, and again through our initiative, a second and more substantive resolution on mental health and human rights.

That resolution acknowledges that the CRPD laid the foundation for a paradigm shift in mental health and created the momentum for deinstitutionalization and the identification of a model of care based on respect for human rights. It underscores that States should ensure that persons with mental health conditions or psychosocial disabilities, in particular persons using mental health services, have access to a range of support services which are based on respect for human rights to live independently, be included in the community, exercise their autonomy and agency, participate meaningfully in and decide upon all matters affecting them and have their dignity respected, on an equal basis with others.

In addition, the resolution calls upon all members states to abandon all practices that fail to respect the rights, will and preferences of all persons, on an equal basis, and that lead to power imbalances, stigma and discrimination in mental health settings. The resolution also urges States to develop community-based, people-centred services and supports that do not lead to over-medicalization and inappropriate treatments, or that fail to respect autonomy, will and preferences of all persons.

The resolution recognizes the particularly important role that psychiatry and other mental health professions should have to ensure that practices in the field of mental health do not perpetuate stigma and discrimination or lead to violations or abuses of human rights. It
strongly encourages States to support persons with mental health conditions or psychosocial disabilities to empower themselves to know and demand their rights, including through health and human rights literacy, and to provide human rights education and training, *inter alia* for health workers.

To conclude, we would like to take this opportunity to express our heartfelt gratitude to the World Health Organization, in particular its *QualityRights* initiative, for their relentless support. Our ultimate goal with this exercise is to offer a meaningful contribution to national and international efforts aiming at raising awareness about, and at combating various forms of human rights violations and abuses in the context of mental health. At the same time, we aim at contributing to mainstream human rights across the UN system, in partnership with the WHO and other relevant stakeholders and that is why WHO will be invited to participate at the consultation requested by the abovementioned resolution to discuss all the relevant issues and challenges pertaining to the fulfilment of a human rights perspective to mental health, to the exchange of best practices and to the implementation of technical guidance in this regard, including WHO’s initiatives on mental health and human rights, such as *QualityRights*.

I thank you.
Dear Dr. Saxena
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 Russian Federation is aware of the global burden of mental diseases, 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, dementia, anxiety disorders and others.

Regarding dementia we would like to call upon the further efforts of all the stakeholders to develop and improve services for people with dementia, focusing on earlier diagnosis, provision of support in the community, and a responsive health and social care sector.

Two of the four major objectives of the WHO Mental Health Action plan are:

- To implement strategies for promotion and prevention in mental health.
- To strengthen information systems, evidence and research for mental health.

Accordingly, we would like to highlight the need of further improvement of care for people with dementia worldwide, as well as the need of studies on epidemiology, mechanisms and preventive strategies of all the forms of dementia, including vascular dementia with the notion of cardiovascular factors as the important component of all the dementia. 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.

We would like to underline that the mental health action plan has close conceptual and strategic links to other global action plans and strategies of the WHO. We already acknowledged the global strategies for the prevention and control of noncommunicable diseases, as there are many significant links between the NCDs and dementia. We strongly support the WHO activities in the field of epilepsy, as our country was one of the co-sponsors of the 68 WHA “Resolution on the Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications”. Ae epilepsy is strongly associated with depression and other mental and behavioral comorbidities and high level of stigma, the ongoing activities of the WHO in collaboration with the ILAE and IBE are of the great value.

There is the very significant attention to the mental health issues in the RF, at the Federal as well as the regional levels. There are representatives of several key centers in this audience, including the Moscow Research and Clinical Center for Neuropsychiatry, that has a huge expertise in treating depression, cognitive impairment and epilepsy. We are happy to exchange opinions and views.

We appreciate that 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 2013-2020, 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 congratulate the WHO with this Jubilee 10th mh-GAP Forum and wish the productive work to all the participants.

Professor Alla Guekht, on behalf of the MoH of the Russian Federation
October 9, 2017, USG remarks at the mhGAP meeting

The United States congratulates the WHO on the Mental Health Global Action Programme (mhGAP) and the launch of the Initiative on Workforce Development in psychological intervention delivery.

We value and appreciate the WHO for your leadership and partnership in addressing these critical areas of work in mental health, and your partnership with our agencies responsible for the research and implementation programs in mental health in the United States, and in advancing our portfolio of global mental health research and development programs. I will briefly highlight the work of two of our agencies.

The US National Institutes of Mental Health has supported the development and field-testing of implementation tools for the mhGAP Intervention Guide. This support is aligned with one of our own strategic goals, which is to help strengthen the public health impact of mental health research on a global scale. Furthermore, four of the eleven new Scale-Up Research Hubs funded by the National Institute of Mental Health are using mhGAP program materials.

We are excited about the launch today of the Initiative on Workforce Development. To scale up the implementation of psychological intervention services by non-specialists, WHO and USAID look forward to a close partnership in the development and dissemination of a package of framework, tools, guidance, and online human resource platform for workforce development.

We especially want to thank WHO for your partnership, and in particular the leadership of Dr. Shekhar Saxena and his very capable team.

In closing, we congratulate WHO and all participants here today, and wish you a very successful launch and productive meeting.