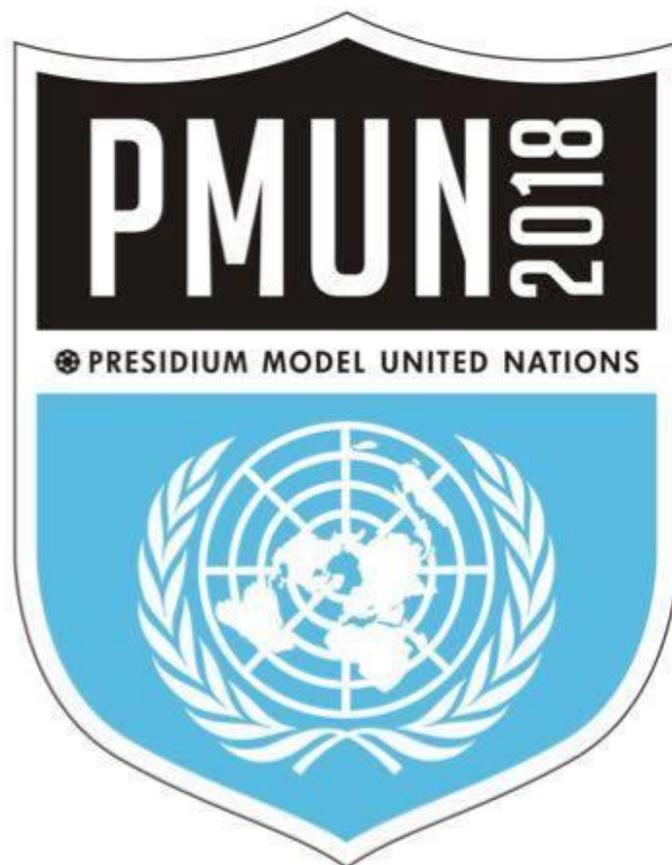


PRESIDIUM MODEL UNITED NATIONS CONFERENCE 2018

“Review of mental health action plan (2013-2020) and the way forward”



**PRESIDIUM *for*
YOUTH EMPOWERMENT**

**WORLD HEALTH ORGANISATION (WHO)
TOPIC STUDY GUIDE PREPARED FOR PMUN 2018**

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Letter from the Executive Board

We welcome you to Presidium Model United Nations (PMUN), 2018. This is not going to be a usual exhaustive guide but more of a capsule course, a stepping stone for more exhaustive research. This background guide in no way should be considered as a study guide. The links for further research and what the Executive Board expects from you to be discussed will be mentioned below. A study guide by the Executive Board wouldn't make much sense as it will be either inspired or taken from other reports mentioned in this document. Rather than reading things out of context we will provide all the links and sources required ensuring a well-structured discussion and debate from 10-12 August, 2018.

Please feel free to contact us via E-Mail. More research links will be uploaded on the Microsite.

Good Luck !

INTRODUCTION

For decades, mental well-being has been acknowledged as an integral component of health. In fact, a sound state of mental health can enable people to realize their potential, successfully deal with the stresses of life, work in a productive manner and thus contribute to the welfare of society. Realizing the global impact of mental illnesses, its influence on other health dimensions and quality of life, the World Health Organization called for the need of a comprehensive, multi-sectoral response from health and allied sectors.

Subsequently, in 2013 a comprehensive mental health action plan 2013–2020 was launched after consulting with stakeholders (viz., policy makers, specialists, health professionals, family members of a mentally-ill person, etc.,) to ensure promotion of mental health, prevention and prompt treatment of mental illnesses, and provision of rehabilitation and care services. This action plan was proposed with four basic objectives, namely to strengthen effective leadership activities in mental health; to ensure the provision of holistic, integrated mental health/social care services in community settings; to implement strategies for promotion and prevention of mental health; and to strengthen information systems, evidence and research in the area of mental health.

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Adoption of the Comprehensive Mental Health Action Plan 2013-2020 by the World Health Assembly in May 2013 provides the clearest example to date of the increasing commitment by governments to enhance the priority given to mental health within their health and public policy.

The fact that all countries – large and small, rich and poor, and from all regions of the world – have agreed on a common vision for mental health along with objectives to reach defined targets within a specified time period, gives ample testimony to the strength of current political commitment for mental health across the world.¹

THE PROCESS OF DEVELOPING THE PLAN

The Plan was developed as a direct consequence of a discussion by the World Health Assembly in May 2012 on global burden of mental disorders and the need for a comprehensive, co-ordinated response from health and social sectors at the country level.

The Assembly requested WHO to develop the Plan in collaboration with international, regional and national non-governmental organizations. WHO consulted a very large number of diverse stakeholders to develop the draft Plan; the WPA as well as a number of national psychiatric associations played an active role in providing inputs to the various drafts of the Plan. This not only ensured that the Plan covered all the areas considered important by various stakeholders but also increased their commitment to contribute to the implementation of the Plan.

A background technical paper on vulnerabilities and risks for mental health [2](#) was published to facilitate the drafting of the Plan. The World Health Assembly considered the draft Plan and

¹ Saxena, S., Funk, M., & Chisholm, D. (2014, June). WHO's Mental Health Action Plan 2013-2020: What can psychiatrists do to facilitate its implementation? Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4102273/>

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adopted it in May 2013. This being the first formal Action Plan dedicated to mental health in the entire history of WHO, it can be considered a landmark.

THE CONTENTS OF THE PLAN

The Plan is organized around a vision, a goal, cross-cutting principles, objectives and actions, followed by a set of indicators and targets to be achieved in 8 years [1](#).

The vision of the Plan is ambitious: a world in which mental health is valued and promoted, mental disorders are prevented and in which persons affected by these disorders are able to access high quality, culturally appropriate health and social care in a timely way to promote recovery and exercise the full range of human rights to attain the highest possible level of health and participate fully in society free from stigma and discrimination.

The Plan relies on a number of cross-cutting principles: universal access and coverage, human rights, evidence-based practice, life course approach, multisectoral approach and empowerment of persons with mental disorders and psychosocial disabilities.

- The Plan focuses on these key objectives: to strengthen effective leadership and governance for mental health;
- to provide comprehensive, integrated and responsive mental health and social care services in community-based settings;
- to implement strategies for promotion and prevention in mental health, and to strengthen information systems, evidence and research for mental health.

Each of these objectives is supported by a number of specific actions by member states, WHO and international and national partners. For example, objective 2 on services involves five actions: service reorganization and expanded coverage, integrated and responsive care, mental

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health in humanitarian emergencies, human resource development and addressing disparities. In addition to the broad actions, a number of options for implementation are given to suit countries in very diverse situations in terms of their health systems and resource availability.

The Plan includes a set of six targets to measure global progress in its implementation. Examples of targets include 20% increase in service coverage for severe mental disorders and decrease in rate of suicide by 10%. Countries are expected to develop their own national targets to contribute to the achievement of global targets.

WHO is collecting data, from each of the 194 member states on the core set of indicators and will publish these as the Mental Health Atlas 2014. Having already published similar atlases in 2001, 2005 and 2011, as well as more than 80 country profiles based on WHO-AIMS , some comparisons across time will be possible on global, regional and national levels.

THE CURRENT SITUATION

The recent estimates present quite a dismal picture as almost one out of every ten people globally have some mental illness, whereas only 1% of health personnel are working in the field of mental health. It means that a large number of people who are actually suffering from mental illnesses are devoid of appropriate and adequate mental health care services. It is quite alarming as close to 50% of the world’s population are residing in those nations, which have <1 psychiatrist per 0.1 million individuals. To this, a wide disparity has been observed with regards to the service users/patients/persons’ country of residence, as the estimated number of mental health workers in high-income nations is 1 mental health worker per 2000 persons, in contrast to the estimates of <1/0.1 million individuals in low-middle income nations such as Armenia, Bhutan, Bolivia, India, etc.

In addition, it was revealed that the global spending on mental health per person is quite low and variable, with low and middle-income countries spending less than US\$ 2 per capita per year, in

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contrast to the high-income nations which are spending more than US\$ 50.[4,6] On subsequent analysis of the financial expenditure, it was observed that a major proportion of spent money was on mental health hospitals, which caters to the need for a very small percentage of people who actually need attention. Moreover, issues pertaining to the poor awareness among the general population, lack of trained and competent health personnel and absent/irregular supply of basic medicines to treat mental illnesses, especially in rural and remote settings have complicated the problem of delivery of mental health care services.

Topics to Discuss

- Review of the plan from 2013-17.
- Continent-wise implementation challenges.
- How can other multilateral institutions help in implementing the plan?
- Children’s Mental Health, discussion on the sociological and cultural factors affecting their Mental Health.
- Role of Educational institutions in implementing the plan, discussing the successes and failures.
- Primary Health care in countries, what is the ground reality? , what can be improved?
- Issues related to severe mental illnesses (e.g. schizophrenia, bipolar disorders and psychotic depression) are also multifaceted which the Plan has not taken into consideration. By 2020, the plan needs to be more accommodating, how to go about it?
- How to increase Global cooperation to promote the plan?

Important Links

Mental Health Action Plan 2013-2020

http://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf?sequence=1

Pan American Health Organization and WHO

<https://www.paho.org/hq/dmdocuments/2015/kestel-challenges-regional-plan-mental.pdf>

Government for Northwest Territories

<https://www.hss.gov.nt.ca/sites/hss/files/quality-mental-health-care.pdf>

Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific

http://iris.wpro.who.int/bitstream/handle/10665.1/10893/9789290617020_eng.pdf;jsessionid=D8F0474AB4E4AE834C6C7874DD17B95B?sequence=1

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National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention

https://www.mhrbeo.org/Downloads/Public_Health_Action_Plan.pdf

Development of a Global Mental Health Action Plan 2013-2020

http://www.who.int/mental_health/mhgap/consultation_global_mh_action_plan_2013_2020/en/

WHO Director-General launches mental health action plan

http://www.who.int/dg/speeches/2013/launch_mental_health_action_plan/en/

Project Atlas

http://www.who.int/mental_health/evidence/atlas/mnh/en/

Comprehensive mental health action plan 2013–2020

http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf

Action Plan - Mental Health and Elite Sport

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691770/180320_FINAL_Mental_Health_and_Elite_Sport_Action_Plan.pdf

Advancing global mental health action: lessons from Canada, World Bank analysis

<http://blogs.worldbank.org/health/advancing-global-mental-health-action-lessons-canada>

WHO's Mental Health Action Plan 2013-2020: what can psychiatrists do to facilitate its implementation?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4102273/>

Healthy People 2020 Mental Health and Mental Disorders, 2014

<https://www.cityofevanston.org/home/showdocument?id=3496>