Department
of Health &
Social Care

2018 Global Ministerial Mental Health Summit

Report and Declaration on Achieving Equality for Mental Health in the 21st Century

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Foreword

Mental health is fundamental to being human – we all have mental health. However mental health conditions are among the leading causes of ill health, disability and lost economic output, making mental health one of the defining global challenges of the 21st century.

The UK established and hosted the first ever Global Ministerial Mental Health Summit in October 2018 to lead global action from governments around the world. I believe this was a defining moment in harnessing global political momentum to address this challenge. I was delighted with the response from our friends and partners around the world in supporting this endeavour and I thank them all for their commitment and contributions. The centre-piece of the summit was the publication of a global declaration on mental health which set out a vision for addressing the key mental health challenges globally to tackle stigma and discrimination, increase mental health investment and improve access to services and better data and research.

I have been inspired by the innovations showcased at the summit – that came from all corners of the world – and hope that the momentum harnessed will go on to stimulate future work. The input from people with lived experience of mental health was at the centre of the discussions during the summit and I thank all those who shared their expertise and experiences.

At the summit, policy makers, politicians, experts by experience and civil society united to agree a common principle – equality between mental and physical health, suitable for the challenges of the 21st century – that commits nations to work collectively to improve mental health, promote wellbeing, address social risk factors and provide better care.

This report shares the messages from participants in the Summit. The views and recommendations of experts who led the discussions represents a powerful call to action for all global leaders. As leaders we must commit to real and lasting change to correct the historical imbalance in investment and response to mental health and to achieving real equality between mental and physical health.

The legacy of this first summit will continue in future years and I am delighted that the Netherlands will host the next summit in October, and France in 2020.

The Rt Hon Matt Hancock MP

Secretary of State for Health and Social Care

Executive summary

This report provides a summary of the first Global Ministerial Mental Health Summit and captures the themes, experiences and learning from the various workstreams that led discussions of areas of the global declaration on mental health. It provides a summary of the key issues raised in each workstream along with the personal reflections of the facilitators, case studies of best practice from around the world.

The report sets out the recommendations made by each workstream which, along with the Declaration on Achieving Equality for Mental Health in the 21st Century, can guide and inform policy considerations and development globally. In doing this it provides a valuable resource for countries around the world to learn from others and benchmark their policies and commitments on mental health and sets a challenge for an ambitious and consistent response to mental health challenges.

The recommendations and the global declaration create a legacy that subsequent summits can build upon. Progress against these commitments and actions should be discussed and monitored in future summits to ensure that political momentum builds to achieving equality for mental health.

Introduction

It was a long and rewarding process putting together the first Global Ministerial Mental Health Summit. Working together with a panel of world-leading experts, we endeavoured to cover a broad set of topics, within a field as broad as any.

We endeavoured to ensure that, as the first ministerial event of its kind, the summit showcased innovations from across the global south and north; that they were balanced across health and non-health settings; that rights-based approaches were considered on par with others and that experts-by-experience were central to the discussions.

We chose the theme for the summit, Equality for Mental Health in the 21st Century, for a number of reasons. Our aim was to set an ambitious and hopeful frame for the event. We believe that equality between mental and physical health is possible and saw the summit as the first step in a journey towards achieving this.

'Equality' itself is a very powerful term; it shows our belief in fairness, justice, rights, and empathy. But what it does not mean is also important. We do not mean that mental and physical health should be treated in exactly the same way. Mental health is many things, but exactly the same as physical health is not one of them. We also need to make sure that our approach to mental health, and equality, is fit for the 21st century, with its unique challenges and opportunities. Care can no longer only take place in institutions, technological advances need to be understood and embraced, and we need to think about asset-based approaches, not only looking to minimise the 'deficits' that people can experience.

The workstreams, and the summit as a whole, allowed for productive discussions and the development of considered, actionable, and positive recommendations. This report provides a point of reference to the important issues that were discussed - outlining each of the workstream recommendations and the Declaration on Achieving Equality for Mental Health in the 21st Century, which was launched at the event.

We encourage international partners to consider and take on board the recommendations and declaration to shape and influence global mental health activity over the coming years. The fight for global equality for mental health has only just begun. At this summit we have set out on a radical path to dismantle the obstacles that prevent our societies from embracing mental health and mental health care and to bring mental health, across the globe, into the 21st century,

Professor Tim Kendall, National Clinical Director, Mental Health, NHS England

Chair, Expert Panel and Host, Global Ministerial Mental Health Summit

Summit overview

On 9 and 10 October 2018 policy makers, politicians, academics, researchers, civil society members, and experts-by-experience from across the globe united at the inaugural Global Ministerial Mental Health Summit to drive forward political action on mental health. The summit was held in London, hosted by the UK Government in partnership with the World Health Organization (WHO), and supported by the Organization for Economic Co-Operation and Development (OECD).

Over 580 delegates participated in the summit over the two days. 47 countries from a range of geographic regions and of varying levels of economic development were officially represented, and 16 international ministers were in attendance. The theme for the summit was equality for mental health in the 21st century, and, as the first event of its kind, its key aims were clear. They were to:

- Build momentum on global mental health issues, such as tackling stigma, and promoting access to evidence-based services;

- Gain support for a global declaration committing to political leadership on mental health; and

- Create a legacy, with summits being held annually, driving forward global action.

These aims were by no means easy to achieve, and it is testament to the salience of mental health around the globe that the London event could deliver them.

The first day of the summit was focussed around delegates. Professor Tim Kendall, National Clinical Director for Mental Health and NHS England opened the event, with further opening remarks from Steve Brine, Parliamentary Under Secretary of State for Public Health and Primary Care.

The first day of the summit hosted three plenary sessions, their Royal Highnesses the Duke and Duchess of Cambridge at the exhibition space, and six interactive workstream sessions, which showcased innovations in mental health from around the globe. The workstreams focussed on the following:

1. Children, young people and the 'now generation'

2. Caring societies: creating the conditions for inclusion, prevention and wellbeing

3. The economics of, and Investment in, mental health finance

4. A just society: supporting societal shifts, tackling stigma and discrimination, creating inclusive societies

5. Mental health services around the world

6. Research and the future of mental health

Each workstream proposed a set of recommendations to inspire further action to achieve equality for mental health.

The second day of the summit saw the coming together of national representatives from across the world for the Ministerial Breakfast, where recommendations from the previous day were presented by workstream rapporteurs. The opening remarks were led by Matt Hancock, Secretary of State for Health and Social Care, followed by Mark Pearson, Deputy Director of Employment, Labour and Social Affairs at the OECD, and Dr Svetlana Axelrod, Assistant Director General of the WHO. Day two also saw both the launch of the Lancet Commission on Global Mental Health and Sustainable Development, a call for action on mental health, and the Global Declaration for achieving mental health in the 21st Century.

In the margins of the summit a number of side events also took place. Day One hosted a panel organised by the OECD on children and young people in the digital age, and the UK Department for International Development hosted a roundtable on mental health and psychosocial support for children in conflict settings. On Day Two, we hosted the premier of a mental health animation produced by Havas Lynx and Aardman on day one of the summit and on the Secretary of State for Health and Social Care, Matt Hancock launched the Time to Change Global Film It's Time to Talk (about mental health) as part of their anti-stigma campaign.

Workstream summaries and recommendations

The summit hosted six workstreams, which showcased innovations from across the globe and presented inspiring case studies. Despite existing barriers and challenges, it was evident that progress is being made and great things are happening in mental health. This contributed to an atmosphere of celebration felt throughout the summit.

The subject area for each workstream was chosen to reflect a balance across health and non-health settings and align with the ethos of the summit: that mental health and wellbeing is not only the responsibility of health care systems and professions, but it is also society's responsibility and should be grounded in a rights-based approaches and with the full participation of people with mental health conditions and psychosocial disabilities in decision-making at all levels. The workstreams were:

1. Children, young people and the 'now generation'

2. Caring societies: creating the conditions for inclusion, prevention and wellbeing

3. The economics of, and Investment in, mental health finance

4. A just society: supporting societal shifts, tackling stigma and discrimination, creating inclusive societies

5. Mental health services around the world

6. Research and the future of mental health

The planning and delivery of each workstream was led by the following supporting organisations: OECD, Public Health England (PHE), The World Bank; Time to Change; WHO; National Health Service for England (NHS England) and King's College London. The workstreams were delivered on the first day of the summit, over two sessions.

In the first session, delegates heard from case studies sharing good practice. These were carefully selected to show similarities and differences between countries at different levels of development. Rights-based approaches were considered as paramount and the voices of professionals and people with lived experience, mental health conditions and psychosocial disabilities were all given the stage.

In the second session, experienced moderators drew on the expertise of workstream participants to translate success stories and exemplary practice into recommendations to support Ministers achieve the goal of parity for mental health. Moderators came to a

consensus on three to four concise recommendations per workstream, which were presented to Ministers the following day – World Mental Health Day.

Each workstream had 50 to 60 delegates with representation from the global community and from culturally diverse and varied socio-economic backgrounds. Senior people who have worked in mental health services or policy, people with lived experience and Ministers also joined the workshops. All were united for a common cause: to recognise mental health equality in the 21st century.

The summaries that follow are the output of the workstreams, in the voice of participants, and are intended to help inform the considerations of leaders and others from all sectors, and all countries, about how to make a reality of equality between mental and physical health.

Workstream 1: children, young people and the 'now generation'

Organisers

- Organisation for Economic Co-operation and Development (OECD): Kate Cornford, Health Division, Directorate for Employment, Labour and Social Affairs

- Debating Mental Health: Laura Wallis, Director

Facilitation and support

- Moderator: Mark Pearson, Deputy Director Employment, Labour and Social Affairs, OECD

- Co-chair: Jessie Brar, Talks coordinator, Jack.org

Context

Many mental health conditions start in childhood. A British cohort study from 2013 showed that teenagers who had common mental disorders were more than two and a half times more likely to have a common mental disorder at age 36, compared with mentally healthy teenagers. The failure to address mental health conditions can also have significant consequences for children and young people, negatively affecting their development and contributing to poorer educational outcomes, higher rates of unemployment and poorer physical health.

There is growing evidence that helping children and young people with mental health conditions at an early stage can reduce their need for help when they are older.

Personal reflections

"It was incredible to see young people given a platform to be a part of the conversation regarding their own mental health on a global stage. After speaking with the other young mental health advocates, we did note that there is still work to be done when including youth voices in these conversations because even when invited in, many of the youth felt their voices were not heard enough. However, it was incredible to have powerful members, such as their Royal Highnesses, the Duke and Duchess of Cambridge and the Health Minister of Norway speak up and show that they are here to support the mental health of children and youth."

Jessie Brar, Talks coordinator, Jack.org

"Young people should be at the centre of young people's mental health so our workstream was led by 10 UK youth experts-by-experience selected by their local mental health services. The workstream was organised around empowering young people in selecting and presenting international examples of good practice. Utilising the insights and skills of young experts by experience, the case studies were innovatively presented. At the end of the morning session, the presenters described their own personal experiences of poor mental health with their testimony being incredibly powerful."

Mark Pearson, Deputy Director of Employment, Labour and Social Affairs, OECD

Case studies

- United States: Mental Health Outreach for MotherS (MOMS) Partnership. This programme aims to reduce depressive symptoms and increase social and economic mobility in over-burdened and under-resourced mothers, thereby strengthening generations of families to flourish and succeed. Launched in New Haven, MOMS bring mental health within reach of women, literally meeting them where they are including grocery stores, shelters, community colleges, libraries, and tax preparation organizations – reaching people in their own communities on their own terms.

- Slovenia: This is Me Prevention Programme. The programme aims to improve mental health in adolescents by developing positive and realistic self-esteem, social and

emotional skills and other competencies to support their everyday lives. The programme employs two distinct approaches; (a) prevention workshops based on the concept of 10 Steps to a Better Self-Esteem carried out in the school environment; and (b) an online counselling service, where Slovenian adolescents have access to friendly, simple, fast, free, anonymous and efficient professional help, information and problem-solving assistance from a network of 60 experts. The youth counselling service is the largest in Slovenia with more than 100,000 different users registered per year with approximately 3,000 questions per year answered, one quarter of which relate to interpersonal relations and mental health issues.

- India: It's OK to Talk. This is an adolescent and youth-focused programme. started in 2016, which aims to increase awareness about mental health and wellbeing, so that more young people feel able to engage in dialogue on mental health and seek help. It's Ok to Talk was India's first youth-focused mental health campaign and it was co-designed with young people. The It's OK to Talk programme consists of a website (www.itsoktotalk.in); a programme of events and workshops to raise awareness; a social media campaign; and a Youth Advocates training program. The website is a safe, online space where young people felt able to share stories and experiences around mental health. The site is a 'mobile-first' site, aiming to overcome issues of low bandwidth and limited Wi-Fi/Internet connectivity. It's Ok To Talk is an initiative by Sangath, implemented in collaboration with Harvard Medical School and is supported by the Wellcome Trust, UK.

- United Kingdom: Time to Change Young People's Programme. The young people's programme is an evidence-based and insights-driven programme targeting young people (11-18) through social marketing and work with schools, colleges and youth sector organisations. The programme aims to improve knowledge, attitudes and behaviours around mental health by providing free resources and training to deliver anti-stigma activities with young people.

Workstream recommendations

- Recommendation 1: All nations uphold children and young people's rights to access the right care at the right time (in accordance with the United Nations Convention on the Rights of the Child and the Human Rights Act).

- Recommendation 2: No decision about us without us. All services must provide evidence of children and young people and their families (including those from under-represented groups) being involved or represented in mental health decision-making at all levels, from their own care through to policy-making. There should be special provision for those whose voices cannot be heard.

- Recommendation 3: All nations must support and fund the integration of mental and physical health care. This requires educating all health care workers in both mental health and physical health, especially emergency and primary care, and engaging with all relevant professional bodies.

- Recommendation 4: Ministers across Government must promote mentally healthy environments (including education), early intervention and prevention from the first 1000 days through early years, pre-natal, childhood, adolescents and early adulthood. This should include working with community groups and services for all mental health needs.

Workstream 2: caring societies: a focus on prevention and wellbeing

Organisers

Public Health England (PHE):

- Ian Walker, Consultant in Global Mental Health

- Gregor Henderson, Strategic Advisor, Mental Health and Wellbeing

Facilitation and support

- Moderator: Ian Walker (as above)

- Co-chair: Poppy Jaman OBE, CEO, City Mental Health Alliance and International Mental Health First Aid Ambassador

- Co-chair: Paul Farmer CBE, CEO, MIND

Context

Mental health promotion and prevention, and creating the conditions for inclusive communities and societies, are a key part of global mental health ambitions. It is increasingly recognised that it is important to take action on several fronts simultaneously: promoting good mental health and wellbeing; preventing and addressing social risk factors that may contribute to mental health conditions; intervening early when problems arise; providing effective, accessible and safe mental health care and treatment services; preventing suicide at a population level; improving the lives of people living with, and recovering from, mental health conditions; tackling stigma and discrimination; and taking a

human-rights approach and addressing the key underlying causes of poor mental health by addressing the social determinants of mental health.

Mental health conditions are one of the main causes of the overall burden of disease worldwide, and major depression is the second leading cause of disability worldwide. There is growing evidence of the effectiveness of interventions at the population and community level to promote mental health and wellbeing, prevent the social risk factors that contribute to mental health conditions and create inclusive and caring societies. This workshop focuses on examples of putting this evidence into action in communities across the globe.

Personal Reflections

"This was a landmark event in the history of global mental health. This journey of equality for mental health has been on an upward trajectory for many years now and the summit will be a catalyst for accelerated change. I met people from so many different countries and we were all united by either our personal struggle or fuelled by the injustice we have seen. Every conversation I had was full of hope and that is what I believe to be the spirit of the Summit."

Poppy Jaman OBE, CEO, City Mental Health Alliance and International Mental Health First Aid Ambassador

"There was strong consensus in the room for the selected recommendations. The group as a whole expressed their appreciation for the many examples of good practice they had heard from case study presenters. A strong call came from the group that prevention and population approaches rooted in the needs of local communities, and at national level needed to be an essential aspect of all countries' work on mental health now being voiced by many Governments worldwide.

The group recognised that every aspect of society influences the mental health of its citizens and endorsed viewing this complexity as the social determinants of mental health. There was a request from the group for a shared dashboard of indicators of social determinants of mental health that countries can use to monitor progress and benchmark against. These can be both risk and/or protective social factors. "

Ian Walker, Consultant in Global Mental Health for Public Health England

Case Studies

- United States: Transforming Government, Transforming Mental Health – ThriveNYC. This is New York City's public health approach to mental health, investing close to $1b in its first 4 years. Inspired by innovations in the "global south", Thrive NYC is attracting attention internationally, as a powerful example of a new policy direction for governments and how we can all benefit from sharing aims and knowledge globally. Presented by Gary Belkin, Executive Deputy Commissioner, New York City Department of Health and Mental Hygiene.

- Ghana and Kenya: To Work, Earn and Contribute – BasicNeeds. This is a model for promoting and supporting inclusive livelihoods for people with mental health conditions and psychosocial disabilities, to enable people to gain or regain the ability to work and be included in their family and community. Presented by Peter Yaro, Head of BasicNeeds, Ghana, and Joyce Kingori, Head of BasicNeeds, Kenya.

- England and Canada: Building Capacity to Promote Mental Health. This is a case study of work on training a multi-sectoral workforce to promote a population's mental health and wellbeing. Presented by Jude Stansfield, National Advisor, Public Health England, and Marie-Claude Roberge, Scientific Advisor, National Public Health Institute, Quebec, Canada.

- Chennai, Nairobi, Seattle, Sacramento and Bogota: CitiesRISE - Our Common Future. Transforming mental health through cities and youth, this is a multi-stakeholder initiative in several global cities improving mental health, especially among young people. Presented by Dr Moitreyee Sinha, Co-Founder and CEO, citiesRISE, and Chris Underhill MBE, Co-Founder and Senior Advisor, citiesRISE.

- World Bank Group (WBG) 189 country offices: Mental Health in the Workplace. A presentation on what the WBG is doing to promote mental health at work and support employees with mental health conditions within its headquarters and 189 country offices. Presented by Stuart Fisher, Senior Psychologist and Head of the Health Services Directorate's Counselling Unit, WBG.

- South Korea: Preventing Suicide – a National Approach. Impressive achievements over the last 10 years using this approach have led to a substantial decline in suicide rates in South Korea. Presented by Professor In Han Song, Yonsei University and National Expert Committee on suicide prevention.

- England: Using Collective Impact to Create a Caring and Inclusive Partnership - Black Thrive. A co-production and community engagement model of collective impact, which ensures that the partnership and all its components are rooted in ownership by the Black, African and Caribbean communities in Lambeth (South East London). Its purpose is to improve the mental health and wellbeing of this over-represented

population in mental health services. Presented by Jacqui Dyer MBE, Chair of Black Thrive, Lambeth Councillor and Vice-Chair of the National Mental Health Taskforce, and Sadiki Harris, Communications Lead, Black Thrive.

Workstream recommendations

- Recommendation 1: The prevention of mental health conditions in society, and the prevention of suicide, must be reflected in current government strategies, which must be multi-sectoral and create a network of advocates to promote mental health and address social determinants.

  - The Republic of Korea is an exemplar of national multi-sectoral action on suicide prevention and should be used for learning by other countries seeking to develop a national approach to suicide prevention.

  - All national mental health strategies should include measures to prevent social risk factors that may contribute to mental health conditions.

  - National indicators of mental health should include risk and protective factors.

  - Developing the wider workforce to promote mental health should be a priority.

- Recommendation 2: All governments should ensure that, as equal citizens, people have the right to good mental health, have a fulfilling work and family life, participate in civic, political and economic life and have a voice in shaping mental health policy.

  - National programmes should work to improve the lives of people with mental health conditions and psychosocial disabilities beyond treatment services e.g. employment, housing and education programmes.

  - All national policies should ensure they do not discriminate against people with protective characteristics, including those with mental health conditions and psychosocial disabilities.

  - National legislation should enable all people with mental health conditions and psychosocial disabilities to enjoy and exercise their full human rights

- Recommendation 3: Cities and workplaces are driving transformational approaches to mental health. Governments should support city-wide initiatives for better mental health, connecting with the growing network of global cities leading the way. As large employers and legislators, governments should ensure they strategically support their employees and use legislation to set clear expectations from employers.

- Governments should encourage mental health innovators in their key cities to collaborate with other innovators globally (e.g. I-CIRCLE, Thrive, citiesRISE) to enhance shared learning.

- All aspects of national legislation should promote wellbeing, particularly those influencing cities and workplaces.

Workstream 3: the economics of, and investment in, mental health finance

Organisers

- The World Bank: Patricio V. Marquez, Lead Public Health Specialist, Health, Nutrition and Population Global Practice

Facilitation and Support

- Moderator and co-chair: Patricio V. Marquez (as above)

- Co-chair: Karlee Silver, Co-CEO, Grand Challenges Canada

- Takashi Izutsu, University of Tokyo

Context

Mental health and substance-use conditions impose an enormous global disease burden. There is a frequent comorbidity and a notable link between mental and physical health conditions, such as cancer, cardiovascular disease, diabetes, HIV and obesity, which lead to premature mortality and affect functioning and quality of life. Mental health and substance-use conditions also have a significant social and economic impact, which is worsened by low levels of investment and service availability, as well as widespread stigma and discrimination.

Poor wellbeing and mental health can undermine human capital development, and can affect economic growth and prosperity of countries, especially through productivity losses at both individual and societal levels. People with mental health conditions are more likely to discontinue full-time education early and at work mental ill-health contributes to lower productivity and greater sickness-related absenteeism (related to both people with mental health conditions and their carers); the risk of unemployment is also much higher. It is important that parents are supported so they are equipped to help their children fulfil their learning potential. Mental health conditions are the most common cause of marginalization, exclusion and deprivation, which are factors that can contribute to

violence, social isolation and suicide. People with mental health conditions often experience stigmatisation and human rights abuse.

Personal Reflections

"The Summit was a strong signal that mental health - and the specific recommendations that emerged from the workgroups- need to be prioritized to ensure healthy, productive and equitable societies. The actions that result will be the true measure of success."

Dr Karlee Silver, Co-CEO, Grand Challenges Canada

"The goal was the reframing of the global mental health agenda from a focus on the reduction of the treatment gap for people affected by mental disorders to the improvement of mental health as a critical investment for enhancing health capital, develop human capital, both stock and quality, increase productivity, and contribute to expand the total wealth of nations to achieve inclusive societies. This session's presentations, delivered by a well-balanced (gender, geography) group of experts, covered different dimensions agreed for the workstream under the coordination of two co-chairs who served as moderators."

Patricio V. Marquez, Lead Public Health Specialist Health, Nutrition and Population Global Practice, The World Bank

Case Studies

- United States: Mental Health Parity under the Affordable Care Act in the United States. Presented by Gilberte Bastien, Ph.D., Associate Director - Office of Global Health Equity, Assistant Professor - Department of Psychiatry and Behavioural Sciences, Morehouse School of Medicine Atlanta, Georgia.

- Nigeria: Internally Displaced Persons (IDPs). An integrated approach to rehabilitating IDPs with dignity under multisector investment programmes. Presented by Toluwalola Kasali, former Advisor to the Minister of Finance of Nigeria.

- England: Responsible Investing. A presentation debating whether responsible investing in international capital markets can have a catalytic role in promoting mental wellness and health in firms and enterprises globally. Presented by Bettina Reinboth, Head of Social Issues, Principles for Responsible Investments, UK.

- Asia-Pacific: The Asia-Pacific Economic Cooperation (APEC) Experience. APEC is the forum for 21 Pacific Rim member economies to promote free trade throughout the

Asia-Pacific region. This presentation shared experiences of leveraging the power of trade blocs to strengthen mental health and reduce the economic impact of mental illness. Presented by Raymond Lam, APEC.

- England: The Origins of Happiness: A presentation of the Science of Well-being over the Life Course. Presented by Lord Richard Layard, London School of Economics.

- Organization for Economic Co-operation and Development (OECD): Mental Health, Work and Productivity: A Presentation of the Evidence from the OECD. Presented by Emily Hewlett, OECD.

- World Health Organisation (WHO): Best Buys, the Cost of Scale-up and Returns to Investment in Mental Health Care and Prevention. Presented by Dan Chisholm, WHO Office for Europe.

Workstream recommendations

- Recommendation 1: Governments should aim to increase their mental health allocation to at least 5% in low- and middle-income countries and at least 10% in high-income countries of the total health budget to achieve mental health parity by 2030.

  - This will serve all populations and will increase domestic resource mobilisation and allocation of funding, helping to bridge current resource gaps and ensure long-term sustainability of scaled-up effort.

- Recommendation 2: Investment should be paired with measurement of mental health outcomes. The current efforts such as the World Bank Group's Human Capital Index and OECD's Mental Health Performance Benchmarking are potential opportunities that should be supported by government. Scale up of services should be guided by evidence, as exemplified by Grand Challenges Canada's investment in mental health.

  - This will serve all populations and will mean that there will be accountability for how spending of funds translates to outcomes.

- Recommendation 3: Donor countries, the private sector and charities should play a critical role in scaling up through new co-financing arrangements with domestic governments to bring mental health to scale. Countries should leverage established multilateral platforms, i.e. The World Bank's Global Financing Facility, Human Capital Project and IDA fund for displaced populations, refugees and host populations; and other funding mechanisms as outlined in the Financing Global Mental Health report.

  - This will serve selected low- and middle-income countries and vulnerable and marginalized people populations. Alternative funding sources will be used to scale up the global mental health effort.

- Promoting the integration of mental health into wellness programmes in the workplace can help leverage funding from firms and enterprises. This is a sound investment that can generate significant benefits.

- Recommendation 4: Governments should leverage investment from multiple sectors to address mental health across the life course as a basic human right. Employers, educators, the judicial system and social care all have roles to play.

  - This will serve selected low- and middle-income countries and vulnerable and marginalised populations. It will engender cooperation across facilitated funders (multilateral finance institutions, regional development banks, bilateral agencies and charities) and private and public firms' and enterprises' use of existing service delivery platforms, which will support the scaling up of integrated mental health interventions.

  - Investment in other areas, including education, social protection, and labour and employment, could also be utilized to respond to the unique needs of vulnerable groups, using new initiatives such as the recently-launched Human Capital Project, an ambitious global effort by the World Bank Group.

  - A new generation of microcredit schemes such as Rise Asset Development in Canada, which provides low-interest small business loans, training and mentorship to entrepreneurs with a history of mental health or addiction problems, including recently discharged prisoners, could be supported to facilitate their reintegration into the community as economically active members of society.

  - Other innovative approaches for scaling up global mental health services could be based on programmes such as the International Finance Facility for Immunization, which was set up in 2006 to rapidly accelerate the availability and predictability of funds for Gavi's (the Vaccine Alliance) immunization programmes. It uses long-term pledges from donor governments to sell 'vaccine bonds' in the capital markets, making large volumes of funds immediately available for Gavi programmes. Other funding mechanisms as outlined in Financing Global Mental Health report could be explored.

Workstream 4: a just society: supporting societal shifts, tackling stigma and discrimination, creating inclusive societies

Organisers

- Time to Change: Sue Baker OBE, Global Director

- King's College London: Professor Sir Graham Thornicroft, Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience

Facilitation and Support

- Moderator: Professor Sir Graham Thornicroft (as above)

- Co-chair: Victor Ugo, Founder, Mentally Aware, Nigeria

- Co-chair: Sue Baker OBE, Global Director, Time to Change

- Johanna Hennberg, Champion, Hjärnkoll, Sweden

- Humphrey Kofie, President, Mental Health Society of Ghana

- Sanchana Krishnan, Youth Advocate, Sangath, India

Context

Social stigma and discrimination persist in all countries. This affects those of us with mental health conditions and psychosocial disabilities, our families, our communities and our societies.

Discrimination is also often engrained in policies and systems, leading to inadequate resource allocation and legal protections, and a lack of public and political will. Human rights violations and harmful treatment practices, including chaining, violence and abuse, remain all too common around the world. Furthermore, people with mental health conditions and psychosocial disabilities face barriers in participating in decision-making at various levels – including in their communities and in monitoring and shaping mental health law, policy and practice. With countries now running effective programmes nationally, regionally and locally, and with global appetite building in this sphere, this workshop explored evidence-based and innovative approaches. Case studies from a range of income settings and cultures were aimed at shifting societal 'norms' by transforming public attitudes and behaviour, empowering people with lived experience to lead this change, and ensuring legal frameworks provide protection from discrimination and enable all to exercise and enjoy their full human rights.

Personal Reflections

> "The concept of having workstreams was indeed great, and although the time of presentation allocated for each presenter was short, I believe their messages were well passed across. I have also taken my time to read through the recommendations from other workstreams and I'm positive

that if these are taken into account, we would have a better chance of improving on the attention given to mental health by governments. I think the highpoint of the summit of both the workstream and the recommendations, and in fact the conference, was how involved and engaged people with lived experience were; and I hope it sets a precedent for future mental health summits."

Victor Ugo, Founder/President, Mentally Aware Nigeria Initiative

"The workshop was well attended by about 45 participant countries from a wide range of income groups, with delegates with lived experience, senior policy makers from Governments and NGOs, researchers and campaigners. Presentations came from Kenya, India, Colombia, England, Scotland, Wales, the USA, Sweden and WHO.

Case study presentations spanned the focus of lived experience leadership, public-facing anti-stigma and anti-discrimination programmes and their impact, and the use of human rights/international and national legal and policy frameworks to address institutionalised and engrained discrimination. A high level of mutual consensus was already emerging before we undertook the next task."

Sue Baker OBE, Global Director, Time to Change

Case Studies

Lived experience leaders – the change makers

- Scotland: See Me. This is Scotland's long-running anti-discrimination (mental health) programme that supports and trains people with lived experience to create change within communities. Presented by Bridget Dickson, a champion of the See Me campaign who uses literature to convey her story, Johanna Hennberg, a champion of Sweden's anti-sigma campaign 'Hjärnkoll', and Stephen Lewis, a Champion of Wales's anti-stigma campaign 'Time to Change Wales'.

- Colombia and Kenya: Users and Survivors of Psychiatry. This is peer-led work with people with lived experience of mental health conditions and psychosocial disabilities to use their voice and experience to challenge stigma, address discrimination and assert their rights. Presented by Salam Gomez, Co-Chair and CEO, Users and Survivors of Psychiatry, Colombia, and Michael Njenga, CEO, Users and Survivors of Psychiatry, Kenya.

Improving societies via public attitude and behaviour change

- England: Sharing the use of social marketing, social media and a media training and advisory service for more than 80 TV and radio scripts a year. This is part of England's anti-stigma programme that has seen a significant sea change in public attitudes, significant reductions in discrimination and improvements to print and broadcast media reporting of mental health. Presented by Claire Everett and Jenni Regan, Time to Change, England, Bryan Kirkwood, 'Hollyoaks' Executive Producer, Channel 4, and Ross Adams, Actor, 'Hollyoaks'.

- India: A campaign that used social contact drama-based activities and some advertising across 42 rural villages in Southern India resulting in significant attitude change. It is the only academically evaluated anti-stigma programme in a low- or middle-income country published in a peer-review journal. Presented by Pallab Maulik, Deputy Director, George Institute for Global Health, India.

Tackling discrimination via rights and policy

- Kenya: WHO QualityRights. The WHO QualityRights on-line training programme was developed by Michelle Funk. Samuel Njoroge from User and Survivors of Psychiatry (USP), Kenya, completed the training and is now using it to empower others. USP Kenya is an NGO whose major objective is to promote and advocate for the rights of persons with psychosocial disability through influencing policy and legislation, rights-based advocacy and public education programs using different media. Presented by Michelle Funk, Coordinator, Mental Health Policy and Service Development, WHO, and Samuel Njoroge, Project Officer, USP, Kenya.

- United States and Liberia: Representatives from Carter Center. This presentation was on the work taking place in the United States to fully implement federal legislation requiring insurance coverage for mental health conditions and substance-use disorders to be on a par with that for physical health conditions, on a new mental health law in Liberia, and on anti-stigma and quality rights strategies. Presented by Jason Carter, Chair of the Board of Trustees, Carter Center; Eve Byrd, Director, Mental Health Program, Carter Center, and Janice Cooper, Project Lead Carter Center Mental Health Program in Liberia.

Workstream recommendations

- Recommendation 1: All nations should publish 2015 baseline data for Sustainable Development Goal mental health related indicators: (1) suicide reduction, (2) alcohol-use disorder coverage/treatment rate, and (3) drug-use disorder coverage/treatment rate, and to commit to halve (1) and double (2) and (3) by 2030.

- The Delegates recommend that all UN member states commit to achieve by 2030: (i) a halving of the national suicide rate; (ii) a doubling of the treatment coverage for people with alcohol-use disorder; and (iii) a doubling of the rate of treatment coverage for people with drug-use disorder.

- Recommendation 2: There should be full, diverse and effective participation of experts by experience in the leadership groups responsible for developing, implementing and monitoring mental health law, policy and practice at all levels and across all relevant sectors.

  - In every country, people with lived experience should be used to shape, implement and monitor all policy and practice and play a central and leading role in mental health policy making and reviews.

- Recommendation 3: Policies and programmes ensuring that mental health is a part of the public health approach, with equitable funding at all levels, should be adopted.

  - Mental health should be put on an equal footing with physical health (in terms of funding and profile) in all countries regardless of income and a prevention/promotion approach taken as is the case with physical health.

- Recommendation 4: A learning experience to enable all legislators, government policy makers and legislators to have a basic understanding of mental health conditions should be created and delivered by people with lived experience of mental health conditions.

  - The delegates felt this recommendation deserved inclusion as a more personal plea to all those holding senior Governmental positions (Ministers and Heads of Policy) making vital decisions about mental health policy and funding. A 'mental health induction course' delivered by someone with lived experience (ideally from their own country) would support them in their roles and, at the same time, also help address stigma and promote recovery.

Workstream 5: mental health services around the world

Organisers

- WHO: Mark van Ommeren, Coordinator, MER team (Evidence, Research and Action on Mental and Brain Disorders), Department of Mental Health and Substance Abuse

- NHS England: Marika Cencelli, Portfolio Lead for Mental Health National Clinical Director

Facilitation and Support

- Moderator: Shekhar Saxena, Harvard University

- Co-chair: Charlene Sunkel, Program Manager, Advocacy & Development, the South African Federation for Mental Health

- Co-chair: Claire Murdoch, National Mental Health Director, NHS England

- Devora Kestel, Unit Chief Mental Health and Substance Abuse, PAHO/WHO Regional Office for the Americas

- Phoebe Robinson, Head Mental Health, NHS England

- Constance Wou, National Medical Director's Clinical Fellow, NHS England

Context

On 27 May 2013, the World Health Assembly adopted the comprehensive Mental Health Action Plan 2013–2020. This action plan and the accompanying resolution represent a formal recognition of the importance of mental health for the 194 member states of the WHO. It is a commitment by all member states to take specified actions to improve mental health and contribute to a set of agreed global targets.

The WHO action plan has the following four major objectives: (1) strengthen effective leadership and governance for mental health; (2) provide comprehensive, integrated and responsive mental health and social care services in community-based settings; (3) implement strategies for promotion and prevention in mental health; and (4) strengthen information systems, evidence and research for mental health. This workstream focused on objective (2).

The scope of the workstream considered evidence-based care for mental health conditions and psychosocial disabilities and innovations in delivering mental health services. The focus was on examples of recent successes, where the quality and quantity of services have dramatically improved and where the importance and value of co-production with experts by experience, and best practice in rights-based and recovery approaches, were showcased.

Personal Reflections

> "As a person with lived experience, being one of the Commissioners for the Lancet report on Global Mental Health and Sustainable Development, it's been an extraordinary experience and I am proud of the final product. The report gives hope to persons with mental health conditions in the

sense that it promotes human rights and recovery, and builds a strong case for action and mental health to be acknowledged as a priority within health but also as an imperative component for achieving sustainable development."

Charlene Sunkel, Principal Coordinator, Movement for Global Mental Health and Founder, Global Mental Health Peer Network

"The workstream was well attended with participants from a wide variety of backgrounds and regions. Since services provision is a particularly challenging issue for many countries, the discussion was intense and rich. Evidence presented and opinions shared were often not fully agreeable to all participants but still, it was not difficult to arrive at the 3 consensus recommendations.

One particular issue that attracted considerable discussion was the relative emphasis on treatment and care versus prevention and promotion within mental health services. Many of the high-income country participants were keen to emphasize the latter issue but those from low- and middle-income countries tended to focus on treatment and care and more specifically on access to essential medicines and basic low-intensity psychosocial interventions."

Shekhar Saxena, Harvard University

Case Studies

Community mental health services: similarities and differences between Peru and the Czech Republic

- Czech Republic: The Czech government is taking an evidence-based and human rights-based approach, involving the establishment of 30 new mental health centres across the country. This is a large, multi-faceted well-designed reform programme, happening in a region that is beset with institutionalization difficulties. Presented by Dita Protopopová, Ministry of Health, Czech Republic.

- Peru: Increasing coverage in Peru. Seventy-five community mental health centres have been established in Peru since 2015. The number of people with mental health conditions who have been helped has doubled in areas that have the new services. Such progress is central to implementing the WHO Mental Health Plan 2013-2020. Presented by Dr Yuri Cutipé Cárdenas, Executive Director, Department of Mental Health of the Peruvian Ministry of Health.

Psychological therapies for common mental health disorders: similarities and differences between the IAPT and Problem Management Plus models

- Kenya: Problem Management Plus (PM+). This presentation showed how care for common mental health conditions could be scaled up through a WHO psychological intervention in urban and rural communities in Kenya. Presented by Phiona Koyiet, Mental Health and Psychosocial Support Technical Advisor, World Vision International.

- England: Improving Access to Psychological Therapies (IAPT) - Presented by Professor David Clark, National IAPT Clinical Advisor, NHS England, and Professor and Chair of Experimental Psychology, Oxford University.

Co-production between service users and providers for recovery: similarities and differences between India and Australia in recovery-focused services

- India: Promoting Quality and Human Rights in Mental Health Services. This case example described the WHO QualityRights scale-up in Gujarat, India. Presented by Soumitra Pathare, Centre for Mental Health Law and Policy, Indian Law Society, and Janki Patel, QualityRights, Gujarat.

- Australia: Keeping the Body in Mind. A multidisciplinary programme of integrating mental health with physical health in coproduction with service users. Presented by Dr Julia Lappin, Clinical Lead for the Bondi Early Psychosis Programme and Clinical Academic and Senior Lecturer, School of Psychiatry, University of New South Wales, Sydney, Australia.

Workstream recommendations

- Recommendation 1: Mental health care and services must be central to the policy and delivery across all areas of universal health coverage. They must include prevention and a focus on recovery. Most services should be community based and integrated across primary care, specialist care, social care and housing.-   This will serve all populations and the care gap will be reduced; disability and deaths will decrease, parity will be achieved and economic gains will accrue.

  - There was general consensus that mental health services should be provided in the community with hospital-based services being a specialist, time-limited option for people who need them.

  - There was much debate about parity and integration and some insightful discussions and views about the benefit of integrating physical and mental health care.

- There was an acknowledgement that the workshop did not focus on some key areas, such as primary health care, forensic services and services after disasters.

- Recommendation 2: People with mental health conditions should be at the centre of the mental health response, and be involved in the design, implementation, delivery and evaluation of personal recovery-focused mental health care and services. Services must respect the will and preferences of users.

  - This will serve all populations and will result in higher quality needs-led services that address the needs of people with mental health conditions and will ensure services are human rights-based.

  - There are differing views on what constitutes care and what constitutes treatment, but this is a surmountable obstacle to consensus on how to move forward.

- Recommendation 3: People should have access to evidence-based interventions. This includes psychological and social interventions and medicines. These should be delivered by people who are adequately trained, resourced and supported.

  - This will serve all people with mental health conditions that can benefit from interventions and will lead to a reduction in the care gap. Recovery and outcomes will be improved.

  - A challenge to universal access to services is the amount of financial and human resources that are made available. The implementation or scaling up of the recommendation is dependent on this.

Workstream 6: research and the future of mental health

Organisers

- UK Department of Health and Social Care: Natalie Kempston, Portfolio Lead for the Chief Scientific Advisor

- King's College London: Professor Sir Simon Wessely, President of the Royal Society of Medicine, Regis Professor of Psychiatry King's College London and past President of the Royal College of Psychiatrists

Facilitation and Support

- Moderator: Professor Sir Simon Wessely (as above)

- Co-chair: Dr Thomas Kabir, Public Involvement in Research Manager, McPin Foundation

- Co-chair: Professor Chris Whitty, Chief Scientific Advisor for the Department of Health and Social Care

Context

The importance of research in taking mental health care to the next level cannot be overstated. Evidence-based innovation and neuroscience are crucial if we are to tackle this defining challenge of the 21st century. Research helps us understand the causes of mental health conditions, how common they are, who is affected and who is not, and the social and political context that either creates them (or does the opposite). Research allows us to compare and contrast, and to bring together a whole host of different methods and approaches.

With the workshop convened by the Academy of Medical Sciences on global mental health research in the Sustainable Development Goal era, the Lancet Psychiatry Commission on psychological treatments research, and the ongoing work of the McPin Foundation ("putting the lived experience of people affected by mental health conditions at the heart of research"), it is an incredibly vibrant time for mental health research.

Personal Reflections

"I was really pleased to see research given such a prominent place at the summit. In my view providing more of the same therapies and services will never be enough. Research will lead to new and more effective ways of helping and treating people with mental health difficulties. I hope that our recommendations will be acted upon and revisited at next year's summit in the Netherlands."

Dr Thomas Kabir, Public Involvement in Research Manager, McPin Foundation

"What is research in mental health? It is never, but never, one thing, one methodology, one approach. Which is hardly surprising, because mental ill health itself rarely has one cause. It is almost invariably a subtle and sometimes perplexing inter mix of factors, usually covering the physical, the psychological, the social and indeed, at times, political. That makes it a challenge. But for those who take up the challenge very little can be as exciting or rewarding. And it is one of our tasks to take that message everywhere – this is where you really can make a difference, be you a

neuroscientist, a sociologist, an epidemiologist, an anthropologist, and even my own secret wish, a historian.

Research helps us develop new ways of alleviating distress and suffering, and lets us know when these don't work as they should (sadly a not unknown issue), and thus spurs us on to do better. And for research to really make an impact, it will always be in partnership with patients/service users, and their families and carers. The field of mental health can without doubt claim to be the first that realised the untapped potential of those with mental health problems, and which has taken service user/patient involvement perhaps further than any other.

So the Research and Future of Mental Health workstream (which I have to say was the best attended workshop of all those on offer) looked at how best to support discovery in mental health, and how to ensure that research maintains a link with those with lived experience of mental ill health."

Professor Sir Simon Wessely, President of the Royal Society of Medicine, Professor of Psychiatry King's College London and past President of Royal College of Psychiatrists

Case studies

- Sweden: A research group that has shown that it is possible to reduce the occurrence of intrusive memories by making the participants in a study perform certain types of tasks shortly after a traumatic event. In order to achieve the desired effect, the task needs to involve using mental imagery, such as the computer game Tetris. This research has been undertaken with Syrian refugees with PTSD. Presented by Emily Holmes, Karolinska Institute, Sweden.

- England: Drawing on personal experience and initiative, including Storying Sheffield and Sheffield Flourish, this presentation described how narrative-focused projects and research are vital tools in helping to understand and address the particular challenges for people living with mental health conditions. Such approaches produce a layered and nuanced picture of the place of illness within people's lives, while also clearly delineating the impact of social and cultural factors on illness and health. Presented by Professor Brendan Stone, University of Sheffield.

- Uganda: A presentation on the development of group therapy for depression in remote communities affected by HIV. The success seen in a small group is being rolling out to larger groups in Uganda. The project targets people living with HIV and depression.

Presented by Etheldreda Nakimuli-Mpungu, Makerere University, and Eugene Kinyanda, MRC/UVRI & LSHTM Uganda Research Unit, Uganda.

- UK, Brazil, Nigeria and Nepal: This project, called IDEA (Identifying Depression Early in Adolescence) is a new major study analysing research and data about social and family environment, stressful experiences, brain images and biological data from 10 to 24 year olds from four countries – the UK, Brazil, Nigeria and Nepal. The team uses a wide range of data to compare and contrast the factors putting young people at risk of mental ill health in different contexts. Presented by Brandon Kohrt, George Washington University; Christian Kieling; Universidade Federal do Rio Grande do Sul, Brazil; Helen Fisher, King's College London; Valeria Mondelli, King's College London; Abiodun Adewuya, Lagos State University College of Medicine.

- Lebanon and Sierra Leone: The Research Unit on Health Systems in Situations of Fragility (RUHF) is addressing barriers to the provision of effective health care in situations of fragility and ways of overcoming them, with mental health and psychosocial support one area of focus. In Sierra Leone, RUHF is analysing why the roll-out of service innovations, such as psychological first aid and mental health Gap Action Programme (mhGAP), have not resulted in substantial improvement in service provision. In Lebanon, RUHF has identified the major health needs of Syrian refugees, Lebanese host populations, and the barriers impeding access to quality provision. Presented by Alistair Ager, NIHR Global Health, RUHF.

- India, Nepal, Ethiopia, South Africa and Uganda: The Programme for Improving Mental Health Care (PRIME) is a consortium of research institutions and Ministries of Health in five countries in Asia and Africa (India, Nepal, Ethiopia, South Africa and Uganda). The goal of PRIME is to generate world-class research evidence on the implementation and scale-up of treatment programmes for priority mental health conditions in primary and maternal health care in low resource settings. Presented by Crick Lund, Institute of Psychiatry, Psychology and Neuroscience, UK.

Workstream recommendations

- Recommendation 1: Research will lead to substantial improvements in prevention and treatment of mental health. Mental health research is crucial to all sectors of society, and research in excluded groups is essential. Governments and their funding bodies must ensure input from multiple scientific disciplines and co-ordinated action across all public services. In particular, ministers should ensure that all major health programmes include mental health.

  - Delegates want to highlight the importance of research in improving mental health treatment and reducing the burden of mental health conditions.

- Bringing multiple disciplines together and conducting interdisciplinary research is essential, and all areas of government, not just health, should be aware of mental health conditions and the impact their policies and services have on mental health.

- The vision is for society to take responsibility for mental health, with mental health considerations being taken into account when all decisions are being made

- Recommendation 2: To improve mental health, it is essential to fully involve people with a diverse range of experience of mental health conditions in decisions on what is researched and throughout the design, conduct and implementation of research.

  - There was unanimous agreement on the importance of including those with lived experience of mental health conditions, and enabling them to have a voice and a platform. Those voices need to be a part of all stages of research, from design to implementation.

  - For research to be successful, it needs to incorporate and hear from a diverse range of experiences.

- Recommendation 3: Using the best locally appropriate evidence, huge improvements in mental health can be made. Health, research and wider communities need to ensure improvements to this evidence base. Policy makers should implement what is evidence-based.

  - Consensus was swift and clear when it came to the importance of locally-appropriate initiatives and gaining the trust and support of the communities with whom you are working. Always involve communities in the design of mental health services and programmes. This was a successful feature of multiple case studies.

  - Everyone should take responsibility and ensure that the decisions they make are evidence-based and interventions are locally-appropriate. Policy makers need to listen to the evidence, and build the evidence base by investing and committing to mental health research.

- Recommendation 4: There is insufficient capacity to undertake research in all areas of mental health in every country, and this needs to be strengthened everywhere.

  - Mental health research has lagged behind other areas of health and medical research. If this is to change, countries need to commit to and prioritise mental health research.

  - There is a need to encourage countries to support innovative approaches to the prevention, treatment and care of mental health conditions.

The declaration on achieving equality for mental health in the 21st century

The declaration on achieving equality for mental health in the 21st century aligns with the policies articulated in the [World Health Organization (WHO) Mental Health Action Plan 2013-2020](#); builds on the [UN Human Rights Council Resolution on the right of everyone to enjoy the highest attainable standard of physical and mental health](#); promotes the implementation of the [UN Convention on the Rights of Persons with Disabilities](#), for those that are party to it; recognises the integral role of good mental health and wellbeing in achieving [UN Sustainable Development Goals](#); supports the report of the [WHO Independent High-Level Commission on Noncommunicable Diseases](#); and upholds other resolutions and commitments relating to mental health.

The declaration marks the commencement of a series of annual Global Ministerial Summits on Mental Health, founded by the UK and the Organization for Economic Co-operation and Development (OECD), and supported by the WHO.

We welcome the vision and leadership already shown by some countries in building political sponsorship and momentum at the highest levels of government to address mental health challenges at the global and local level. We commit to harnessing this momentum to further the improvement of mental health promotion, prevention and service provision around the world.

The declaration seeks action to address the burden of mental disorders and other mental health conditions, including the concurrence of substance use disorder as a key factor impacting people with mental disorders and other mental health conditions.

We recognise that:

- Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. However, too often people with mental disorders and other mental health conditions are marginalised in society. This can be addressed by implementing strategies to progressively realise the rights of persons with mental disorders and other mental health conditions, particularly those who face a greater risk to their mental health and wellbeing, such as individuals belonging to underrepresented and marginalised groups.

- Mental health cannot be separated from physical health. Treating the two as linked and equal is critical for progress towards Universal Health Coverage (UHC) as described in the [Sustainable Development Goals](#).

- Good mental health and wellbeing contributes positively to a person's capacity to learn, work, grow, relate to other people and environments, adapt to change, and cope with the normal stresses of life.

- Investing adequately in the prevention and treatment of mental health conditions is a key component of progressing towards UHC. A large proportion of people around the world with mental disorders or other mental health conditions do not have access to care, support and treatment. Many countries currently allocate less than 2% of their health budget on mental health, and the WHO Mental Health Atlas shows there are challenges for countries in meeting the targets of the Mental Health Action Plan and Sustainable Development Goals. The cost of not investing in mental health is significant for the wellbeing of individuals, families, communities and has fiscal implications for all countries.

- A disproportionate number of people with severe mental illness (SMI) die considerably younger than the general population, often due to largely preventable physical health conditions and avoidable death, including by suicide. Premature mortality is also related to poorer quality physical health care delivered to people with mental disorders and other mental health conditions.

- People with mental disorders and other mental health conditions around the world may experience inequalities on multiple levels, many of which can be felt more sharply in low resource settings. Inequalities include material inequality (e.g. poverty, inadequate housing, income-inequality and under-employment), social inequality (e.g. stigma and discrimination in society and the workplace, criminalisation), and health inequality (e.g. prevalence of long-term physical health conditions). In addition, poverty and inequality among other social and economic factors, have been found to increase the risk of mental health conditions.

- Each person's mental health is impacted by many factors, including social and environmental influences, in particular during early life. Chronic stress (poverty, familial mental illness and/or substance misuse) and experiences of trauma (violence, discrimination) can disrupt early brain development and future mental and physical health. Adverse childhood experiences can have a significant impact in later life.

- Early detection, intervention, and care of mental health disorders and other mental health conditions promote mental health and wellbeing. This is particularly true when children are exposed to conflict and crisis.

- Making progress on mental health requires countries to work together to support research and innovation. Additionally, partnering with people with lived experience of mental disorders and other mental health conditions, family members, healthcare providers, communities and others is integral to implementing best practices on a sustainable basis.

- Stigma, prejudice and discrimination experienced by individuals with mental disorders and other mental health conditions cause harm and exclusion from society and the workplace. Practical policies such as anti-stigma campaigns may be implemented to tackle these biases.

We commit to:

Mental health promotion and prevention

- Take a comprehensive approach to mental health from promotion through prevention, treatment, long-term care of, and recovery from mental disorders, other mental health conditions and including concurrent substance misuse disorders.

- Promote the inclusion and respect for the human rights of persons with mental disorders and other mental health conditions in all aspects of life and throughout the life course.

- Promote the need for equality for mental health and recognition of the links between mental and physical health in achieving health and wellbeing.

- Lead the way globally to promote mentally healthy societies in which people with mental disorders and other mental health conditions have the same opportunities as everyone to lead fulfilling lives.

- Call for the development and implementation of a WHO Mental Health Action Plan beyond 2020 through either the extension of the current WHO Mental Health Action Plan 2013-2020 or a new WHO Mental Health Action Plan beyond 2020, including evaluation of the Action Plan for 2013-20.

Resourcing and provision

- Strive to ensure that mental health resources address unmet needs of the population by supporting effective mental health promotion, early intervention, prevention, service provision and programmes.

- Regularly reviewing the allocation of resources in order to work towards the objectives of the WHO Mental Health Action Plan 2013-2020.

- Promote access to and quality of evidence-based primary, secondary and specialist mental health care, which is integrated across health and social care to meet the needs of local communities and encourage the progression towards Universal Health Coverage.

Challenging stigma and discrimination

- Challenge stigma and discrimination experienced by people with mental disorders and other mental health conditions through approaches that are based on evidence and respect for human rights. Recognise that individuals with mental disorders and other mental health conditions are at high risk of detention or hospitalisation, and promote the least restrictive mental health interventions, treatment and care wherever possible.

- Challenge the exclusion and inequalities experienced by individuals with mental disorders and other mental health conditions on multiple levels, including material inequality, social inequality and health inequality. Doing so requires addressing the multiple and intersecting forms of discrimination experienced by women and those from other marginalised groups, while also addressing the wider social inequalities that can serve as drivers of poor mental health.

Empowering people

- Take action to address the social determinants of mental health, in a cross-sectoral and holistic manner in order to reduce both health and mental health disparities so that the most marginalised and vulnerable individuals have an equal chance to lead healthy lives, both physically and mentally.

- Increase the focus on improving the mental health and wellbeing of children and young people to improve mental health outcomes for this and future generations. Increase public health actions that promote resilience, reduce risks, and address the root causes of chronic stress that threaten family and caregiving environments in order to protect and promote infant and child mental health.

- Support people with mental disorders and other mental health conditions to help lead change in mental health policy, service design and delivery, and to be meaningfully engaged in ensuring accountability.

- Strengthen coordinated efforts to protect and improve people's mental health and psychosocial well-being during and after humanitarian emergencies/crises or disasters in line with international guidelines (such as the Inter-Agency Standing Committee Guidelines for mental health and psychosocial support in emergency settings). This includes seeking appropriate opportunities to develop better and sustainable community mental health systems.

Data, innovation and science

- Champion the advancement of mental health science through better data, collection and use, research and development, and therapeutic, clinical and technological innovations for improved mental health promotion, mental illness prevention and mental health service provision, and dissemination of best practices.

- Encourage the exploration and identification of evidence-based psychological and social interventions, including mental health promotion and mental illness prevention interventions that can be delivered at a broad scale to respond to unmet need.

- Improving the support and access to services for people experiencing a wide range of mental disorders and mental health conditions, including concurrent substance misuse disorders.

Conclusion

The declaration represents a significant and sustained commitment to work together across countries and sectors to address the burden of poor mental health, and is structured according to the workstreams of the first Global Ministerial Mental Health Summit. This includes driving forward the improvement of mental health promotion, prevention and service provision, and challenging stigma and discrimination to achieve equality for mental health.