



WHO and World Bank Group

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Cost-effective innovations to address global mental health problems

The World Health Organisation and World Bank Group,

Guided by the Sustainable Development Goals of the United Nations, particularly Goal 3 to ensure healthy lives and promote well-being for all age groups,

Having adopted the World Mental Health Action Plan 2013-2020,

Reaffirming that everyone has the right to life, liberty and security, of person, to live independently and be included in community, and that no one shall be subject to cruel, inhuman treatment,

Reaffirming further the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and emphasising that mental health is an integral part of that right,

Recalling that, according to the Constitution of the WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,

Recalling further that states should take measures, to the maximum of their available resources and, where needed, within the framework of their international cooperation, in the context of mental health,

Recognizing the correlation between physical illnesses and mental health issues,

Concerned that an estimated 25% of the world population will have mental health disorders at some point in their lives, of which few are diagnosed and even less receive the appropriate treatment,

Expressing its appreciation for the work of Non-Governmental Organizations like the World Federation for Mental Health, Médecins Sans Frontières,

Taking note of the Statistical Classification of Diseases and Related Health Issues (I-10) and its ongoing reviewing process,

Deeply concerned that persons with mental health conditions, in particular those using mental health services, may be subject to widespread discrimination, stigma, prejudice, violence, social exclusion, unlawful or arbitrary institutionalization, overmedicalization and among others traditional treatment practices that fail to respect their autonomy, will, preference and other human rights,

Stressing the importance of the implementation of human rights in mental health treatment;

1. *Recalls the need for classification on mental health and mental disorders and suggests countries to adopt the following definition as formulated by the WHO (2014):*
 - a. Disorders are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others,
 - b. Mental disorders include: depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and developmental disorders including autism;

2. *Notes* that mental health disorders are limiting the enjoyment, participation in the professional and social life and contribution to society as gravely as any other disease (according to the Statistical Classification of Diseases and Related Health Issues (ICD-10)) and therefore approves the equalization of mental disorders and physical illnesses by at least implementing the following steps:
 - a. Affirming the need for mandatory inclusion of mental health in health care systems,
 - b. Addressing the unequal distribution of funding and financing between these fields,
 - c. Calling upon the necessity for promoting and funding an educational path towards psychology or mental health careers in order to lessen the discrepancy in human resources between the two fields;
3. *Recommends* a report on the specific economic impacts of mental health on a country's economy and further invites corporations and employers to implement mental health care and prevention as a service to all employees;
4. *Further encourages* corporate businesses to use corporate social responsibility (CSR) funding to support, for example by:
 - a. inviting employers and corporation to hold reflection seminars on mental health and introduce programs on stress reduction in order to not only reduce mental health risks but also educate on it, to learn about their personal risks and those of the people near them,
 - b. educational training for mental health workers,
 - c. covering mental health under the employee's health insurance, if applicable;
5. *Encourages* the Member States to promote physical activity as a further mean to cost-efficiently prevent mental health issues for example by:
 - a. encouraging workers to travel to work by bicycle or other active form of transportation, as maintaining good physical health can work towards improving mental health,
 - b. organising groups for outdoor activities and sporting events such as marathons and actively promotes these occasions, as it has proven to improve mental health significantly by spending more time outside;
6. *Designates* funding from the World Bank specifically for mental health project applications that can provide an impact and cost analysis:
 - a. to middle-income developing sovereign countries (MIDC) by offering low interest-rate loans from the International Bank for Reconstruction and Development (IBRD),
 - b. to sovereign developing countries by offering low interest-rate loans from the International Development Association (IDA),
 - c. by increasing health grants for the purpose of tackling mental health issues in various countries through a proposal-based system where countries assess the funding support required to set up mechanisms to diagnose, treat and recover mental health symptoms;
7. *Recommends* the implementation of an international know-how exchange network online (Mental Health Network for Research Virtually Allocated (MeNRVA)):
 - a. accessible by all Member States,
 - b. with the purpose of sharing the findings of national mental health research globally,
 - c. to prevent suicides, fight the causes of mental disorders, provide documentation on the evaluation of programs and advance treatment;

8. *Urges* its Member States to forward published mental health research to this network;
9. *Encourages* the implementation of an online course on a platform which is accessible to all Member States to train mental health workers and offer an academic education all around the world; which can be provided by professional public or private institutions;
10. *Encourages* all Member States to also implement offline courses and work with existing educational foundations in order to not neglect rural areas with a lack of access to the internet; and suggests that countries approach educating on mental health issues through funding new and supporting existing programs, but not limited to:
 - a. seeking funds by the World Bank in order to invest in the education of psychologists and psychiatrists and other social workers or employees in the area of mental health,
 - b. partaking in partnerships with Médecins Sans Frontières and other health organisations:
 - i. by organising workshops with health organisations in countries with lack of human resources in the area of mental health to educate on mental health issues,
 - ii. by encouraging collaborative stepped care (CSC) models of treatment;
11. *Emphasises* the need for inclusion of modern technologies such as but not limited to media platforms as well as communication platforms, job networks, and so on, for example by:
 - a. publishing the World Health Organization's own mobile outreach programs and promoting World Health Organization's own mobile mental health consultation teams in their apps and on their platforms as well as focussing on reducing the stigma of mental health issues in these campaigns, while paying attention to personalise the campaigns to specific regions:
 - i. the World Health Organization's campaigns and programs would include the World Health Organization's own app where citizens will have the opportunity to read about mental health and chat with a professional advisor in mental health,
 - b. planning ahead on the inclusion of Artificial Intelligence, in order to detect negative posts on their platforms and alert the users:
 - i. making use of the information gained through AI in order to tackle problems Social Media is causing in regard to mental health,
 - ii. inviting NGOs such as the Diplo Foundation to monitor these platforms carefully;
12. *Calls for* campaigns creating awareness and destigmatization, targeting:
 - a. Medical professionals such as physicians and psychiatrists but also psychologists and social workers, to help them identify mental health disorders faster and treat them adequately,
 - b. Governments and its agencies,
 - c. Patients,
 - d. The public to improve destigmatization and raise public awareness,
 - e. Corporations and employers,
 - f. Cultural and religious entities,
 - g. High-risk groups like, among others,
 - i. adolescents,
 - ii. displaced population groups and people affected by conflicts and natural disasters,
 - iii. refugees,

- iv. various minority groups within countries such as religious, cultural, geographical, gender-based, ethnic and political minorities;
13. *Further invites* countries to adapt a bottom-up approach as this has proven to be effective in many countries in tackling this problem:
- a. awareness campaigns on mental health is encouraged to happen on a communal level, as some countries differ largely culturally in their municipalities, part of their competences will also include but are not limited to the development and establishment of a community mental health team in each of the main areas of the countries,
 - b. competences on the national level will include, but are not limited to, sharing the information on successes and misfortunes with other countries, maximising the use of relevant financial programmes, such as World Bank Funds, IMF, Médecins Sans Frontières in terms of human capital, and other foundations and NGOs;
14. *Regrets* that recovery is not the main focus of mental health treatment today; therefore prevention and early detection of mental health is encouraged.
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