

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

*Towards a social movement for action
on mental health and well-being*



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FOREWORD

In the Western Pacific Region, more than 100 million people are affected by mental disorders – many of which can be prevented or managed with cost-effective interventions. These interventions would improve the quality of life of those affected, as well as reduce the total disease burden. The resulting windfall would promote economic growth at community, national and regional levels.

The sixty-fifth session of the World Health Organization Regional Committee for the Western Pacific endorsed the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific*. The regional agenda guides WHO and Member States in implementing the *Mental Health Action Plan 2013–2020*. This guidance is provided through three strategic entry points: (1) a health systems approach; (2) a whole-of-government approach; and (3) a social movement approach to promote justice and equity for people affected by mental health disorders.

We must use the regional agenda to work towards a world where the fundamental value of mental health is duly recognized, where mental disorders are managed effectively and where all people may attain the highest possible standard of health and quality of life.



Shin Young-soo, MD, Ph.D.
Regional Director

EXECUTIVE SUMMARY

More than 100 million people are affected by mental disorders in the Western Pacific Region. Depressive disorders alone are responsible for 5.73% of the disease burden in the Region. Suicide is among the top 10 causes of death in some countries and areas. The huge treatment gap for people with severe mental disorders is a major public health concern and a challenge for most low- and middle-income countries. Many factors can threaten the overall psychological well-being of populations.

The Sixty-seventh session of the World Health Assembly endorsed the *Mental Health Action Plan 2013–2020* (see Appendix I for the overview). To guide national action and regional collaboration in the Western Pacific Region, the sixty-fifth session of the Regional Committee endorsed the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific*.

The regional agenda features a phased approach to achieve the four 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 the promotion of mental health and the prevention of mental illness; and (4) strengthen information systems, evidence and research for mental health.

To address unique needs and distinct resources, three separate and phased settings were described to assist and inform the development of a road map for country-level implementation. Implementation options for core, expanded and comprehensive actions are provided. Core implementation options are proposed for countries and areas within the Region where a mental health system is absent or in an initial stage with limited resources. Expanded implementation options are indicated for countries that already have a mental health system in operation with reasonable resources, but where disparity is a major challenge. Comprehensive implementation options are indicated for countries that are further along in the development of a comprehensive mental health system and, therefore, closer to realizing the vision of the *Mental Health Action Plan 2013–2020*.

The Regional Agenda provides guidance for WHO, as well as for WHO's support to Member States in developing appropriate responses that build on infrastructure and capacity for mental health programmes and services. Priorities for WHO regional

collaboration and country support include the following thematic areas: human resource development; depression, suicide prevention and severe mental disorders; and mental health in disasters and emergencies.

During consultations, frequent bottlenecks in implementation were identified: (1) lack or insufficiency of laws to protect the human rights of people with mental health disorders (protection from cruelty, inhuman treatment, torture and abuse); (2) lack of community resources that include the expansion of linked networks of health facilities and community resources for a range of mental health needs; (3) disease-oriented and curative-care approaches to mental health that are necessary but should be pursued in tandem with whole-of-society approaches for promotion of mental health and well-being; and (4) information systems that do not include or reflect mental health conditions and their impact on overall mental health outcomes.

All-of-society and whole-of-government approaches are required to overcome the implementation challenges.

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