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The Global Alliance for Behavioral Health and Social Justice (Global Alliance) submits the following comments for consideration during the U.S. Department of Health and Human Services' virtual informal Stakeholder Listening Session on strengthening WHO preparedness and response to health emergencies (WGPR).

Founded in 1923, the Global Alliance is an interdisciplinary organization with a long history of informing policy, practice and research concerning behavioral health, social justice, and well-being. We work to reduce disparities in behavioral health and advocate for environments and policies that foster positive mental health and well-being. The Global Alliance understands that mental health is an asset that occurs along a continuum from well-being to more serious disorders and recovery. The dimensional approach balances treatment, rehabilitation, care, and recovery with the promotion of mental health to include the prevention of mental, neurological and substance use disorders.ⁱ

The Global Alliance embeds its work in principles of human rights and social justice and believes that preparedness and response to health emergencies must be coordinated, accessible, and implemented equitably across all communities and nations. Further, the Global Alliance urges the inclusion of mental health to be adopted in all strategies related to disaster preparedness.

Since the onset of the COVID-19 pandemic, individuals, families and their communities around the world have been faced with unprecedented times. The pandemic was initially understood through physical illness, the impact on health care systems and the economic impact on individuals and society. Policies such as school and workplace closures, stay-at-home orders, and isolation from friends and family have all resulted in a significant loss of daily routines and will continue to have a profound impact on people's lives. The entirety of the pandemic and the impact on mental health and well-being will not be fully understood for many years. However, what the data does present is clear evidence for why preparedness for future emergencies and disasters must include principles and strategies that center mental health and human rights at every stage, in the United States and the global community. Understanding that there is 'no health without mental health', discussions on emergency preparedness must centre mental health in preparation and response around the world.

The Global Alliance appreciates the inclusion of mental health effects in [International Health Regulations \(IHR\) Review Committee A74/9 Add.1 \(5 May 21\)](#) in section 3.2 Core Capacity Requirements for Preparedness, Surveillance and Response Rationale subsection findings (25):

...the current tools and processes need to be revised in order to take into account the critical gaps in pandemic preparedness revealed by COVID-19 (i.e.....the mental health effects of health crises...



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And in the concluding section (136) detailing:

...many others struggle with poor mental health resulting from months of anxiety, depression, deprivation, and social isolation...

However, the Global Alliance urges intentional inclusion of mental health into recommendations within key messages and moving forward, as currently it fails to do so. Generally, the Global Alliance urges the inclusion of mental health into all recommendations for emergency preparedness, as neither the [Independent Panel for Pandemic Preparedness and Response \(IPPPR\)](#), nor the [Independent Oversight and Advisory Committee \(IOAC\)](#) (A74/16 Provisional agenda item 17.2 5 May 2021) have incorporated it. Specifically, in the former, the extensive report "systematically, rigorously and comprehensively detailed why COVID-19 became a global health and socio-economic crisis" and yet the only related discussion on mental health was from the limited recommendation (VI) which states:

Invest in and coordinate risk communication policies and strategies that ensure timeliness, transparency, and accountability, and work with marginalized communities, including those who are digitally excluded, in the co-creation of plans that promote health and wellbeing at all times, and build enduring trust.

As the intention is to "learn from the crisis and plan for the next one" mental health must be integrated into recommendations for the future. Their absence significantly threatens future responses by failing to underpin strategies that are based on the mental health and well-being of individuals, families and their communities.

The Global Alliance urges the U.S. Department of Health and Human Services, to leverage their role on the WGPR to update and ensure future strategies build community capacity and foster disaster resilience. It is recommended that this is accomplished by using an ecological framework that (a) focuses on building community-specific capacity for disaster preparedness, response and recovery; (b) emphasizes increasing the capacity and supportive potential of community members' natural settings to promote wellness; (c) addresses power and resource inequities; and (d) enhances capacity to ensure contextually and culturally appropriate structures, methods and interventions, all of which must be grounded in values such as collaboration, social justice, empowerment and an appreciation of diversity.ⁱⁱ

ⁱ Patel, V, Saxena, S, et. al. The Lancet Commission on global mental health and sustainable development. *Lancet*. 2018 Oct 27;392(10157):1553-1598.

ⁱⁱ Gil-Rivas V, Kilmer RP. Building Community Capacity and Fostering Disaster Resilience. *J Clin Psychol*. 2016 Dec;72(12):1318-1332. doi: 10.1002/jclp.22281. Epub 2016 Mar 18. PMID: 26990644.

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