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05.13.21

The **Global Alliance for Behavioral Health and Social Justice (GA)** submits the following comments for consideration during the World Health Assembly Listening Session with regards to the Provisional Agenda for the WHO 74th WHA Meeting.

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 GA 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.¹

Pillar 1: One Billion more people benefiting from universal health coverage

The Global Alliance for Behavioral Health and Social Justice (GA) embeds its work in principles of human rights and social justice and believes that universal health coverage (UHC) that is accessible and implemented equitably across all nations and communities is a contributor to social justice.

(13.1): With regards to *global action on patient safety*, the GA supports the development of a Leadership Competency Framework for Patient Safety and recommends that the Patient Safety Curriculum Guide revision includes skills-based content to ensure that providers are equipped to provide culturally relevant mental health services, free from bias and discrimination.

(13.2) With regards to the *Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (NCDs)*, the GA urges that the global commitment to UHC, and efforts in the prevention and control of NCDs must equally recognize mental health and psychosocial stressors (MHPSS) - inclusive of prevention, early-intervention, and treatment from a life course approach - as critical to delivering the right to health.

With regards to the *updated Mental Health Action Plan 2013-2030 and proposed implementation options and indicators*, the GA applauds initiatives to ensure access to quality and affordable care for mental health conditions, including scaling up community-based, general health and specialist services, and protecting human rights. Yet, the data shows that great fissures remain in access to services.ⁱⁱ It is documented that most spending on mental health (a median of 67%) remains focused on mental hospitals. The GA strongly urges support and resourcing (as recommended by WHO) the development of comprehensive community-based



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mental health and social care services and the integration of mental health and behavioral health care and treatment into general hospitals and primary care.

- The GA *urges implementation of Objective 2 (to provide comprehensive, integrated and responsive mental health and social care services in community-based setting)*. To meet the bold targets and indicators, including increased service coverage for MH conditions, expansion of MH units in hospitals, integration of MH into primary health care, the GA notes that resources must start at the governance level (e.g., Ministries of Health/Departments of Health; Finance; Social Welfare) and be allocated equitably across communities; and, programs must be comprehensive and not siloed. Resources and MH services must engage and build collaborations with key stakeholders, including civil society, professional associations, researchers, donors, and educators, and strengthen the leadership role of persons with MHPS diagnosis in order to build and sustain truly comprehensive UHC that is community driven, accessible provides culturally relevant services.
- The GA *also supports the recommendation to “implement WHO’s mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized settings and associated training and supervision materials to train health workers to identify disorders and provide evidence-based interventions for prioritized expanded care”*.
- GA *strongly supports the implementation option: school-based promotion and prevention programs* that address bullying and violence, substance use awareness, and early detection and intervention for children and adolescents exhibiting mental health or behavioral concerns. WHO has noted that up to 50% of all mental health conditions start before the age of 14 years.ⁱⁱⁱ School-based programs can pro-actively provide early intervention that can work to reduce (for example) the overall global burden of depression (the leading cause of disability worldwide
- The GA *strongly supports the implementation option: enhance self-help groups, social support, community networks and community participation opportunities for people with mental disorders and psychosocial disabilities and other vulnerable groups*.

(15) Health workforce

As outlined in the Health Workforce report (A74/12), the GA *supports the call for “renewed’ mandate, commitment and set of actions* to drive forward a health and care workforce action plan and investment agenda that is relevant for 2022–2030.

- The GA *strongly advocates for inclusions of trained, supported (including supervision) and resourced mental health and behavioral health providers in the overall planning for human resources for health*. Resources must also ensure that professional, para-professional, and community based mental and behavioral health workforce is trained and skilled in evidence-based prevention and early intervention, assessment, and treatment approaches that respect diversity and ensure culturally competent practice.



Pillar 2: One billion more people better protected from health emergencies: (18): Mental health preparedness for and response to the COVID-19 pandemic

Mental health conditions have been exacerbated during the COVID-19 pandemic due to stressors associated with challenging economic, political, and social conditions. The WHO efforts to integrate mental health and psychosocial support as part of the COVID-19 public health emergency response pillars (e.g., maintaining essential health services and clinical case management) is a critical step, that must be equitably resourced.

- The GA urges State level support to promote and resource efforts to improve the lives of all persons worldwide who have, or are at risk to develop, mental illnesses, particularly those who reside in low-resource settings. This includes addressing disparities exacerbated by the pandemic, equitable access to quality mental health services, including prevention and early intervention across the life course.

Pillar 3: One billion more people enjoying better health and well-being: (22.1) Social determinants of health

The Global Alliance believes that SDG 3 (Good health and Well-being) is central to the achievement of all other SDGs. Further, the Global Alliance stresses the critical role of implementing and sustaining SDG 3 and recognizes the intersectionality of environment, quality, peace and justice, economic stability and community safety, and education to overall health and mental health. The time is now to address the impact of governance and policy that negatively perpetuate socioeconomic and health inequity.

(22.1) The GA notes to findings from a workshop addressing the social determinants of global mental health, including the emphasis on the need to design strategies to address the social factors that contribute to syndemics of concurrent mental and physical health conditions across individuals and populations. This report also noted the profound impact of stigma and discrimination against people experiencing mental health and psychosocial stressors, leading to severe consequences including barriers to health care and social inclusion.^{iv}

The GA urges that governance level policies and initiatives address the social determinants of health (SDOH), inclusive of measuring mental health and discrimination, and resource efforts to eliminate stigma, including, implement structural reforms that ensure measurable increased confidence in the safety and effectiveness of mental health and behavioral health care, and remove barriers to mental health and psychosocial services as part of global efforts to build better health and wellbeing. We urge review of the research gaps and intervention priorities that emerged from the social determinants of global mental health workshop^v to help frame efforts and initiatives in social determinants of health.

The Global Alliance calls upon Member States to endorse the updated comprehensive mental health action plan 2013–2030, and affirm the Plan's updated implementation options and indicators, including equitable recognition of MHPSS as critical to delivering the human right to health, engagement and leadership of diverse and representational key stakeholders, and a resourced and trained community-based mental health and psycho-social care workforce.

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 A74/10 Rev. 1 13.2/annex 5



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- ⁱⁱⁱ World Health Organization. 2020. Guidelines on mental health promotive and preventive interventions for adolescents: helping adolescents thrive. [v.22 20138 Guidelines on mental health promotive and preventive interventions for adolescents HAT For Web \(who.int\)](#)
- ^{iv} Rose-Clark, L, Gurung, D., Brrok-Sumner, D., et. al. (1 August 2020) Rethinking research on the social determinants of global mental health [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30134-6/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30134-6/fulltext)
- ^v Ibid.