



GOVERNEMENT

*Liberté
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*Sommet mondial
sur la santé mentale*

**« Mind
Our Rights,
Now! »**

Workshop 5

**Sustaining the Political Momentum
on Mental Health**



Sustaining and increasing political momentum on mental health and psychosocial support (MHPSS) requires four things:

- 1. Keeping mental health and psychosocial support a priority on the political agenda and securing sustainable funding*
- 2. Mental health policies and processes follow a rights-based approach*
- 3. Addressing the underlying social determinants of mental health*
- 4. Transparent and independent monitoring and accountability mechanisms track progress*

» **Keeping Mental Health and Psychosocial Support on the Political Agenda and Securing Financing**

From 2019-2021 MHPSS has risen up the political agenda globally (and in some cases nationally) leading to an increased prioritisation by global institutions and some national governments. This has been due to action by individuals, civil society groups including users' associations, committed government ministers and officials, and the leadership of the UN and other global organisations. Demand for greater political action on MHPSS looks set to continue because of the short- and long-term impacts of COVID-19 and as the stigma surrounding MHPSS is addressed (particularly by young people and the courageous work of people with lived experience). Civil society groups, UN agencies and other visionary leaders are mobilising to respond.

Sustaining political momentum globally requires the integration of MHPSS across:

- Global and national efforts to implement the Sustainable Development Goals
- COVID-19 response and recovery plans; and in future pandemic preparedness
- All sectors, such as Social Welfare, Education, Gender, and Health
- Universal Health Coverage plans nationally and internationally to ensure better outcomes for physical and mental health
- Communicable disease plans and programmes including the Global Fund Strategy 2023-2028 and its implementation
- Response and recovery plans addressing population needs in humanitarian crisis, post-crisis and development settings in line with the humanitarian-development-peace nexus

These political efforts need to be sustained through strong leadership combined with the necessary policy reforms and targeted financing that will be galvanised through a mix of advocacy, campaigning and communications across sectors. Achieving progress needs to be underpinned by mental health and psychosocial support professionals who are able and willing to advocate themselves for change, working fully in partnership with people with lived experience.

A significant gap remains in financing for MHPSS. The World Bank, regional development banks, the Global Fund to Fight AIDS, TB and Malaria and a host of other international organisations will need to better prioritise mental health. However, ultimately MHPSS has to be a funded priority of national authorities and services and support provided free at the point of care if Universal Health Coverage is to be achieved. Efforts to develop and use investment cases for MHPSS that demonstrate the return on investment beyond the mental health programmes and systems are a key part of this work along with advocacy aimed at national parliaments as well as local authority budget holders, and international donors.



» ***Adopting a Rights-Based Approach***

The Convention on the Rights of Persons with Disabilities (CRPD) has created renewed awareness on the need to uphold human rights standards in the provision of MHPSS for adults, children, families, and communities. There has been some momentum in achieving the adoption and implementation of a rights-based approach to MHPSS since 2017, driven by people with lived experience, but far more action is needed. To uphold the right to optimal MHPSS as well as the rights of women, men, girls and boys with psychosocial disabilities on equal basis with others, mental health legislation, policies and practice require urgent reform around the world to ensure a rights-based approach. While increased investment and more services are needed, the problems of mental health provision cannot be addressed by simply increasing resources. Instead, it requires - as WHO highlighted in its recent guidelines - a move towards more balanced, community-based, person-centred, holistic, and recovery-oriented practices that respect people's will and preferences, are free from coercion, and promote people's right to participation and community inclusion.

Case study: SUFMA, Sierra Leone

SUFMA, a Sierra Leonean civil society association, participates in the national committee to increase political momentum on mental health. It promotes users' participation in decision making with regards to the development, review, validation and implementation of the National Mental Health Policy and Strategic Plan 2019 - 2023. SUFMA uses this platform to participate together with government authorities, duty bearers and decision makers in a consultative process to formulate new mental health legislation to replace the present "Lunacy Act of 1902".

Progress has been seen at international, regional and national level. The Human Rights Council has issued various resolutions urging States to take active steps to fully integrate a human rights perspective into mental health and community services. In 2021, WHO Quality Rights launched new guidance on rights-based community level services at an event that was incredibly well attended by key stakeholders and has received significant attention both in social and traditional media. In June, 2021 a virtual meeting on Mental Health and Psychosocial Support in Francophone Africa concluded with a commitment to create an international French speaking community of practice. Various countries have also committed to prioritising rights-based approaches, e.g., Victoria, Australia, has embarked on a reform process which includes the immediate reduction of seclusion and restraint in mental health, with the aim of eliminating these practices within ten years. But there remains considerably more work to be done from low-income to high-income countries. A major concern is the decision of the Council of Europe's Committee on Bioethics to adopt a draft Additional Protocol to the Oviedo Convention, which would allow for the continued use of coercive measures.

» ***Addressing the underlying social determinants***

The impact of COVID-19, alongside wars, famines, and natural disasters, shows that, in the context of mental health, there is a need to heal not just individuals but whole societies. COVID-19 has impacted peoples' livelihoods, education, and social infrastructure across the lifespan; all these factors contribute to poor mental health.

To address this requires the integration and prioritisation of the social determinants of mental health including social, political, economic, and environmental factors in national and sub-na-



tional plans. This means fully involving people of all ages with lived experience in the development and implementation of these initiatives. They often face disproportionate barriers to accessing education, employment, housing, and social protection. It is accelerating momentum in these areas that will result in better mental health for all at all ages and stages.

There has been a dramatic rise in the numbers of people reporting mental ill health – partially linked to COVID-19 but more generally linked to poverty, inequality, discrimination, and violence. The WHO has reported substantial impacts on mental health services due to the impact of COVID-19. A lack of prioritisation of mental health nationally and locally, combined with poor services and infringements in human rights, have led civil society, particularly youth-led groups, to increasingly use social media to demand change and provide their own peer to peer support.

Action needs to now take place to develop cross-sectoral strategies for the integration of mental health that prioritise social and economic interventions to prevent poverty, inequality, discrimination and violence, and promote more tolerant, peaceful and just societies.

» ***Transparent and independent monitoring and accountability***

Monitoring and accountability are essential to driving and sustaining momentum. The personal advocacy and the detailed reports of the Special Rapporteur on the Right to Physical and Mental Health, and the Special Rapporteur on the Rights of Persons with Disabilities have been key to providing detailed analysis and holding individual countries to account. Indicators and benchmarks are needed to monitor progress towards all aspects of the right to health, not just access. Meaningful participation of persons with lived experience is an important aspect of accountability.

The lack of a global monitoring, evaluation and accountability framework that can be used by a range of actors - grassroots CSO to global institutions - to hold governments to account has been a critical gap in global mental health. A partnership between Harvard University, the WHO, The Global Mental Health Peer Network, Unicef and UnitedGMH has been formed to deliver this framework, called the Countdown Global Mental Health 2030 ('Countdown 2030'). The first interactive dashboard and annual report was published in September 2021. It demonstrates how social and economic determinants impact MHPSS and in future it can contribute to efforts to drive independent monitoring and accountability for progress on mental health.

» ***Recommendations***

1. All stakeholders must work towards the integration and prioritisation of mental health in:
 - The COVID-19 response and recovery plans; and future pandemic preparedness
 - MHPSS implementation and advocacy across sectors such as Social Welfare, Education, Gender and Health
 - Universal Health Coverage plans nationally and internationally to ensure better outcomes for physical and mental health
 - Communicable disease plans and programmes including the Global Fund Strategy 2023-2028 and its implementation
2. A rights-based approach must be championed and upheld in all MHPS efforts, through:



- the development of community-based services that respect and promote human rights;
- the scaling up of alternative responses to end coercion;
- the reform of national legislation and policies in line with the Convention on the Rights of Persons with Disabilities and other international human rights standards;
- the active and meaningful participation of persons of all age groups with lived experience in policy decision-making.
- the commitment to oppose further developments contrary to rights-based approaches, including the Council of Europe's draft Additional Protocol to the Oviedo Convention

3. Efforts to address the social determinants of mental health should be prioritised in all sectors and levels of government as a cross-cutting issue and in a concrete manner, ensuring that MHPSS and social inclusion interventions are systematically designed and implemented to foster participation and provide holistic support.

4. Independent monitoring and accountability mechanisms and reports, such as those of the Special Rapporteurs for the Right to Health and for the Rights of Persons with Disabilities, and the Mental Health Countdown 2030 dashboard and report, should be used by all stakeholders to help ensure political momentum delivers better mental health for all.

During the workshop, we all concluded there are a wide range of opportunities to take action immediately; but this must be underpinned first and foremost by advancing human rights. Practical recommendations were:

- Tell the stories - People With Lived Experience can and should be able to share their stories and have their voices heard. Learn more from *She Writes Women* in Nigeria, and from **Human Rights Watch**.
- Build alliances and multi-stakeholder alliances - among the mental health community but also with many others including those of marginalised groups. Learn more from **the Mariwala Health Initiative**, from the remarks of the Queen of Belgium.
- Be aware of the need to integrate mental health - in Early Childhood Development, in social protection, in education, in health. Read here about the work of **the Bernard van Leer Foundation**, read the new **State of the World's Children Report**.
- Be clear what we want - rights based mental health and psychosocial support - and how it can be achieved - through a collaborative and community based approach. Learn more from Alberto Vasquez, Michael Njenga and others.
- Step up and speak out together - demand leadership, and support our leaders to ensure they do more. Learn more from Hauwa Ojefo and the work of the **Global Mental Health Action Network**.
- Use data for action - to drive informed advocacy; to ensure monitoring and accountability; and to design and deliver better services. Use the **Countdown for Global Mental Health 2030 dashboard** to see what is happening in your country and other countries around the world.