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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 72nd WHA Meeting.

[11.4]: The Global Alliance for Behavioral Health and Social Justice (GA) embeds its work in principles of human rights and social justice and is committed to universal health coverage, that boldly includes mental health and wellbeing. The SDG Declaration Preamble identifies mental health as a development priority. As such, the Global Alliance stresses the critical role of implementing and sustaining SDG 3 (Good health and Wellbeing), and recognizes the intersectionality of environment, inequality, peace and justice, economic stability and community, and good health and education to overall mental health. In support of the critical need to achieve universal health coverage, the SDGs outline the importance of mobilizing all countries to address the social determinants of health, from human-rights and community-based lens. Achieving wellbeing requires an ongoing commitment from all, and the SDGs provide an opportunity for the global community to prioritize mental health uniquely as well as infused across all SDGs.

[11.5]: Mental health problems, including alcohol abuse, are among the ten leading causes of disability in both developed and developing countries. About 1 in 4 people globally will experience a mental health (MH) condition in their lifetime, and persons with mental health problems are more likely to develop diabetes, heart disease, stroke, HIV/AIDS, other chronic conditions.¹ Inclusion of MH in UHC is critical to addressing gaps in treatment for mental health services (75% to 90% in LMICs, and 40% - 70% in developed countriesⁱⁱ), and insufficient education and training, which can lead to the inadequate use of evidence-based intervention.ⁱⁱⁱ The right to the highest attainable standard of health demands nothing less. The great majority of people with mental health and behavioral health problems receive little to no treatment. If Universal Health Coverage is to be achieved, mental health and behavioral health care must be integrated equally as part of UHC, from the systems (policy) levels to the community based (individual) levels of care. Access to mental health and behavioral health services, including a skilled community engaged mental health workforce, must be an equal part of primary health services. Inclusion of mental and behavioral health within UHC must be incorporated within country-level policies and plans, resourced, and implemented in culturally relevant ways, using evidence-driven interventions that are monitored and evaluated.

In preparation and support for UHC, the GA respectfully calls upon UN Member States to implement comprehensive UHC by (re)affirming commitment to the WHO Mental Health Global Action Plan 2013-2020 (MHAP) to ensure time and resources for country-led policies and plans that “provide comprehensive, integrated and responsive mental health and social care services in community-based settings, implement strategies for promotion and prevention in mental health, strengthen information systems, evidence and research for mental health”, and are resourced and implemented using evidence-driven interventions.

[12.3]: The GA advocates for inclusions of trained, supported (including supervision) and resourced behavioral health providers in the overall planning for human resources for health. Resources must also insure that professional and para-professional behavioral health workforce is trained and skilled in evidence-based prevention, assessments and early-interventions, and treatments (to include referral pathways). Resources must start at the governance level (e.g., Ministries of Health/Departments of Health; Finance; Social Welfare) and be allocated equitably across communities; programs much be comprehensive and not siloed (health issue/population based); and resources for health AND behavioral health must include and engage key stakeholders such as civil society, professional associations, researchers, donors and educators to build and sustain truly comprehensive UHC. And, primary care settings, equipped to deliver comprehensive health services, must include accessible and culturally relevant mental health services.

The GA calls upon Member States to reaffirm the WHO Mental Health Gap Action Program (mhGAP)^{iv}, with goals of scaling up mental health services in non-specialized health settings to achieve universal health coverage, reducing the mental health treatment gap, and enhancing the capacity of States to provide services that are available and adaptable to specific country and cultural contexts.

Respectfully submitted,

Evelyn P. Tomaszewski, MSW
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ⁱ WHO (2013). Mental Health Action Plan 2013-2021 [Online at: <http://www.nimh.nih.gov/about/organization/gmh/grandchallenges/index.shtml>]

ⁱⁱ Unite for Sight (2016) Barriers to MH Care[Online at: <http://www.uniteforsight.org/mental-health/module6>]

ⁱⁱⁱ Patel, V. (2007) Mental health in Low- and Middle-Income Countries. British Medical Bulletin. V. 82; 81-96. Oxford University Press: UK

^{iv}WHO (2018). Mental Health Gap Action Programme. [online at: https://www.who.int/mental_health/mhgap/en/]