# Mental health-related activities of UNIATF members

UN INTERAGENCY
TASK FORCE ON NCDs
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# Contents

## Acknowledgments

# Introduction

Mental health has long been a neglected area within health. However, mental health and well-being are integral parts of people's health, and have an important impact on their capacity to lead fulfilling and productive lives.

Mental health problems are very common and concern people of all cultures and backgrounds. One in four people worldwide will experience a mental health condition in their lifetime.[1] Depression is the leading cause of disability, and suicide is a leading cause of death among young persons, especially girls.[2] There is also growing evidence of a causal relationship between disability, suicide and depression.[3]

Apart from the individual suffering, mental health problems also have a broader societal and financial cost. WHO estimates that mental health disorders account for 30 % of non-fatal disease burden worldwide and 10 % of overall disease burden, including death and disability.[4] There is also a notable link between mental health conditions and costly, chronic medical conditions, including cancer, cardiovascular disease, diabetes, HIV, and obesity.[5]

The inclusion of mental health in the Sustainable Development Agenda, which was adopted at the United Nations General Assembly in September 2015, is therefore a crucial step within the global development agenda. Sustainable Development Goal 3 (Health), target 3.4, requests that countries: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being."[6] The integrated and indivisible nature of the Sustainable Development Goals affirms responsibility across many UN agencies in addressing diverse actions that intersect with mental health inputs and outcomes.

As highlighted in WHO's Mental Health Action Plan (2013-2020)[7], a number of evidence-based, inter-sectoral strategies are available and can be implemented by countries to effectively promote and protect mental health. The action plan emphasises a rights based approach for promotion, prevention and treatment of mental health conditions. Besides

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[1] Mental Health, Well-being and Disability: A New Global Priority Key United Nations Resolutions and Documents United Nations University, United Nations, World Bank Group, The University of Tokyo (2015). http://i.unu.edu/media/iigh.unu.edu/news/3735/UN-MHWD-Book-2015.pdf

[2] ibid

[3] Premature mortality in autism spectrum disorder Tatja Hirvikoski, Ellenor Mittendorfer-Rutz, Marcus Boman, Henrik Larsson, Paul Lichtenstein, Sven Bölte The British Journal of Psychiatry Mar 2016, 208 (3) 232-238; DOI: 10.1192/bjp.bp.114.160192

[4] Out of the Shadows: Making Mental Health a Global Development Priority, World Bank Group (2016). http://documents.worldbank.org/curated/en/270131468187759113/pdf/105052-WP-PUBLIC-wb-background-paper.pdf

[5] ibid

[6] http://www.un.org/sustainabledevelopment/health/

[7] Mental Health Action Plan (2013-2020), World Health Organization, 2013. http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1

countries, development agencies, including international multilateral agencies, academic and research institutions, as well as the civil society and service users have an important role in this process.

Mental health and psychosocial wellbeing are affected by numerous factors and cannot be addressed by the health sector alone. This document focuses on the international organizations (members of UNIATF) and demonstrates the different ways in which their activities impact the area of mental health. Its purpose is to map out mental health-related activities carried out by these agencies and to identify possibilities for coordination of these efforts and/or opportunities for cooperation. It is based on the information submitted by the organizations and/or on the information available on their websites. It is an ongoing exercise and any additional information is welcome.

## IAEA

## Background

The International Atomic Energy Agency (IAEA) is an independent intergovernmental, science and technology-based organization within the United Nations Family, which serves as the global focal point for nuclear cooperation worldwide. It was set up in 1957 as the world's "Atoms for Peace" organization. The IAEA works with its 171 Member States and multiple partners worldwide to promote the safe, secure and peaceful use of nuclear technologies.

Within the IAEA's commitment to transferring nuclear technologies to its Member States for peaceful applications, the role of the Division of Human Health is to strengthen the capabilities of Member States to address the needs related to the prevention, diagnosis and treatment of health problems through the application of nuclear techniques.

The nuclear technologies can play an important role in the diagnosis and treatment of diverse health conditions, including non-communicable diseases such as cancer and cardiovascular and neurological diseases.

## Activities

The Division of Human Health (NAHU) at the IAEA clearly recognizes the importance that mental disorders have in today's society. For instance, one of these conditions, dementia (including Alzheimer's disease), currently affects 47 million people worldwide, and two-thirds of these are in the developing countries. Moreover, it is also in these countries that the largest increase in numbers is predicted to occur in the coming decades. In this regard, the IAEA supports Member States by means of capacity building of the multidisciplinary team of professional involved in the management of patients with neurological conditions and through coordination of multinational clinical research.

At the present time, the Division of Human Health is running a Coordinated Research Project (CRP) evaluating the benefit of modern neuroimaging modalities in the detection of early stage of Alzheimer's disease. This research project is done in collaboration with medical institutions from 11 different IAEA Member States.

In September 2016, the Division of Human Health organized a Regional Training Course (RTC) on Neuroimaging in Ljubljana (Slovenia) with participation of imaging professionals from several Eastern European countries. Moreover, this RTC has been video recorded and will be available at the IAEA Human Health Campus (http://humanhealth.iaea.org), which is the

web-based educational platform for radiation medicine professionals from all Member States.

From 26-30 June 2016, the IAEA conducted and successfully concluded a workshop at Osaka University Graduate School of Medicine, Japan, which focused on the clinical applications of nuclear medicine techniques in neurological diseases. A second training on the importance of nuclear medicine techniques in the imaging of cerebrovascular and neurological diseases, including brain tumours, dementia and epilepsy was implemented in Osaka, Japan from 23-27 May 2017. All participants who successfully completed the workshops were awarded with 26 European CME credits (ECMEC) by the European Union of Medical Specialties (UEMS) /European Accreditation Council for Continuing Medical Education (EACCME).

In August 2017, a theoretical and practical training course in neurological applications of PET and SPECT for Nuclear Medicine Physicians was conducted in Brasilia.

A side event organized during the 61st IAEA General Conference reviewed the rapid progress in functional and structural brain imaging and the vital role imaging plays in the diagnosis of dementia. The event was organized on the world Alzheimer's day, 21 September 2017.

## ILO

Background

The main aims of the International Labour Organization (ILO) are to promote rights at work, encourage decent employment opportunities, enhance social protection and strengthen dialogue on work-related issues. ILO works with governments, employers and workers to set labour standards, develop policies and devise programmes promoting decent work for all women and men. Decent work is defined as the right to productive work in conditions of freedom, equity, security and human dignity. In this context, work can only be decent if it is safe and healthy, which addresses mental health of workers as well.

Activities

The ILO has two following complementary approaches to deal with mental health of workers:

- **Prevention of psychosocial risks and stress in the workplace and the promotion of health and well- being through the programme SOLVE: Integrating health promotion into workplace policies.**

The ILO acknowledges that in times of workplace change, coping successfully with psychosocial risks at the workplace is essential for protecting the health and well-being of workers while enhancing the productivity of enterprises. Providing for mechanisms to address psychosocial risks at work by incorporating preventive and health promotion measures contributes to a more decent and human world of work.

The SOLVE programme focuses on the promotion of health and well-being at work through policy design and action to offer an integrated workplace response to reduce or eliminate the emerging psychosocial risks in the workplace with a gender sensitive approach, and address the following areas and their interactions:

Psychosocial health: stress; psychological and physical violence; economic stressors.

Potential addictions and their effects on the workplace: tobacco consumption and exposure to second-hand smoke; alcohol and drug consumption.

Lifestyle habits: adequate nutrition; exercise or physical activity; healthy sleep; HIV and AIDS.

Close collaboration between management and workers is indispensable in finding solutions for safety and health problems in the workplace with the active participation and involvement of workers and their representatives. The SOLVE programme introduces an innovative approach whereby workers' health, safety and well-being become an integral part of organizational development, productivity and competitiveness contributing to the economic sustainability of the enterprise.

- **The ILO Global Business and Disability Network (GBDN)**

GBDN is a network of multinational enterprises, employers' organizations, business networks and disabled persons' organizations that work on raising business awareness about the positive impact of including persons with disabilities in the workplace and support employers in becoming more confident on disability issues. GBDN has established a working group on mental health to facilitate the gathering and exchange of knowledge on addressing mental health issues at the workplace among company members and other interested stakeholders. Members of the working group expressed the interest in several aspects related to workplace mental health, particularly with regards to raising awareness and promoting and providing a stigma free environment (and reasonable accommodation), which resulted in two major outputs in 2015.

In order to support Network's work on mental health, a background document has been developed presenting good company practices and addressing the following important areas around workplace mental health:

- Workplace mental health and wellbeing promotion strategies;

- Mental health stigma and awareness strategies;

- Disclosure of mental health conditions in the workplace and reasonable accommodation;

- Return to work and disability management.

Additionally, to increase the knowledge among the members of successful initiatives that can be taken to address the issue, an expert meeting was organized in October 2015 in ILO Headquarters, which thematically followed the background report. The aim of the meeting was to enable sharing knowledge and expertise among relevant stakeholders on existing successful initiatives. Furthermore, this meeting served as a platform for further work on the issue.

Next steps include formalizing the background report and delivering a brief on mental health terminology, as well as providing platform of knowledge on existing tools related to mental health in the workplace, by collecting existing tools, guidelines and other relevant resources on the issue.

## IOM

### Background

International Organization for Migration (IOM) works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people.[8]

IOM has provided mental health and psychosocial support (MHPSS) to migrants and host communities since 1999 and created MHPSS capacity-building initiatives for migration, humanitarian, health and psychosocial professionals. By working with governments, international organizations, academic centers, civil society organizations and other key stakeholders, IOM aims to strengthen the capacity of relevant mental health and psychosocial services provided to vulnerable migrants, including victims of trafficking, separated and unaccompanied minors, refugees, and crisis-affected populations in emergency and post-emergency settings. In 2009, a global MHPSS and intercultural

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[8] http://www.iom.int/about-iom (03.02.2017)

communication section was established at IOM to strengthen and harmonize this sector of the organizations' program. Since then:

- 90 projects/activities were implemented in more than 70 countries;

- 700,000 beneficiaries were assisted;

- 4,500 professionals were trained worldwide up to the end of 2015.


## Activities

In 2017, mental health and psychosocial support initiatives are being implemented in Bosnia and Herzegovina, Burundi, Cameroon, Chad, Colombia, Greece, Indonesia, Iraq, Italy, Lebanon, Morocco, Nigeria, Papua New Guinea, Slovenia, Syria, South Sudan, Thailand, Turkey and many others.

The activities of the organization aim at promoting the availability and accessibility of mental health and psychosocial support services to migrants, mainstream MHPSS in the organizations' camp coordination and management activities, provide integrated and holistic MHPSS support services and build the capacity of professionals, organizations, and Governments.

Specific activities include:

- Advocacy
- Capacity building for professionals, governments, agencies and IOM departments through:

    - Assessments, analysis and research;

    - Knowledge dissemination initiatives, including conferences;

    - Workshops, summer schools, masters programmes;

    - Development of policy papers and guidelines.

- Direct service provision to the affected populations through:
    - Mobile units;

    - Counselling, recreational, community, resources centres;

    - Direct assistance to victims of trafficking and vulnerable migrants.

- Development of an international expert network.

## OHCHR

Background:

The mandate of the Office of the High Commissioner for Human Rights (OHCHR) includes preventing human rights violations, promoting international cooperation to protect human rights, coordinating related activities throughout the United Nations, and strengthening and streamlining the United Nations system in the field of human rights. In addition to its mandated responsibilities, the Office leads efforts to integrate a human rights approach within all work carried out by United Nations agencies.[9] It also supports the work of the United Nations human rights mechanisms, including the treaty bodies established to monitor State Parties' compliance with the core international human rights treaties and the Special Procedures of the Human Rights Council.[10]

Activities:

**OHCHR:** Preparation of a report on "the integration of a human rights perspective in mental health and the realization of the human rights and fundamental freedoms of persons with mental health conditions or psychosocial disabilities, including persons using mental health and community services" (Human Rights Council resolution 32/18). The report was submitted to the Council's 34th session and identifies some of the major challenges faced by users of mental health services, persons with mental health conditions and persons with psychosocial disabilities. It recommends several policy changes, including the improvement of mental health service delivery, the creation of a legal and policy environment which is conducive to the realisation of the human rights of the concerned groups, and a prohibition on coercive treatment and institutionalisation.

In response to Human Rights Council resolution 36/13, OHCHR will organise a consultation on mental health and human rights "to discuss all relevant issues and challenges pertaining to the fulfilment of a human rights perspective in mental health, the exchange of best practices and the implementation of technical guidance in this regard, including the initiatives of the World Health Organization on mental health and human rights, such as QualityRights", before the 71st World Health Assembly.

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[9] http://www.ohchr.org/EN/AboutUs/Pages/Mandate.aspx (19.9.2017)
[10] http://www.ohchr.org/EN/AboutUs/Pages/WhoWeAre.aspx (2.12.2016)

**Special Procedures of the Human Rights Council:**

- *Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*

The mandate of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health was endorsed and extended by the Human Rights Council resolutions 6/29 of 14 December 2007, 15/22 of 6 October 2010, and 24/6 of 8 October 2013.[11]

The Special Rapporteur monitors the situation of the right to health throughout the world. He/she identifies general trends related to the right to health and undertakes country visits which provide him/her with a first-hand account on the situation concerning the right to health in a specific country. Based on this experience he/she reports on the status, throughout the world, of the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and on developments relating to this right, including on laws, policies and good practices most beneficial to its enjoyment and obstacles encountered domestically and internationally to its implementation.

**Recent relevant reports:**

Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (focus: early childhood to the General Assembly, A/70/213, July 2015).

Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health to the Human Rights Council (focus: adolescent health, A/HRC/32/32, April 2016).

Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health [12] (focus: core challenges and opportunities for advancing the realization of the right to mental health of everyone, call for rights-based mental health promotion and care A/HRC/35/21, June 2017).

- *UN Special Rapporteur on the Rights of Persons with Disabilities*

The mandate of the Special Rapporteur on the Rights of Persons with Disabilities was established pursuant to Human Rights Council Resolution 26/20 in June 2014 to support efforts to promote, implement and monitor the rights of persons with disabilities from a

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[11] http://www.ohchr.org/EN/Issues/Health/Pages/OverviewMandate.aspx (14.11.2016)
[12] http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/35/21 (19.9.2017)

rights-based perspective, in line with the Convention of the Rights of Persons with Disabilities and the broader human rights framework.

Ms. Catalina Devandas Aguilar[13] took office as the first Special Rapporteur on the Rights of Persons with Disabilities on 1 December 2014. In her first report to the Council (A/HRC/28/58), the Special Rapporteur identified the promotion of citizenship among her priorities to work, by supporting the active participation of persons with disabilities in all decision-making processes affecting their lives. Her work on mental health falls within this framework. In September 2015, the Special Rapporteur convened an expert meeting, together with the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, on persons deprived of their liberty because of their actual or perceived disability. The Special Rapporteur intends to devote her next two thematic reports to the Human Rights Council on the issues of legal capacity reform and supported decision making for persons with disabilities.

- *UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*

The United Nations Commission on Human Rights, in resolution 1985/33, decided to appoint an expert, a special rapporteur, to examine questions relevant to torture. The mandate was extended for 3 years by Human Rights Council resolution 25/13 in March 2014.

It covers all countries, irrespective of whether a State has ratified the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The mandate comprises three main activities:

1) transmitting urgent appeals to States with regard to individuals reported to be at risk of torture, as well as communications on past alleged cases of torture;
2) undertaking fact-finding country visits; and
3) submitting annual reports on activities, the mandate and methods of work to the Human Rights Council and the General Assembly.

**Recent relevant reports:**

Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment to the General Assembly (Focus: persons with disabilities, A/63/175, July 2008)

Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment to the Human Rights Council (Focus: torture in health settings, A/HRC/22/53, February 2013)

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[13] http://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/SRDisabilitiesIndex.aspx (2.1.2017)

**Normative framework**

*Convention on the Rights of Persons with Disabilities*

The Convention on the Rights of Persons with Disabilities was adopted on 13 December 2006 and opened for signature on 30 March 2007. It takes to a new height the movement from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent, as well as being active members of society. It reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities (including persons with mental disabilities) and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.[14]

*Universal Declaration of Human Rights*

*International Covenant on Economic, Social and Cultural Rights*

*Convention on the Rights of the Child*

*Convention on the Elimination of All Forms of Discrimination against Women*

*International Convention on the Protection of Migrant Workers and their Families*

*Convention on the Elimination of All forms of Racial Discrimination*

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[14] https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html (21.9.2017)

## UNDP

### Background

United Nations Development Programme (UNDP) works towards eradication of poverty and reduction of inequalities and exclusion worldwide. Working in about 170 countries and territories, it helps communities to develop policies, leadership skills, partnering abilities, institutional capabilities and build resilience in order to sustain development results.[15]

While not a specialized health agency, UNDP's commitment to addressing HIV and other major health challenges rests on the understanding that health is both a driver and outcome of development, and that actions across a wide range of sectors have a significant impact on health outcomes, including mental health. UNDP focuses on addressing the social, economic, political and environmental determinants of health and health inequalities[16] and by reducing exclusion and discrimination contributes to improvements in the well-being of individuals, families, and communities.

To date, UNDP has not explicitly focused on mental health as the primary outcome of interest except in few situations where national partners request specific support. However, UNDP participates in all country missions of the UN Inter Agency Task Force on NCDs which often touch on mental health and substance use (for example, alcohol policy). Similarly, much of the work to prevent and respond to gender-based violence and promote peaceful and just societies, while not explicitly focused on improving mental health, can have positive outcomes on well-being. The Human Development Report Office is also involved in global discussions on measuring and promoting happiness which often encompasses improving mental health.

### Activities

UNDP supports countries in their national efforts to build effective and responsive institutions, and deliver on the Sustainable Development Goals. In some countries, UNDP is supporting primary health care projects that have a mental health component. For example, in Trinidad and Tobago, UNDP provides technical assistance to the government to enhance the delivery of healthcare services in primary healthcare facilities through the provision of United Nations Volunteers (UNV) medical professionals, and a strengthened response to mental health challenges has been identified as an area of work under this project.

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[15] http://www.undp.org/content/undp/en/home/about-us.html (21.9.2017)
[16] http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/hiv--health-and-development-strategy-2016-2021.html

There are few other notable examples focused specifically on improving mental health, which build on UNDP's core strengths in other areas (governance and multi-stakeholder convening; improving local conditions; etc.) working in partnership with other agencies.

In Belarus, within the joint UNDP, UNFPA, UNICEF and WHO EU-funded BELMED project, UNDP leads the *small grants programme for local initiatives to support healthy lifestyles*. Two out of nine winners from 2016 are implementing activities connected to mental health and substance misuse. These are two CSO initiatives targeted at reducing the harmful use of alcohol. One is providing psycho-social support to women who misuse alcohol, including those receiving relevant treatment, to sustain remission and motivate for changing their lifestyle. Another one is targeted at work of the peer support teams, as well as provision of psychological support.

UNDP and other agencies supported the league of Arab States, technical secretariat for the Council of Arab Health Ministers to hold the first **Regional Symposium on Mental Health, Addiction Prevention**, as a follow up to the decree of the Council of Arab Health ministers during its 43th regular session in March 2015. The workshop which was held in Cairo on 19$^{th}$ of December, 2016, was chaired by the Assistant Secretary General of the league of Arab States, with participation of civil society organizations, member states, civil society organizations, media and academia. The workshop emphasized the need for collaboration with global and regional organizations and the specialized ministerial councils and elaborated a roadmap for the main recommendations (expansion and development of specialized centres for mental health and addiction control; allocation of more resources to develop mental health and addiction control strategies and policies that are in line with the international best practices; revision of laws and legislations related to the protection of mental health, etc.).

## UNESCO

### Background

United Nations Educational, Scientific and Cultural Organization (UNESCO) is responsible for coordinating international cooperation in education, science, culture and communication.

UNESCO has been recognized globally as the lead agency for Education for Sustainable Development (ESD). It coordinates the implementation of the Global Action Programme (GAP) on ESD, as official follow-up to the United Nations Decade of ESD (2005-2014). The programme is based on the conviction that quality education and learning for sustainable development at all levels and in all social contexts is the key to create more sustainable and resilient societies.[17] UNESCO is the lead UN Agency for Physical Education, Physical Activity and Sport (PEPAS). The relationship between these areas and physical and mental health and wellbeing is well documented. Quality provision for all across the lifespan is of key concern to UNESCO. Sustainable development starts with safe, healthy, well-educated children. To impart skills required for the 21st century, education must focus on shaping attitudes, building behaviours and instilling values that support peace, inclusion and equitable development.

UNESCO works with a range of governmental and non-governmental agencies including, via a Chairs programme, with Higher Education institutions internationally. Many of these agencies support UNESCO in advancing their goals in their areas of responsibility. UNESCOs work is underpinned by a rights based approach.

### Activities

*UNESCO strategy on education for health and well-being: contributing to the Sustainable Development Goal (2016)*[18]

This strategy builds on UNESCO's longstanding commitment to strengthen the links between education and health. The evidence shows that education is strongly linked to health outcomes and to determinants of health such as health behaviours, risk contexts and use of preventive services.

The strategy is structured around two strategic priorities: good quality, comprehensive sexual education for all children and young people, and safe, inclusive, health-promoting learning environments for all children and young people

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[17] http://en.unesco.org/gap (21.9.2017)
[18] http://unesdoc.unesco.org/images/0024/002464/246453e.pdf (9.1.2017)

UNESCO has published a series of reports on school violence and bullying: [School violence and bullying - Global status report (2017)](#), [Global guidance on school-related gender-based violence (2016)](#), [Out in the open: education sector responses to violence based on sexual orientation and gender identity/expression (2016)](#). Evidence from around the world compiled in those reports shows that all forms of violence in and around school, including physical, psychological and sexual violence, undermine learning and have adverse physical and mental health consequences. Bullying, which is intentional and aggressive behaviour occurring repeatedly against a victim where there is a real or perceived power imbalance, increases the risk of loss of confidence, reduced self-esteem, anxiety, social isolation, psychological stress, depression, and suicide. Evidence also shows that young people who have experienced bullying at school may be more likely to abuse alcohol and drugs and engage in high-risk sexual behaviour.

Together with UNODC and WHO, UNESCO has documented best policies and practices in the way the education sector prevents and addresses the use of alcohol, tobacco and drugs[19]. A booklet published in 2017, reveals that early onset of use and regular use of alcohol, tobacco and drugs is associated with the increased risk of developing dependence or harmful use later in life, as well as being associated with physical and mental health problems throughout life.

UNESCO promotes whole-school approaches that increase the correct knowledge of students, develop positive attitudes and values, and strengthen the cognitive and non-cognitive skills, particularly those social and emotional skills that children and young people need in order to make informed decisions about their health, including their sexual and reproductive health, the use of harmful substances, and building relationships free from discrimination and violence.

The strategy also reflects increased awareness of the importance of investing in adolescents, as adolescence is a critical stage in life, when young people may start to engage in behaviours that can adversely affect their health and education.


**MINEPS 1976-2017**

In 1976, UNESCO founded and periodically convenes, MINEPS the **International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport (MINEPS).** It is a forum that facilitates intellectual and technical exchange in the field of physical education and sport. MINEPS also serves as an institutional mechanism for a coherent international strategy in this domain. Six MINEPS Conferences have been organized to date (Paris - France, 1976; Moscow - Russian Federation, 1988; Punta del Este - Uruguay, 1999; Athens - Greece, 2004; Berlin – Germany, 2013, Kazan, 2017.)

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[19] http://unesdoc.unesco.org/images/0024/002475/247509E.pdf

MINEPSVI led to the production of the Kazan Action Plan and follow up framework. UNESCO asserts that physical education offers induction into lifelong engagement in physical activity and sport, essential and well referenced contributors to health and wellbeing. The Kazan action plan call for inclusive access for all to these critical development tools as well as multiple actions at a societal level to contribute to maximizing the contributions of sport to sustainable development and peace, including improving health and well-being of all, at all ages. The Action Plan addresses the intersection of multiple SDGs with physical education, physical activity and sport as they relate to health and wellbeing.[20]

The Kazan Action Plan and follow-up framework call on member states to take action. It also intersects with many other UN agencies activities and thus provides a platform for collaborative interagency actions across health, mental health, education, humanitarian actions, disability inclusion.


**Quality Physical Education (QPE) policy project**

Fiji, Mexico, South Africa, Tunisia and Zambia were selected to participate in the pilot of UNESCO's Quality Physical Education (QPE) policy project, with the aim to revise their national Physical Education policies to be inclusive of high and low-skilled students, girls, students with (physical or mental) disabilities, minorities and marginalized groups, independently of their geographical situation; but also to be developmentally appropriate and child-centered, i.e. in line with the QPE Guidelines and Methodology document, while benefitting from the support of UNESCO and project partners (the European Commission, the International Bureau of Education (IBE), International Council of Sport Science and Physical Education (ICSSPE), International Olympic Committee (IOC), Nike, the United Nations Development Programme (UNDP), UNICEF and the World Health Organization (WHO)). The project aims at encouraging lifelong participation in physical activity for all, notably by developing the non-cognitive skills of youth, and leading to well-rounded and healthy citizens. Resources for practice are in development and will be made available freely including 'IPEPAS'- Inclusive Physical education, physical activity and sport, on online resource to support professionals and volunteers in facilitating the inclusion of people with disabilities.


**Health Advocacy, Physical Activity and Wellbeing**

UNESCOs work contributes to the attainments of human rights and to the development of biopsychosocial health and wellbeing. Its work in the field of PE, Physical Activity and Sport embrace a social or biopsychosocial model of health as opposed to the medical model

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[20] http://unesdoc.unesco.org/images/0025/002527/252725e.pdf

(Berlin Declaration 2013, Charter 2015). The compounding effect of physical activity and sport on other lifestyle factors, such as nutrition, smoking and drug use among others make it of significant interest to broader health discussions. The established evidence base linking physically active lifestyles with a range of positive health indicators including improved psychological wellbeing and reduced depression[21] further reinforce the importance of measures to ensure opportunity for all to develop the skills and opportunities to support lifelong engagement.

**Physical activity and disability**

Activities:

1. UNESCO and other UN agencies have emphasised the importance of inclusion of people with disabilities and other marginalised groups via many normative instruments over the last few decades. A key aspiration is to foster greater acceptance and provision for diversity across all areas of responsibility of UNESCO. Conceptually and visually this can be represented by what we coined 'the pathway to diversity'. It acknowledges the journey of change that people can embrace to become more accepting of diversity in policy and practice.



THE PATHWAY TO DIVERSITY
UNESCO CHAIR, IT TRALEE, IRELAND (2015)

① RECOGNISE THE RIGHTS OF ALL  ② INCLUSIVIZE PRACTICE  ③ MAINSTREAM DIVERSITY

2. UFIT - Universal Fitness Innovation & Transformation, (launched 2015), an organisational change programme designed to open up the global fitness industry for people with disabilities & chronic condition including mental health issues. The programme builds organisational capacity and forges partnership with disability services in their area. Physical Activity is used throughout this programme to support social inclusion of people with disabilities and to build physical and mental wellbeing. The programme has commenced in Spain, the US, Peru, Ireland and is launching in many other countries soon. This program demonstrates partnership with the private sector as called for by the 2030 Agenda for Sustainable Development and the UN Global Compact.

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[21] http://www.euro.who.int/__data/assets/pdf_file/0011/87545/E89490.pdf

3. In association with TAFISA via the RECALL Games project we ensured that the revival of traditional sports and games embraced inclusion. We inclusivized the games by applying the principle of UniversAbility, whereby we accept that changes can be made to a game to increase its accessibility for all. We embedded a mechanism for coaches, teacher and players to make their practice more universally accessible.

4. Plan2Inclusivize is a programme delivered in developing countries and humanitarian setting in partnership with Plan International and International Needs. It uses sport to break down stigma associated with disability and mental illness and also serves to build capacity around inclusion of people with disabilities in physical activity sport. This programme is well placed to be delivered as part of joint activities with other UN agencies.

5. Global Active Cities[22] is an ISO compatible standard developed to promote health and wellbeing in cities across the world. Developed with multiple experts it seeks to create environments, policies and practices that support positive health for all including mental health.

**UNESCO Global Geoparks**

Health and Wellbeing through Creative and Active Engagement was the focus of the 7th International Conference on UNESCO Global Geoparks (24.10.2016)**.** The conference was the first opportunity to bring representatives of these unique sites together since they officially became UNESCO designated sites in 2015; it was attended by over 700 delegates from 63 countries. Through presentations and panel discussions with artists, psychologists and geologists, the links between stress, mental health and outdoor activities were discussed, among other topics.[23]

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[22] http://activewellbeing.org/
[23] http://www.unesco.org/new/en/media-services/single-view/news/unesco_global_geoparks_reaffirm_their_commitment_to_sustaina/ (5.12.2016)

## UNHCR

### Background

The United Nations High Commissioner for Refugees (UNHCR) is mandated to protect the rights and well-being of refugees, asylum-seekers, returnees, and stateless persons all over the world. The organization is also actively involved in enhancing protection and providing humanitarian assistance to internally displaced persons.[24]

Emergency displacement puts significant psychological and social stress on individuals, families and communities. People not only experience atrocities prior to or during flight; their living conditions once they have reached safety also impose significant stress and hardship. Refugees and other people of concern experience and respond to loss, pain, disruption and violence in significantly different ways, influencing their mental health and psychosocial well-being and their vulnerability to mental health problems. Most people cope with difficult experiences if a supportive family and community environment is available. Some people are more vulnerable to distress, however, especially those who have lost, or been separated from, family members, or who are survivors of violence. In refugee displacement, the normal and traditional community structures that often regulate community well-being, such as extended family systems and informal community networks, may break down. This can cause or exacerbate social and psychological problems. The symptoms of individuals who already had disorders may worsen. The way in which humanitarian and refugee services are provided can also increase or diminish stress in affected populations. Some persons of concern may develop negative coping mechanisms that put them at increased risk.[25]

### Activities

The provision and facilitation of services and support to achieve mental and psychosocial well-being is a core protection activity for UNHCR.[26] Following the interagency consensus for humanitarian emergencies as enshrined in the Inter Agency Standing Committee (IASC) Guidelines for Mental Health and Psychosocial Support in Emergency Settings (2007),[27] UNHCR uses the composite term **'Mental Health and Psychosocial Support (MHPSS)'**. Within the organisation, MHPSS is not a separate sector but is seen as a cross cutting and holistic concept relevant for programming in various sectors, including health, community

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[24] http://www.unhcr.org/protection/basic/526a22cb6/mandate-high-commissioner-refugees-office.html
[25] https://emergency.unhcr.org/entry/49305/mental-health-and-psychosocial-support#2,1485452669293
[26] http://www.unhcr.org/51bec3359.pdf
[27]https://interagencystandingcommittee.org/system/files/legacy_files/Guidelines%20IASC%20Mental%20Health%20Psychosocial%20%28with%20index%29.pdf

based protection, child protection, education, sexual and gender based violence (SGBV), shelter, nutrition, food security and livelihoods.[28] The organization's operational guidance on Mental Health and Psychosocial Support (MHPSS) distinguishes between:

- 'an MHPSS approach': encouraging *all actors* involved in the humanitarian response to work in ways that are beneficial to the mental health and psychosocial wellbeing of refugees, and
- 'MHPSS interventions': Activities with a *primary goal to improve the mental health and psychosocial wellbeing* of refugees. MHPSS interventions are usually implemented by actors in health, community-based protection, child protection and education.[29]

People living in refugee settings rarely have access to specialized health workers trained in assessing and managing their conditions. WHO and UNHCR have therefore produced various tools to improve MHPSS programming in humanitarian settings:

*Assessing mental health and psychosocial needs and resources: Toolkit for humanitarian settings (2012)*[30]

*Assessment and Management of Conditions Specifically Related to Stress, an mhGAP Intervention Guide Module (2013)*[31]

*mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies (2015).*[32] This is a simple, practical tool that aims to support general health facilities in areas affected by humanitarian emergencies in assessing and managing acute stress, grief, depression, post-traumatic stress disorder, psychosis, epilepsy, intellectual disability, harmful substance use and risk of suicide.[33] Since mid-2015, the tool was progressively integrated in the health system of refugee operations in various settings. 913 staff in refugee camps in Algeria Cameroon, Chad, Democratic Republic of Congo, Republic of Congo (Brazzaville), Ethiopia, Kenya, South Sudan, Tanzania, and Uganda received five days trainings to use the tool.

Since 2009, UNHCR has included seven broad categories for mental, neurological and substance use conditions in its Refugee Health Information System, enabling the

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[28] http://www.unhcr.org/525f94479.pdf

[29] See UN High Commissioner for Refugees (UNHCR), Community-Based Protection & Mental Health & Psychosocial Support, June 2017, available at: http://www.refworld.org/docid/593ab6add.html

[30] http://www.unhcr.org/protection/health/509bb3229/assessing-mental-health-psychosocial-needs-resources.html

[31] http://www.unhcr.org/protection/health/537377329/assessment-management-conditions-specifically-related-stress-mhgap-module.html

[32] http://www.who.int/mediacentre/news/notes/2015/mental-health-in-emergencies/en/ (17.11.2016)

[33] http://www.who.int/mental_health/publications/mhgap_hig/en/ (17.11.2016)

organisation to monitor contact coverage and identify disparities.[34]  A new version with nine categories for mental, neurological and substance use conditions will be introduced in 2018.

Direct service MHPSS provision for refugees and other persons of concern is usually done by UNHCRs network of over thousand partners, such as non-governmental organisations, whose activities are coordinated and (co) funded by UNHCR.

Research:

- **Practitioners reviews** such as 'Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians' (2015),[35] and 'Culture, Context and the Mental Health of Somali Refugees'[36]and 'Culture, Context and the Mental Health and Psychosocial Wellbeing of Rohingya Refugees' (in preparation), are meant to assist humanitarian staff working with refugees to better understand and assist refugee clients with mental health issues.

- UNHCR participates in **operational research** to improve mental health of refugees, including:

- The Nguvu Project: Evaluating an integrated approach to reduce intimate partner violence and improve psychosocial health in refugees (Congolese refugee women in Tanzania, ongoing, lead: Johns Hopkins University);
- Addressing the 'access' and 'scale' challenge: effectiveness of a new WHO guided psychosocial self-help programme (South Sudanese refugees in Uganda, ongoing, lead: WHO);
- Strengths: Fostering responsive mental health systems in the Syrian refugee crisis (Adapting, testing and scaling up of brief psychological intervention for Syrian refugees in the Middle East, North Africa and Europe, ongoing, lead VU University Amsterdam).

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[34] Kane, J. C., Ventevogel, P., Spiegel, P., Bass, J. K., van Ommeren, M., & Tol, W. A. (2014). Mental, neurological, and substance use problems among refugees in primary health care: analysis of the Health Information System in 90 refugee camps. BMC Medicine, 12(1), 228.

[35] http://www.unhcr.org/protection/health/55f6b90f9/culture-context-mental-health-psychosocial-wellbeing-syrians-review-mental.html?query=mental%20health (5.12.2016)

[36] http://www.refworld.org/docid/587f6ac64.html

## UNICEF

### Background

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF is committed to ensuring special protection for the most disadvantaged children - victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities.

### Activities

**Children in emergency situations**

UNICEF and its partners provide crucial *psychosocial support for children* during emergency situations to help them overcome such difficult experiences. These efforts include culturally and age appropriate, safe and stimulating activities such as sports and games to develop life skills and coping mechanisms, and support resiliency. UNICEF strengthens the ability of community members to support their children, families and neighbours by disseminating key messages on how to cope with emergency situations through a variety of channels including the media, religious organisations, existing community structures and youth groups. UNICEF uses child friendly spaces to organize activities in a safe and stimulating environment where affected communities and children can be supported. UNICEF also provides specialized referral services for children with behavioural issues, or who may need extra support, so that appropriate networks of care may be engaged.[37]

As part of the Inter-agency standing committee on mental health and psychosocial support reference group, UNICEF has endorsed the *Guidelines on mental health and psychosocial support in emergency settings (2007, 2010)*[38], working with health, education, protection and camp management partners to develop strategies and policies, address gaps in services, and help humanitarian workers better understand how to effectively serve populations living through times of crisis in a way which reinforces their well-being, dignity, and resiliency.[39]

Research:

Recent publication of UNICEF/UK Aid/International Medical Corps: Mental Health/Psychosocial and Child Protection for Syrian Adolescent Refugees in Jordan[40]

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[37] https://www.unicef.org/protection/57929_57998.html (21.9.2017)
[38] https://www.unicef.org/protection/what_humanitarian_health_actors_should_know.pdf
[39] https://www.unicef.org/protection/57929_57998.html (5.12.2016)
[40] file:///C:/Users/putoudn/Downloads/FinalIMCUNICEFupdatedAssessmentlongvers2014-12%20(2).pdf

**Children with disabilities**

Children with disabilities, including those with mental health or psychosocial impairments, are one of the most marginalized and excluded groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, they are too often barred from realizing their rights to healthcare, education, and even survival. Indeed, children with intellectual disabilities were found to be almost five times more likely to be victims of sexual abuse than peers without disabilities.[41]

Estimates suggest that there are at least 93 million children with disabilities in the world, but numbers could be much higher. They are often likely to be among the poorest members of the population. They are less likely to attend school, access medical services, or have their voices heard in society. Their disabilities also place them at a higher risk of physical abuse, and often exclude them from receiving proper nutrition or humanitarian assistance in emergencies. In humanitarian contexts, children with disabilities are more likely than their peers without disabilities to experience psychological distress (due to separation from caregivers, breakdown of care and support routines, high risk of abuse).[42]

Protecting the rights of children with disabilities has been an integral part of UNICEF's programming since the Convention on the Rights of the Child (CRC) – the first international treaty to explicitly recognize the rights of children with disabilities. With the passing of the Convention on the Rights of Persons with Disabilities (CRPD), UNICEF's disability work has gained momentum.

UNICEF's work has a renewed and intensified focus on equity, which seeks to identify and address the root causes of inequality so that all children – particularly those who face the worst deprivations in society – can realize their rights. The equity-based approach is one of the foundations of UNICEF's disability agenda, the main goals of which are to mainstream disability across all of the policies and programmes – both in development and humanitarian action – and to develop leadership on the rights of children with disabilities, building capacity among staff and partners.

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[41] UNICEF (2013), The State of the World's Children:  Children with Disabilities quoting a study on 17 high-income countries by a research team from the Liverpool John Moores University & WHO.
[42] Handicap International (2011) Mental health in post-crisis and development contexts. Handicap International.

**Institutionalisation and mental health**

*End placing children under three years in institutions: A call to action (2011)* [43]

The World Report on Violence against Children (2006) [44] notes that the impact of institutionalization on children is severe. It can include "poor physical health, severe developmental delays, disability and potentially irreversible psychological damage." Early childhood, the period from 0 to 3 years, is the most important developmental phase in life. The interactive influence of early experience and gene expression affect the architecture of the maturing brain. The institutionalization of infants is a serious concern because of the damaging effect it has on young child health and development. Impact on physical and cognitive development, on emotional security and attachment, on cultural and personal identity and developing competencies can prove to be irreversible."

Therefore, UNICEF and OHCHR urge Governments throughout Europe and Central Asia to put an end to sending children below three years, including children with disabilities, into institutional care.

Governments are urged to promote legislative reforms and policies that prevent the separation of children from their families in the first place, limiting separation to a last resort measure, and setting strict conditions for placing children into institutions with the aim of ending placement of children below three years of age in such care. Existing resources should be reallocated to develop high quality local services such as day care for children with disabilities and home visiting; and family-based care options such as foster care for children who need alternative families.


**Adolescent mental health**

*Developing and testing service delivery models for implementing adolescent mental health:*

Adolescent health and wellbeing is a key priority for UNICEF's cross-sectoral adolescent programming, and also the new UNICEF Strategy for Health 2016-2030, which focuses on adolescent health as one of the priority programme areas. The latest Lancet Commission on Adolescent Health and Wellbeing and IHME analysis based on 2013 Global Burden of Disease data reveals that self-harm including suicides (8.4% and 9.3%), and violence (5.5% and 6.6%) were among the leading causes of death for 15–19 year olds and 20–24 years olds, respectively. Depression resulted in the largest amount of ill health worldwide, affecting more than 10% of 10–24 year olds. Mental health needs are largely unaddressed due to lack of awareness about the problem and/or inadequate service delivery and support platforms.

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[43] https://www.unicef.org/ceecis/UNICEF_A_call_to_action_En_Web(1).pdf (3.1.2017)
[44] https://www.unicef.org/violencestudy/reports.html (22.9.2017)

Adolescent mental health has been categorized as an important learning agenda for UNICEF and the organisation is looking to test new community-based and school-based service delivery models which have the potential to be taken to scale in countries. UNICEF will be focusing on a few high burden countries to conduct implementation research in this regard over the next five years. UNICEF health section is in process of conducting a systematic literature review of randomized controlled trials that were conducted for adolescent depression and suicide prevention last 20 years in LMICs. UNICEF has also drafted a programming guidance for country offices to plan situation analysis and programming on adolescent mental health.

*UNICEF's Adolescent Neuroscience Symposium*

UNICEF organized a symposium on "neuro-science and adolescents" in which a group of experts helped explain the evidence which indicates that the second decade of life is a period of substantial neurological development, second only to early childhood, during which neural networks that affect emotional skills and physical and mental abilities are reorganized.[45] We already know that early childhood development presents a critical first window in which to positively influence the brain development of a child, but new areas of scientific inquiry are beginning to demonstrate that adolescence is a crucial second window of opportunity but also vulnerability for our minds.  Experience and the environment sculpt the brain of adolescents in ways that can promote positive development or forever limit the full development of a child's potential.

**Mental Health Programming in the context of HIV**

UNICEF focuses on vulnerabilities of HIV infected and affected children and adolescents and encourages adoption of best practices for offering a holistic support which encompasses the individual, family, community, health facility and school-based interventions. The importance of ensuring focus on the child with better evidence, clear guidance, and practical tools and implementation models is emphasized. Programmes and partners need to be positioned to address the context and not just manifestations of underlying problems. Demanding accountability and measuring results are key to successful implementation.

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[45] UNICEF Symposium: The Adolescent Brain: A Second Window of Opportunity.  May 2016, report forthcoming.

**Skill-based health education**

UNICEF promotes skill-based health education. When applied to the issue of mental health, skills-based health education can be part of a broader effort to create a healthy psycho-social environment at school. A healthy school environment has been shown to enhance students' psycho-social and emotional well-being and learning outcomes when it: promotes cooperation rather than competition; facilitates supportive, open communications; views the provision of creative opportunities as important; and prevents physical punishment, bullying, harassment and violence.[46]

**Gender mainstreaming**

UNICEF in its programming is focusing on underlying gender issues that play a role especially as it relates to girls and boys moving through this transition where we know behaviors are closely linked to gender norms and expectations. The State of the World's Children: Children with Disabilities (2013)[47] squarely mentions gender as critical. On HIV, adolescent girls are getting infected at higher rates than boys and men/ women and the multiple deprivations they face has an impact on their mental wellbeing- violence, child marriage, early child bearing, etc. Similarly, boys have different issues they face due to the societal expectations and early mobility.

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[46] https://www.unicef.org/lifeskills/index_7246.html
[47] https://www.unicef.org/sowc2013/ (22.9.2017)

## UNODC

### Background

United Nations Office on Drugs and Crime (UNODC) is a global leader in the fight against illicit drugs and international crime, and the United Nations lead programme on terrorism.

UNODC works to educate the world about the dangers of drug abuse and to strengthen international action against drug production, trafficking and drug-related crime. In order to achieve this, UNODC carries out a broad range of initiatives, including but not limited to, drug use prevention efforts, drug use disorder treatment interventions, alternative development projects, and illicit crop monitoring and anti-money laundering programmes.

### Activities

**UNODC Prevention Programs**

Based on the conviction that parents have the most important influence in helping their children grow happy and learn to cope well in difficult life situations, UNODC organizes drug use prevention programmes for families throughout the world.[48]

These programmes are part of a larger Global Program focused on increasing awareness of, and implementation of evidence based drug prevention systems within a framework focused on science and ethics.  As an example, the initiative "Listen First"[49] increases support for prevention of drug use based on the assumption that children and adolescents who receive attention and feel a sense of belonging are less vulnerable to risky behaviours.

Additional activities include school-based life skills prevention programs; a focus on general life skills promotion through a program in partnership with UNESCO, and prevention programs incorporating health and well-being, including mental health, working with vulnerable populations such as refugees, migrants and rural communities.

**The Joint UNODC/WHO Programme on Drug Dependence Treatment and Care[50]**

The Joint UNODC-WHO Programme on Drug Dependence Treatment and Care is a collaboration between UNODC and WHO to support the creation of humane, low-cost, effective and evidence-based drug treatment services. The Joint Programme encourages Member States to develop comprehensive, integrated health-based approaches to drug

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[48] https://www.unodc.org/listenfirst/en/parents/parents.html (6.12.2016)
[49] https://www.unodc.org/listenfirst/
[50] https://www.unodc.org/unodc/en/frontpage/unodc-and-who-launch-joint-drug-dependence-treatment-programme.html

policies that can reduce demand for controlled substances, relieve suffering and decrease drug-related harm to individuals, families, communities and societies.

The UNODC-WHO Programme on Drug Dependence Treatment and Care, GLOK32 was officially launched as a flagship programme during the High-level Segment of the 52$^{nd}$ Commission on Narcotic Drugs (2009) and is being jointly implemented with WHO under one single collaborative platform.

The programme strategy includes global and regional outputs, whilst project activities at national level are currently being implemented in more than 18 countries and regions around the globe. Needs and priorities are carefully assessed in dialogue with Member States. At the national level the project follows four synergic lines of action:

- Support drug treatment-related assessment, data collection, monitoring and evaluation as well as research and the development of technical tools;
- Support capacity building on evidence-based drug dependence treatment and care;
- Support drug dependence treatment service development and evidence-based service delivery;
- Support advocacy-related activities and the coordination and development of evidence-based policies on drug dependence treatment and care.

Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic disease. Given the individual and socio-economic burden inflicted by drug dependence, the effective treatment and rehabilitation of patients is of significant public health importance.

UNODC supports the following activities related to drug dependence treatment and rehabilitation:

- Raising the awareness of policy makers with respect to the advantages of investing in drug disorder treatment;
- Supporting national authorities in developing legislations, policies, and standards of care which enable the implementation of contemporary treatment approaches based on scientific evidence;
- Channelling knowledge from research into practice and facilitating the sharing and dissemination of know-how through national and regional-level trainings;
- Promoting and strengthening evidence-based capacity building among drug use disorder treatment and rehabilitation professionals;
- Providing a basic package of integrated, evidence-based drug treatment and care services that are science- and human-rights based and also cater to different and special population groups, such as women, youth and criminal justice offenders.

- Promoting treatment and care for persons with drug use disorders including for those in contact with the criminal justice system, with consideration given to alternatives to custodial measures when appropriate;
- Applying treatment services to their full potential for the prevention and care of HIV/AIDS;
- Developing data collection, monitoring and evaluation systems at the local, regional and national level to allow for better planning of drug dependence treatment and care services and to ensure the measurability of their effectiveness.

The Joint UNODC-WHO programme is closely linked to the Mental Health Gap Action Programme (mhGAP), which was set up by WHO in November 2008 to identify strategies for scaling up care for mental, neurological and substance use disorders. This includes disorders due to illicit drug use as one of eight priority conditions.

**UNODC Vulnerable Populations**

Additionally, UNODC has a number of more specialized initiatives with a focus on uniquely vulnerable populations such as children, women, persons involved with the criminal justice system and migrant populations.

- *UNODC Global Program to prevent drug use and treat drug use disorders for children and adolescents*, piloted in Afghanistan, is now supporting activities and building capacity in over seven countries.
- *Symposium on mental health and criminal justice*, held in Brasilia on 14 October 2014. The event brought together health managers and law enforcement officials with the objective of promoting dialogue between the health and criminal justice sectors and fostering the debate about the deinstitutionalization of people with mental disorders. This event is one of a number of ongoing UNODC efforts to increase the awareness of the links between mental health, substance abuse disorders and criminal justice.
- UNODC held and expert consultation entitled: *Treatment and Care of People with Drug Use Disorders in Contact with the Criminal Justice System: Alternatives to Conviction or Punishment,* on the 11-13 October 2017. The aim of the Expert Consultation was to review and discuss the draft of the UNODC/WHO handbook on Treatment and Care of People with Drug Use Disorders in Contact with the Criminal Justice System: Alternatives to Conviction or Punishment; and to discuss and propose additional information, including (promising) practices to enhance our knowledge and exchange information on treatment as an alternative to conviction or punishment for offenders with drug use disorders.
- UNODC has created normative guidance and support for a science based approach to drug use prevention and to drug use disorder treatment, simultaneously within the broad context of rural communities.

- There is an ongoing focus on co-morbidities and co-occurring disorders in conjunction with drug use disorders. UNODC will host an expert group meeting on this topic in November 2017.

**Access to controlled drugs for medical purposes**

UNODC's efforts to increase access to controlled drugs for medical purposes while preventing diversion, misuse and abuse includes a clear link to mental health, promoting the relief of pain and suffering for patients around the world with limited or no access to essential medicines. Again, this UNODC-WHO-UICC Joint Global Program provides support at the national level around three areas 1) legislative and policy issues, 2) building the capacity of healthcare professionals to assess pain and manage all aspects of pain, including support for mental health, and 3) increasing community involvement and support for caregivers. UNODC supports a strong focus on palliative care which includes a systemic approach to healthcare that ensures a holistic approach, addresses quality of life for patients, involves the family and caregivers, supports quality assessment and medical interventions and has a strong focus on meeting the needs of patients in potentially life threatening situations or with life-limiting conditions.

## UNRWA

### Background

The United Nations Relief and Works Agency for Palestine Refugees (UNRWA) was established by United Nations General Assembly in 1949 to carry out direct relief and works programmes for Palestine refugees. The Agency's services encompass education, health care, relief and social services, camp infrastructure and improvement, microfinance and emergency assistance, including in times of armed conflict.

### Activities

**Integrating Mental Health within the Family Health Team model**

In the face of a shifting burden of disease – globally and regionally – and a population that is living longer, UNRWA transitioned to the Family Health Team (FHT) model of service provision in 2012. The person-centred, holistic approach focuses on the individual and their family, emphasizes the doctor-patient relationship, and aims to reduce wait times and increase contact time in an effort to improve the overall quality of care and thus, patient outcomes. The next step in the Department of Health's activities is to address an issue often neglected in primary health care (PHC) settings: mental health and psychosocial well-being (MHPSS). UNRWA is now prioritizing the integration of mental health and psychosocial support into its family health team approach.[51]

For the purpose of testing the integration process of the MHPSS package, the health department conducted a pilot starting in February 2016, at Saftawi clinic in Gaza. Health staff received training on the basic concepts of MHPSS and the WHO Mental Health Gap Action Program (mhGAP). In addition to the training, a recording and reporting system was established, job supervision was provided, a referral system was developed, and community engagement program was implemented.

The role of each staff was defined in a stepped-care model according to the WHO pyramid of care. Support groups (5-8 sessions) for high risk groups were run by the counsellor and nurses. Such pilot showed that integration of MHPSS in resource limited settings is feasible and can bridge an important part in the MHPSS gap. Key factors of success include building a system, training and motivating staff, ensuring adequate supportive supervision and engaging the community. UNRWA is currently advocating for expansion of integration to other health centers and seeking for funding for such integration through fundraising projects and partnerships.

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[51] http://www.unrwa.org/resources/reports/integrating-mental-health-within-unrwa-family-health-team-model (6.12.2016)

## UNU

### Background

The United Nations University (UNU) is a global think tank and postgraduate teaching organization headquartered in Japan. The mission of the UN University is to contribute, through collaborative research and education, to efforts to resolve the pressing global problems of human survival, development and welfare that are the concern of the United Nations, its Peoples and Member States.[52]

### Activities

**Mental health in Disaster Risk Reduction**

The rights of persons with disabilities — including mental or intellectual disabilities — tend to be marginalized in Disaster Risk Reduction (DRR) debates and policies. UNU and the DESA (United Nations Department of Economic and Social Affairs), with support from the World Bank Group, co-organized the United Nations Expert Group Meeting on Mental Well-being, Disability and Disaster Risk Reduction in Tokyo in 2014.[53] The outcome report of the expert group meeting developed a set of recommendations and action points related to mental well-being and disability[54], which are now included in the Sendai Framework for Disaster Risk Reduction (2015-2030).[55]

## UN WOMEN

### Background

UN Women (United Nations Entity for Gender Equality and the Empowerment of Women) is the UN organization dedicated to gender equality and the empowerment of women. UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; **ending violence against women**; engaging women in all

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[52] https://unu.edu/about/unu (22.9.2017)

[53] Mental Health, Well-being and Disability: A New Global Priority Key United Nations Resolutions and Documents United Nations University, United Nations, World Bank Group, The University of Tokyo. http://i.unu.edu/media/iigh.unu.edu/news/3735/UN-MHWD-Book-2015.pdf (17.11.2016)

[54] https://i.unu.edu/media/ias.unu.edu-en/news/7408/EGM-MWDDRR-2014-Report.pdf (22.9.2017)

[55] http://www.unisdr.org/we/inform/publications/43291 (22.9.2017)

aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting.[56]

UN Women advances women's well-being and health by working with governments to improve the provision of health services for women and girls, including survivors of violence, and backing non-governmental partners in filling gaps. The entity strives to end practices that endanger women and girls, such as early, child and forced marriage, female genital mutilation/cutting, dietary restrictions and others. UN Women also supports and empowers women living with HIV and AIDS.[57]

## Activities

### Activities to end violence against women

Violence against women and girls harms their health, including their sexual, reproductive and mental health. Women and girls surviving violence, especially sexual violence, need access to a range of sexual and reproductive health services, post-exposure care, psychosocial counselling and other services. Multi-sectorial and coordinated services are required to address the immediate and long-term needs of all women and girls subjected to violence. UN Women advocates for States to provide and better coordinate health services for women survivors of violence, and help support non-governmental partners providing services for survivors.[58]

UN Women is working together with WHO, UNFPA and UNODC as part of the *Joint Global Programme on Essential Services for Women and Girls Subject to Violence*, and has developed technical guidance to countries on the provision of multi-sectoral services, including health (comprising psychological and mental health), justice and social services.[59]

### International normative framework to protect women from violence

UN Women works with countries at the global level to advance the international normative framework to protect women from violence. At the country level, UN Women supports Governments in adopting and enacting legal reforms aligned with international standards. It partners with Governments, UN agencies, civil society organizations and other institutions

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[56] http://evaw-un-inventory.unwomen.org/en/agencies/un-women (22.9.2017)
[57] http://www.unwomen.org/en/news/in-focus/women-and-the-sdgs/sdg-3-good-health-well-being (14.11.2016)
[58] http://www.unwomen.org/en/news/in-focus/end-violence-against-women/2014/health (8.12.2016)
[59] http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence (22.9.2017)

to advocate for ending violence, increase awareness of the causes and consequences of violence and build capacity of partners to prevent and respond to violence.[60]

**UN Trust Fund to end violence against women**

UN Women administers the UN Trust Fund which works with non-governmental organizations (NGOs), governments and UN country teams to:

- prevent violence against women and girls by empowering groups especially at risk of violence, including adolescent girls and indigenous or ethnic minority women, and engaging strategically with boys and men as well as traditional and faith-based leaders to prevent violence;
- improve access to services, such as legal assistance, psychosocial counselling and health care, by increasing the capacity of service providers to respond effectively to the needs of women and girls affected by violence; and
- strengthen implementation of laws, policies and action plans on violence against women and girls through data collection and analysis, and by ensuring that institutions are more effective, transparent and accountable in addressing violence against women.[61]

## WORLD BANK

## Background

The World Bank is a vital source of financial and technical assistance to developing countries around the world. It provides low-interest loans, zero to low-interest credits, and grants to developing countries. These support a wide array of investments in such areas as education, health, public administration, infrastructure, financial and private sector development, agriculture, and environmental and natural resource management. Some of the projects are co-financed with governments, other multilateral institutions, commercial banks, export credit agencies, and private sector investors. World Bank also offers support to developing countries through policy advice, research and analysis, and technical assistance.[62]

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[60] http://www.unwomen.org/en/what-we-do/ending-violence-against-women?utm_source=hootsuite (26.1.2016)
[61] http://www.unwomen.org/en/trust-funds/un-trust-fund-to-end-violence-against-women (26.1.2016)
[62] http://www.worldbank.org/en/about/what-we-do (06.02.2017)

## Activities

**Mental health investment case**

*"Out of the Shadows: Making Mental Health a Global Development Priority"* (2016)[63]

This paper analyses the enormous burden that mental disorders impose on societies globally and presents the economic and social benefits of investing in mental health.

It was first presented during the keynote panel of the *World Bank Group/ World Health Organization high-level meeting on making mental health a global development priority*, which was held on April 13 and 14, 2016, as part of the World Bank Group/International Monetary Fund spring meetings in Washington, D.C.

A two-day series of events focused on moving mental health from the margins to the mainstream of the global development agenda. The event aimed at engaging finance ministers, multilateral and bilateral organizations, the business community, technology innovators, and civil society on the urgent investments needed in mental health services, and the expected returns in terms of health, social and economic benefits.[64] Feasible, affordable and cost-effective innovations from around the globe were presented by some of the world's leading mental health experts.[65]

**Post-2016 WBG/IMF Spring Meetings Global Mental health event: Tackling mental health as a development challenge[66]**

World Bank provides support to:

- Multidisciplinary approaches that encompass integrated health services at the community level, in schools and in workplace programs.

Examples of ongoing or planned projects:

**Liberia**: implementation of psychosocial/mental health interventions at the individual/family and community levels to respond to the intermediate psychosocial/mental health impact of the Ebola virus disease crisis. Support is provided to training and capacity building of mental health providers.

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[63] http://documents.worldbank.org/curated/en/270131468187759113/pdf/105052-WP-PUBLIC-wb-background-paper.pdf (6.2.2017)
[64] http://www.worldbank.org/en/events/2016/03/09/out-of-the-shadows-making-mental-health-a-global-priority (4.1.2017)
[65] http://www.mhinnovation.net/blog/2016/apr/4/announced-innovations-show-world-financial-leaders-affordable-mental-health-care#.Vwe3FkavwWo (6.2.2017)
[66] Post-2016 WBG/IMF Spring Meetings Global Mental health event. Status of Startup Work on Mental Health at the WBG. Internal document prepared by Patricio V. Marquez and Tim Evans, with inputs from Sheila Dutta, WBG, October 31/Nov.1, 2016.

DRC, Burundi, Rwanda: Great Lakes Emergency Sexual and Gender Based Violence and Women's Health Project. This project aims to expand the provision of services to victims of sexual and gender based violence and to expand utilization of a package of health interventions targeted to poor and vulnerable females.

**Nepal:** It is planned to incorporate a component of psychosocial support to population affected by the recent earthquake.

- Initiatives to address the mental health and psychosocial needs of displaced populations – as part of cross-sectoral, multi-layered systems of service and supports.

Examples of ongoing or planned projects:

**Lebanon:** Integrating a psychosocial component into the Lebanon's National Volunteer Service Program to address the fragile intercommunal relations and social tensions between Lebanese citizens and Syrian refugees.

**Colombia:** It is planned to scale-up support on mental health and psychosocial support to the 7 million internally displaced population.

- Promotion of Mental Health Parity under Universal Health Coverage initiatives

Example:

**Kosovo Health Project**: support to the mandatory health insurance system, which should facilitate the delivery of mental health and psychosocial support services.

## Background

WHO is the directing and coordinating authority on international health within the United Nations' system. WHO's objective is the attainment by all people of the highest possible level of health; and "health" is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[67]

The core functions of WHO include the following:

- Providing leadership on matters critical to health and engaging partnerships;
- Shaping the research agenda and stimulating the dissemination of knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support to countries;
- Monitoring the health situation and assessing health trends.[68]

## Activities

### *Mental Health Action Plan (2013-2020)*[69]

The Comprehensive Mental Health Action Plan, adopted by the 66th World Health Assembly in May 2013, frames WHO's action in the field of mental health, sets the objectives and proposes actions for Members States and International and National partners.

The action plan is rooted in the principles of human rights and is comprehensive in its approach, from promotion and prevention to treatment, rehabilitation, care and recovery. It recommends life-course approach to facilitate the early detection of problems and is comprehensive in its engagement of numerous non-health sectors, including education, social welfare, labour, housing, and the judiciary. Major emphasis is given to the need to redirect resources from mental hospitals to smaller, community-based services that are integrated into general health services.[70]

The action plan has 4 main objectives:

- To strengthen effective leadership and governance for mental health;

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[67] Constitution of the World Health Organisation:
http://www.who.int/governance/eb/who_constitution_en.pdf (6.2.2017)
[68] http://www.who.int/about/role/en/ (22.9.2017)
[69] Mental Health Action Plan (2013-2020), World Health Organization, 2013.
http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1
[70] http://www.who.int/dg/speeches/2013/launch_mental_health_action_plan/en/ (8.12.2016)

- To provide comprehensive, integrated mental health and social care services in community-based settings;
- To implement strategies for promotion and prevention in mental health;
- To strengthen information systems, evidence and research for mental health.

Each of the four objectives is accompanied by one or two specific targets, which provide the basis for measurable collective action and achievement by Member States towards global goals.[71]

**Mental Health Gap Action Programme (mhGAP)**

In developing countries, 80% of persons with serious mental disorders do not receive appropriate treatment.[72] The overall aim of the mhGAP programme is to scale up services for mental, neurological and substance use disorders in lower income settings. The programme asserts that with proper care, psychosocial assistance and medication, tens of millions could be treated for depression, schizophrenia, and epilepsy, prevented from suicide and begin to lead normal lives– even where resources are scarce.[73]

**mhGAP Programme tools:**

- *mhGAP Intervention Guide - for mental, neurological and substance use disorders in non-specialized health settings (Version 2.0, 2016)*[74]

The Intervention Guide presents the integrated management of priority MNS conditions using algorithms for clinical decision making. It is for use by doctors, nurses, other health workers as well as health planners and managers. This guide has been translated in more than 20 languages and is used in more than 90 countries.

In addition, WHO will make available the app version of mhGAP-IG version 2.0, training manuals and an operations manual to facilitate mhGAP implementation in low- and middle-income countries.

- Scalable Psychological interventions:

*Problem Management Plus (PM+) - Individual psychological help for adults impaired by distress in communities exposed to adversity (2016*)[75]

With this manual, WHO is responding to requests from colleagues around the world who seek guidance on psychological interventions for people exposed to adversity. Aspects of

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[71] http://www.who.int/mental_health/action_plan_2013/en/ (22.9.2017)
[72] Mental Health, Well-being and Disability: A New Global Priority Key United Nations Resolutions and Documents United Nations University, United Nations, World Bank Group, The University of Tokyo (2015). http://i.unu.edu/media/iigh.unu.edu/news/3735/UN-MHWD-Book-2015.pdf
[73] http://www.who.int/mental_health/mhgap/en/ (7.2.2017)
[74] http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/ (9.12.2016)
[75] http://apps.who.int/iris/bitstream/10665/206417/1/WHO_MSD_MER_16.2_eng.pdf?ua=1

Cognitive Behavioural Therapy (CBT) have been changed to make them feasible in communities that do not have many specialists. The intervention is developed in such a way that it can help people with depression, anxiety and stress, whether or not exposure to adversity has caused these problems.

WHO has also developed _Thinking Healthy (2015)_[76], involving cognitive-behavioural therapy for perinatal depression, and _Group Interpersonal Therapy (IPT)_ (2016)[77] for Depression.

_Country support:_ The implementation of mhGAP in Ethiopia and Nigeria is being managed under a joint WHO-EU project. In addition, WHO is responding to requests from countries across the regions to provide support for mental health action plan implementation.

**WHO QualityRights – Act, Unite and Empower for Mental Health**

WHO QualityRights is an initiative which aims to improve the quality of care in mental health and related services and to promote the rights of people with psychosocial, intellectual and cognitive disabilities. This initiative works at the ground level to directly change attitudes and practices, as well as through policy to create sustainable change. Through QualityRights, WHO supports countries to:

- Build capacity among key national stakeholders to understand and promote human rights, recovery and independent living in the community;
- Create community based and recovery oriented services in line with the Convention on the Rights of Persons with Disabilities (CRPD);
- Improve the quality of care and human rights conditions in inpatient and outpatient mental health and related services;
- Develop a civil society movement in countries to conduct advocacy and influence policy-making;
- Reform national policies and legislation related to mental health in line with best practice, the CRPD and other international human rights standards.

As part of the QualityRights initiative, the MiNDbank[78] online database has been created which provides access to national and international resources for developing human-rights oriented policies, laws, strategies, and service standards for mental health, substance abuse, disability, general health and development.

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[76] http://www.who.int/mental_health/maternal-child/thinking_healthy/en/ (25.9.2017)
[77] http://www.who.int/mental_health/mhgap/interpersonal_therapy/en/ (25.9.2017)
[78] www.who.int/mental_health/mindbank

**Mental Health Atlas**

Mental Health Atlas Project is designed to collect and disseminate data on mental health resources such as policies, plans, financing, care delivery, human resources, medicines, and information systems in the world. The project started in 2001 and the data was updated in 2005, 2011 and 2014. The next edition of the mental health atlas will be available in first half of 2018. The mental health Atlas plays an important role towards monitoring the progress for the objectives and targets of the Comprehensive Mental Health Action Plan 2013-2020.

**Maternal, Child and Adolescent Mental Health**

*Maternal Mental Health:*

All women can develop mental disorders during pregnancy and in the first year after delivery, but poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based), emergency and conflict situations, natural disasters, and low social support generally increase risks for specific disorders. The affected mothers cannot function properly and as a result, the children's growth and development may be negatively affected as well. Maternal mental disorders are treatable. Effective interventions can be delivered even by well-trained non-specialist health providers.

WHO's objectives regarding maternal mental health are:

- To reinforce advocacy and provide global leadership for the mental health of the mothers;
- To provide support to the member states on evidence based, cost effective, and human rights oriented mental health and social care services in community-based settings for early identification and management of maternal mental disorders (*Thinking Healthy - A manual for psychological management of perinatal depression* (2015)[79] is one of the practical tools community health workers can use to deal with perinatal depression)
- To provide strategies for promotion of psychosocial well-being, prevention and promotion of mental disorders of mothers during pregnancy and after delivery;
- To support the integration of the programmes with maternal and child health initiatives, reproductive health programmes and mainstream them with gender sensitive, and equity and human rights oriented strategies of WHO;
- To strengthen information systems, evidence and research relevant to mental health of mothers.[80]

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[79] http://apps.who.int/iris/bitstream/10665/152936/1/WHO_MSD_MER_15.1_eng.pdf?ua=1&ua=1
[80] http://www.who.int/mental_health/maternal-child/maternal_mental_health/en/

*Child and adolescent mental health:*

Neuropsychiatric conditions are the leading cause of disability in young people in all regions. If untreated, these conditions severely influence children's development, their educational attainments and their potential to live fulfilling and productive lives.

WHO's objectives, with respect to child and adolescent mental health, are:

- to strengthen advocacy, effective leadership and governance for child and adolescent mental health;
- to provide comprehensive, integrated and responsive mental health and social care services in community-based settings for early recognition and evidence-based management of childhood mental disorders;
- to implement strategies for promotion of psychosocial well-being, prevention of mental disorders and promotion of human rights of young people with mental disorders;
- to strengthen information systems, evidence and research.[81]

A resolution on *"Comprehensive and Coordinated Efforts for the Management of Autism Spectrum Disorders"* was adopted by the World Health Assembly during its 67th session in May 2014.

Current activities:

*Parent Skill Training package for caregivers of children with developmental disorders:* The package is currently being pilot tested and can be used by a range of non-specialist providers such as community health workers, teachers, peer parents and community-based rehabilitation workers. They engage caregivers in learning activities delivered through group sessions, home visits and meetings with families. The package aims to equip caregivers with skills that can help them better support their children's development and learning.

*Measurement instruments and outcome measures for Early Childhood Development and Child Mental Health* – several tools are under validation and field testing for population-level assessment for global tracking as well as programmatic evaluation.

**Mental health and psychosocial support in emergencies**

Worldwide, close to 80 million people are currently impacted by humanitarian emergencies arising from natural disasters and armed conflicts. WHO estimates that 5% to 10% of these people suffer from a mental health condition such as depression as a result of the

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[81] http://www.who.int/mental_health/maternal-child/child_adolescent/en/ (25.9.2017)

emergency.[82] WHO's work on mental health in emergencies focuses mostly on resource-poor countries, where most populations exposed to natural disasters and war live.

Through its Country Offices, WHO regularly provides humanitarian and early recovery support in Central African Republic, Guinea, Lebanon, Liberia, occupied Palestinian territory, Sierra Leone, South Sudan, Syria and Turkey, amongst others.

WHO is developing a monitoring and evaluation framework on mental health and psychosocial support for the IASC. It is also currently developing new publications on scalable psychological interventions in adversities (new types of interventions within the PM+ framework).

**Classification of Mental and Neurological Disorders**

One of the core functions and constitutional responsibilities of WHO is to develop and disseminate a disease classification system. The ICD 11th version is currently being prepared and will be finalized in 2018. MSD Department leads the development of ICD-11 chapters on Mental and Behaviour Disorders and Diseases of the Nervous System.

**Neurological Disorders**

WHO is working closely with Member States and other relevant stakeholders to improve the lives of people with neurological disorders and their carers.

A _global action plan on the public health response to dementia 2017-2025_ was endorsed by the 70th WHA in May 2017. The global plan aims to improve the lives of people with dementia, their families and the people who care for them, while decreasing the impact of dementia on communities and countries. Areas for action include: reducing the risk of dementia; diagnosis, treatment and care; research and innovative technologies; and development of supportive environments for carers.[83]

WHO is also working with partners and stakeholders to improve access to epilepsy care.

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[82] http://www.who.int/mediacentre/news/notes/2015/mental-health-in-emergencies/en/ (17.11.2016)
[83] http://www.who.int/mediacentre/news/releases/2017/dementia-immunization-refuguees/en/ (2.10.2017)

**Suicide Prevention**

More than 800 000 people die by suicide every year, which is more than the number of death from war and homicide combined. Suicide is the third leading cause of death among adolescents; among adolescent girls it is the leading cause of death.[84] Some 75% of suicides occur in low- and middle-income countries.[85]

WHO recognizes suicide as a public health priority and aims to encourage and support countries to develop or strengthen comprehensive suicide prevention strategies in a multisectoral public health approach. The effective measures which should be included in such strategies are, among others: early identification and management of mental and substance use disorders in communities, limiting access to the most common means of suicide and responsible reporting of suicide in the media.[86]

In the WHO Mental Health Action Plan 2013-2020, the global target 3.2 is on the reduction of country level suicide rates by 10% by the year 2020.

Recent publications:

*Preventing suicide: a community engagement toolkit* (Pilot version 1.0, 2016)[87]

*mhGAP Intervention Guide* (Version 2.0, 2016) – includes a self-harm/suicide module

Depression can be a cause of suicide and was the WHO's theme for World Health Day in 2017. **"Depression: let's talk"** campaign focused on improving understanding of depression, and knowledge of what help is available for prevention and treatment. The ultimate goal of the campaign was that more people with depression, in all countries, seek and get help.


## Concluding remarks


This document was compiled as an initial mapping exercise of UNIATF's Thematic working group on mental health. This exercise is far from complete, but already provides adequate basis for exploring synergies, cooperation and collaboration. Mental health is a neglected area within health and also within overall development efforts. In keeping with the intent of SDGs, UN organizations need to work together to provide the best possible support to member states. As the annexed table illustrates, multiple areas of work by various agencies provide opportunities for working together.

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[84] Mental Health, Well-being and Disability: A New Global Priority Key United Nations Resolutions and Documents United Nations University, United Nations, World Bank Group, The University of Tokyo (2015). http://i.unu.edu/media/iigh.unu.edu/news/3735/UN-MHWD-Book-2015.pdf
[85] http://www.who.int/mediacentre/news/releases/2014/suicide-prevention-report/en/ (7.2.2017)
[86] http://www.who.int/mediacentre/factsheets/fs398/en/ (2.10.2017)
[87] http://www.who.int/mental_health/suicide-prevention/community_engagement_toolkit_pilot/en/

**Annex: Mental health-related activities of WHO and other international agencies (classified according to the objectives of WHO's Mental Health Action Plan)**

| Leadership and governance for mental health | | Integrated mental health and social care services in community-based settings | | Promotion and prevention in mental health | | Information systems, evidence and research for mental health | |
|---|---|---|---|---|---|---|---|
| **Include people with mental disorders in the human rights agenda** | OHCHR WHO | **Person-centred holistic approach to health;** integration of mental health care into **primary health care services** | UNDP UNRWA UNICEF World Bank WHO | Initiatives to **end violence against women** | UN Women UNDP UNICEF UNODC WHO | **Databases** (Mental Health Atlas, MiNDbank) | WHO |
| **Reforms in mental healthcare (focus on community-based services; deinstitutionalization)** | UNDP UNODC UN Women UNICEF WHO | Integrated health-based approaches to **drug use disorders** (treatment and care) | UNODC/ WHO Joint Program | Programmes to address **social, political and economic determinants of health;** reduce exclusion and discrimination | UNDP UNICEF WHO | Investment case for mental health | World Bank |
| **International normative frameworks – e.g. Convention on the rights of persons with disabilities; protection of women from violence, etc.** | OHCHR UN Women | Community/family-based integrated health care services for **children and adults with disabilities** | UNICEF UNODC WHO | **Life skills programmes** for healthy lifestyles (e.g. parental skills programmes - substance abuse prevention; school-based programmes – sexual education; local initiatives for healthy lifestyles) | UNESCO UNODC UNDP UNICEF WHO | Measurement instruments; scalable psychological interventions; Guidelines for practitioners | UNESCO UNICEF UNHCR World Bank WHO |
| **Policies for holistic palliative care** | UNODC WHO | **Mental health and psychosocial support during emergencies;** to migrants and to victims of violence and others | IOM UNHCR UNICEF UN Women WB UNDP UNRWA WHO | World Health Day 2017 and **Campaign on Depression** | WHO | Research on mental health (in conflict zones and in disasters; maternal mental health, etc.) | UNESCO UNICEF UNHCR UNU WHO |
| | | **MHPSS capacity-building** of health and other care professionals | IOM IAEA WHO | Focus on **adolescence** (critical age) | UNESCO UNICEF WHO | Research on modern technologies for diagnostics (e.g. Alzheimer's disease) | IAEA |