CORE EXPERT MEETING ON THE IMPLEMENTATION OF THE REGIONAL FRAMEWORK FOR THE FUTURE OF MENTAL HEALTH IN THE WESTERN PACIFIC

29-31 March 2023,
Tokyo, Japan (Hybrid)
Core Expert Meeting on the Implementation of the Regional Framework for the Future of Mental Health in the Western Pacific

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MEETING REPORT

CORE EXPERT MEETING ON THE IMPLEMENTATION OF THE REGIONAL FRAMEWORK FOR THE FUTURE OF MENTAL HEALTH IN THE WESTERN PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

JAPAN NATIONAL INSTITUTE OF MENTAL HEALTH
NATIONAL CENTER FOR NEUROLOGY AND PSYCHIATRY

Tokyo, Japan
29–31 March 2023

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

July 2023
NOTE:

The views expressed in this report are those of the participants of the meeting and do not necessarily reflect the views of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for the participants of the Core Expert Meeting on the Implementation of the Regional Framework for the Future of Mental Health held on 29–31 March 2023 in Tokyo, Japan.
EXECUTIVE SUMMARY

Good mental health is integral to everyone’s well-being. It enables people to realize their full potential, demonstrate resilience amid diversity, be productive across the various settings of daily life, form meaningful relationships and contribute positively to their communities. Promoting and protecting mental health is also critical to a well-functioning society. It fosters social capital and solidarity, which are essential during times of crisis. Advancing the mental health agenda contributes to the larger vision and goal of making the World Health Organization (WHO) Western Pacific Region the healthiest and safest in the world.

This core expert meeting was convened to kick-start the implementation of the new Regional Framework for the Future of Mental Health in the Western Pacific (2023–2030). Among the key steps for implementation is the establishment of a regional coordination mechanism to facilitate priority-setting, coalition building, monitoring and evaluation, and strategic communication.

The meeting consisted of three sessions, including a series of technical perspectives on the future of mental health and successive rounds of updates from WHO country offices and collaborating centres to scan opportunities for further collaboration. The technical perspectives covered a range of themes that were relevant to the implementation of the Framework, such as promoting youth mental health and well-being, addressing mental health needs in low-resource settings, building community mental health competencies, innovation through digital mental health, community-based approaches to suicide prevention and a multisectoral approach to healthy ageing.

The perspectives presented by the core group of experts during the meeting highlighted several potential approaches and opportunities for collaboration moving forward. These include models for community development and empowerment; enabling meaningful engagement of young people, families and people with lived experience; activating traditional and non-traditional partnerships; and a reconceptualization of mental health – moving towards a more holistic definition anchored by critical mental health literacy and community competencies.

Innovation will be a key focus of the Framework’s implementation. Examples of digital mental health, community-based suicide prevention and multisectoral approaches to healthy ageing call attention to political will, cultural sensitivity, creativity, data and the application of implementation science as key ingredients for successful innovation at scale. Meaningful and purposive integration of mental health into other health and social programmes will also provide opportunities to expand collaboration and partnerships with a wide range of actors.

At the conclusion of the meeting, there was consensus around facilitating even greater levels of exchange between and within countries. This will be critical to channelling the increased interest and political momentum behind mental health towards impactful change that can be felt on the ground and in the day-to-day lives of the Region’s people and communities.
### ABBREVIATIONS

<table>
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<tr>
<th>Abbreviation</th>
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<tr>
<td>CC</td>
<td>collaborating centre</td>
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<tr>
<td>IEC</td>
<td>information, education and communication</td>
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<td>mhGAP</td>
<td>Mental Health Gap Action Programme</td>
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<td>MHIN</td>
<td>Mental Health Innovation Network</td>
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<td>MHLW</td>
<td>Ministry of Health, Labour and Welfare</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<td>NCD PEN</td>
<td>WHO Package of Essential Noncommunicable Disease Interventions</td>
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<td>NCNP</td>
<td>National Center of Neurology and Psychiatry</td>
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<td>NGO</td>
<td>nongovernmental organization</td>
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<td>PIMHNet</td>
<td>Pacific Island Mental Health Network</td>
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<td>SIDS</td>
<td>Small Island Developing States</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
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Keywords:

Mental health / Regional health planning
1. INTRODUCTION

1.1 Background

Good mental health is integral to everyone’s well-being. It enables people to realize their full potential, demonstrate resilience amid diversity, be productive across the various settings of daily life, form meaningful relationships and contribute positively to their communities. Promoting and protecting mental health is also critical to a well-functioning society. It fosters social capital and solidarity, which are essential during times of crisis. Advancing the mental health agenda contributes to the larger vision and goal of making the World Health Organization (WHO) Western Pacific Region the healthiest and safest in the world.

Informed by a planning method known as backcasting, alongside dialogue and consultation, WHO recently developed the *Regional Framework for the Future of Mental Health in the Western Pacific (2023–2030)*. The Regional Framework is envisioned to support Member States in designing national strategies, plans and policies on mental health; strengthen political advocacy for greater resources and commitment; and encourage coordination and collaboration among partners to build back better and fairer, creating mental health systems that are more resilient to future health emergencies.

This core expert meeting was convened to kick-start the implementation of the new Regional Framework. Among the key steps for implementation is the establishment of a regional coordination mechanism to facilitate priority-setting, coalition building, monitoring and evaluation, and strategic communication.

1.2 Objectives

The objectives of the meeting were:

1. to develop a road map for the implementation of the *Regional Framework for the Future of Mental Health (2023–2030)*;
2. to identify strategic opportunities for collaboration on mental health at regional and national level; and
3. to identify a regional coordination mechanism for mental health.

1.3 Participants

Seven core experts who were closely involved in the development of the Framework participated in the meeting. These experts were from Australia, China, Japan, Fiji, the Republic of Korea, Philippines and the United Kingdom of Great Britain and Northern Ireland. Collectively, these experts possess decades of experience across a range of mental health–related disciplines, from clinical psychology and psychiatry to public mental health, digital mental health, geriatric medicine, and research. Resource persons and staff members from the WHO Regional Office for the Western Pacific and the Japan National Center of Neurology and Psychiatry (NCNP) provided secretariat support for the meeting, while focal points from WHO country offices and collaborating centres (CCs) across the Region delivered presentations during successive rounds of updates. A list of participants, temporary advisers and Secretariat members is available in Annex B.

1.4 Organization

The meeting consisted of three sessions, including a series of technical perspectives on the future of mental health and successive rounds of updates from WHO country offices and CCs to scan opportunities for further collaboration. The technical perspectives covered a range of
themes that were relevant to the implementation of the Framework, such as promoting youth mental health and well-being, addressing mental health needs in low-resource settings, building community mental health competencies, innovation through digital mental health, community-based approaches to suicide prevention and a multisectoral approach to healthy ageing. The meeting concluded with the development of a blueprint to guide implementation of the Framework and closing remarks delivered by the NCNP and WHO. The full meeting agenda and programme are provided in Annex A.

1.5 Opening session

Dr Huong Tran, Director of the Division of Programmes for Disease Control at the WHO Regional Office for the Western Pacific, opened the meeting by welcoming all the experts, observers and other participants. She acknowledged the significant contributions of the core group of experts to the development of the Regional Framework, highlighting the collaboration between WHO and the NCNP, as well as the generous support of the Government of Japan, especially for mental health. Dr Tran proceeded to recap the key outcomes of the seventy-third session of the Regional Committee for the Western Pacific, beginning with the unanimous endorsement by Member States of the new Regional Framework, the priorities expressed by Member States during interventions (e.g. reaching vulnerable populations, promoting an integrated approach to mental health promotion and service provision, and expanding the scale of partnerships for mental health), and the request of Member States for technical support and inter-country dialogue as part of the Framework’s implementation. She concluded her opening remarks by announcing WHO’s plan to establish a regional knowledge hub for the future of mental health to serve as a platform for collaborative action.

Officials from Japan’s Ministry of Health, Labour and Welfare (MHLW) and the NCNP then took the podium to deliver their welcome remarks. Dr Shuichiro Hayashi, Director of the Mental Health and Disability Health Division of the MHLW, welcomed all the participants to the country and briefly discussed the development of Japan’s mental health system and policy over the years. Japan has made significant strides in expanding access to mental health services and building up its mental health infrastructure. Furthermore, as a response to increasing demand for services and the growing burden of substance abuse, the country is currently developing an even more comprehensive medical and social welfare service that will promote mental health throughout the life course. Public support for mental health in Japan continues to grow and further reforms in mental health policy are underway.

Dr Hayashi proceeded to recognize the significant role of the NCNP, which celebrated its 70th anniversary in 2022, in the evolution of mental health care in Japan. He concluded his remarks by enjoining all participants to work together towards the shared vision of the Framework, and reaffirmed Japan’s commitment to supporting this important agenda.

Dr Yoshiharu Kim, Director General of the NCNP, began his welcome remarks by recounting the significant contributions of the NCNP over the years to mental health research and policy in Japan. He then highlighted the Center’s interest in implementation science and the strategic value of the partnership with WHO to its overall goal and objectives. NCNP President Dr Kazuyuki Nakagome was the final speaker for the opening session. He reiterated the shared vision and strategies of the Regional Framework and the relevance of this new vision in light of the widespread psychosocial impact of the COVID-19 pandemic. Dr Nakagome thanked all of the participants and wished everyone a fruitful stay in Japan.

To conclude the opening session, Dr Eiichi Seki, WHO Consultant and session moderator, gave an overview of the meeting agenda and objectives.
2. PROCEEDINGS

2.1 For the future of mental health

To set the scene for the technical discussions, Dr Tran delivered a presentation on the future of mental health in the Western Pacific. She began by emphasizing once more the historic opportunity to shape the mental health agenda after the endorsement by Member States of the new Regional Framework.

Twenty-four Member States delivered interventions during plenary discussions at the Regional Committee. Among the priorities they highlighted in their interventions was the need to reach vulnerable populations while expanding the scale and scope of mental health care and support. An integrated model of care that encompasses health and social services will be key to reducing the treatment gap and addressing various intersecting issues. Member States also requested for technical support, capacity-building and regional platforms to strengthen mental health governance, foster greater levels of international cooperation and strategic partnerships, and mobilize resources. Adaptation of the Regional Framework’s strategies according to each country’s context will help facilitate its implementation.

Dr Tran then proceeded to recap the shared vision and directional and enabling strategies of the Framework. In brief, the vision of the Framework, co-created with key stakeholders, is nothing short of the highest level of mental health and well-being for all people in the Region, grounded by social solidarity for a transformative environment that promotes mental health for all. In order to transform this vision into reality, the Framework calls on all mental health actors to:

- Refocus the mental health agenda to include well-being and reaching the unreached.
- Transform mental health care and support into a community-based ecosystem of health and social services and innovations.
- Embed mental health into the settings and journeys of daily life in our communities.

Innovation for mental health, future-oriented decision-making, community-based partnerships and a grounds-up approach will enable these transformations to happen. Dr Tran concluded her presentation by summarizing the main actions for the Secretariat moving forward, as described in the official resolution endorsing the Framework:

- Provide technical support for Member States to put into effect national strategies and plans in line with the Regional Framework.
- Facilitate dialogue and the exchange of knowledge, experiences, lessons and innovations among Member States.
- Report periodically on progress in the implementation of the Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030.

Mr Martin Vandendyck, Technical Lead for Mental Health and Substance Use at the WHO Regional Office for the Western Pacific, then delivered technical updates on global mental health initiatives. At the global level, WHO global goods and technical resources are organized around five technical areas: mental health evidence and research; policy, law and rights; brain health; substance use; and data. Normative guidance for strategy and policy development, public health and clinical interventions, strategic planning and capacity-building are available across all technical areas, with some new tools and guidelines currently in development.
The centrepiece of the global mental health programme is the WHO Special Initiative for Mental Health. The Initiative is a global effort to increase access to mental health care to 100 million more people. It is anchored on two strategic actions: (1) advancing mental health policy, advocacy and human rights; and (2) scaling up interventions and services across community-based, general health and specialist settings. In the Western Pacific, the Philippines is the representative country of the Initiative. Since its launch the Initiative has contributed to strengthened implementation of the Mental Health Act and Philippine Council for Mental Health strategic plan, increasing access and investment in mental health services, engagement of people with lived experience in policy and programme development, and development of a mental health transitory information system. For all its achievements, the Special Initiative in the Philippines received the WHO Director-General’s Award for country impact in 2022.

Another major global initiative is the Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents of WHO and the United Nations Children’s Fund (UNICEF). This is a 10-year programme that will be implemented from 2020 to 2030. To help establish the foundation for the Joint Programme, a multi-country study was implemented by WHO and UNICEF in Malaysia, Papua New Guinea, the Philippines and Thailand to determine the applicability of a regional conceptual framework. In 2023, Papua New Guinea was officially enrolled as the first country in the Region to participate in the Joint Programme.

2.2 Perspectives on the future of mental health

Members of the core expert group and the WHO Secretariat were then asked to share their perspectives on the future of mental health.

Promoting youth mental health and well-being

Professor Helen Herrman, Director of the WHO CC at St Vincent’s Institute in Australia, shared some reflections on promoting youth mental health and well-being. She began by underscoring the strategic imperative to protect and promote the mental health of young people and proactively engaging with them in the design and delivery of interventions. Mental health is the foremost health issue among young people. There is growing recognition among government leaders and public health experts of the mental health crisis facing young people today. Young people nowadays are confronted with multiple adversities that threaten their overall health and well-being, such as toxic digital environments, social isolation and loneliness, unhealthy lifestyles, poverty, conflict and natural disasters, to name a few. Unfortunately, despite a clear rationale for concerted action, stigma and other systemic barriers are holding back action on youth mental health. For example, the global burden of depression has not lessened over the past 30 years, unlike the burden of other noncommunicable diseases (NCDs).

Professor Herrman highlighted two key strategies for promoting youth mental health – advocating for greater government support for interventions that protect young people’s mental health, and creating opportunities to engage proactively with young people themselves for the future of mental health. Orygen, a mental health organization based in Australia, offers many examples of effective approaches to promoting youth mental health that apply these twin strategies. Among these is the establishment of a translational health research institute focused on the mental health of young people. The institute has proven effective in creating an ecosystem that integrates five overlapping domains: research, clinical care, knowledge translation, policy and advocacy, and digital interventions.
Integration of mental health into broader health and social policy-making and a holistic approach to care were recurring themes in Professor Hermann’s presentation. Whole-of-society action, community support and partnerships, and community development and empowerment will drive the mental health agenda forward. Creating opportunities for young people and their families to work closely with mental health practitioners, researchers and policy-makers helps foster action on broader social determinants, promotes early intervention and enables access to non-stigmatized help and support.

**Addressing mental health needs in low-resource settings**

Physical and social isolation, stigma and low levels of mental health awareness and literacy are common challenges to mental health care in the Pacific, according to Dr Odille Chang, Associate Professor from the College of Medicine, Nursing and Health Sciences at Fiji National University. Strong leadership is key to expanding the reach of government programmes to remote and isolated populations. Leadership that recognizes the importance and value of mental health translates to greater political commitment and the allocation of appropriate financial and human resources for programmes and interventions.

In low-resource settings, it is also often necessary to mobilize non-traditional partners in order to overcome such challenges. Examples of partners include people living with a mental health condition and their care providers, colleagues from other public health and clinical fields, civil society actors, other government ministries and organizations beyond the health sector, and professional societies and volunteer groups. Working with a broad coalition of partners has many potential benefits. It offers an effective way of amplifying voices for advocacy, opening new pathways to service access for populations that remain unreached, and promoting efficiencies through shared platforms and resources.

Dr Chang described various approaches to mobilizing non-traditional partners. Convening multidisciplinary meetings, systematically mapping and engaging stakeholders, and high-level advocacy through international forums are some practical examples that were discussed. At the community level, working directly with community and village workers, nongovernmental organizations (NGOs), faith-based organizations, and women and youth groups can facilitate access to remote and isolated populations. Finding synergies with other public health programmes and utilizing radio and television media are also effective in maximizing available resources and raising awareness among target groups, respectively.

**Building community mental health competencies**

To change our response towards mental health and achieve a better future for mental health, we must begin by changing our definitions. The definition of mental health should go beyond preventing illness towards restoring stability and creating opportunities to hope for the future, and cultivating ownership among communities of interventions that are fit for context. Investing in relationships with communities and building community competencies will be key to protecting mental health now and in the future, according to Dr Rochelle Burgess, Deputy Director of the Institute for Global Health at University College London.

Community competencies refer to resources mobilized by communities themselves that enable collective action to facilitate more effective prevention, care, treatment and advocacy around the issues that are relevant to them. These resources can be psychological, structural, relational or cognitive, and draw on actors from multiple stakeholder communities. Harnessing these competencies provides the foundation for successful community mental health systems that are effective at different levels. Experiences from ongoing initiatives have demonstrated the power of this approach to work within health systems (COURRAGE+ in South Africa), across health systems (EMHIP in the United Kingdom) and at the community level (STARS-C in Colombia).
Ensuring the sustainability of these initiatives through government support will be critical moving forward. Dr Burgess described possible roles of government and other public sector actors across different levels – local, regional and national – in fostering community action. These include directly engaging with communities through participatory research and community media, organizing public forums and consultations, establishing platforms for co-design and co-learning, developing communication materials, and providing access to financing and other forms of operational support.

**Digital mental health**

According to Dr Brian Hall, Professor of Global Public Health at New York University Shanghai, the key promise of digital mental health is to reduce inequalities in access to mental health services among those who otherwise may not seek or receive care. It is therefore incumbent upon governments to promote the use of digital health interventions as part of a broader strategy to reduce health inequities. Addressing the main barriers to the adoption and use of digital technologies will be key to unlocking the full potential of digital mental health. These barriers include cost, low levels of awareness and digital literacy, digital solutions that are irrelevant to actual user needs and capabilities, safety and security risks, and other general barriers to access, such as underdeveloped infrastructure.

Fostering innovation is one way governments can create an enabling environment for digital mental health. This can be achieved through a combination of interventions addressing different points in the health system. Examples include formulating regulatory frameworks that encourage the use and evidence-based development of digital mental health solutions, supporting research and partnerships to evaluate best practices, cultivating private–public partnerships, incubating start-ups, embedding digital mental health services in public mental health systems and financing, and engaging with civil society and people with lived experience in the development and subsequent iteration of digital tools.

At the same time, co-creation of digital mental health solutions with people with lived experience will be crucial for the future of mental health. Recent experience from WHO’s Step-by-Step Digital Mental Health programme in China and the Philippines highlight the value of working closely with end-users and other stakeholders in the programme’s adaptation and implementation. Dr Hall described the use of innovative platforms such as crowdsourcing through “hackathons” and “designathons” to engage and empower the intervention’s end-users. These platforms provide a venue to develop audience-informed marketing strategies that bridge the health communication gap in digital mental health. He underscored the importance of harnessing creative thinking to foster solutions that are truly responsive to the needs and contexts of people living with a mental health condition. Design thinking or human-centred design offers a framework and methodology that can spark meaningful innovation in digital mental health.

**Community-based approach to suicide prevention**

Experience from the Republic of Korea highlights the value of community-based approaches to suicide prevention. Dr Tae-Yeon Hwang, President of the Korea Foundation for Suicide Prevention, discussed several examples of community-based interventions during his presentation. He first emphasized the importance of strengthening governance for suicide prevention within the broader mental health service delivery system. For example, the Republic of Korea recently passed its 5th National Policy on Suicide Prevention (2023–2027). The Policy established strategic directions towards the vision of a society safe from suicide. This provided the mandate for action across different domains targeting various risk factors for suicide.
In terms of actual interventions, Dr Hwang described various approaches to community-based action based on ongoing initiatives. Working closely with the community to develop local policies and establishing an annual suicide prevention plan are ways to foster ownership of local initiatives. Community-based initiatives typically apply a combination of interventions to address various factors; these include mental health promotion campaigns, crisis hotlines and suicide postvention activities. Gatekeeper education was also discussed as an approach to identify high-risk groups, while cooperation with law enforcement and emergency services can help restrict access to means for suicide and improve responses to hotspots.

Dr Hwang also discussed the integration of suicide prevention within the broader community mental health system. This involves enabling local communities to provide suicide prevention services, expanding the reach of counselling and crisis services, and improving access to treatment for common mental health disorders such as depression. It is also important to consider appropriate interventions suitable for different ages (e.g. young people, adults, older adults) and high-risk population groups (e.g. military personnel, college students). Dr Hwang concluded his presentation by providing an overview of different approaches and indicators for surveillance across the spectrum of suicidal risk and behaviour, beginning with suicidal ideation (periodic population surveys, crisis hotline census), to self-harm or suicide attempts (hospital admission data, emergency room data, ambulance data, purpose-built self-harm or suicide attempts surveillance systems) and completed suicides (vital registration systems, global health estimates).

**Multisectoral approach to healthy ageing**

Dr Shelly De La Vega, Professor and Director of the Institute on Aging at the University of the Philippines Manila, shared some perspectives on a multisectoral approach to healthy ageing based on her organization’s work in the Philippines. She began by recalling the Framework’s key strategy of embedding mental health into the settings and journeys of daily life by engaging and empowering communities with tools and platforms. In the context of healthy ageing, a multisectoral approach applies a range of interventions that act synergistically to enhance protective factors, reduce risk factors and foster partnerships, with co-benefits for mental health and other social sectors.

Experience from the Philippines reveals several potential entry points to promote mental health through healthy ageing. Research provides the foundation for action by generating data and evidence for designing interventions, updating screening and clinical practice guidelines, and strengthening advocacy towards policy-makers and decision-makers. Capacity-building programmes are also critical to empowering stakeholders and communities. The use of social media as a platform for delivering training programmes proved especially useful during the COVID-19 pandemic, allowing participants from all over the country to learn and interact virtually. Developing and adapting knowledge products such as community toolkits, practice guidelines and training manuals also proved invaluable to strengthening the capacity of community actors to deliver programmes and interventions. A regional expert group validated these insights and recommended the development of information, education and communication (IEC) materials alongside dementia risk-reduction programmes.

The Philippine example demonstrates that a multisectoral approach to mental health is possible through education (capacity-building, health literacy) and applying a multi-tiered approach that incorporates health protection, risk reduction, early screening and social interventions.

**Lessons from mental health promotion campaigns**

Dr Jason Ligot, WHO Consultant for mental health promotion and communication, shared lessons learned from campaigns and initiatives that were implemented over the past few
years. He began by describing WHO’s framework for strategic communication, otherwise known as “Communication for Health”, which outlines intended audience segments and communication principles that underlie WHO campaigns. Intended audience segments include individuals, communities, health-care providers, policy-makers, international organizations and WHO staff. Development of communication strategies, activities and products is subsequently guided by the following principles: accessibility, actionability, credibility, relevance, timeliness and understandability.

Two case studies were presented; the first was a series of World Mental Health Day campaigns that were implemented in China from 2019 to 2021, and the second was a two-year-long regional campaign on COVID-19 and psychosocial support. Both campaigns applied a multi-media and cross-platform approach with an emphasis on community engagement through digital channels. The outcomes exceeded expectations, generating millions in content views and engagement across platforms and stimulating public interest in mental health. Mental health was a trending topic on social media during each campaign’s implementation period and the mental health topic pages on the WHO website were consistently among the most visited web pages over the past three years, thanks to web traffic generated by the campaigns.

Applying a multi-media (print, digital, video) and cross-platform (website, social media, press, events) approach enhances the accessibility of communication campaigns. Partnerships with media organizations – such as ByteDance and Meta – and key opinion leaders also increased the reach of campaign messages and materials. Anchoring campaign messaging on mental health literacy with a clear call to action is an effective approach to promoting appropriate health-seeking behaviour online.

**Strengthening service delivery through non-specialist capacity-building**

Task shifting is recognized as an effective approach to improving access to care and subsequently improving mental health outcomes. Dr Yutaro Setoya, Country Liaison Officer for WHO Tonga, shared WHO’s experience in building capacity among non-specialists to deliver mental health interventions in the Pacific.

Non-specialists encompass a wide range of professional cadres, including physicians without formal training in mental health, nurses, community health workers, lay counsellors, community leaders and teachers. Over the years, WHO has developed a range of tools and resources to build the capacity of non-specialists to deliver mental health interventions. These include the Mental Health Gap Action Programme (mhGAP), practice guidelines on psychological first aid and interpersonal therapy (Problem Management Plus) and self-help guides. The mhGAP intervention guide is the centrepiece of WHO’s efforts to build the capacity of non-specialists. It provides protocols for clinical decision-making, recommends evidence-based interventions for priority conditions, and has been field tested across a range of settings.

However, findings from a recent implementation review revealed challenges to upskilling. While the initial training was found to be effective in promoting positive attitudes towards mental health among trainees, the lack of sustained clinical supervision and inadequate equipment and facilities are common barriers to the meaningful application of newly acquired knowledge and skills. To address these challenges, WHO with UNICEF launched EQUIP, a web-based competency assessment platform. EQUIP offers resources to support competency-based education and allows trainees to be benchmarked against global standards in mental health and psychological helping skills.
2.3 Scanning opportunities at country level

Mental health focal points from the different WHO country offices were requested to share updates around key priorities, activities and initiatives within their jurisdiction. The plenary discussion was divided into two sessions, one for Pacific island countries and areas, followed by another session for the Asian countries in the Western Pacific.

Pacific island countries and areas

American Samoa

At the moment, American Samoa does not have a stand-alone mental health law. Mental health is instead referenced within criminal justice and juvenile delinquency legislation. The country also does not have a national mental health policy and the latest NCD plan does not include mental health as a priority action. Therefore, inclusion of mental health in agenda setting meetings, such as the upcoming Samoan Bilateral Health Summit, are opportunities to open up new pathways for the mental health agenda. The current Government has also expressed a high level of interest in mental health, providing an opportunity for advocacy.

Cook Islands

Strengthening mental health governance is a key priority for the Cook Islands, beginning with a planned review and revision of the mental health policy in 2023, followed by the development of a suicide prevention strategy and a mental health and psychosocial support plan during health emergencies. Limited technical, financial and human resources for mental health, alongside competing priorities, are significant challenges facing the mental health agenda. Opportunities for the future include strengthening and expanding existing partnerships, continuous capacity-building and improvement through mhGAP and other training activities, and pursuing innovative approaches to mental health promotion and education. Integration of mental health with climate action and international meetings and networks such as the Small Island Developing States (SIDS) meeting on NCDs and the Pacific Island Mental Health Network (PIMHNet) also offer opportunities for advocacy.

Palau

There is currently a high level of interest in mental health among government and community leaders in Palau. For the first time, mental health was featured in high-level forums such as the Palau Women’s Conference in 2022 and Palau’s first-ever National Health Summit in 2023. As a follow-up to these activities, the Government intends to convene a strategic planning meeting to develop a national suicide prevention strategy with a focus on young people. School mental health, addressing substance use among young people, capacity-building for mental health promotion and strengthening mental health governance and systems are other areas of interest and opportunity for future collaboration.

Papua New Guinea

The burden of mental and substance use disorders continues to increase in Papua New Guinea. Some common indications for hospital admission are psychosis secondary to substance use, depression, schizophrenia and post-traumatic stress disorder. There is also an urgent need to strengthen the country’s mental health governance and address critical gaps in human resources. Updating the country’s mental health law and policy to bring them in line with human rights conventions is a key priority for the Government moving forward. Improving the policy framework will provide the foundation for more wide-ranging reforms in human resource development, mental health service provision, multisectoral partnerships, and the integration of mental health in broader health promotion interventions across settings.
and the life course. The latest WHO Country Cooperation Strategy (2024–2028) for Papua New Guinea now includes mental health and substance use as a priority area.

Solomon Islands

Almost one out of five adults are living with a common mental disorder, such as anxiety and depression, in the Solomon Islands. Young people are also facing multiple threats to their mental health and well-being, with two out of three young people aged 13–17 experiencing bullying in the past month. Solomon Islands’ mental health policy is grounded on a holistic approach to mental health encompassing social, cultural, spiritual, behavioural and emotional health. The policy translates to an integrated approach and model for mental health care and support, with NGOs, faith-based organizations and traditional healers providing a range of welfare services and psychosocial interventions alongside the formal health system. The Government has identified a wide range of national priorities and areas for action, including strengthening mental health systems, expanding and improving service delivery, promoting patient rights, improving information systems and enhancing mental health promotion.

Tonga

In recent years, Tonga has taken concrete steps to advance its mental health agenda. The revised mental health policy has been endorsed and the pilot implementation of mhGAP has been completed among nurses and nursing students. A national Health Promoting School initiative was launched in 2020 and includes a mental health and well-being component. Related to this development is the completion of a draft anti-bullying policy by the Ministry of Education and Training in 2022. Capacity-building will be a key priority for Tonga in the short term with the forthcoming integration of mhGAP with the WHO Package of Essential NCD Interventions (PEN) and training programmes for village health workers to complement wide-scale community engagement.

Asian countries

Cambodia

Since the re-establishment of the mental health programme in Cambodia, mental health services have been integrated into the general health-care system, which comprises national hospitals, referral hospitals and health centres. The current law mandates a predetermined set of mental health services at different levels of the health system. In 2023, the Cambodian Government will unveil a new Mental Health Strategic Plan (2023–2033). The Plan was developed in collaboration with WHO and is aligned with the vision and strategies of the new Regional Framework. It describes five strategic priorities, namely: transforming leadership and governance in mental health for sustainability, shifting from cure to care with a focus on primary health care, mental health care safety and quality, financial risk protection, and preparedness and readiness in response to public health threats for people with mental health conditions.

Malaysia

Data from recent studies indicate an increasing prevalence of mental disorders in Malaysia. The National Strategic Plan for Mental Health (2020–2025) has identified eight priority actions: enhancing governance and regulatory frameworks, strengthening surveillance, improving availability and accessibility of services, strengthening mental health resources, establishing intersectoral collaboration, promoting mental health and well-being in all settings, strengthening emergency preparedness, and addressing suicide and suicidal behaviour. In 2022, the Government established a National Centre of Excellence for Mental Health. Among the aims of the Centre is to strengthen collaboration with civil society and
other sectors. Malaysia’s Mentari programme is also a model for community-based mental health services that integrates data into clinical and public health decision-making.

_Mongolia_

The main priorities for mental health in Mongolia include strengthening multisectoral collaboration, enhancing access to mental health services and psychosocial support through community-based programmes, engaging partners beyond the health sector and building mental health surveillance and information systems. Limited funding for public health services, poor intersectoral collaboration, overlapping environmental and social issues and the high turnover of government staff and officials are holding back progress in the mental health agenda. Support from the highest levels of government – such as from the President, Prime Minister and Speaker of Parliament – offer a political opportunity for the future of mental health. Sustained commitment from local government units and reforms in health financing are also opportunities to overcome perennial constraints and challenges.

_Philippines_

The Philippines has made significant progress in advancing the mental health agenda ever since the passage of the Mental Health Act in 2018 and the establishment of the Philippine Mental Health Council. Further reforms in mental health are underway with the implementation of the mental health–related provisions of the Universal Health Care Act. The Philippines is also the representative country of the Western Pacific Region for the WHO Special Initiative for Mental Health. Support from the Initiative has increased access to mental health services, funded the development of capacity-building tools and resources, and provided platforms for engaging people with lived experience. Key priorities for the country are further implementation of the Mental Health Act and Universal Health Care Act, the development of the National Mental Health Strategic Plan 2024–2028, and mental health system strengthening. The Strategic Plan will involve multiple stakeholders and other government ministries in its development and implementation, such as social welfare and development, interior and local government, education and human rights.

_Viet Nam_

Integration of mental health into primary health care and expansion of mental health services are the two main priorities for mental health in Viet Nam. To that end, the Government recently approved new policy circulars that mandate general physicians to provide mental health services at the primary care level and expand the scope of mental health services at the community to include non-pharmacological interventions (e.g. psychotherapy, occupational therapy and rehabilitation). In line with these new policy initiatives, capacity-building and the development of clinical guidelines and regulations have been identified as priority activities in the short term.

Reports from focal points in the Viet Nam Country Office clearly indicate political momentum behind the mental health agenda. Sustaining government and stakeholder interest while harnessing new resources have the potential to create lasting change and sustainable investments. Experts recommended working closely with countries to facilitate decision-making, strategy formulation and community engagement. Addressing long-standing issues such as stigma, unsupportive policy environments and limited human resources will require innovative thinking. As always, keeping people and communities at the centre is essential to ensuring meaningful impact. Orienting narratives around well-being and flourishing creates space to reimagine current definitions and evolve responses accordingly.
2.4 Scanning opportunities with WHO CCs

WHO’s regional network of CCs for mental health comprise internationally recognized centres of excellence in research, clinical practice, training, advocacy and community development. Collectively, they offer expertise in virtually all fields related to mental health and have made substantial contributions to global, regional, national and subnational initiatives that have benefited millions. They are a vital component of the Region’s mental health network.

Five CCs shared ongoing initiatives and discussed challenges and opportunities for the future of mental health. As most are housed within academic institutions, several centres were currently engaged in basic and applied mental health research, knowledge translation and adaptation of WHO technical tools and programmes. Training and capacity-building was another key area of interest and collaboration. Over the years, different CCs have established training programmes for medical and non-medical professionals working in health facilities and community-based settings. Of note are international exchange programmes run by some centres that have contributed to capacity strengthening efforts beyond their home countries. WHO CCs have also been actively involved in mental health promotion campaigns, leading and contributing to awareness raising activities and advocacy.

Mental health stigma, the psychosocial impact of the COVID-19 pandemic, emerging mental health conditions such as Internet-related addiction and distress, and suicide risk among young people were some key challenges flagged by the CCs for the future of mental health. They called for further mainstreaming of mental health through the scale-up of programmes and services, and strategic communication. Furthermore, the CCs supported the call of Member States for greater international dialogue and exchange, while reaffirming their commitment to supporting the regional mental health agenda and WHO initiatives. WHO CCs offer a key resource for the regional knowledge hub, enabling the hub to effectively respond to requests for technical support across a wide range of technical areas.

Moving forward experts recommended streamlining the different training and capacity-building activities to align with country priorities and the Framework’s key strategies. This will likely involve a range of modalities and target participants in order to address current gaps in mental health human resources. Forming communities of practice among alumni of various training programmes is another way of expanding and strengthening the Region’s mental health network. This can be hosted online to manage costs and other requirements. Other potential areas for collaboration include data collection and evidence generation, as well as joint proposals for funding and programme implementation.

2.5 Developing a medium-term road map for implementation

Among the main objectives of the meeting was the development of a medium-term road map for implementation and the identification of a regional coordination mechanism. The Secretariat presented a timeline to the core experts beginning from 2020, the starting point in the Framework’s development, up until the end of its implementation period in 2030.

The proposed priority for the first three years from the Framework’s endorsement, 2023 to 2025, is a phased approach to implementation, focusing on the establishment of a regional knowledge hub. The hub is envisioned to provide a platform for identifying strategic areas of cooperation; generating momentum to expand existing partnerships; and monitoring, evaluating and communicating progress towards the shared vision behind the new Regional Framework. As a coordination mechanism, the hub will assist in matching country needs with regional and global expertise, and in co-creating projects and initiatives that will move the agenda forward.
A draft implementation blueprint describing the work plan of the Secretariat and the knowledge hub was then presented to the core group of experts for their feedback. The implementation blueprint grouped items in the work plan according to the three main actions for the Secretariat in the official resolution, namely: providing technical support, facilitating dialogue and exchange, and reporting progress in the Framework’s implementation (see Fig. 1).

Overall, the experts supported the proposed blueprint. In addition to the items already listed, experts recommended the inclusion of platforms for engaging people with lived experience and other community actors, dissemination of strategic information at national and subnational level, and technical guidance on the development, adaptation and use of tools for implementation and measurement, as part of the work plan. They also emphasized the importance of advocacy to move the agenda forward, and creating new narratives to overcome stigma and communicate the various dimensions of mental health and well-being, such as social, economic, political, etc. There are two broad domains for innovation that can be pursued – promoting a staged response to mental health conditions through collaborative care and strengthening community responses to meet mental health needs.

To support regional coordination, the core group of experts recommended exploring the use of existing platforms, such as the Mental Health Innovation Network (MHIN), alongside the creation of new opportunities for the exchange of insights and experiences between and within countries. For example, convening capacity-building activities can facilitate implementation of the Framework’s recommendations while simultaneously strengthening linkages between countries and expert individuals or organizations across the Region and beyond. It is also important to consider exploring synergies with other professional cadres in the public sector (e.g. law enforcers, social workers, prison workers, first responders, etc.), whose work naturally involves a mental health component. A complementary approach to capacity-building of health workers involves mapping work that is already being done by other community actors and linking them with the mental health system.
### Vision
A region where people enjoy the highest level of mental health and well-being, grounded in social solidarity for a transformative environment that promotes mental health for all.

### Resolutions

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<tr>
<th>Resolution</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.1</td>
<td>1. Technical secretariat of Regional Knowledge Hub</td>
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<tr>
<td>1.2</td>
<td>2. Resource mobilization for HR and activities for WPRO and WHO COs</td>
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<td>1.3</td>
<td>3. Donor documentation and reporting</td>
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<tr>
<td>2.1</td>
<td>4. High-level forums (RCM, global meetings)</td>
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<tr>
<td>2.2</td>
<td>4.1. Program monitoring and evaluation</td>
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<td>2.3</td>
<td>4.2. Global reporting: MH Atlas; Neurology Atlas; Global Dementia Observatory; Global Survey on Substance Use, Alcohol and Health</td>
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<tr>
<td>3.1</td>
<td>5.3. Country support: development, use and adaptation of measurement tools</td>
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<tr>
<td>3.2</td>
<td>5. Technical support</td>
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<tr>
<td>3.3</td>
<td>3.1. Coordination across WHO (HQ, RO, CO)</td>
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<td>3.4</td>
<td>3.2. Coordination of global and regional partnerships and initiatives (Special Initiative, WHO-UNICEF)</td>
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<tr>
<td>3.5</td>
<td>3.3. Coordination of regional donors and networks (JVC, KVC, AUS, WHO-CC, PIMHNet)</td>
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<tr>
<td>4.1</td>
<td>4. Measurement and impact</td>
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<td>4.2</td>
<td>5. Leadership</td>
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<td>4.3</td>
<td>2. Advocacy</td>
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<td>4.4</td>
<td>3. Partnership and coordination</td>
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<tr>
<td>4.5</td>
<td>5.1. Country support: advocacy, technical inputs, document review, and in-country missions</td>
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### Problem

- **2019:** More than 215 million people suffering from a mental health condition; diverse range of social vulnerabilities and pressures
- Lack of emphasis on promoting mental health and well-being in addition to addressing mental health conditions; An emphasis on scaling-up services while neglecting quality improvement; Narrow focus and scope of mental health

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**Fig. 1.** Implementation blueprint for the *Regional Framework for the Future of Mental Health in the Western Pacific (2023–2030)*.
The meeting concluded with closing remarks delivered by officials from MHLW, the NCNP and WHO.

On behalf of Japan’s MHLW, Dr Takashi Suzuki, Senior Coordinator for Global Health in the International Affairs Division expressed his sincere appreciation and respect to the core group of experts who convened for the meeting. Public mental health has long been a priority in Japan. The Government’s long-standing interest in mental health underpins Japan’s support for the mental health agenda in the Region and the active participation of its experts and institutions in the development of the Framework. Dr Suzuki also acknowledged the strong interest in mental health among Member States, especially in the aftermath of the COVID-19 pandemic, and reaffirmed Japan’s commitment to working closely with WHO and its fellow Member States on this important area of work.

NCNP Director General Dr Yoshiharu Kim delivered a prepared statement on behalf of the Center. On the occasion of the 70th anniversary of the National Institute of Mental Health, Dr Kim shared that the Center is proud to have co-hosted this very important meeting. As a concrete follow-up to this activity, the NCNP will recommend to Japan’s MHLW the widespread dissemination of good practices to different prefectures, municipalities, medical institutions and welfare facilities all over Japan. Dr Kim also emphasized the need for further collaboration with various partners and stakeholders, including people with lived experience and their families. In recognition of the strategic partnership between the NCNP and WHO, Dr Kim also announced the establishment of an implementation centre in their facility to promote implementation science and the exchange of good practices between Japan and neighbouring countries across the Region.

Dr Huong Tran then officially closed the meeting. In her closing remarks, Dr Tran thanked the NCNP’s leadership and staff for their outstanding support and hospitality during the preparation and conduct of the meeting. She also acknowledged the Government of Japan’s support for the mental health programme at WHO and expressed appreciation for their high-level participation throughout the meeting. Dr Tran also thanked the core group of experts for providing the foundation for the Framework’s implementation. She highlighted three main takeaways from the meeting: (1) the need to facilitate even greater levels of exchange within the Region, (2) the undeniable political momentum behind mental health as reported by the country offices, and (3) the availability of tools, evidence and interventions that work and can be adapted to suit the diverse contexts underlying the Region’s communities. She ended her remarks by inviting Member States, WHO CCs and other stakeholders to continue in this spirit of collaboration to usher in a new era for mental health in the Western Pacific. The newly endorsed Regional Framework provides a strong mandate for action and WHO is committed to advancing this very important agenda in order to improve the mental health and well-being of all people in the Region.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The universal endorsement by Member States of the new Regional Framework during the seventy-third session of the Regional Committee for the Western Pacific is a significant milestone in the mental health agenda. It signals the commitment of countries to work towards the highest level of mental health and well-being of all people across the Region by fostering a transformative environment for mental health.

It was also clear during the Regional Committee discussions that there are various examples of progress in enhancing mental health governance, service delivery, promotion and prevention, and information systems. Governments have enacted reforms in mental health policy, services have expanded, and various efforts at promoting mental health have been implemented at different levels.

However, despite these achievements, it is also evident that the current approach to mental health is still leaving too many behind. Vulnerable populations remain unreached by programmes and interventions, and stigma towards mental health remains entrenched in different segments of society. In order to transform the vision of the new Framework into reality, new narratives, ways of working and innovations must be embraced to overcome these challenges. The widespread psychosocial impact of the COVID-19 pandemic also underscores the relevance of mental health as countries and communities attempt to build back better and fairer.

The perspectives presented by the core group of experts during the meeting highlighted several potential approaches and opportunities for collaboration moving forward. These include models for community development and empowerment; enabling meaningful engagement of young people, families and people with lived experience; activating traditional and non-traditional partnerships; and a reconceptualization of mental health – moving towards a more holistic definition anchored by critical mental health literacy and community competencies.

Innovation will be a key focus of the Framework’s implementation. Examples from digital mental health interventions, community-based suicide prevention and multisectoral approaches to healthy ageing call attention to political will, cultural sensitivity, creativity, data and the application of implementation science, as key ingredients for successful innovation at scale. Meaningful and purposive integration of mental health into other health and social programmes will also provide opportunities to expand collaboration and partnerships with a wide range of actors.

At the conclusion of the meeting, there was consensus around facilitating even greater levels of exchange between and within countries. This will be critical to channelling the increased interest and political momentum behind mental health towards impactful change that can be felt on the ground and in the day-to-day lives of the Region’s people and communities.

3.2 Recommendations

Member States are encouraged to consider the following:

(1) Refer to the principles, strategies and actions contained within the Regional Framework for priority-setting; programme development, implementation, monitoring and evaluation; and stakeholder communication and mobilization.
(2) Identify, document and share mental health innovations and best practices, and mobilize mental health champions at all levels within and beyond the health sector.

(3) Integrate the Framework’s key strategies of refocusing, transforming and embedding in national mental health policies, plans and programmes, and in key messages for advocacy and communication campaigns.

WHO is requested to consider the following:

(1) Establish regional and subregional platforms, such as a mental health innovation network and regional knowledge hub, to facilitate the exchange of knowledge, experiences and insights.

(2) Ensure wide dissemination of the Regional Framework among mental health decision-makers, advocates and stakeholders through a range of strategic communication products and activities.

(3) Facilitate implementation of the Regional Framework through the following key priorities and actions:

- **Leadership:**
  - Establish a technical secretariat for the regional knowledge hub.
  - Mobilize resources to support human resource and other needs at the WHO regional and country office levels.
  - Document and report progress to donors and stakeholders.

- **Advocacy:**
  - Disseminate and adapt global goods and other technical resources.
  - Engage in strategic communication and advocacy.
  - Establish platforms for engaging community actors and people with lived experience.

- **Partnership and coordination:**
  - Lead coordination across three levels of WHO (headquarters, regional offices, country offices).
  - Lead coordination of global and regional partnerships and initiatives (WHO Special Initiative for Mental Health, WHO-UNICEF Joint Programme, etc.).
  - Lead coordination of regional donors and networks (voluntary financial contributions, WHO collaborating centres, Pacific Islands Mental Health Network, etc.).

- **Measurement and impact:**
  - Monitor and evaluate programmes.
  - Facilitate global reporting on the programmes (United Nations Sustainable Development Goals, Mental Health Atlas, Neurology Atlas, Global Dementia Observatory, Global Survey on Substance Use, Alcohol and Health).

- **Technical support:**
  - Provide country support through advocacy; providing technical inputs to programmes and interventions; conducting expert review of official documents and information products; establishing in-country missions; supporting capacity-building; and facilitating the development, use and adaptation of measurement tools.
  - Provide technical products through development of toolkits, guidelines, technical reviews, information products, situational analyses and technical tools, etc.
ANNEXES

ANNEX A: Agenda and programme of activities

AGENDA

(1) Opening session
(2) For the future of mental health
(3) Perspectives on the future of mental health
(4) Scanning opportunities at country level and with WHO collaborating centers
(5) Developing a medium-term roadmap for implementation
(6) Summary and open forum
(7) Synthesis and closing
# PROGRAMME OF ACTIVITIES

**Wednesday, 29 March 2023**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker/Institution</th>
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<tr>
<td>14:00–14:30</td>
<td>Opening session</td>
<td><strong>Dr Huong Thi Giang Tran</strong>&lt;br&gt;Director, Division of Programmes for Disease Control&lt;br&gt;WHO Regional Office for the Western Pacific</td>
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<tr>
<td></td>
<td>Opening remarks</td>
<td><strong>Dr Huichiro Hayashi</strong>&lt;br&gt;Director, Mental and Disability Health Division&lt;br&gt;Ministry of Health, Labor and Welfare, Japan</td>
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<td></td>
<td>Welcome remarks</td>
<td><strong>Dr Yoshiharu Kim</strong>&lt;br&gt;Director-General&lt;br&gt;National Institute of Mental Health&lt;br&gt;National Center for Neurology and Psychiatry, Japan</td>
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<td></td>
<td>Introduction of participants and meeting overview</td>
<td><strong>Dr Eiichi Seki</strong>&lt;br&gt;Consultant, Mental Health and Substance Use, Division of Programmes for Disease Control&lt;br&gt;WHO Regional Office for the Western Pacific</td>
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<tr>
<td>14:30–15:00</td>
<td>For the future of mental health</td>
<td><strong>Dr Huong Thi Giang Tran</strong></td>
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<td>Highlights and outcomes from the 73rd Session of the Regional Committee</td>
<td><strong>Mr Martin Vandendyck</strong>&lt;br&gt;Technical Lead, Mental Health and Substance Use, Division of Programmes for Disease Control&lt;br&gt;WHO Regional Office for the Western Pacific</td>
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<td></td>
<td>Technical updates on global mental health initiatives</td>
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<td>15:00–15:45</td>
<td>Perspectives on the future of mental health</td>
<td><strong>Professor Helen Herrman</strong>&lt;br&gt;Director, WHO Collaborating Center for Research and Training in Mental Health, St Vincent’s Institute of Mental Health Service Australia</td>
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<td></td>
<td>Promoting youth mental health and wellbeing</td>
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Addressing mental health needs in low resource settings in the Pacific   
Dr Odille Chang  
Associate Professor, College of Medicine, Nursing and Health Sciences, Fiji National University

Building community mental health competencies   
Dr Rochelle Burgess  
Associate Professor in Global Health, University College London

15:45–16:00 Break
16:00–16:45 Developing a medium-term roadmap for implementation
16:45–17:00 Synthesis and overview of Day 2

Thursday, 30 March 2023

09:00–09:45 Perspectives on the future of mental health  
Innovation through digital mental health   
Professor Brian Hall  
Professor of Global Public Health  
New York University-Shanghai

Community-based approaches to suicide prevention   
Dr Tae-Yeon Hwang  
President, Korea Foundation for Suicide Prevention

Multi-sectoral approach to healthy ageing   
Dr Shelley De La Vega  
Professor, College of Medicine  
Director, Institute on Aging,  
National Institutes of Health  
University of the Philippines Manila

09:45–10:45 Developing a medium-term roadmap for implementation
10:45–11:00 Break
11:00–13:00 Developing a medium-term roadmap for implementation  
Scanning opportunities at country level (Pacific Island Countries)
13:00–14:00 Lunch
14:00–16:00 Developing a medium-term roadmap for implementation  
Scanning opportunities at country level (Asian Countries)
16:00–16:45 Perspectives on the future of mental health

Lessons learned from mental health promotion campaigns   
Dr Jason Ligot  
Consultant, Mental Health and Substance Use, Division of Programmes for Disease Control  
WHO Regional Office for the Western Pacific

Strengthening service delivery by non-specialists   
Dr Yutaro Setoya  
Country Liaison Officer  
WHO Tonga
Friday, 31 March 2023

16:45–17:00  Synthesis and overview of Day 3

09:00–10:00  Developing a medium-term roadmap for implementation
*Scanning opportunities with WHO Collaborating Centers*

10:00–11:00  Developing a medium-term roadmap for implementation
*Describing a regional coordination mechanism*

11:00–12:00  Closing session

Synthesis and next steps

Closing remarks

Mr Martin Vandendyck

Dr Takashi Suzuki
Senior Coordinator, Global Health
International Affairs Division
Ministry of Health, Labor and Welfare, Japan

Dr Yoshiharu Kim

Dr Huong Thi Giang Tran
ANNEX B: List of experts and secretariat

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WHO COUNTRY OFFICE (ATTENDING HYBRID SESSIONS)
Mental Health Focal Points
ANNEX C: Closing statement of the Japan National Center for Neurology and Psychiatry

On the occasion of the 70th anniversary of the National Institute of Mental Health, we were privileged to co-host, along with the World Health Organization (WHO), the core expert meeting at our institution to discuss the implementation of the regional framework for the future of mental health in the Western Pacific. This meeting has had a profound impact on our institution and its future direction.

We recognize that implementing the regional framework for mental health is one of our most important missions. In carrying out this initiative, we will proceed on the basis of evidence, taking into account the actual situation in each country’s current circumstances.

We will make evidence-based policy recommendations to the Ministry of Health, Labour and Welfare, and will place greater emphasis than ever on efforts to disseminate good practice to prefectures, municipalities, medical institutions, and welfare facilities. While doing so, we will collaborate with various stakeholders and emphasize communication with people with lived experience and their families.

Furthermore, we are pleased to announce that we will cooperate with the WHO not only to promote the implementation of the framework in Japan, but also to promote its implementation in countries in the Western Pacific region. To this end, we aim to establish an Implementation Centre at our facility and intend to strongly promote implementation research and the implementation of good practice.

We are committed to closely collaborating with the WHO and other countries in the region to play our part in making the region the healthiest and safest in the world, enable people to realize their full potential, and show resilience amid adversity.
ANNEX D: Presentations

Meeting objectives:
1. To share a representative description of the regional approaches to the future mental health (RANE 2010).
2. To identify strengths and challenges of providing a seamless mental health service to be rendered in-country and cross-border.
3. To identify and highlight the activities promoting a seamless mental health that can be implemented and/or expanded.

Meeting participants

Temporary advisors

Representatives and observers

27
Refocus: Promoting youth mental health and wellbeing

**Agenda**
- Refocusing
- Need for promoting youth mental health
- Government support for the mental health of young people
- Engaging young people for the future of mental health
NEED FOR PROMOTING YOUTH MENTAL HEALTH

Global Burden of Disease:
#1 Health Issue for Young People

MENTAL ILL HEALTH AND PSYCHOSOCIAL ADVERSITIES

GLOBAL BURDENS OF DEMENTIA AND DEPRESSIVE DISORDERS OVER TIME

HIGH LEVELS OF STIGMA – PERSONAL, COMMUNITY, CURRICULAR ACTIONS ON YOUTH MENTAL HEALTH GLOBALLY

GOVERNMENT SUPPORT FOR "YOUNG PEOPLE" MENTAL HEALTH

ENGAGING YOUNG PEOPLE FOR THE FUTURE OF MENTAL HEALTH

ORIGEN 2023

- Translational health research institute for the MH of young people
- Integrating research and innovation with policy and advocacy, and with clinical care, education and training, to promote mental health and improve mental health care for young people
- An ecosystem of 5 overlapping domains
  - Research
  - Clinical Care - early intervention and easy access to care
  - Knowledge translation
  - Policy/Advocacy
  - Digital
PARTNERSHIPS WITH YOUNG PEOPLE AND GOVERNMENT SUPPORT FOR MENTAL HEALTH

- A movement accelerated by the pandemic
- Practitioners, researchers, policymakers
- Young people with direct experience of mental health and their families
- Integrative mental health in health and social policy, practice
- Increase the mutual benefits

WHOLE-OF-SOCIETY ACTION

- Mental health in the planning and work of other sectors
  - Education, family welfare and health
- In schools: better education, less disruptive behavior, better mental health (World Bank 2015)
- Community development: reducing disengagement, violence in cities (G7)
- Mental health in Universal Health Care (WHG)

COMMUNITY SUPPORT AND PARTNERSHIPS

- People and communities appreciating the value of mental health and possibilities for improving it
- Innovations sparked by the pandemic and value
  - Digital technologies extend reach of professional, peer support
  - People in different places learn from each other - Friendship Bench

CONCLUSION

- Whole-of-society action to promote youth mental health
- Young people and their families partner with practitioners, researchers and policymakers to support advocacy and action on youth mental health
  - Action on social determinants
  - Early intervention in mental health
  - Available by easy access to mental health help and support

Perspectives on the future of mental health: Addressing mental health needs in low-resource settings

Dr. Chold C. Cheng
University of Michigan
College of Medicine, Nursing, and Health Sciences
By Northeast University

Transform: Addressing mental health needs in low-resource settings in the Pacific
A Systems Approach to Mental Health

How can government programs better reach remote/isolated populations?
How can we mobilize non-traditional partners to overcome limited resources?

Challenges faced by PICTs:
Competition priorities (CDs, other NGOs, natural disasters/climate change, health security).
They are low resource settings (financial, human, infrastructure, consumables).
MHI Governance still developing.

Mobilize Non-Traditional Partners (Locally): Who?

Mobilize Non-Traditional Partners: Why?

<table>
<thead>
<tr>
<th>Partners</th>
<th>Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADB/IADB</td>
<td>Sustain fit for purpose/pharmaceuticals</td>
</tr>
<tr>
<td>WHO/World Health Organisation</td>
<td>Sustain fit for purpose/pharmaceuticals</td>
</tr>
<tr>
<td>JICA/Japan</td>
<td>Support regional/multi-country initiatives to support scales and systemic change</td>
</tr>
<tr>
<td>Other: [Government/NGOs/Department/College]</td>
<td>Support regional/multi-country initiatives to support scales and systemic change</td>
</tr>
</tbody>
</table>

Who:
Government (local, national)
NGOs
Private sector
Academia
Community organizations
International donors

Mobilize Non-Traditional Partners: How?

- Multidisciplinary meetings (HACCM, NCOPS, MHPSs group in Fiji)
- Stakeholder engagement with regional/international development and professional bodies
- Highlight the needs through the Pacific High-level meetings such as the Heads of Health, Director of Clinical Services, Pacific Heads of Nursing and Midwives (SPC/WHO).

Reaching Remote/Isolated Populations

- Empathy, community, health workers.
- Training remote health teams.
- Telemedicine, video, and PHR assets.
- Written documentation, vector of education, Ministry of Works, children, primary health care.
- Health at Home (tele health, video call).
- Telehealth with telemedicine (tele health, tele medicine).
- Create awareness, change, mobilize, mobilize.
- Health FHI champions.

Thank you for your attention!

Perspectives on the future of mental health: Building community competencies

Deborah Reardon/Nugra

MENTAL HEALTH IS MORE THAN

Good mental health is needed for a healthy population and ability to cope with stress and improve wellbeing. (Min. of Health).

INSTITUTIONS CAN HELP BY

Putting our minds to work to change.

Work in the short and long term.

Building our capacities and adding the element of sustainability to the future.

Community competencies

- Establish a local mental health support system.
- Promote awareness, prevention, recovery, and wellness.
- Provide education and training for professionals and communities.
- Advocate for policy and systemic change.
- Foster partnerships and collaborations.
- Monitor and evaluate mental health services and outcomes.
WHERE AND HOW DO WE BUILD COMPETENCIES?

Within the health system: new forms of interprofessional working to respond to mental health needs.

Sample interventions: Mental health and wellbeing hubs
- Mobile teams (e.g. nursing/mental health services, psychiatric care, psychology services, social work)
- Remote consultations
- Online support groups
- Digital mental health apps
- Virtual reality therapy

Building competencies: Case studies

Within the health system:
- Ctaeshe (Chinese, South Africa)
- EMISIP (Wandsworth, UK)
- STARS-C (Columbia)

Across the health system:
-万分
Across the community:
- Wihin the community: the role for community actors and assets in mental health systems strengthening
- Wandsworth Community Empowerment Network (WCEN), London UK

WIDE-SPAN
Using participatory action research to re-imagine local mental health systems in Columbia (STARS-C)

Building competencies through participatory action research

Moving forward: what role for governments?

Now you have read and understood the context of...
Role of government and public actors across levels: a mapping exercise (Burgess et al. 2021)

The key promise of DMMs is to reduce inequalities in access to mental health services among those who otherwise may not seek or receive care.

To realize this promise, governments can work to remove barriers to using these services.

Develop roadmaps and frameworks to support digital health: Victoria’s Digital Health Roadmap 2021-2023

Program of work 4: Strengthening digital health and care closer to home

Program of work 5: Consumer access and engagement

Government can create enabling environments and incentivize innovation in digital mental health development:

- Regulatory: Formulate guidelines for the use and adoption of DMMs and ensure evidence-based investment approaches
- Support: Provide funding for academic research and partnerships to evaluate best practices
- Innovation: Cultivate a culture of continuous learning and ensure business opportunities
- Critical services: Include DMM services within existing public mental health systems approaches & allow for public-private sector partnerships
- People-centered: Engage with civil society and people with lived experience

Perspectives on the future of mental health: Protecting migrant mental health through digital approaches

How can government foster a supportive environment for digital mental health?

The key promise of DMMs is to reduce inequalities in access to mental health services among those who otherwise may not seek or receive care.

To realize this promise, governments can work to remove barriers to using these services.

Table 1: The five barriers to mobile and internet adoption and use

- Low affordability
- Barriers to physical access
- Language and cultural barriers
- Inadequate service design
- Design and implementation
**WI-O Step-by-Step Digital Mental Health Program**

A scalable, portable WI-O digital health intervention for people living with depression:
- Available in physical and digital formats
- Delivered on a mobile device
- Suitable for diverse populations including Filipinos and Chinese youth

**Content/cultural adaptation process**

**First Stage**
- Individual interviews with Filipino psychologists
- Adaptation of text and documents
- Training on cultural sensitivity counseling

**Second Stage**
- PHP can aid
- Filipino
differences
- Chinese
differences

**For Filipino Ss**

Engaged in co-development to ensure the content was relevant to the community:
-オリジナル: Playing cards, wearing family members
- ADAPTED: Singing together with friends

**For Chinese Ss**

Addressed steps associated with mental health and help-seeking by integrating culture and preferences of PWID:
- ORIGINAL: Leading character: medical doctors
- ADAPTED: Leading character: elder sister with professional background (PBB) + For more peer-to-peer human character

**Crowdsourcing: Hackathons/contests to innovate**

Crowdsourcing – a group way to solve a problem through innovative solutions. Hackathons are an engaging way of engaging the public in finding innovative and community-informed ideas. It can be applied to public health programs and can take the form of a contest.

**Designathon Outline**

- Day 1: Introduction
- Day 2: Participating
- Day 3: Presentation

**Young Chinese adults present their marketing design plans**
Co-facilitation with PWLE

The digital mental health program is minimally facilitated by lay health workers:
- Provide support (e.g., technical, psychologist) on a weekly basis
- Flexible guidance model:
  - Web-based peer support; people who were participants in the feasibility study
  - Use 5-10 min phone call: text messages
  - "Lived experience peer support"

We need creative design solutions that center PWLE

User experience

Design thinking (human centered design) for digital mental health

Perspectives on the future of mental health: Community-based approach to suicide prevention

Tae-Yeon Hwang, MD, PhD, MPH

Key risk factors for suicide

Transform

Community-based approach to Suicide Prevention

The 5th National Policy on Suicide Prevention in Korea (2019-2025)

- Make our Society safe from the Backside

- Strengthen Community Support
For community-based Suicide Prevention

- Governance for suicide prevention with existing mental health delivery system
- Support local community to set up yearly plan and policy
- Social awareness and anti-stigma campaign with media
- Gatekeeper education for identification of vulnerable, high-risk group
- Hotline counseling, postvention, and surveillance system in the community
- Restriction of suicide means and management of hotspot – collaboration with Police and Fire
- Constructions of Zero Suicide Safe community

Governess of Mental Health and Suicide Prevention

Suicide Reporting Guideline 3.0

Suicide Prevention Education Program

5 Million Gatekeeper

Differentiated training and activities for categories of gatekeepers

Suicide High Risk Group Management

5 Million Gatekeepers' Program · 100% efficacy tested · Variation in cultural setting

5 Million Gatekeepers' Program · 100% efficacy tested · Variation in cultural setting

5 Million Gatekeepers' Program · 100% efficacy tested · Variation in cultural setting
"Perspectives on the future of mental health"

Embed: A multi-sectoral approach to healthy ageing

Shelley De La Vega, MD, MSc
Institute on Aging NH
University of the Philippines Manila

Objectives

- To share recommendations on a multi-sectoral approach to healthy ageing
- To answer the questions:
  - How can government support the mental health needs of older people?
  - How can we meaningfully engage older people for the future of mental health?

Systems Approach to Mental Health Regional Framework WPRO 2023-2030

Tools and Platforms

- Mental health promotion and protection across the life course
- Integrate into multisectoral priorities
- Build community capacities
- Promote use of evidence by all actors through analyses and expert recommendations
- Strengthen local, national, and regional capacity
- Rigorous and comprehensive and sustained efforts across society

Embedded Mental Health Information in Research: Screening

Measuring Intrinsic Capacity: The Comprehensive Geriatric Assessment

- Translated, validated, and piloted screening tools
  - CGA, English, Filipino, Vietnamese
- Vital signs, anthropometric labs
- Standardised, locally validated
  - WHOQOL-BREF, KABC, KIWA

Self-reported Symptoms, VS. Self-reported Previous Diagnosis vs. Structured Diagnosis (%)
Evidence-based Guideline on Screening of Mental Health

Evidence Based Practice Guideline for Screening

1. Data on top causes of mortality and morbidity are available in all visited hospitals and health centers.
2. Specific registries on the diseases of OPs are limited (i.e., cancer, mental disorders). Majority utilized district health systems in their database.

Embedding Mental Health Information in Research: Services

Generating Data for policymakers

Health Systems FitforFrail

Study Design
Cohort study and mixed study design

Data collection methods
Qualitative: Focus groups, FGDs, case studies
Quantitative: Listing of services and personnel, survey, policy, surveys

Study areas
27 QAC hospitals where Geriatric Centers will be established
27 Health centers within the urban areas of the selected hospitals
2 Private and 2 public hospitals (poor studies)

Study participants
Hospitals, geriatricians, healthcare professionals, policy makers, older persons, primary health care providers

Embedding Mental Health Information in Communities

Dementia Capacity Building Programs
Healthy Aging and Mental Health

- Healthy Aging
- Dementia Education and Training
- Dementia Toolkit
- Towards UHC
- Dementia Risk Factors
- Dementia Toolkit Filipino
- Lifecourse Approach to Mental Health thru Healthy Ageing
- Dementia prevention 2020 Lancet Commission
- Expert Consultations on the Future of Mental Health in the Western Pacific Region
- A Call to Strengthen Dementia Services in the Western Pacific: A Policy Brief

9 March 2021
Regional Dementia Policy RTD
Transform: Strengthening service delivery through non-specialist capacity building

WHO WPPO Division of Pacific Technical Support
Yuto Setoya

Non specialist capacity building

- Specialists: Psychiatrist, MH doctor, psychiatric nurse, psychologist etc.
- Non-specialist: Non MH doctors, nurses, community health workers, lay counselors, community leaders, teachers etc.
- Task shifting: Bridging tasks from trained professionals to non-specialists, in order to increase the efficiency and effectiveness of service delivery.
- Task shifting is effective in improving mental health outcomes and increasing access to care.
- Presents challenges related to training, supervision, and quality assurance.

mhGAP Intervention Guide

- Provides protocols for clinical decision-making
- Recommends evidence-based interventions for the selected priority conditions
- Feasible to be delivered in low- and middle-income health systems
- For non-mental health specialists within community, primary and secondary level health care
- Under supervision and support from mental health professionals
Developing a medium-term roadmap for implementation
Scanning opportunities at country level (Pacific Island Countries)

Presentation Outline
- Brief introduction and background on mental health in countries
- Key priorities, activities and initiatives by government over the next 3-5 years
- Challenges and opportunities for the future of mental health

WHO Samoa Country Office – Update

WHO Country Office – WSM
- Samoa (3) Member States
  - American Samoa (AMS)
  - Cook Islands (CIK)
  - Niue (NRN)
- Samoa (WSM)
- Tokelau (TKL)

Cook Islands
- Background
  - Constituent of 15 islands (Northern & Southern Group Islands)
  - Total population in 2021 was an estimated 15,600 persons, decline from the 2016 census 17,984
  - Roman Catholic 45% (patron of the system). Since then, on to COVID-19 people will unable attend further 5 years

Cook Islands
- Status of Mental Health Service Delivery & Other developments
  - New mental health facility is being built at Rarotonga Hospital to care for patients with mental health
  - Ongoing service delivery for mental health is done by community health centers
  - Strong NGO partnership w/ NDI
  - At least 10 mental health professionals on island.
  - Complimentary research on mental health prevalence.

Cook Islands
- Key priorities, activities and initiatives over 3-5 years.

American Samoa
- Background
  - American Samoa is comprised of 7 (seven) islands in the Southern Pacific Ocean.
  - Territory of the United States
  - Population 51,139 (Last Census 2010)
American Samoa
Mental Health laws, policy and strategies.

- No independent mental health act.
- Available local public health act. However does not specify mental health.
- Criteria set in overall act includes mental health.
- No existing mental health policy.

American Samoa
Status of Mental Health Service Delivery & Other Developments.

- Mental Health Facility at the LE Hospital.
- Community Integrated Mental Health Services available at the PHC facilities.
- Available services include referral to Department of Social Services (SHSS), Department of Education (DOE), PHC Hospitals.
- Strong partnership with multilateral and NGOs.
- Available mechanisms such as American Samoa Behavioral Health Planning and Advisory Council.

Key priorities, activities and initiatives next 3–5 years.

<table>
<thead>
<tr>
<th>Area</th>
<th>Activity</th>
</tr>
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<tbody>
<tr>
<td>Health System</td>
<td>Implement reforms to improve access to care</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Develop comprehensive plans for service delivery</td>
</tr>
<tr>
<td>Education</td>
<td>Enhance mental health education and training</td>
</tr>
</tbody>
</table>

Challenges & Future Opportunities

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Future Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited resources</td>
<td>Expand mental health services across regions</td>
</tr>
<tr>
<td>Staff shortages</td>
<td>Train additional staff for mental health care</td>
</tr>
</tbody>
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Thank you

Mental Health and Substance use (MHS)

Papua New Guinea

Mental Health Disease Burden in PNG

Total Population (UN official estimates): 8,776,715

Mental, neurological and substance use (MNS) conditions continue to escalate in PNG.

MNS burden of mental disorders and disability-adjusted life years (per 100,000 population): 1,389 (WHO OFFICIAL estimates 2010).

Age-standardised suicide mortality rate (per 100,000 population): 3.57

Common causes of admissions: comorbid depressive psychosis, depression, schizophrenia, post-traumatic stress disorders (PTSD).
**Resources for Mental Health in PNG**

- **Governmental Expenditure on Mental Health as % of Total Government Health Expenditure: 0.01%**
- **1.8 Trained Psychiatrists – 0.01 per 100,000 population**
- **187 Mental Health Nurses – 0.14 per 100,000 population**
- **4.5 Medically qualified psychologists – 0.03 per 100,000 population**
- **2.9 Trained Social workers – 0.02 per 100,000 population**
- **1 Child and/or adolescent psychiatrist – 0.02 per 100,000 population**
- **12.5 total mental health professionals – 0.13 per 100,000 population**

**Mental Health Service Availability and Update**

- **17 Mental Health Centers nationwide (only 4 are 24/7)**
- **90% workforce is female**
- **70% of the workforce is under 35 years**

**Key Priorities & Initiatives by the PNG government in the next five years**

- **Strengthen health system and primary health care through improved health workforce training and retention**
- **Strengthen psychosocial support for mental health problems through community mobilization and mental health peer support groups**
- **Strengthen information, communication and education campaigns**
- **Strengthen mental health service coverage through the establishment of mental health service hubs in provincial and referral hospitals**
- **Strengthen mental health workforce capacity through training and recruitment**
- **Strengthen mental health service delivery through capacity building and collaboration with international partners**

**Challenges for the future of mental health in PNG**

- **Lack of appropriate funding**
- **Lack of human resources and capacity to provide quality care for people with mental health issues**
- **Lack of awareness and understanding of mental health issues among the general population**
- **Lack of appropriate policies and guidelines to support mental health service delivery**
- **Lack of access to medications and mental health services in remote and rural areas**
- **Lack of community support and acceptance of mental health services**

**Opportunities for the Future of Mental Health in PNG**

- **Mental Health and Substance Use (MHSU) Policy: A strategic framework for the development of mental health and substance use services in PNG**
- **Mental Health and Substance Use (MHSU) Strategy: A 5-year plan for the implementation of the MHSU Policy**
- **Mental Health and Substance Use (MHSU) Action Plan: A detailed plan of action for the implementation of the MHSU Strategy**

**Mental Health Development in Solomon Islands**

**Tongiswarek Esau**

Technical Officer/Nonscurretrable Diseases

WHO Solomon Islands
Mental health development in Solomon Islands

- Formal mental health services began in Solomon Islands with the establishment of the first mental health unit, which eventually evolved into a 10-bed acute care unit at the National Referral Hospital (NRH).
- In 1977, the Solomon Islands Government (SIG) built the National Psychiatric Unit (NPU) - a new 15-bed mental hospital in the grounds of the NRH in Honiara, Malaita Province.
- In 1984, 12 beds were added to accommodate female patients. Qualified mental health staff and adequate resources remained available.
- In 1996, the country recognized the need for professional clinical mental health staff and established the first community mental health programme in Honiara, staffed by professional clinical mental health professionals.

Data snapshots

- The 2015 STEPS survey reveals that 18.6% of adults have anxiety or depression as determined by the Kessler Psychological Distress Scale (K10).
- Of the 18.6% with a disorder, 13.1% were classified as mild, 4.3% were classified as moderate and 1.2% were considered severe.
- There were no statistically significant differences between genders and age groups.

Outpatient services

- General outpatient mental health services and community awareness activities are provided at most provincial hospitals but service type, competencies, clinical care, and data collection vary by province.
- Many facilities are staffed by specially trained nurses in psychiatric care through overseas fellowships and other educational programmes.
- However, the number of in-country specialist psychiatric nurses is decreasing as nursing are diverted to other nursing positions both in-country and overseas.

Hospital services

- Two hospitals, the National Referral Hospital in Honiara and the Kilifi Hospital, National Psychiatric Unit provide local community mental health services in addition to receiving national referrals for patients who need a higher level of psychiatric care that can be offered at the provincial level.
- The psychiatrist at the National Referral Hospital clinic also serves as the national technical and coordinating lead between the national mental health division, police and judicial system.

Universal Health Coverage and Role
Delineation Policy

- In 2013, the Ministry of Health and Medical Services endorsed the Solomon Islands Role-Delineation Policy (DRP) as a guide document for implementing Universal Health Coverage (UHC) within the country.
- UHC is aimed at ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, at sufficient quality to be effective, while ensuring that people do not suffer financial hardship when accessing these services.
- The DRP recognizes the important role of provincial governments in prioritizing and managing health systems to address the most urgent needs of their communities.

Role of NGOs and Traditional Healers

- Churches, faith-based organizations (FBO) and local and international non-governmental organizations (NGO) deliver a limited range of welfare services and psychosocial interventions to women, youth and families including counselling and community development.
- In 2008, the Solomon Islands Development Trust (SIDT) implemented a 3-year youth and mental health project with the goal to improve youth mental health in the Solomon Islands through provision of education, awareness and sustainable livelihood training for youth in target communities within Honiara.
- Current non-governmental programmes include community counselling services for victims of violence through the Christian Care Centre and Safe Places (Safe Place), and psychosocial counselling by Empower Pacific at NRH in Honiara.
- Traditional mental health healing practices vary across the country; they include song and dance, food and medicine.

Human Resources

- Two national universities, Solomon Islands National University (SINU) and the University of the South Pacific (USP) offer nursing diplomas and nursing midwifery certification training.
- However, the mental health component of the nursing curriculum is limited and the nursing and midwifery programs at both universities do not include mental health in the curriculum at all.
Goals and Objectives

Integrated Mental Health Model for the Solomon Islands

Health system in Tonga
- Mah Vai hospital
- 3 hospitals in each island group
- Community health centers under the hospital
- Pilot village health worker program
- Public health sector
- Medical transfer scheme
- Visiting specialists

National Priorities and Areas for Action
- Patient rights
- Policy and Legislation
- Mental Health Classification and Service Eligibility
- Service Model and Coverage
- Service Quality
- Mental Health and Psychosocial Support during Emergencies
- Information Systems, Monitoring and Evaluation
- Integration and Coordination
- Partnerships
- Human Resources
- Advocacy
- Financing

Thank you very much!

Tonga
Yutaro Setoya

NCD nurses
Positioned at each community health centers and hospitals
- Providing education and support to patients with NCDs
- Conducting health assessments and screenings
- Developing care plans
- Conducting home visits
- Working with other healthcare professionals

Current work
- Mental health policy endorsed
- ONSD implemented
- Mental health handbook
- Development of training manual
- Development of competency frameworks
- Emergency mental health
- Awareness campaigns
- Conventions, forums and seminars, career in mental health
- Mental health unit
- Mental health cell rotation

Health Promoting School
- Started in 2013 and launched in 2020
- Work and YBCP steering committee with partners
- Action plans
- Diet and physical activities
- WASH
- Mental health and well-being
- Implementation
- Planned implementation: 1st year 20 pilot schools, 2nd year 15, 3rd year 15 in outer islands
- Most schools in Tonga are now enrolled in HPS
- All schools develop annual HPS plan based on baseline or annual reevaluation
- Health service for SMH network
MENTAL HEALTH and WELLBEING

- Ministry of Education and Training - anti bullying/health 2022
- Ministry of Health and vocational training, school working party
- Earned and verified initiatives
- Curriculum of students and health and social collaboration with parents, home and community

Next steps

- MH focal point
- Community engagement
- Training for village health worker
- Integrate NCD FNS and mhGAP
- Mental health act revision

HPS Annual Celebration

- Annually, each school is measured based on the school board assessment tool, and accredited for Gold, Silver and Bronze HPS school.
- Annual celebration is held with Prime Minister
- In 2022, 22 schools were accredited as Gold HPS

Developing a medium-term roadmap for implementation

Scanning opportunities at country level

[Asian Countries]

Cambodia: Mental health scanning opportunities at country level

Dr Hangvar Sivatormany, Technical Lead, MCH and Health through School, Cambodia, WHO
Dr Yuliy Darapprath, MCH, Technical Officer, WHO
30 March 2023, Phnom Penh

Kingdom of Cambodia

- As of 2022, the total population of Cambodia is 15,568,400 people.
- Geographically, Cambodia is located in South-east Asia, bordered by the Lao People’s Democratic Republic, Thailand and Vietnam.
- Over the past two decades, Cambodia has undergone significant transformation. The life experience for Cambodians has risen 9.6 years and 4.3 years among rural and urban areas.

CSDGs

In 2018, the Royal Government of Cambodia adopted the Cambodian Sustainable Development Goals (CSDGs) framework (2016-2030) comprising 17 goals, 169 targets, and 19 indicator.

Goal 3 is "ensure healthy lives and promote well-being for all at all ages". It has 9 targets to which target 3.8 is "By 2030, reduce by one third premature mortality from cardiovascular disease, cancer, diabetes, and tuberculosis through prevention and treatment and promote mental health and well-being".

Mental health in Cambodia

- Prior to the pandemic, it was estimated that 4.4% (95%CI: 3.8-5.2) total cases of Cambodia’s population were suffering from depressive disorders and 3.9% were experiencing anxiety (WHO, 2017).
- Due to the advancement of mental health programs in Cambodia, the services have been integrated in general health care system (covering national hospitals, referral hospitals, and health centers).
- There is no mental health hospital in Cambodia. Most mental health resources have been developed and integrated in the public health sector such as National Mental Health Hospital in Cambodia.
- This has allowed the use of medical services as defined for the Complementary (hospital, community, and family) and public health services in the six general health districts (9 national hospitals, 25 provincial hospitals, and 72 district health centers).
- This deliver basic mental health services as defined by the World Health Package of services. Each out of 6 districts offer mental health services.

Joint UN response on MHPSS

The Joint National Inception, Response and Resilience to COVID-19 in both of the UN and Government response and recovery framework.

- Collaboration between WHO, UNICEF, and UNFPA.
- Joint UN High Commissioner of Refugees
- Joint UN Programme on Development
- Joint UN Development Programme.

The rapid response to COVID-19 in Cambodia was catalyzed by the National MHPSS Integrated Crisis Management Team and the Mental Health and Psychosocial Support System.

Systems approach: from Community to PHC

- In 2022, 8400 children aged 0-15 years old were screened for a mental health disorder, and those children referred to the Community MHPSS System for further diagnosis and care.
- 2022, 8400 children aged 0-15 years old were screened for a mental health disorder, and those children referred to the Community MHPSS System for further diagnosis and care.
- 2022, 8400 children aged 0-15 years old were screened for a mental health disorder, and those children referred to the Community MHPSS System for further diagnosis and care.
Grounds up approach: awareness raising sessions

- A community-based approach and awareness sessions in MHPPs are essential for to shape child and adult health support groups.
- MHPPs include community workshops.
- Conducting community-based activities like education and awareness helps to build resilience and social cohesion in the community.

Basic Psychosocial Support and Relaxation Techniques

- Psychological First Aid in Schools
  - Launching of the Operation Guide to OFA, which Nadir is a lead editor. It provides a guide and framework to ensure that schools are prepared to address mental health issues.
  - 2,500 382:9 (Grade 3-9) students and 150 teachers' participation in the training. The capacity of Psychological First Aid to schools (PMF) is in the context of COVID-19 in March 2021.

Mental Health Strategic Plan 2023-2033

- Through implementation of the Mental Health Strategic Plan 2023-2033, Malaysia is committed to achieving the Sustainable Development Goals (SDGs) and the Universal Health Coverage (UHC).
- Vision: Mental health in Malaysia is valued, protected, and treated with dignity and respect.
- Mission: To ensure that all individuals and communities have access to the highest quality of mental health services, including prevention, treatment, and psychological well-being.

Strategic Priorities

- Strategic priority 1: Transformation and governance in mental health for sustainability
- Strategic priority 2: Shifting focus to care in line with primary health care
- Strategic priority 3: Mental health care safety and quality
- Strategic priority 4: Financial risk protection
- Strategic priority 5: Preparedness and readiness in response to public health threats for people with mental health conditions.

World Health Organization

Scanning opportunities at the country level:

MALAYSIA

- Malaysia’s Strategy
- Viability to expand mental health services to all districts
- Importance of mental health in disaster response
- National Mental Health Action Plan 2020-2025
- Mental Health Crisis Management Plan

Thank you!
Mental Health

Key priorities

2013
- Scale up of mhAP across a
- 

2014
- 

2018
- 

2023
- 

WHO Global Initiative for Mental Health

- Increased access to mental health services by establishing the Mental Health Program in Mental Health (MHAP)
- Centralized training of personnel with lived experience in mental health service delivery
- Implementing the Mental Health Act through various technical capacities and training programs
- Evaluated implementation of the Philippine Council for Mental Health Strategic Plan

The government of the Philippines invested $1.4 million USD in 2022 for free access to mental health initiatives.

NCoMMP: National Program for Mental Health and Psychosocial Well-being

- National level: 3 national hospitals and one
- Provincial level: 2 national hospitals and one
- District level: 500 community health centers
- Municipalities: 3000 mental health workers

PHILIPPINES: 2020 NATIONAL MENTAL HEALTH STRATEGIC PLAN

- For more information, please contact
- Dr. Jovin dela Cruz

The burden

- Prevalence: 14.2%, mostly 15.5 million
- Mental disorders related to alcohol consumption: 4.0%
- Anxiety: 5.8%
- Depression: 2.4%
- Self-harm: 0.8%
- Suicide: 0.1%
- Substance use disorder: 0.1%
- Hospitalization: 1.7% in 2016

Mental Health Care in Viet Nam

Government action

Organizational structure: Mental Health

- National level: 2 national hospitals and one
- Provincial level: Halfway with Provincial
- District level: Halfway and Halfway with a
- Municipal level: Halfway and Halfway with a
- Community level: Halfway and Halfway with a

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Government action [2]

- Pharmacological therapies for mental health
- Rehabilitation services and social support are limited
- National Program for community-based mental health care
- Established since 1999 as a schizophrenia and epilepsy
- Reduced by national and local governments including medicines but reduced
  substantially from 2015
- Social support: The Ministry of Labour, Invalid & Social Affairs (MOLISA) provides social support for severe
cases mainly at Centres for Social Protection throughout the country.

Key priority (1): Integration of MH into PHC

- Issued Circular allowing PHCs to provide some
  MH services and treating MH services at
  Primary care (PHC) is recommended
- Developed training package for case-specialists
  covering on mental disorders schizophrenia,
  epilepsy, depression, anxiety, mental disorders
  resulting from alcohol use and substance use.
- Training: A combination of on-the-job training to
  establish basic skills clinics in PHCs covered by
  100% government.
- Allowing MH services as Primary Care

Key priority (2): Expanding MH services

- Issued Circular indicating that MH
  services are not only
  provided in hospitals but also
  in the community, non-governmental
  and
- Developing a guidelines, training
  packages and training on
  psychology
- Developing regulations to recognize
  psychology as an official job
  and psychology is covered by
  health insurance.

Challenges

- Leadership: No strong and dedicated for MH in MOH and poor collaboration with MOLISA.
- Service delivery: Mental health is almost not available at district level.
- Workforce: Shortage of psychiatrists, about 400 and non-attire students.
- Psychologists are not yet recognized as official professionals.
- No official training for mental health nurses and role is limited.
- Service coverage: Estimated treatment gap more than 80%.
- Schizophrenia: 30-40%, epilepsy, smaller scale.
- Others: Specialized/Facilities at provincial & national levels.
- Legislation Framework: No mental health law.
- Funding: Limited, no budget for MH prevention and promotion.

Opportunities

- More attention from the government, JICA, and society for MH after COVID-19
- New regulations for integration of MH into PHC and expansion of MH services issued.
- MOH/PHC of mental health sector especially PHC.

Mongolia

- World Health Office: Dr. Ganzorig Naismith, Technical Officer, M24/314 XVII, VMF

Mental health situation:

Around 20,000 people with mental and behavioral disorders live in Mongolia.

- Overview:
  - Adult (20-59): Alcohol abuse (1.9% of women and 1.3% of men in 2018)
  - Alcohol use disorders (5.8% of women and 3.5% of men in 2018)
  - Suicide rate per 100,000 population (2017)

- Mental health situation:
  - Mental disorders: 30% of population, especially depression, anxiety, and schizophrenia.
  - Physical disorders: 15% of population, especially cardiovascular diseases.
Mental health situation: Government policies and actions

- Integrated mental health and social services
- Increased awareness of mental health issues
- Improved access to mental health services
- Enhanced training for mental health professionals

Mental health service:
- Primary healthcare
- Community mental health services
- Psychosocial support services
- Mental health care in educational settings

Priorities:
- Developing an integrated mental health and social policy framework
- Strengthening mental health research and training
- Improving access to mental health services
- Enhancing community involvement in mental health initiatives

Challenges
- Insufficient funding for mental health services
- Insufficient data on mental health status
- Stigmatization of mental health issues
- Limited availability of mental health professionals

Opportunities
- Increased awareness and understanding of mental health
- Improved access to mental health services
- Enhanced collaboration between government and non-governmental organizations
- Increased funding for mental health initiatives

Thank You

Developing a medium-term roadmap for implementation
Scanning opportunities with WHO Collaborating Centers

WHO-CC in Mental Health in Beijing
Xin Yu
Peking University Institute of Mental Health
Mar 31st 2023

Contents
- Brief introduction
- Key priorities, activities and initiatives
- Challenges and opportunities

Brief introduction
Peking University Institute of Mental Health
- Peking University Sixth Hospital
- NHC Key Laboratory of Mental Health
- National Clinical Research Center for Mental Disorders
- National Psychiatric Medical Center
- Mental Health Center of China CDC

Brief introduction
Peking University Institute of Mental Health
- The only national tertiary and first-class psychiatric hospital directly supervised by National Health Commission in China
- The only National Key Laboratory for Mental Health founded by the National Health Commission of China
- The Psychology and Psychiatry of PKU has been listed in Top 10 of Essential Science Indicators (ESI)
**Brief Introduction**

WHO/C in mental health in Beijing

- **Designation:** Initial designation in 1981 and last re-designation in 2017
- **Staff of the Center:**
  - Director: Xin Yu, MD
  - 11 Consultants and 1 Coordinator from Peking University Institute of Mental Health

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**Key priorities, activities and initiatives**

To support WHO’s work on community-based dementia management and care

- Implement and scale up the Support to support dementia caregivers
- Develop Chinese version of WHO open course on social prescribing
- Examine the feasibility of implementing social prescribing for dementia prevention

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**Key priorities, activities and initiatives**

To strengthen promotion and prevention in mental health

- Carry out regular science publicity to improve mental health literacy of the public and their psychological resilience
- Develop anti-stigma programs in public, primary care centers, professional institutions
- Develop a practical guidance of providing psychosocial support for children of parents with mental illness (COPMI)

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**Challenges and opportunities**

- Stigma of patients and their families
- Social discrimination and prejudice
- Insufficient personnel capacity
- Limited resources

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**Challenges and opportunities**

- Public being aware of the importance of mental health
- New technologies
- Wide international cooperation

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**Introduction of NCMHRC:**

- NCMHRC was the first professional organization for child mental health in China.
- It was designated by WHO as “WHO Collaborating Centre for Research and Training in Child Mental Health” in 1980. The designation has been extended 10 times successively until 2022.
- The center was also appointed as “Child Mental Health Guide Center in China” in 1988 by the Ministry of Health.

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**Terms of Reference of NCMHRC**

1. To support WHO in capacity building of primary health workers, other professionals and caregivers in delivering child and adolescent mental health support and services.
2. To suggest WHO to implement strategies for promotion and prevention in mental health for adolescents.
Articles 2.

To build capacity of health care workers and other professionals in areas, manage and follow-up children and adolescents with mental and behavioral disorders.

The author has translated and produced children’s mental health guidebooks at WHO Hubs, and also provided training for teachers in Beijing, Nanjing, Nanchang and other cities in China.

Articles 3.

Mapping of existing mental health and psychosocial (MHP) systems and services for children and adolescents in specific geographic areas and in selected low-resource countries.

We explored the risk factors and protective factors for mental and behavioral disorders among children in two specific geographic areas in China, and the results suggest that there are some common factors and differences in the needs of mental health services for children in these areas.

Challenges and opportunities for the future of mental health.

The psychological impact of COVID-19 on children has been huge. Behavioral problems at home and school have been reported to affect children’s mental and emotional health. The challenges in mental health services for children are more complex and diverse.

With the advent of the Internet era, there are a lot of transient adolescent populations that need to be taken care of in China.

Mental health laws and regulations need to be improved. The publicity and acceptance of mental health knowledge among children and adolescents will need to be improved.

Activities at Japan Suicide Countermeasures Promotion Center

3.03.2023

Japan Suicide Countermeasures Promotion Center

- Established in 2020 in Japan as a designated research institution by the Minister of Health, Labour and Welfare
- WHO Collaborating Centre in WPRO since 2021

Realizing a Society in Which No One Will be Driven to Take Their Own Life

Teams and main missions at JSCP

- Mental health
- Emotional health
- Physical health
- Disability
- Social support
- The home for the elderly
- Services for support organization for the homeless
- Support for the bereaved household
- Children and adolescents
- Services for school health and school mental health
- Services for the elderly
- Suicide prevention
- Domestic violence
- Public relations
- Domestic violence
- Public relations
- International cooperation
- Information exchange
- Other services

Challenges and Future Priorities

- Strengthening collaboration with other organizations
- Improving the dissemination of information
- Increasing public awareness
- Strengthening international cooperation
- Developing new technologies and services
- Enhancing research and development
Provide lectures for schools/universities

- Challenge:
  - Suicide rates among children and adolescents remain a problem in Japan, teachers need to know how to communicate with students.

- Actions:
  - Provide online training materials for university staff—received over 3,000 applications
  - Hold interactive learning sessions for school teachers on how to communicate with students who may be in a crisis situation

Registration system of Suicide Attempts

- Challenge:
  - Suicide attempts are one of the biggest risks factors for future suicide

- Actions:
  - Establish a registration system for suicide and self-harm attempts
  - Provide the best care for suicide survivors and preventable interventions in the future

National awareness campaign in September and March

- Challenge:
  - The suicide rate among middle-aged adults (30-60 years old) is increasing

- Actions:
  - National awareness campaign in September and March
  - Starting in September is potential candidates

Make use of the impact of media

- Challenge:
  - Media may cause the ‘Wetern effect’

- Actions:
  - Hold interactive learning sessions with media professionals to share and discuss how to report suicide—more than 600 attend for the first time
  - Make an announcement to media professionals to follow the WHO media guidelines:
    - Avoid sensationalizing suicide
    - Provide accurate information
    - Create an AI information system
    - Work with media professionals to share information

Media guidelines for youth and parents, etc.

- Challenge:
  - Youth often talk about suicide and self-harm without knowing the impact

- Actions:
  - Work with Oxfam Australia to publish a guideline for youth and parents on communication

More studies are needed

- Challenge:
  - In many cases among students, the reasons backgrounds are not well assessed

- Actions:
  - Develop indicators among suicides have been added to the police data collection in 2022, such as the type of school they attended
  - Potential research on reasons people who attempted suicide/experienced self-harm
  - Evaluate the current educational materials on school on how to raise SOS

The bereaved by suicide need more support

- Challenge:
  - The bereaved people tend to isolate to seek help/support

- Actions:
  - Encourage to share of the best practices with support communities
  - Create a peer-support network

WHO Collaborating Center for Psychosocial Rehabilitation and Mental Health
Yongin Mental Hospital [KOR-103]
WHO Collaborating Center on Psychosocial Factor, Drug Addiction and Health Research
The 2nd Xiangya Hospital, CSU

Thank you
**Milestone Events**

- 1993: Department of Neuropsychiatry: Anchor School of Medicine
- 1994: Social Psychiatry: Overview of the Field
- 1995: Polydrug Abuse Prevention Project
- 1996: Social Analysis of Mental Illnesses
- 1997: Social Analysis of Mental Illnesses
- 1998: Psychosomatic Medicine: Drug Abuse and Endocrinology
- 1999: Social Analysis of Mental Illnesses
- 2000: Social Analysis of Mental Illnesses
- 2002: National Key Project (Sponsored by the National Health and Family Planning Commission)
- 2004: National Special Project for Prevention and Control of Mental Disorders
- 2006: National Mental Health Project

**Personnel Structure**

- 156 Staff members
- 49 Psychiatrists
- 4 Research areas

**Manpower Development**

- 30 Psychiatric Bachelor Degree Students/year
- 16-25 Psychiatric Master Degree Students/year
- 10-15 Psychiatric MD, PhD Degree Students/year
- 30 Psychiatric Residents/year

**Psychiatric buildings**

- 1958
- 1975
- 2015

**Clinical services**

- 6 Inpatient Units
- 4403 Inpatients discharged in 2022
- 163203 outpatient visits in 2022
- Divisions
  - Clinical Psychiatry
  - Child Psychiatry
  - Forensic Psychiatry
  - Addiction Medicine
  - Sleep Disorder
  - Behavioral Medicine

**Research areas**

- Major neuropsychiatric disorders
- Major stress-related disorders
- Alcohol and drug addiction
- Clinical psychological assessment and early intervention
- 180 English papers published in 2022
- Research grants of more than 100 million RMB (about 15 million USD) in 2022.

**WHO Collaborations**

- Designated WHO Center for Psychosocial Factors, Drug Abuse since 1993
- National Food Plan for China and its Implementation of Strategic Strategy forEastern China and Related Areas in the Western Pacific Region, WHO
- Member of WHO Expert Advisory Board on Drug Dependence and Related Problems
- President of the International Association of Psychiatric Epidemiology (IAP"
- Irish Society of Psychiatric Epidemiology, Member of International Advisory Panel on Mental Health in Developing Countries (MHPD)
- Senior Scientific Collaborator at the Centre for International Health, University of Oslo, Norway
- WHO Collaborative Centre in the WHO Collaborating Centre for Mental Health in China

**WHO Collaborations in Recent 5 Years**

- WHO Collaborative Centre in the WHO Collaborating Centre for Mental Health in China
- Developmental International Guidelines and Diagnostic Instruments in Drug Dependence and Related Problems
- WHO Collaborative Centre in the WHO Collaborating Centre for Mental Health in China
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**WHO Expert Meetings on Public Health Implications and Addictive Behaviours**

- WHO Expert Meetings on Public Health Implications and Addictive Behaviours
- Tokyo, Japan, 2014

**Research areas**

- Major neuropsychiatric disorders
- Major stress-related disorders
- Alcohol and drug addiction
- Clinical psychological assessment and early intervention
- 180 English papers published in 2022
- Research grants of more than 100 million RMB (about 15 million USD) in 2022.
Challenges and opportunities for the future of work with WHO:

- Intensify collaboration with WHO on the areas of policy and strategy building in mental health and substance abuse.
- Support the WHO programs on mental health and substance abuse.
- Enhance the roles of WHO CC in connection with WHO and Central South University.
- Send young psychiatrists to work in WHO to enhance their global vision and international working experiences.
- Training program for young psychiatrists in developing countries.
- Intensify mental health services in communities in China.

Thank you!